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PROCEEDINGS
OF THE
THIRTY-SECOND ANNUAL
CONVENTION
OF THE
NATIONAL LEAGUE OF
NURSING EDUCATION

HELD AT
Atlantic City, New Jersey
May 17 to May 23, 1926

NATIONAL HEADQUARTERS
370 Seventh Avenue
New York, N. Y.
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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.
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1895 Boston, February 13–14.
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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.
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    President, Anna C. Jammé; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson.

1923 Swampscott, Massachusetts, June 18 to June 25.
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1924 Detroit, Michigan, June 16 to June 21.
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   Rottman; Executive Secretary, Blanche Pfefferkorn.
1926 Atlantic City, New Jersey, May 17 to May 23.
   President, Carrie M. Hall; Secretary, Ada Belle McCleery; Treasurer, Marian Rott-
   man; 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 Tuberculosis Association, 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-SECOND ANNUAL CONVENTION
OF THE
NATIONAL LEAGUE OF NURSING EDUCATION
Atlantic City, New Jersey, May 17 to May 23, 1926

Opening Business Session
Monday, May 17, 9:00 a. m.

The convention was called to order by Carrie M. Hall, president. In accordance with By-Laws Article XVI, Sec. 3: "Members from fifteen (15) states shall constitute a quorum for the transaction of business at any annual convention," the president asked the secretary to call the names of states and representatives present were requested to stand. The following states responded to the roll call: Kansas, Illinois, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Wisconsin, Connecticut, District of Columbia. Having ascertained a quorum to be present the Chair proceeded with the business of the morning. The following reports were read.

REPORT OF THE SECRETARY

The Annual Meeting at Minneapolis last year was an inspiration and a delight. The members in attendance were earnest, progressive, and enthusiastic. They were constructive also, crystallizing the sentiments expressed into a definite program. The nurses of Minnesota left nothing undone for the well-being and comfort of their guests and were largely responsible for the fact that the work of the organization functioned from day to day like well oiled machinery. One left Minnesota with a mingled feeling of pride in accomplishment and of faith in the future.

The Board of Directors met following the adjournment of the convention, appointed the committees, and outlined the work for the year. The Board met again in New York January 19–23 inclusive, disposing at the time of all
routine business. The third session of the Board was held May 15–16 at Atlantic City prior to the opening of the present convention.

The work of the committees has been accepted so often without any expression of appreciation of the personal sacrifice of the individual members that I feel a tribute is due this group who carry on such an important part of our program. As the committee members are scattered from the Atlantic to the Pacific, in order that all sections may be represented, it is not easy to hold meetings. In spite of all obstacles, however, conferences have been held and through correspondence, opinions secured. The reports and working plan of all committees will be presented to this body and I bespeak for them a sympathetic hearing.

Perhaps we have not advanced in our reorganization as far as we had hoped we would a year ago. Yet we must not forget that the plan represents a tremendous amount of work on the part of state officers and that in some of the states a state organization has been perfected. It is no small task, in addition to one's own job, to prepare by-laws, to convert individuals to the new program, to restore dying members to life. But, with all of the handicaps, nine states have been formally notified of their admission to the National League of Nursing Education. These states are California, Illinois, Indiana, Kansas, Kentucky, Massachusetts, Michigan, Rhode Island, and Texas. Fourteen others are at some point in their procedure, a number of which have practically completed the preliminaries except for one or two details.

At the close of the year 1925 the membership was 1341: it now numbers 2249, the increase of 686 being primarily due to new members through those State Leagues which have reorganized.

We present with regret the resignations of nine of our members. They are: Emma L. Stowe (charter member) Worcester, Massachusetts; Rosa A. Gonzales, San Juan, P.R.; Elizabeth Huyett, Kansas City, Mo.; Anna M. Maurer, Cincinnati, Ohio; Elmira Bearse Wickenden, Mt. Vernon, N. Y.; (Sister) Esther Porter, St. Paul, Minn.; Mary A. Samuel, Montreal, Canada; Agnes S. Ward, New York, N. Y.; Theodore L. Febvre, New York, N. Y.

Since our Minneapolis convention we have lost through death the following members: Nelle F. Parrish, June 10, 1925; Garnet Isabel Pelton, June 15, 1925; Anne Hervey Strong, June 17, 1925; Maria McDaniel, September 19, 1925; Josephine M. Swenson, March 16, 1926; Mabel Theresa Sundblad, May 12, 1926.

In order that the work of these departed members may continue, their fallen torch must be picked up and carried onward and upward.

Ada Belle McCleery,

Secretary
FINANCIAL REPORT OF THE TREASURER
(January 1, 1925 to December 31, 1925)

Miss Marian Rottman, Treasurer,
National League of Nursing Education,
New York, N. Y.

Dear Madam:
Pursuant to engagement I have audited the cash receipts and disbursements as shown by the cash book of the Treasurer of the National League of Nursing Education for the year ended December 31, 1925 and present attached hereto a,

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FOR THE YEAR ENDED DECEMBER 31, 1925

Very truly yours,
Frederick Fischer, Jr.
Member of American Society of Certified Public Accountants, New York, New York.

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

Receipts:
Calendars ........................................................................... $8,556.85
Contributions to Headquarters ......................................... 236.57
Contributions to Grading Program .................................. 1,165.00
Dues—Members .................................................................. 4,428.65
Dues—States ...................................................................... 2,229.37
Interest on bank balances .................................................. 80.56
Portraits .............................................................................. 335.50
Publications ....................................................................... 1,426.72
Refund from Headquarters—Unexpended balances of budget appropriations for year 1924 and month of January 1925, and January 1925 net miscellaneous receipts .................................................. 715.78
Review .............................................................................. 5,921.05
Slides ................................................................................ 1,979.92
Supplies ............................................................................. 43.89

Total Receipts ..................................................................... 27,119.86

Disbursements:
Annual report ..................................................................... $1,277.66
Calendar ............................................................................. 3,355.26
Committees:
  Common Activities .......................................................... 10.00
  Education ........................................................................ 16.01

$27,874.07
Grading .................................................. $80.28
Nominating ............................................... 17.24
Revision .................................................. 11.89
Convention expense ..................................... 479.81
Contributions .......................................... 100.00
Directors' meetings ................................... 289.73
Dues ...................................................... 30.00
Headquarters budget .................................. 8,994.13
Miscellaneous .......................................... 171.81
Officers' expense ....................................... 581.59
Portraits ................................................ 258.39
Publications ............................................ 660.52
Postage .................................................. 24.80
Refunds—Dues .......................................... 577.00
Review ................................................... 3,121.00
Slides .................................................... 1,169.26
Stationery, printing and supplies ..................... 264.46

Total Disbursements ................................... $21,490.84

Balance, December 31, 1925 ............................. 6,383.23

Total .................................................... $27,874.07

Marian Rottman, 
Treasurer

FINANCIAL REPORT OF THE TREASURER

(January 1, 1926 to May 1, 1926)

Balance on hand January 1, 1926 ...................... $6,383.23

Receipts:
Calendar ............................................... $7,824.86
Contributions ......................................... 41.66
Dues (State) ........................................... 3,836.00
Dues (Individual) .................................... 1,167.00
Grading Program ...................................... 500.00
Interest ................................................ 53.14
Portraits ............................................. 59.25
Publications .......................................... 551.01
Review ............................................... 105.00
Slides ................................................ 305.00
Supplies .............................................. 33.00
Cancelled Check ....................................... 32.00

Total Receipts ........................................ 14,507.92

Disbursements:
Annual Report for 1925 ............................... $1,181.17
Board Meetings ........................................ 25.50
Headquarters Budget .................................. 3,643.81

Total Disbursements ................................ 14,924.89

Total .................................................... $20,891.15
Officers' Expense .................................................. $256.90
Convention Expense ............................................. 10.04
Grading Committee .............................................. 4,000.00
Committee Expenses:
  Ethics Committee .............................................. 31.60
  Education Committee .......................................... 14.15
  Committee for Study Public Health Nursing in Basic  Curriculum ............................................... 11.92
  Calendar ...................................................... 437.64
  Sesqui-Centennial Nursing Exhibit ........................... 500.00
  Publications .................................................. 92.64
  Portraits ..................................................... 41.50
  Postage ....................................................... 22.50
  Refunds ....................................................... 44.00
  Review ......................................................... 288.75
  Slides ........................................................ 277.29
  Supplies to State Leagues ................................... 63.80
  Treasurer's Bond ............................................. 12.50
  Dues .......................................................... 25.00

$10,980.71

Balance on Hand, May 1, 1926 .................................... $9,910.44

Last year a deficit of $477.95 was reported on the Ohio Review. By this was meant the Ohio Review did not carry enough advertising matter to pay for the announcements of the schools of nursing in the state. The Ohio State Association of Graduate Nurses immediately set about clearing this item.

We wish to give credit for this fine piece of cooperation to the officers of the Ohio State Association and to the schools and hospitals that contributed to the fund. The deficit is more than wiped out.

Marian Rottman,
Treasurer

REPORT OF THE EXECUTIVE SECRETARY

It is my privilege to present at this time a report of the work at Headquarters since the Convention in Minneapolis. While, in the main, the program has followed that of the preceding twelve months, in looking back, the year seems to have been particularly full and active. The main issues are described in the following paragraphs.

The 1926 Budget for Headquarters, presented to and approved by the Board of Directors in January, is herewith given:

Salaries ......................................................... $8,680.00
Rent .............................................................. 878.16
Telephone ....................................................... 95.00
Information ..................................................... 32.28
Stationery ................................................................. $40.00
Supplies ................................................................. 150.00
Shipping service ...................................................... 200.00
Postage ................................................................. 450.00
Telegrams .............................................................. 80.00
Extra stenographic service ......................................... 50.00
Multigraphing ......................................................... 25.00
Miscellaneous (includes exchange on checks, auditing books, bonding Head-
quartes disbursel officer, repairing and other incidental expenses
which do not come under above headings) ...................... 200.00

Replacement and additional equipment needed for expansion:
One typewriter desk, probable cost ................................ $75.00
One new typewriter, probable cost ................................. 110.00
One new filing section, probable cost ............................ 35.75
Contingent Fund .......................................................... 200.00
1926 Calendar (upon basis of 1925)
Postage (includes mailing and publicity) ....................... 357.81
Multigraphing letters ............................................... 24.56
Packing service ....................................................... 34.79

$11,718.35

From American Nurses’ Association toward financing of Voc-
tional and Placement Bureau (upon basis of 1925) ............... 1,719.96
Total Budget .................................................................. 9,998.39

In January the American Nurses’ Association withdrew its financial
support of the Vocational and Placement Bureau, so that since February the
monthly budget has been upon the basis of the total yearly budget of
$11,718.35 instead of $9,998.39.

Much time has been taken in preparation for this Convention. Partic-
icipating in a Congress with fifteen other organizations calls for details of
adjustment not involved in the regular biennial convention. Moreover,
all advance machinery, usually placed in committee groups, such as trans-
portation, local arrangements, etc., was centered at Headquarters. For
fourteen months work on this Congress has been under way, and since
February conferences on one phase or another have been held almost daily.
A brief summary of the preparation for the Convention is given in the Com-
mittee on Convention Arrangements report.

Publications have shown a marked increase during 1925. To what
extent statistically is given in the report of the Committee on Publications.
Partly, but not entirely, can this increase be traced to the demand for re-
prints of the revised subject outlines of the Standard Curriculum. Even
so, this demand has not been in proportion to the number of Nursing
Schools, notwithstanding that a footnote appeared on each outline as pub-
lished in the Journal stating that reprints would be available at Headquar-
ters. From the inquiries received the interest is quite apparently not in the
separate individual outlines but in the revised book as a whole. When will
the Standard Curriculum be obtainable? is a frequent and almost daily question.

To the general list of publications some valuable reprints were added during the year. A revised publications list will shortly be published in the Journal and reprints of it circulated to Nursing Schools soon thereafter.

The 1926 Calendar has been a happy experience at Headquarters. In all thirteen thousand calendars were printed, and of this thirteen thousand, one hundred and eighty-one remain. Twelve thousand seven hundred sixty-seven were sold and fifty-two were sent out as complimentary copies. The distribution of the Calendar sale according to states has been summed up and will be published in one of the early issues of the Journal, and to this distribution upon its appearance I invite your attention. Seven thousand eight hundred and eighty-seven, over one half of the entire number, were sold in seven states. Think what it would mean to the League if the other forty-one states exhibited a like enthusiasm and interest with parallel results. Two states set as their goal the sale of one thousand calendars. Both were almost one hundred short of the thousand January 1, a time when the Calendar sale rapidly falls off. Not at all discouraged by this fact, the Calendar Committee in these respective states continued their campaigns with increased vigor, with the result that by January 31 not only had they reached one thousand but had exceeded it. It is a satisfaction and joy to carry on a project at Headquarters when nurses in the field lend their time, energy and spirit in such a way as was this year demonstrated with the Calendar.

Before closing on the Calendar there is one other phase I should like to treat. I hope I may not seem to be dwelling on it unduly, and if I do my apology is my eagerness fully to share the experience gained in directing three Calendar sales.

The question may arise, Is all of the reaction which comes in on the Calendar as encouraging and cheering as has been related. The answer to this question is no. About half a dozen criticisms on the 1926 Calendar makeup were received, and for these we were grateful and hope to profitably apply them to our 1927 Calendar. But the inquiry to which I wish especially to refer is that of another character. Specifically, it deals with the Calendar as a judicious means of supplementing the income of the organization.

I have used the adjective "judicious" advisedly, because that is generally the implication if not the exact wording. In replying to comments or inquiries of this kind, no time nor effort has been spared in presenting a situation as I see it after almost three years. I have employed figures and I have pointed out the simple mathematical truth that between a membership income of $5,000 to $6,000 (and the income of the League has not ex-
ceeded that in the past) and the budget of Headquarters on a minimum pro-
gram, and without taking into consideration other incidental organization
expenses, such as the printing of the Annual Report, an item of over
$1,000, Convention expenses, supplies, etc., there is a discrepancy of more
than $3,000. And then I have related something of the concrete achieve-
ments of the League as an organization and of the day’s work at Head-
quarters, and the response is almost invariably and uniformly the same,—
an enthusiastic support of the Calendar or any other businesslike means
which will lend to the support of the work of the organization.

My philosophy on the Calendar after three years can be briefly summed
up: the organization is producing a Calendar which from the standpoint of
literary and artistic makeup is a business proposition in that value is received
for cost; theoretically, the Calendar may or may not be the most stable
way of contributing to the support of the organization, but, practically,
the facts are these: the Calendar has served as an expedient in carrying
the organization through a difficult financial period and in the maintaining
of Headquarters. As such it merits the interest of every nurse, be she pri-
vate duty, public health, or within a hospital and school of nursing.

Vocational and Placement Bureau—During the year 1925, 574 applica-
tions from nurses and 659 institutional vacancies have been filed. Of the
574 applications from nurses, 295, more than one half, are from New York,
Pennsylvania, Massachusetts and New Jersey, and 52 from Canada. Of
the 659 vacancies listed by institutions, 267 are from New York alone, 73
from New Jersey, 58 from Pennsylvania, 42 from Ohio, a total of 440 out
of 659, or 66.7 per cent from four states. Forty-one known placements
have been made, distributed over a territory of ten states, of which 14 were
in New York, 6 in New Jersey, and 6 in Pennsylvania.

Following are figures comparing the work of this service covering the
period of four months from January 1, to May 1, 1925, with that of Janu-
ary 1 to May 1, 1926.

During this period in 1925, 136 applications from nurses were received, in
1926, 96 applications from nurses—a decrease of 40 in 1926. In 1925, 196
vacancies were listed by institutions, in 1926, 134—a decrease in 1926 of 62.
In 1925, 16 known placements were made, in 1926, 9 known placements were
made. From a statistical standpoint this service, in results, is out of all
proportion to the expenditure involved.

No changes in the program of League Headquarters have occurred since
last May. The problem has been and is, meeting the demands of each day
with the available resources. Personal interviews in 1925 exceeded those
in 1924 by 245, incoming and outgoing correspondence has increased and
the work in general betokens healthful symptoms of growth. The nurtur-
ing of these symptoms will necessarily depend upon future policies of pro-
gram and the material means to effect the program.
In closing this report I beg to point out those main phases for which more time and attention are indicated. The first of these I shall describe under what I am pleased to call research, the searching out of what is being done by states, by cities, and by single institutions, the studying of conditions as they actually exist in nursing schools and the proper compiling of such data in narrative, statistical and graphic form, as may be indicated. There is on file at Headquarters a folder which contains a list of “Studies to be made,” begun over two years ago and, except to meet some immediate inquiries, this list has barely been touched. Then, too, almost daily we are asked for bibliographies, and it would seem that a carefully worked out, systematic indexing of nursing literature, especially that dealing with nursing education, might legitimately be a function of the League.

As a part of Headquarters personnel, the need of a field representative has long been obvious. Called upon as the organization is for advice on all sorts of situations throughout the country, long distance written communications, for the most part upon the basis of general principles, are necessarily limited, whereas practical assistance can be rendered only by an immediate study and survey of conditions.

Following on the heels of, or rather as part of, the projects discussed in the above two paragraphs, is a program of publicity. Dissemination of the information gathered, preparation of new material, as indicated, contact not only with our own professional magazine but also with others of social and educational interests, are some of the lines of work suggestive for a publicity program.

This report I am sure will have much of the sound of a tale told before. Such in substance it largely is, and such in fact have been the general activities at Headquarters during the past year with reference to those of the preceding two years. But, after all, three years is a brief span. League Headquarters is still in embryo, and whatever may have been its usefulness in the past, if we read the signs aright, its greatest contribution lies in the future.

Blanche Pfefferkorn,
Executive Secretary

Vocational and Placement Bureau

Following the report of the executive secretary the Chair announced that the question of the Vocational and Placement Bureau would probably be brought before the body at a later session of the convention. The Board of Directors had given it consideration as had also the Finance Committee in arranging the budget for the coming year and it would be necessary to determine during the week whether that activity was to be continued or not.
REPORT OF THE COMMITTEE ON PROGRAM

The Committee on Program reports that during the year, two meetings were held in Philadelphia and one at National Headquarters, New York; also many conferences with the executive secretary who gave invaluable cooperation, aiding greatly in simplifying for the committee, the relation of the League program to the general sessions program of the American Health Congress.

The chairman attended the National Board meeting held in New York in January and there presented for criticism and suggestions a tentative plan which had been compiled from the many suggested subjects sent in from members of the Board of Directors, the Advisory Council, and others.

It is to be regretted that all the subjects could not have been given space on the program. The Board of Directors approved presenting at this convention all those topics appearing to be of greatest interest as indicated by the number of requests made for their discussion.

In all particulars, the Committee has endeavored to carry out the wishes of the Board of Directors. From the contributors to the program we have had the most gracious assistance.

The chairman would like to take this opportunity of thanking all who have worked so closely with the committee in the preparation of the program.

Jessie M. Murdock,
Chairman

REPORT OF COMMITTEE ON CONVENTION ARRANGEMENTS

The departure from the customary biennial convention for 1926 has created somewhat unusual conditions this year. To briefly recall, your executive secretary was nominated by the Board in January, 1925, to represent the organization in relations with the National Health Council in matters pertaining to the arrangements for the Atlantic City Convention. In March, 1925, a General Arrangements Committee on Convention was organized at Headquarters with a representative from each one of the associations making up the National Health Council and other organizations participating in the convention, and in accordance with the Board action the executive secretary became a member of that committee. Dr. A. J. Lanza, then executive officer of the National Health Council, was elected chairman of this committee and Mrs. Sally Hanshue appointed by the National Health Council as convention manager and secretary.

Later, sub-committees of the General Arrangements Committee were appointed on program for the four general sessions, on exhibits, publicity, registration, information and transportation. After conference with the
president, the executive secretary was authorized to represent the League on the Program, Publicity, Information, Registration and Transportation Committees, and Mary M. Roberts, already a member of the Sub-committee on Exhibits, was requested to represent the League on that committee, which she consented to do.

No attempt will be made to give the details of activity of any of the above named committees. This work was spread over a period of fourteen months and has involved many conferences; indeed, scarcely a day has gone by since the beginning of this year when some phase or other of the Congress has not been under discussion. The four general sessions of the American Health Congress represent the deliberations of the Program Committee. The plans for registration were carefully worked out, and fortunately for the League, especially at this period of reorganization, its treasurer was able to be present and take part in the making of registration plans. The work of the Transportation Committee consisted mainly in making the proper arrangements for the reduced fare, certificate plan, and the passage of through trains to Atlantic City from pivotal railroad centers.

Upon the recommendation of the Publicity Committee in January, a publicity worker was engaged for periods of full time and part time work until the close of the Congress. The publicity secretary of the American Nurses’ Association has prepared articles for newspaper release. Announcements in The American Journal of Nursing dealing specifically with League Program and other League details were prepared at Headquarters office.

In working out the details relating to this organization only, the president of the New Jersey League of Nursing Education has given invaluable assistance.

Effort has been made to anticipate and prepare for all possible contingencies, and it is the earnest hope of the committee that a machinery is set which will make for the comfort and pleasure of every individual attending the Congress.

Blanche Pfefferkorn,  
Chairman

REPORT OF REPRESENTATIVE ON EXHIBITS COMMITTEE

Your representative on the Exhibits Committee has attended many meetings and given much thought to the character of the exhibits.

All exhibits are expected to be educational but they fall into two classes.

1) Exhibits of commercial products

2) Educational exhibits such as those of the participating organizations
Generous space has been allotted the nursing organizations, including the International Council of Nurses. At this date no financial statement is possible. 

Mary M. Roberts

**Sesquicentennial Nursing Exhibit**

At this point the Chair made a brief explanation with respect to the Sesquicentennial Nursing Exhibit referred to in the treasurer's report. Early in the year the presidents of the three national nursing organizations were approached concerning the possibility of a nursing exhibit at the Sesquicentennial in Philadelphia. After several informal conferences the exhibit was decided upon as a splendid opportunity for legitimate and useful publicity which would reach many thousand people. Action was taken by the three boards of directors making it possible for a committee, with S. Lillian Clayton as chairman, to proceed with the work. Part of the material for the exhibit was shown in the Exhibit Hall, Steel Pier during the convention.

**REPORT OF THE EDUCATION COMMITTEE**

The Education Committee has held two meetings during the year, one in New York City, January 18, 1926, and one at Atlantic City, May 16.

The main work of the year has been on the Curriculum revision. The sub-committees on all regular subject outlines have now reported and the outlines have appeared in The American Journal of Nursing. Committees on certain elective or recommended subjects are still at work, and these reports will also be published as they are completed. A small committee has been appointed to get all the material in shape for early publication. We hope very much that the Curriculum will be in your hands early in the Fall. The committee wishes to thank all those who have contributed suggestions and criticisms on the outlines as they have appeared in the Journal. These criticisms have been very helpful and we would welcome more of them.

The Education Committee of the National Organization for Public Health Nursing has worked closely with the Education Committee of the League on the Curriculum revision, and every effort has been made to incorporate into the whole scheme of theory and practice the broader social and preventive aspects of nursing which have been more fully emphasized in public health work, but which we believe belong to all branches of nursing.

One of the questions to be decided by the committee was whether a period of experience in community nursing under a public health nursing association should be recommended as an essential part of every student nurse's basic training. In order to bring out all shades of opinion on this question a joint meeting was called of the two committees on January 18, 1926. As a
result of this discussion and a briefer discussion at the meeting of May 16, it was decided that the whole matter is too unsettled for us to make a very definite recommendation at the present time. It was hoped that as a result of further experimentation of all methods new and old, and also as a result of the study of undergraduate courses in public health nursing which is now planned by the National Organization for Public Health Nursing, we shall be ready in two or three years to say much more definitely what we think should be done about this whole matter.

In the meantime the two committees have agreed on certain fundamental objectives to be reached in bringing these vital elements into the training of all students and have outlined various methods by which nursing schools may hope to reach these objectives. Schools are advised to tap all possible resources for enriching their students' experience and study along these lines, and to hold fast to the opportunities already developed.

The Sub-committee on the Dispensary in the Education of the Nurse is trying to follow up the publication of its report last year and finds a good deal of interest among nursing leaders and some definite efforts to make fuller use of the educational resources of the dispensary. The committee is now turning its attention to the work of the dispensary supervisor and later hopes to outline her qualifications and training.

The committee is very much interested in the functional analysis of nursing which the Grading Committee has decided to include as a part of its work. Some members of the Education Committee have been assisting in getting the preliminary material in shape for the Grading Committee and it is our hope that a little later on when this analysis has been completed, we shall be able to test our revised Curriculum by it and see whether all the basic requirements in the practice of nursing are being adequately covered in the Curriculum.

The committee hopes to do some further work next year along the line of functional analysis, taking up some of the special branches such as teaching, supervision, and administration in nursing schools, and working out from the duties and functions belonging to such positions, the qualifications and training of the workers. The best curriculum will be ineffective unless it is operated by a skilled and capable staff and the training of such a staff demands as much thought and study as the training of the nurse herself. We shall need the cooperation of the League members in the study also.

Isabel M. Stewart,
Chairman

REPORT OF THE ELIGIBILITY COMMITTEE

This report is for the year beginning June, 1925.
During the year thirty-nine applications for membership have been
received. The committee endorsed thirty-two. Of the remaining seven, 
three were withdrawn because of ineligibility, and four were referred to 
the Board of Directors because of irregularities.

The number of direct applications to the National League is smaller than 
formerly because of the reorganization of State Leagues.

Sally Johnson,
Chairman

REPORT OF THE PUBLICATIONS COMMITTEE

The work of the Publications Committee as a group has been largely 
concerned with the preparation of the 1926 and 1927 Calendars and in con-
nection therewith, six meetings have been held. The committee is happy to 
report that the 1927 Calendar is well under way and pending no unforeseen 
delay, it will go to the printer early in June and be off the press before the 
end of the Summer.

Five new articles, in pamphlet form, have been added to the publications 
list:

M. Adelaide Nutting—Some Appreciations
The Goal of Nursing Education—Laura R. Logan
Routine Inspection of Schools of Nursing—Alma H. Scott
The Present Concept of Method—Georgina Lommen
Methods of Teaching Chemistry in Schools of Nursing—Harry C. Biddle

and in addition to these, reprints of all revised subject outlines of the Stand-
ard Curriculum as published in The American Journal of Nursing.

During the year 1925 the number of publications sold was 7885, compli-
mentary copies 335, portraits sold 125, slides sold 4356, slides rented, 
History of Nursing set 14, Florence Nightingale set 3, History of Nursing 
in America set 1. As compared with 1924, the figures are as follows. 
Publications sold 917 more in 1925 than in 1924; portraits sold 27 more in 
1925 than in 1924; slides sold 3034 more in 1925 than in 1924; slides rented 
1 set less in 1925 than in 1924.

Blanche Pfefferkorn,
Chairman

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL 
FUND COMMITTEE

The committee begs to report that the usual business has been transacted 
during the year. Two meetings have been held since the last report was 
presented, one in Minneapolis last May and the annual meeting in New York 
in January. At the annual meeting Margaret Dunlop's resignation was
received and accepted. As there was already a vacancy on the Board, two appointments were made; those being Elizabeth C. Burgess and (Mrs.) Mary C. Eden. Both have signified their acceptance. The report of the treasurer presented at this meeting showed that during 1925 $1,012.10 had been contributed and this more than covered the scholarships awarded that year. The fund stands now at practically $30,500.

The executive committee was re-appointed, and the officers elected were: E. M. Lawler, chairman; Katherine DeWitt, secretary; Mary M. Riddle, treasurer.

The committee decided to award five scholarships of $250 each. Announcements of this were printed and sent out to all accredited schools of nursing, to registrars of sixty-three official registries, to state association presidents and secretaries, to members of the committee and to National Headquarters,—fifteen hundred in all. Twenty applications, representing all parts of the country, were considered. Of these, ten wished to prepare as instructors, six as administrators and four as public health executives. The place of study chosen showed more variation than usual. Fourteen wished to study at Teachers College, Columbia University, two at the University of California, one at the University of Minnesota, one at Western Reserve University, one at George Peabody College, and one had not chosen the place. The scholarships were awarded as follows: Geraldine R. Rang, Lakewood, Ohio, graduate, Boston City Hospital School of Nursing, Boston, Mass.; Marion H. Wells, Waterbury, Conn., graduate, Massachusetts General Hospital School of Nursing, Boston, Mass.; Mildred H. Shellenberger, Philadelphia, Pa., graduate, Presbyterian Hospital School of Nursing, Philadelphia, Pa.; Frances H. Ziegler, Atlanta, Ga., graduate, Johns Hopkins Hospital School of Nursing, Baltimore, Md.; Lettie A. Christensen, Rochester, Minn., graduate, Ancker Hospital School of Nursing, St. Paul, Minn.

During the year new leaflets have been prepared and distributed for both the Robb Fund and the McIsaac Fund.

The meetings of this committee have been attended poorly for the past several years, and it has consequently been difficult to arouse interest in the further increase of the fund. An effort has been made to get together a larger representation of the committee at a meeting to be held during this convention and at that time the question of the desirability of the reorganization of this committee will be discussed. The committee numbers fifteen, but the average attendance during the last several years has been five. That the affairs of the committee have been so satisfactorily conducted is due entirely to the splendid interest and support of Miss DeWitt, the secretary, and Miss Riddle, the treasurer.
The McIsaac Loan Fund grows slowly and is in constant demand. The full amount of the fund at the last report was $2,316, with outstanding loans amounting to $1,750.

E. M. Lawler,
Chairman

REPORT OF COMMITTEE ON GRADING OF SCHOOLS OF NURSING

A year ago the Committee on Grading of Schools of Nursing, of which Miss Isabel Stewart was chairman, reported on the personnel of the joint committee on grading, which after long efforts had at last been formed.

With the final organization of this joint committee which took place last fall, the League committee which had functioned in bringing this about went out of existence. This committee had consisted of Anne H. Strong, M. Helena McMillan, Elizabeth C. Burgess and Isabel M. Stewart as chairman.

A new committee of the National League of Nursing Education was then appointed for the purpose of providing a committee to which those representing the National League of Nursing Education on the joint grading committee could bring problems concerning the piece of work undertaken on which they needed advice. The members of this committee are Carrie M. Hall, Laura R. Logan and Elizabeth C. Burgess, the two latter being the League representatives on the joint committee. As yet no question has arisen which has necessitated the meeting of this committee.

You will all naturally be much interested in knowing what progress has been made by the joint committee.

The committee is at work, and the newly appointed director of the study is settled at Headquarters, occupying the old office of the American Nurses' Association which has taken over a larger space.

Just a word about the director of the study, May Ayres Burgess, Ph.D. Dr. Burgess, who is the wife of a well known statistician in the employ of the Federal Reserve Bank, has been selected for director because of her very special ability as a statistician and in the field of investigation combined with an understanding of an educational program. She brings to the committee what its members cannot supply.

Dr. Burgess has had no direct connection either with nursing, medicine or the hospital field, but comes to the work with an appreciation of the problems involved and a sympathetic attitude. She has been for several years working with Dr. Michael Davis as Director of the Joint Statistics Bureau of the Committee on Dispensary Development.

Dr. Burgess is also fortunate in having many connections in the educational statistical field which will be of value to her and thus to us. Many of you will recognize the name of her brother, Mr. Leonard Ayres, who is internationally known for his psychological and statistical work.
A thoroughly constructive program is to be undertaken, and the need of making haste slowly is seen, for as the committee discusses the project it appears of much greater significance than was at first conceived. No hasty conclusions will be reached, but the work will go steadily forward from now on.

Dr. William Darrach, chairman of the joint committee, who is the representative of the American Medical Association, is I understand to be with us on Wednesday afternoon and present the program.

The Resolutions of the committee as adopted on April 14 are as follows:

Resolved: That it be the program of the Committee on the Grading of Nursing Schools (a) to conduct studies of the fundamental facts and factors determining an efficient nursing education, and (b) to formulate and apply tentative standards for the grading and classification of nursing schools, both lines of work to proceed together.

The study of fundamental facts and factors shall cover three distinct fields of inquiry:

1. The need and supply of nurses and other nursing functionaries.
2. The occupational analysis of the nursing service as to knowledges, skills, traits, etc. required, and,
3. The current status of existing facilities for the training of members of the nursing profession.

The following are committees appointed:

1. Supply, Demand: Dr. C.-E. A. Winslow, chairman, Dr. Joseph B. Howland, Miss Helen Wood, Dr. E. A. Fitzpatrick and Mrs. Chester Bolton.
2. Occupational Analysis: Miss Elizabeth C. Burgess, chairman, Dr. Samuel Capen, Dr. W. W. Charters, Miss Katherine Tucker and Dr. William Darrach.
3. Study of Existing Facilities: Miss Laura R. Logan, chairman, Miss Susan C. Francis, Miss Gertrude E. Hodgeman, Dr. Henry Suzzallo and Dr. Malcolm MacEachern.

Since the report on personnel last year, the following changes have taken place.

Dr. S. S. Goldwater, representative of the American Hospital Association, has resigned and Dr. Joseph B. Howland, superintendent of the Peter Bent Brigham Hospital of Boston, has been appointed in his place.

Dr. W. W. Charters, Professor of Education, University of Chicago, has been added to the committee. Dr. Charter’s studies in the functional analysis in several fields will make him a valuable member. He is much interested.

Elizabeth C. Burgess,
Chairman
Grading of Nursing Schools

Following the report of the Committee on Grading of Nursing Schools the Chair stated that as indicated in the report the Grading Committee could no longer be considered a committee of the National League of Nursing Education, but as now constituted represented an independent committee. As the project of grading had been fostered by this organization, and as a study so closely related to educational problems, the League would of course be much interested in following the progress of the work. There was also the possibility of the association with its sister organizations being called upon to formulate a financial policy to contribute toward the support of the activity.

Committee on Budgets

With respect to the Committee on Budgets for Schools of Nursing the Chair announced that Elizabeth A. Greener had been chairman of that committee in the early part of the year and later resigned. Miss Greener stated she regretted there was no report from the committee. In considering the program for the year and upon some inquiry it was found that conditions existing when the committee made its study two years ago still continued, and that the majority of schools of nursing were financed quite irregularly by hospitals, which themselves most frequently were not conducted on a budget basis. Little progress could be made until such hospitals established the budget system, and greater freedom granted the nursing schools in determining their budgets or in some way developing a separate financial relationship between the two groups.

REPORT OF THE COMMITTEE TO STUDY AND RECOMMEND THE LENGTH OF TIME ESSENTIAL FOR ADEQUATE BASIC TRAINING IN COMMUNICABLE DISEASES INCLUDING TUBERCULOSIS

HOSPITAL STANDARDS

1. Only teaching hospitals where scientific medical and nursing instruction and supervision are available, and where careful clinical demonstrations are given, should receive student nurses for instruction and experience in this important branch of nursing.

2. The student should have ample time for the study of cases. The complete cycle of each disease studied, the various types of the disease, its complications and sequelae should be observed in sufficient numbers to stamp definite impressions on the mind of the student. From such experience she should be able to recognize early cases and thus aid in preventive measures which is quite as important as an intelligent understanding of
good nursing care. She also should be equipped with a working knowledge of precautionary measures in the conservation of the health of the child. Each disease should be studied individually. Each presents a different picture; each requires different care; in each, intelligent nursing may turn the balance on the side of recovery. For example, in the study of diphtheria the nurse should observe diphtheria membranes, the pharyngeal, nasal and laryngeal types of the disease. She should be able to visualize the differing symptoms in each type and give proper nursing care. The care of children wearing intubation and tracheotomy tubes should be a part of her experience. She should be quick to recognize symptoms of myocarditis and post diphtheretic paralysis, where intelligent nursing plays such an important part in the prognosis. Sufficient experience should be gained by the observation and study of these diseases to fix in the mind a clear and characteristic picture of each.

**PHYSICAL STANDARDS**

Hospitals receiving students should be well staffed. The eight hour day with two half days off each week should be the standard. Students indisposed or suffering from “colds” should be off duty isolated under careful observation. All prospective students should be in good physical condition. Vaccination against smallpox and typhoid fever previous to entrance should be required, as well as immunization to diphtheria and scarlet fever if Schick tests or Dick tests show individual susceptibility.

**MINIMUM LENGTH OF COURSE**

Assuming that a hospital for communicable diseases meets the above conditions and requirements, the committee recommends the following minimum course of instruction:

**Theory**

- Lectures
- Communicable diseases ........................................ 30 hours
- Tuberculosis .................................................... 15 hours

**Practice**

- Bedside care
- Bedside clinics and demonstrations ........................ 2 months
- Communicable diseases ........................................ 2 months
- Tuberculosis ..................................................... 1 month

**CLINICAL MATERIAL**

Municipal hospitals for communicable diseases, administered under approved educational standards, provide an ideal training ground for the student. With the wealth of material available, nurses from general hospi-
tals should have access to the rich experience to be gained in such institutions. In hospitals caring for both communicable diseases and tuberculosis the course can be given creditably in three months.

The length of service should depend somewhat upon the background of opportunity in the home school. For this reason it would seem unwise under present conditions to fix standards too rigidly.

In the small general hospital the isolation ward under proper supervision may serve a useful purpose in teaching the student aseptic technique, but the very limited experience in such a place could have little else of educational value. Such wards as a rule should be staffed by graduate nurses. The student should have abundant opportunity for the observation and care of the various types of very sick patients as well as careful teaching in aseptic technique to make her experience of great educational value.

In nursing schools connected with hospitals specializing in surgery and obstetrics, where the student has little medical nursing experience and practically no pediatrics except the care of normal new-born babies, it would seem advisable that the time given to communicable disease and tuberculosis nursing be extended beyond three months. In these fields she gains excellent experience both in medical and pediatric nursing and at the same time develops an invaluable technique.

In schools for nurses where educational standards are very high, where asepsis is taught and practised in the early months of training in the medical wards, and where the student has broad experience in medical and pediatric nursing, practice in communicable disease nursing including tuberculosis should be very well covered in a three months' course.

Reasons Why Communicable Disease Nursing Should Have at Least Three Months in the Standard Curriculum

1. The universal prevalence of infectious diseases.
2. The ever present danger of dissemination of infection.
3. Efficiency in most fields of nursing is greatly increased by adequate preparation in this branch.
   a. Medical asepsis fundamental in modern scientific nursing.
   b. Best possible medical nursing experience.
   c. An essential branch in pediatrics.
   d. A necessary preparation for any kind of public health service.

Charlotte Johnson, Chairman

The Chair asked Miss Stewart as chairman of the Education Committee her opinion concerning the referring of this report to the Education Commit-
ree. Miss Stewart replied that she was about to ask if the report could not be utilized by the Education Committee in its final work on the Curriculum, and that while it might be difficult to change the assignment of hours for theory, especially the suggestion on tuberculosis nursing might be incorporated.

It was announced by the Chair that the National Tuberculosis Association had asked the League to appoint a representative on its Committee on Nurse Education and that Miss Charlotte Johnson had been so appointed. Because of Miss Johnson's inability to attend the meeting of the committee, held in New York City, Miss Densford had acted as alternate. Miss Densford then presented the following report.

REPORT ON THE MEETING OF THE NATIONAL TUBERCULOSIS ASSOCIATION NURSE EDUCATION COMMITTEE ON THE TRAINING FOR TUBERCULOSIS NURSING

A committee including representatives from each of the three National Nursing Organizations was appointed by the National Tuberculosis Association to study the problem of securing adequate theoretical and practical training in tuberculosis for nurses. This committee held one meeting March 30, 1926, in the office of the National Tuberculosis Association, New York City.

Committee members present:
Dr. E. R. Baldwin, Chairman
Dr. John A. Smith, Secretary
Dr. I. Ogden Woodruff
Dr. Alexander Armstrong, representing the American Sanatorium Association
Miss Cornelia Van Kooy, representing the American Nurses' Association
Miss Theresa Kraker, (acting for Miss Amelia Grant) representing the National Organization for Public Health Nursing
Miss Katharine J. Densford, (acting for Miss Charlotte Johnson) representing the National League of Nursing Education

Miss Van Kooy reported concerning the uses of the tuberculosis sanatoria in Wisconsin for undergraduate student affiliations. She said that where the sanatoria were adequately staffed and there were qualified instructors, the affiliations were very satisfactory. The general problems of sufficient nursing service to permit time for classes and the proper emphasis on the instruction of students are problems which must be considered by the schools of nursing in affiliation with sanatoria as with any other hospitals.

Miss Densford also spoke of affiliations and agreed with Miss Van Kooy that nurses should have tuberculosis training as part of their general training.
rather than having a special group largely recruited from sanatorium patients. Dr. Woodruff agreed with this plan.

The attitude of the students concerning affiliations was discussed. The general feeling of the committee was that this depends in a very large degree upon the attitude of the school and the instructors and leaders in tuberculosis nursing. When the conditions for affiliation are more satisfactory the student interest will be increased.

The need for instruction in tuberculosis which will prepare nurses for public health nursing was presented. The affiliations with sanatoria offer an opportunity for the care of bed-side cases, and even when the patients are ambulatory, their care is definitely an institutional problem. This program will have to be supplemented in order to give the nurses an appreciation of the community aspects of tuberculosis and to meet the need in the public health field.

The question of supplying adequate nursing service for the sanatoria was discussed. It was thought probable that for some time sufficient numbers of nurses will be available only for head nurse and supervisory positions and that attendants will be needed for the types of work which do not need to be carried by the graduate nurse. Miss Densford urged that sanatoria be properly staffed and equipped to receive student nurses for their ward practice. If this be done, sanatorium patients will receive better care than has been possible in the past and students will at the same time be learning to care for the tuberculosis patient.

The trend of the meeting was that affiliations should be encouraged and that an adequate program of instruction, theoretical and practical, should be provided for these affiliations. Miss Densford suggested that first there should be in charge of the nursing service qualified people to direct that service; also that there should be a sufficient number of graduate nurses to give time to instruction, and sufficient attendants to help carry that part of the work not educational. Further all student nurses, as rapidly as conditions will permit should be instructed in tuberculosis nursing, both in theory and practice. This will entail good medical staffs, sanatoria or hospitals with different types of tuberculosis patients, proper equipment and facilities for adequate care of the patient and training in tuberculosis nursing.

The committee agreed that a study of sanatoria facilities for affiliation and instruction should be made, and it was voted that a questionnaire be prepared and sent out to the sanatoria now reported as having training schools and to others which might be considered for affiliations, also to the state boards of nurse examiners.

Katharine J. Densford,
Acting Representative from the National League of Nursing Education.
REPORT OF THE COMMITTEE ON PROBLEMS OF EDUCATION IN NURSING SCHOOLS CONNECTED WITH SMALL HOSPITALS

As a preliminary to the study of the problems of education in nursing schools connected with small hospitals, the committee held one meeting in which the general plan of making this study was considered. It was finally decided to adopt the plan of sending out a questionnaire, making it as brief as possible and trying to condense the sort of information that would make the survey of any value. The hospitals decided upon were those ranging in size from 50 beds to 150 and operating nursing schools taken from the accredited list. Five hundred questionnaires were sent out, each member of the committee being responsible for 50 and the major number sent out from the office of the chairman, each member making up her own summary from the returned questionnaires, from which the final summary was made by the chairman. Only 48 per cent of the questionnaires were returned and many of the questions remained unanswered.

Questionnaire

What is the educational requirement for entrance to your school? Age?
Have you a full time instructor?
What are some of your educational problems?
How is the follow-up work on the wards accomplished?
Who is responsible for the correction of students’ notes?
What subjects are given by medical staff?
What subjects are given by nursing staff?
What subjects are given during preliminary course?
Have you any affiliation with local educational institutions? If so, what financial arrangements are necessary?
What are the recreational activities of the school and how are they financed?
In what way are unusual records for scholarship rewarded?
Have you a loan fund for assisting needy students?

Summary

60% of the schools admit students at the age of 18 to 35 years
20% " " " " " " 19 35 "
10% " " " " " " 20 35 "
8% " " " " " " 21 35 "
2% " " " " " " 23 35 "

18% of the schools have an entrance requirement of four years high school
2% " " " " " " three " " "
45% " " " " " " two " " "
29% " " " " " " one year " "
6% " " " admit on grammar school diploma.
50% of the hospitals connected with the schools have a daily average of 120 patients, a daily average of 85 students and 12 graduate supervisors.
30% have a daily average of 80 patients, 46 students and 11 graduate supervisors.
10% have a daily average of 59 patients, 32 students and 9 graduate supervisors.
10% have a daily average of 35 patients, 16 students and 7 graduate supervisors.
In answer to the question "Have you a full time instructor?" all those schools having a daily average of 100 patients or over have a full time instructor, those under 100 patients a part time instructor.
In many schools one instructor taught eight subjects, besides correcting students' notes.
Practically all schools reported trying to follow the Standard Curriculum.
One school with an average of 26 students reported that one instructor taught every subject in the Standard Curriculum herself, as well as doing the follow-up work on the wards.
16% of the schools had some affiliation with a junior college or university—no tuition paid by the nursing students.
One school reported that the Board of Education cooperated in the teaching of the student nurses to the extent of employing three full time teachers who taught such subjects as bacteriology, chemistry, sanitation, dietetics, drugs and solutions, anatomy and physiology. There was no tuition charged to the nursing students and the Board of Education stated that the nurses returned to the community so much in the way of service that the community owed to them the best instruction possible.
One of the problems that practically everyone was agreed upon was the lack of correlation between theory and practice.
Another that of not having sufficient time to cover adequately subjects given in the preliminary course.
Several schools gave as an acute problem the lack of interest on the part of the students towards the educational program of the school. Many attributed this to fatigue, because of long hours on duty, especially noticeable in students on night duty.
16% of the schools report having an 8 hour day and a 10 hour night schedule.
Practically all schools reported the difficulty of arranging classes to meet the needs of students on night duty. One school reported the employing of a visiting instructor who held classes every afternoon at 4:00 o'clock, especially for night nurses. The result of this was a much improved morale and greater interest on the part of the students in their class work.
Difficulty in meeting State Board requirements owing to lack of adequate teaching facilities and proper classrooms.
All schools with less than a three year high school entrance requirement reported as one of the problems, the lack of preliminary education, and were unanimous in saying that in their opinion a four year high school course was a necessary prerequisite for entrance to nursing schools.
Difficulty of getting medical men who are really good instructors and their too casual attitude toward the nursing school.
Inadequate preparation on the part of nurse instructors and their lack of understanding of the administrative problems of the hospital.
Many of the small schools say the only supervision of students' work is that given by the director of nurses, when she has the time.
Difficulty in securing supervisors with the teaching point of view seems to be a general problem.
Lack of adequate clinical material for the teaching of pediatrics and the inability of the schools to secure a suitable affiliation.

The matter of follow-up work on the wards seems to be felt in all schools, due to lack of supervisors and head nurses.

The administrative demands of the hospitals require so much time that they were unable to give the necessary supervision to the students' work.

One school with a daily average of 100 patients and 63 students stated that it has no educational problems. This school has a university affiliation where basic sciences such as bacteriology, chemistry, anatomy, physiology and materia medica are taught.

9% of the schools award medals of scholarships for unusual records in the theory or practice of nursing.

One school, in addition to gold medals for honor students, offers a year's study at Columbia University to the student with the highest record of character, scholarship and general proficiency during her three year course. This scholarship is given by the chairman of the nursing school committee, who is evidently greatly interested in the development of the educational program of the school.

7% of the schools reported loan funds available for second year school students.

15% of the schools reported supervised recreational activities, financed by the hospital with social directors and house mothers in charge of the students in the home. These schools are all connected with the larger hospitals and with junior college or university affiliations.

The majority of schools reported no definite recreational program, but encouraged social activities among the students. Many had Y. W. C. A. affiliations and felt it to be a fine influence. Only 11% of the schools have student government.

With the exception of the one school with "no educational problems" the majority of schools seem to be having the same difficulties in standardizing their curriculum, relieving the nurses for classes and procuring qualified instructors, both medical men and nurses.

The director of a school of nursing, in addition to answering the questionnaire, sums up her educational problems in a few brief statements, and as it applies to all schools heard from it is quoted here in full:

"When students fail in an examination, should they be allowed to repeat the course? We have been allowing them to repeat the examination once, and if they failed on the second, to repeat the course in their own time. We feel that in some cases, as a result of the above, they do not make enough effort to pass the first time.

"This same applies in a measure to nurses who lose classes through illness, oversleeping when on night duty, etc., etc. How much allowance should be made in these cases? When a student nurse misses class work, she can in most cases take it the following year, but it makes her class schedule too heavy the second year. Some students report ill and stay off duty on very slight pretenses, while others are the opposite. They all expect us to get them through their examinations. We are nearly beside ourselves at times trying to keep track of and get in all the back classes missed. We feel a lack of personal sense of responsibility on the part of the students which seems ingrained and fundamental.

"We feel it an educational problem that the supervisors are kept so busy doing clerical work on the halls. Slips, requisitions, reports of all kinds, making rounds on the patients, making rounds with the doctors, checking up on housekeeping details, taking inventories, etc., so that they have little or no time left to actu-
ally supervise the students' work at the bedside, and the instructor has so much class work and routine clerical work that she has not enough time for all the follow-up work she should do.

"The students move about so much and have so much class work, that they cannot be depended on for responsibility such as checking up equipment, etc., which hospital administration demands.

"In short, my instructor and I both feel that the work of taking care of the patients, and all that goes with that, could be accomplished (and it would be a man sized job) if we did not have to struggle with the education of the nurses; or we could educate and train the nurses provided we did not have to always consider getting the patients cared for, but the combination of the two is almost an impossible task with all that is demanded now from the standpoint of the hospital and the state boards."

Those of us who have the dual responsibility of caring for the patient and educating the nurse will heartily agree that the combination is an impossible task. Good nursing service depends upon sound academic and professional training and the constant conflict between one's obligation to the patient and duty to the student nurse constitutes one of the greatest problems in our nursing schools.

In presenting this report, the committee appreciates its incompleteness and offers it merely as a preliminary to what should be done in a more extensive survey. We feel that the 52 per cent of the schools not heard from constitute a real problem in the whole education system of small nursing schools.

Mary A. Welsh,
Chairman

Committee on the Status of the Private Duty Nurse

The secretary reported that a letter from the chairman stated that apparently there had been some confusion concerning the function of this committee and no work had been done.

REPORT OF THE COMMITTEE TO STUDY THE QUESTION OF THE NEED OF THE STUDY OF MIDWIFERY BY NURSES IN POSTGRADUATE COURSES

In conducting this study the committee was confronted with the problem of the members being scattered so widely that it was impossible for all to assemble at any time, so the conclusions presented are based upon the results of a great deal of correspondence, individual conferences and five group conferences held with nurses, and individuals intimately concerned with the midwife problem.

That considerable educational publicity upon the whole subject of maternal and infant welfare, especially as it relates to the prenatal and neonatal
periods, was evident by the reaction to the inquiries sent to various hospitals and institutions dealing with the maternity problem.

The replies received from letters sent to individuals throughout the rural sections as well as to public health workers, were full of significance and all indicated the need for a consideration of the establishment of courses in midwifery.

During the year eleven inquiries were received from nurses concerning courses. Among these were four who intended to go to foreign missionary fields; five were rural public health nurses, and two graduate nurses who wished to practice independently.

Since it was impractical to have the committee meet as a whole, the chairman would submit the conclusions and recommendations embodied in communications from various members and groups who were consulted.

One group recommended that a survey be made of existing needs for qualified nurses practicing midwifery, the survey being based upon the following points:

1. Do we consider it necessary for all nurses to have more obstetrical training than is included in the regular hospital training course?
2. If not for all, for nurses doing what particular kind of work? Or how situated?
3. Where there is a need, would it be better for one nurse to do obstetrical nursing only, or for several to do a generalized nursing including obstetrical nursing?
4. If nurses took up this particular line of work would there be any opposition from the medical profession?
5. Should nurses attend deliveries regularly, or in an emergency only?
6. Where would you advise such a course being given?
7. What should be the content of the course?
8. What should be the length of the course?
9. What should be the qualifications of those taking such a course?
10. What should be the age limit?
11. What per cent of maternity cases are now handled by midwives?

Recommendation—That a standardized course for nurses wishing to specialize in obstetrical work be arranged for in several places throughout the country.

Where given—That it be given either (1) Through the clinics of the medical schools (nurse to have training along with medical students) or (2) That it be given in connection with some of the maternity hospitals.

Content of course—That given to ordinary medical students, including anatomy, normal and abnormal deliveries, care of infant, prenatal and postpartum care, with special emphasis on obstetrical diagnosis during prenatal period.
Length of course—Three to six months.
Age—23 or 25 to 45 or 50.
Entrance requirements—High School?
Students—Postgraduate?
Degree—Diploma recognized throughout country. Nurse to be known as obstetrical nurse.

As to limitations for nurses taking this course: (a) They should not deliver abnormal cases. (b) Patients engaging a nurse should be required to have a complete medical examination to ascertain the degree of normality or abnormality.

Recommendations of Committee

1. That each state department have one nurse with special obstetrical training whose duty it is to investigate the problem in her state, supervise and teach the midwives, eliminate the unfit, etc.
2. That there be a uniformity of training, etc.
3. That the work of standardization be started with the state department and through these nurses the work of standardizing the outlying parts be carried on.
4. A gradual raising of the standards applying to the midwives, before an attempt is made to enforce state laws governing them.
5. Standardization of laws regarding midwives, so that they will be uniform throughout the country.
6. That only nurses who are really qualified be allowed to attend midwife classes, and to receive the certificate.
7. Legislation to exclude the ignorant and unfit.
8. Campaign to educate the public.
9. That the length of the course be three months for a graduate nurse.
10. That public health nurses generally emphasize more the need of every case being seen beforehand, and of obtaining an obstetrical diagnosis, in order that medical help, if necessary, may be provided for in time.
11. That in outlying districts where medical attention is impossible there be a salaried nurse with extra obstetrical training who can attend deliveries, and charge a reasonable fee (from the standpoint of the local doctors and the patients) or
12. That competent local women be given sufficient training to make them safe to handle such cases.

The question of the title for the nurse who takes up this training was ably answered by Miss Van Blarcom, who said:

I don't see any disadvantage in a nurse's registering as a midwife if she is qualified to do so. If we pull up the standard of work to the level we dream of then the
odium will be removed from association with even the idea of midwife in registration. It may be wrong, but I have a feeling that if we grant that there is something disreputable and unsavory about the very name midwife, we are in a sense perpetuating that attitude in the minds of people who are not quite sure what they think about it all. I do not suggest that nurses giving the service we have in mind be called midwives, but I don't believe there would be any very real objection to registering as a midwife in order to carry out the work.

Elizabeth F. Miller,
Chairman

REPORT OF THE COMMITTEE ON NOMINATIONS

Ballots for nominations were sent to the presidents of twenty-nine states in September, 1925.

Twenty ballots were returned.

The persons receiving the highest number of votes were asked if they would serve if elected.

The ballot, which was signed by each member of the committee, reads as follows:

President: Carrie M. Hall, Boston, Mass.
Louise M. Powell, Cleveland, Ohio.
First Vice President: Mary M. Pickering, San Francisco, Cal.
Elsie M. Lawler, Baltimore, Md.
Second Vice President: Marion L. Vannier, Minneapolis, Minn.
Mary A. Welsh, Grand Rapids, Mich.
Secretary: Ada Belle McCleery, Evanston, Ill.
Treasurer: Marian Rottman, New York, N. Y.


Sally Johnson,
Helen I. Denne,
Anna Gillis,
Mary Cutler,
Bessie Baker, Chairman

Miss Baker announced that she had received a letter a few days ago from Miss Powell asking that her name be withdrawn from the ticket.

Upon motion duly seconded and carried the report of the Committee on Nominations was accepted. The Chair then declared that nominations were in order from the floor, particularly for those offices for which only one candidate had been presented and that since Miss Powell had indicated it
would be impossible for her to serve, the first such office was that of president. Nominations for president, first vice president, second vice president, secretary and treasurer were successively called for and successively voted to be closed, in each instance the Chair reminding the house if there were one or two names on the ticket. Upon calling for nominations for director, the Chair called attention to the fact that both Mary C. Wheeler and S. Lillian Clayton were candidates for president of the American Nurses' Association, and should either of them be elected, she would by virtue of her office become a member of the League Board; that eight nominations had been made for director and four were to be elected.

It was moved by Isabelle W. Baker, seconded by Elizabeth F. Miller, and carried, that

All nominations be closed.

Voting Privileges at Convention

Some discussion arose as to voting privileges at this convention and was pointed out that under the present by-laws each individual member in good standing was entitled to vote irrespective of whether she was admitted to the organization as an individual member or through a state league.

The Chair then called for the report of the Finance Committee.

Preliminary Report—Finance Committee

Miss Mary C. Wheeler, chairman of the Committee on Finance, stated that last evening was the first time it had been possible to have a meeting of the Finance Committee; that the committee had studied the receipts of moneys for 1926 to date and the receipts anticipated for the balance of the year, and had considered also a budget in accordance with estimated expenses. Should the Placement Bureau be continued there would be a deficit of $600, and before reconsidering and completing its report the committee desired instructions with respect to undertaking to draft a budget which would include the Placement Bureau.

Vocational and Placement Bureau

Following Miss Wheeler's report the Chair announced that the Vocational and Placement Bureau had been under consideration by the Board as it had not been able so far to have a report from the Finance Committee, it had intended to present the matter at a later session. With the subject now before the house the Chair asked for expressions of opinion and discussion.

The question arose of the desirability of charging a fee to institutions
seeking a person to fill a vacancy, and to applicants desiring to secure a position, and it was suggested that, while such a program involved commercial methods, its careful consideration might be in order. The fact was brought out that the Personnel Bureau of The American Hospital Association had instituted a fee, and various commercial registries were discussed both from the standpoint of charges and service rendered. The treasurer pointed out that the introduction of new methods in the conduct of Headquarters Placement Bureau would incur a larger expenditure than at present, since it would be necessary to create new machinery, and that for such inauguration funds exceeding the shortage now named by the Finance Committee would be needed.

A motion was presented by Elizabeth F. Miller and seconded by Eunice

...The Placement Bureau be continued for one year

...d the question having been thus formally placed before the meeting its discussion continued as related to the motion.

The Chair reminded the body that the placements in 1925 had been made at a cost of fifty dollars a placement. The question was asked from the floor if the motion implied continuance of the Placement Bureau as now conducted or reorganization and different methods. The Chair was of the opinion that it presupposed different methods, which would be impossible without the financial contribution of the American Nurses’ Association, unless some other means of support were worked out.

The question was raised as to the possibility of combining the League Vocational and Placement Bureau with the Vocational Service maintained by the National Organization for Public Health Nursing, since the reorganization of this latter service was under consideration. The Chair announced that she had attended a conference of the National Organization for Public Health Nursing in January, at which the proposed program for its Vocational Service had been discussed, and it did not seem as if the Placement Bureau of the League would fit in with the organization contemplated.

Mrs. Eldredge spoke of the plan which had been presented by the Common activities Committee with respect to combining the Vocational and Placement Bureau directed by the League and the Vocational Service of the National Organization for Public Health Nursing, and that because of the large yearly maintenance expenditure involved, somewhere in the range of $17,000, it had not been adopted. Further she stated that the withdrawal of the contribution of $1719.19 by the American Nurses’ Association to the Placement Bureau had been based upon the reports for the past three years, to the effect that the Bureau was serving so limited a part of the country.

The suggestion was made that the state leagues might be willing to con-
tribute to the support of the Bureau. Inasmuch as the scope of the work of the Placement Bureau is confined to so small a territory, other members voiced the opinion that it would be almost impossible to ask those parts of the country not benefited to contribute to its support. Decentralization was suggested, as was also a study of the methods of the Medical Bureau, and Personnel Bureau of The American Hospital Association, with a view to considering such of their methods as might properly apply to a Placement Bureau of the League. Relative to this latter suggestion the statement was made that The American Hospital Association Personnel Bureau charged a small registration fee and in addition a placement fee of ten per cent of the first month’s salary, and according to recent information from The American Hospital Association, it would be necessary to increase the placement fee to fifteen per cent, and, further, the association always expects that a subsidy for the Personnel Bureau will be needed.

When called upon the executive secretary referred to the fact that the budget of League Headquarters had been approximately $11,000 in the past, just about $2,000 more than the cost of the Vocational Service alone of the National Organization for Public Health Nursing. Operating upon a limited budget it necessarily meant limited working resources, and with the numerous demands upon League Headquarters it was not possible to conduct the Placement Bureau upon a basis justifying a scientific evaluation of it, and for that reason the benefits advanced were at the present time largely academic.

The importance of vocational guidance to the individual nurse and advisory service to institutions concerning professional qualifications indicated for different types of positions was stressed, and it was pointed out by the Chair that work of this type would always constitute an important part of League Headquarters program, whether a formal Vocational Bureau were conducted or not.

Attention was called to the fact that a number of states which have established nursing headquarters are planning a placement bureau, and the question was raised if these state placement bureaus would not to some extent take the place of the Headquarters Bureau.

The Chair then reminded the meeting that a motion was before the house that

The Placement Bureau be continued for one year.

The question was called for and the motion carried.

A second motion followed, presented by Isabel M. Stewart, seconded by Eunice Smith, and carried, that a Committee be appointed to study this question with the executive secretary and to outline a plan to be presented to the Board of Directors before the close of these meetings.
Following this action which concluded the morning’s discussion on the subject and upon inquiry from the Chair, the chairman of the Finance Committee requested that further time be given the committee to reconsider its report.

Revision of By-Laws

The Chair then called for the report of the Revision Committee and in so doing said that many questions concerning membership during the year had come up; some relating to the revisions adopted last year. Because of this and difficulties in interpretation it seemed necessary to refer a number of questions to the Revision Committee and the proposed revisions received with the call to meeting was the result therefrom.

The chairman of the Committee on Revision stated that she had conferred with Mrs. Emma A. Fox, parliamentarian, and that the membership clauses had been simplified. With respect to local leagues it was thought best not to consider their organization until the state leagues were in line and properly adjusted. Further, Miss Wheeler said she had no idea how many times she had corrected state league by-laws and that the Board of Directors had instructed that following the approval of a state league by-laws, a card of approval with a copy of the approved by-laws be sent to the executive secretary.

Miss Wheeler then presented her prepared report.

REPORT OF COMMITTEE ON REVISION

In accordance with the proposed plan for state leagues accepted last year, the state constitution and by-laws have been corrected and a card of approval attached and forwarded to Headquarters, as follows:

Alabama: League disbanded. Intend to organize a Superintendent’s Section of the Alabama State Nurses’ Association.
California: Approved March 27, 1926. Had constitution and by-laws reprinted.
Corrections made on galley.
Colorado: Approved May 9, 1926.
Connecticut: Approved March 27, 1926.
District of Columbia: Not received.
Illinois: Approved April 10, 1926.
Indiana: Approved April 2, 1926.
Iowa: No report.
Kansas: Approved May 1, 1926.
Kentucky: Approved April 17, 1926.
Louisiana: Returned by-laws corrected. If approved by Louisiana, to be returned.
Not received.
Maryland: By-laws returned, question of daily average of 30 patients, April 10. No reply.
Massachusetts: Approved March 24, 1926. Amendments to be considered at their meeting in June, 1926.
Michigan: Approved March 27, 1926.
Minnesota: Corrections sent March 26 and asked for two corrected copies. No returns.
Missouri: Approved April 21, 1926.
Nebraska: Approved April 19, 1926.
New Hampshire: No report.
New Jersey: Approved April 10, 1926.
New York: Approved April 15, 1926.
North Carolina: No report.
North Dakota: No report.
Oklahoma: By-laws corrected and returned. No report.
Oregon: No report.
Pennsylvania: Approved March 15, 1926.
Rhode Island: Approved March 27, 1926.
Tennessee: No report.
Texas: Approved May 9, 1926.
Washington: No report.
Wisconsin: Approved April 19, 1926.


Mary C. Wheeler, 
Chairman

Card of Approval, State League Constitution and By-Laws

Upon conclusion of the report of the Committee on Revision the Chair called attention to the fact that previously it had been the function of the Eligibility Committee to pass on all applications for membership. During the year when applications from state leagues were referred to the Eligibility Committee, the chairman found that this committee was in no position to pass upon these applications since the admission of state leagues really depends upon the approval of their constitution and by-laws by the Committee on Revision. Consequently at the January meeting the Board of Directors instructed the Committee on Revision with the executive secretary to prepare a red card which, when signed by the chairman of the Revision Committee, would indicate that a state league's constitution and by-laws had been approved by that committee. The Eligibility Committee continues to function with relation to individual applications for membership.
The Chair then suggested that because of the lateness of the hour and the need for careful consideration of the proposed revisions, with the approval of the body, action on the revisions be deferred until the business session on Wednesday morning. There being no objection, this plan was followed.

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

Before adjourning the Chair appointed the following committees:

Committee on Resolutions—Mary E. Gladwin, Minnesota, Chairman; Ethel P. Clarke, Indiana, Evelyn Wood, Illinois, Elizabeth Miller, Pennsylvania and June Ramsey, California.

Tellers—Caroline V. McKee, Ohio, chairman; Mary Wakefield, Mass., Olga Andresen, Illinois, and Charlotte Burgess, Nebraska. (Miss McKee was not able to serve as chairman of the tellers and Miss Wakefield was later appointed in her place.)


Session adjourned to meet at 11:30 a.m., Wednesday.

Open Session Conducted by the Advisory Council
Tuesday, May 18, 10:00 a.m.

Carrie M. Hall, president, presided.

In calling the meeting to order the president stated that one of the duties of the Advisory Council in which the state leagues were represented by their presidents was to keep the National League informed of the progress of nursing education in the various states, and to this end it was hoped that a report would be rendered by every state league, if not by the president, by an appointed alternate.

California: The California League of Nursing Education has a paid-up membership of 117. At the annual convention at Santa Cruz, June, 1925, the constitution and by-laws were revised to conform with the National.

Plans for the course at the University of California in administration and teaching in schools of nursing, as provided for in the bill to turn over the $70,000 which had accumulated in the Bureau of Registry of Nurses, have been under way during the year.

The California League of Nursing Education has two local leagues, the
northern and the southern. Each league conducts monthly meetings at San Francisco or Oakland and Los Angeles respectively. Each league held a three day institute and a series of vocational conferences for nursing students.

The institute at San Francisco in January, 1926, was well attended. One of the interesting features was the daily talk by Professor Charles Rugh. His subjects were (1) The Why of Teaching, (2) The What of Teaching, (3) The How of Teaching.

The Los Angeles Institute held at the Los Angeles Nurses' Club was also well attended. Professor Martin J. Stormz gave a daily lecture on the Principles of Teaching. At the dinner meeting, the boards of directors of schools of nursing were invited to hear prominent lay women and men talk on The Responsibility of the Community for Nursing Education. Each institute had a session at which nursing education was discussed by the students, who gave most interesting and helpful suggestions.

An institute for students on Mental Hygiene and Psychiatric Nursing was held in Los Angeles.

At the regular meetings the following subjects were discussed: In the North: Children's Books; Sir Wm. Osler; Nurses' Hours on Duty; Preparation for Caring for Communicable Diseases; Applications for Positions. In the South: Club Ideals; Teaching Ethics to the Modern Girl; Food Selection; Hydrotherapy and Health.

The Instruction Section of the Southern Branch had monthly meetings. The subjects presented were: Textbooks; Teaching Hygiene; Teaching Students How to Study; Correlation of Theory and Practice, Class Schedules, with a question box at each session.

The State Convention will meet at Long Beach in June. The students will send representatives and will have a session of their own in which they will discuss student activities and advanced courses and display student publications.

Invitation, 1930 Biennial Convention

Following the report from California June Ramsey stated that California hoped to have the 1930 biennial convention and that she had been authorized to present to the President of the National League of Nursing Education a letter from the Mayor and one from the Chamber of Commerce.

Student Auxiliary

Miss Ramsey also spoke of a student auxiliary in which California was interested. The Chair announced that the president had received a letter concerning this latter question which would be read later in the morning.
Colorado: The Colorado League of Nursing Education held two well attended meetings during the past year, one at Pueblo, the other at Trinidad.

The revised constitution and by-laws conforming with the National League have been adopted.

Of especial interest at the annual meeting were an address, The Results of Mental and Educational Tests, by Frances Hawley, director of the Psychological Department of the Trinidad Schools, and a demonstration of the technique in nursing communicable diseases, by Ellen Perdue and Dorothy Conrad of the Denver Visiting Nurses Association.

The Denver League has held monthly meetings during the year with the exception of the summer months. At each meeting a paper dealing with the newer methods of teaching the various subjects in the curriculum was read and followed by informal discussion.

A central lecture course, sponsored by the Denver League, has been successful in promoting higher educational standards in our schools of nursing and in creating a closer bond between the respective hospitals.

Connecticut: The Connecticut League of Nursing Education reported the adoption of the new constitution and by-laws; that amalgamation of the three state nursing associations was under consideration, and that the state was looking forward to a paid secretary and state headquarters.

District of Columbia: The League of Nursing Education of the District of Columbia is composed of approximately 110 members. Monthly meetings with an average attendance of 55 have been held. Aside from the valuable addresses there have been three outstanding activities of the League: first, the cooperation with the Graduate Nurses' Association of the District in the arrangements for the meeting of the Mid-Atlantic Division of the American Nurses' Association held in Washington in December; second, the continuation of the Central School of Nursing. This is the third year in which work of the preliminary period of six schools of nursing of the District has been conducted at the George Washington University. Two semester terms have been conducted and the courses given were bacteriology, chemistry, ethics, histology, history of nursing, hygiene, pathology and psychology. In addition a course of lectures in Professional Problems for Senior Students was arranged by the Central School Committee. For the work of the preliminary period George Washington University gave credit to all students able to matriculate. The League has been financially responsible for the budget of the school. A fund of several hundred dollars for this purpose was raised, from which there was taken the sum of $100 to defray the ex-
penses of an instructor in psychology which could not be arranged for through the Medical School. The laboratory fees of the students have in almost all instances been paid by the Board of Managers of the schools of nursing, although in one school the students themselves upon entering paid $5.00 laboratory fees. It is expected that the Central School will continue its work next year in the same manner. The cost of running the school has been $8.00 per student a semester.

The third outstanding activity has been the revision of the constitution and by-laws of the District.

The program of the year included a demonstration of first-aid and life-saving work by an expert from the Life Saving Service of The American Red Cross.

It is felt that the activities of the District League of Nursing Education have had a marked effect upon the standard of work being done in the schools of nursing of the District of Columbia. This has been evidenced by the fact that in 1924 there were 34 per cent failures among the applicants for registration who appeared before the District Board of Nurse Examiners. In 1925, at the Fall examination, there were but 4 per cent of failures and 40 per cent of the group were on the Honor Roll for high gradings. This result is not directly due to the Central School of the District, because there has not as yet been sufficient time to get definite results from this preliminary course. In 1924 an instructor of one of the schools of the District was appointed to the Board of Nurse Examiners through the efforts of the League, and since that time the work of the Board has been reorganized. As a consequence, the schools of the District have been working together in a most co-operative fashion; the instructors have more uniform standards and methods; and the reviewing for the State Examination has been along the same lines and has brought about the excellent result referred to above.

Illiinois: The present paid-up membership in the Illinois League of Nursing Education is 161. Thirty-four new members were admitted during the year. Several requests have been made for transfers to other states. Death has removed one of our valued members, Mabel Theresa Sundblad. Ten general meetings and seven meetings of the Executive Board have been held during the year.

Very active interest has been manifested in the study and discussion of educational problems. Among the topics discussed have been: The Place That Communicable Diseases and Tuberculosis Shall Have in the Curriculum; Textbooks Used in Schools of Nursing; Educational Value of Present Day Postgraduate Courses in the Hospital. Follow-up work in medical and surgical nursing was presented by instructors from several institutions,
showing that a definite effort is being made to coordinate theory and practice.

The most outstanding activities of the League have been the sponsoring of the summer course at the University of Chicago and the Institute. In response to a request from the Illinois League, the University of Chicago for the first time offered courses in administration and in teaching in schools of nursing during the summer quarter of 1925. Thirty-eight students registered for the course. Arrangements have been made for a more extensive course this summer. A course in Supervision in Schools of Nursing and two courses in Public Health Nursing have been added.

The third Annual Institute for Nurses was given under the auspices of the League during the summer of 1925. One hundred and three nurses registered for courses. The Institute will be held again this year.

A survey is being made of the academic preparation of the students in schools of nursing in the state. By obtaining such information we hope to be able to secure higher admission standards.

The Illinois League has completed all requirements for reorganization.

Indiana: The Indiana League of Nursing Education has been concerned chiefly this year with the revision of the constitution and by-laws.

There has been a certain falling off in membership; but it is believed with a little time this situation can be considerably improved. Under the old constitution there were 70 paid-up members; under the new constitution there are at present 39. It is generally felt that the new arrangement is much better. A pride is evident in the fact that membership in the State League automatically provides membership in the National League.

Meetings are held every month in various hospitals.

During the year a few classes in Effective Speaking have been given, and they have seemed rather worthwhile.

The Indiana League hopes to be able to make a report of greater activity next year.

Iowa: At the annual meeting, October, 1925, in Davenport, Iowa, a membership campaign resulted in seventeen new members. Excellent papers on Teaching Ethics to the Student Nurse and The Value of Efficiency Records and Should They be Given to the Student, deserve special mention. Some of the subjects at the Round Table which brought about valuable exchange of ideas were: What To Do with the Backward Pupil; How to Safeguard the Health of the Student Nurse; Length of Annual Vacation; How to Correlate the Theory and Practice, etc.; Allowing Extra Sick Leave; The Value of a Supervised Study Hour. Blanche Pfefferkorn's presence
helped the discussion greatly and she gave much valuable advice on the various topics.

There are no local leagues, nor is there a special instructor’s section in the State League. The instructors and the other school officials have joint meetings.

During the year an institute was held at Iowa City University Hospital. These institutes are very helpful and well attended.

One of the big questions before the League and the convention at large was the appointment of an educational director. The importance of this move is realized and it is hoped the legislature will see fit to make the necessary appropriation.

The question of revising the by-laws is in the hands of a committee.

Kansas: The Kansas League reported among its chief activities membership stimulation and revision of the constitution and by-laws.

The attention of the Kansas League, together with that of the State Nurses’ Association has been particularly occupied during the past year with plans for university affiliation for the Kansas schools of nursing. The Legislative Committee, of which Sister Catherine Voth, the honorary president of the Kansas State Nurses’ Association, is chairman, has formulated two plans for such affiliation, and it is hoped to have something definite before the Legislature in the near future.

Kentucky: The Kentucky League reported that much time had been spent in reorganization, which was now completed. This League has twenty-three members, less than last year, due chiefly to the fact that a membership drive has been deferred until the completion of reorganization. A drive for members among supervisors is planned, and it is hoped in this way to create more interest in coordinating theory and practical work in this group.

The activities of the League have focussed on connection of nursing schools with universities. The University of Louisville at Louisville, the University of Kentucky at Lexington, Durell College, a mountain school and the state normal schools have all manifested interest.

A Central School of Nursing, well on its way, exists in Louisville.

Another activity during the past year was an approach to the State Board of Charities and Correction by the three state nursing associations seeking permission to make a survey of the penal and corrective institutions in the state with a view to recommending nursing attendants for the care of their inmates. The reply received was somewhat discouraging, but it is proposed to follow the matter up next year, as it is felt that the inmates of these institutions should be returned to the community in better physical condition than when they entered.
The providing of teaching in pediatric and communicable disease nursing for the smaller schools in the state has been under consideration.

The Kentucky League has joined with the Kentucky State Association and the State Board of Nurse Examiners in establishing a State Headquarters at Louisville. So far there is not a paid secretary.

An invitation will be presented by the State of Kentucky to the National Associations to hold their 1928 biennial in Louisville, Kentucky.

Maryland: The Maryland League reports two definite accomplishments: an increased number of members and a live interest in the League program.

The Publicity Committee obtained Miss Jane E. Hitchcock for two weeks to present the opportunities in the field of nursing before the high school students throughout the state. Also various superintendents of nurses in Baltimore have met groups in both the Junior High and High Schools.

The Vocational Guidance Department of the City High School and Junior High Schools has given much time and publicity to nursing during the past year and has worked very closely with the League, insisting that nursing schools urge young women to complete their high school education before they enter schools of nursing.

At the present time a study is being undertaken of the National Standard Curriculum and the State Curriculum, which has just been published.

Massachusetts: At the annual meeting, June 6, 1925, the constitution and by-laws, proposed by the National League of Nursing Education for state leagues, were adopted, with only a few minor changes. At that time there were one hundred and twenty-nine paid-up members in the League. January 1, 1926, when the new organization was to really take effect, one hundred and five of the former members had filed the new application form. Since January 1, twenty-eight new members have been accepted, making a total membership of one hundred and thirty-three. These figures show that the paid-up membership under the reorganization has increased by four members. This is a very interesting fact as there has been considerable apprehension concerning the effect of reorganization upon membership in the state leagues.

Reorganization and meeting the requirements for admission to the National League has been one of the major undertakings of the year.

The subject matter of the program of the monthly meetings may be of help to other Leagues: October, Why Postgraduate Study? presented by nurses who the previous year had attended Teachers College; November, dinner to Miss Carrie M. Hall, the president of the National League; December and January, The Interrelation of the Work of the Head Nurse and Supervisor with Reference to Ward Management and the Education of the
Student; February, Further Discussion of Teaching Methods and Supervision in the Health Field; March and April, Combined in a Three Day Institute. Program of this Institute has been published in The American Journal of Nursing. May, Invitation to the Seniors from the training schools. Program: Greetings from Miss Jessie E. Catton, president, State Association, Miss Carrie M. Hall, president, National League of Nursing Education and Miss Mary M. Riddle; speaker, Miss Mary M. Roberts. Music was furnished by Glee Clubs from two of the nursing schools. This meeting was one of the most satisfactory of the whole year. The principal of one training school was heard to remark, "That meeting did more for my seniors than the whole course in the History of Nursing." Other states are advised to put on a similar program.

**Michigan:** The Michigan League reports for the year as follows: an Instructors Institute in Kalamazoo; the constitution and by-laws as recommended by the National League, adopted and put into effect; a scholarship fund for instructors of $100 established; the course for instructors and administrators to be given at the University of Michigan postponed for one year at President Little's request, on account of a survey of nursing which is being made by the university; recommendations by the Educational Committee for standardizing the practical procedures in schools of nursing; a study of textbooks for schools of nursing.

At the annual meeting it was voted to purchase a set of History of Nursing slides for use in the schools of nursing. They will be kept at Headquarters and applications for their use should be made to the general secretary.

**Minnesota:** The Minnesota League of Nursing Education has held two regular meetings and three meetings of the Executive Committee during the year.

The study and work of reorganization has been the principal activity. It is hoped that it will be completed by January, 1927.

An active Membership Committee is trying to increase the membership. Also, an effort is being made to reach delinquents.

The present paid-up membership is one hundred and thirty.

**Missouri:** The Missouri State League has revised its constitution and by-laws to conform to the National. It has sixty-nine members. The State League is composed of two leagues, the Kansas City League and the St. Louis League. Last year an institute was given under the auspices of the League in Kansas City and this year another institute is being planned in St. Louis.

At the state meeting last fall the organization was fortunate in having Miss Mary Gladwin.
Under the reorganization plan the St. Louis League has more members than under the old plan of organization. Regular monthly meetings were held and following are some of the subject discussed: Preparation of Head Nurses for Teaching; What the League Can Do to Help the Head Nurse; Teaching the Finer Ideals of Sex and the Necessity for Adequate Sex Education in Schools of Nursing; What We Can Do to Stimulate The Student Nurse’s Interest in Her Studies; Changes in the Curricula of Schools of Nursing; Some Examples of Correlation in Medical Nursing; Affiliation for Communicable Disease Nursing; Psychiatric Nursing; Methods of Grading Students.

The League has concentrated its efforts this year on publicity on nursing, toward which the District Association contributed five hundred dollars. The Women’s National Exposition given in St. Louis offered splendid opportunity for effort in this direction. A nursing booth was maintained at the exposition.

Inspection of schools of nursing in Missouri is again in effect.

*Nebraska:* The Nebraska League of Nursing Education held several meetings during the year. One of the more important meetings followed the State Board Examination. No formal papers were presented, but many problems of common interest to the schools, as evidenced by the examination papers were discussed.

At the suggestion of the State Board of Examiners, the secretary of the State Department of Vocational Education met with the members of the League to consider the possibility of improving the teaching in the schools of nursing through the help of the high schools and colleges in the various communities. A tentative plan was worked out by which teaching assistance would be supplied to practically every school in the state. Some schools were able to add new courses, such as psychology, and, in general, longer and better courses were arranged with more extensive laboratory work in such subjects as anatomy, physiology, chemistry, bacteriology and materia medica. This action has not only improved the theoretical work in the schools of nursing, but it has been a stimulus as well to the teachers in these schools. At their request, courses in teaching methods have been arranged for the coming year.

A bridge benefit was given by the League recently to increase its too meager funds. Quite a substantial sum was raised.

*New Hampshire:* The League of Nursing Education of the State of New Hampshire has twenty-six members. Three general meetings were held during the year in conjunction with the State Association.

At the annual meeting in June, the principal subjects presented were
The Bell System of Records in the Smaller Hospitals and Should Affiliation in Mental Nursing Be Made a Part of the Curriculum. The revised curriculum for the nursing schools was read and discussed at the Fall meeting. At the March meeting the preliminary course of instruction given to student nurses by the different schools of nursing throughout the state was discussed as was also the possibility of standardizing nursing procedures in these schools.

The advisability of an institute in New Hampshire was presented for consideration. The sentiment of the League members seems to be that an institute would be a progressive step, and while the time for its establishment was possibly not quite opportune, the project should be kept in mind for future development.

The revision of the constitution and by-laws to comply with the National League of Nursing Education will be considered at the June meeting.

New Jersey: The New Jersey League of Nursing Education has a paid-up membership of ninety members.

The outstanding activity of the League during the year was an institute in January. A program of general character was received with great enthusiasm and interest, and it is the intention of the Executive Committee to arrange for another institute in the early part of next year.

Four regular meetings were held. Among the interesting speakers on the programs were Carrie M. Hall, president, National League of Nursing Education; Essie Taylor; Carolyn E. Gray, who presented a paper on Recent Educational Experiments, and Dr. Henry Cotton, who spoke on Care of the Mentally Ill and Need of Scientifically Trained Nurses for this Purpose.

The Committee on Revision of Constitution and By-Laws has completed its work, and the revised constitution and by-laws will be ready for adoption when the new clause of membership which is to be incorporated has been acted upon.

The Chairman of Publicity has done a conspicuous piece of work in bringing to the attention of the State Federation of Women's Clubs a clearer understanding of our educational problems and through her effort the New Jersey League will probably have membership before another year.

The Legislative Committee was active during the Legislative Session. Several bills detrimental to nursing were effectively opposed.

Plans are well under way for an active Supervisors' and Head Nurses' Section.

The State League has cooperated with the State Nurses' Association in establishing State Headquarters.
New York: The New York League of Nursing Education like other state leagues has been struggling with reorganization which it is happy to report has been accomplished.

At the present time the membership is 277. The local sections have lost some members, on the other hand certain national members who previously had not been active in the state are now members of the State League. Another year will be needed to determine how successful the changed membership plan may be as far as the state itself is concerned.

The New York League as a whole holds but one meeting during the year.

There are three sections in the state, and it is believed that through sectional activities a great share of the state's work can best be done. Sections can only be really active however when they are situated about the larger centers.

Section 1, known as the New York City League of Nursing Education, has held six regular meetings. An institute was held from January 4-7 which was concentrated on the subject of supervision. Miss Grace Day, a student and ardent advocate of good supervision in the elementary school field, gave a series of talks on the principles of supervision. These talks were supplemented and applied to the nursing field by nurses intimately acquainted with the problems in both the hospital and the public health nursing field.

Section 2 of the State League is located about Albany and Schenectady and is known as The Hudson Valley League of Nursing Education. Four regular meetings have been held. The special activity for the year has been an institute given under the auspices of the section assisted by the State Department of Education. The entire program dealt with the subject of teaching. Classes both in theory and practice were conducted and great attention was given toward showing the methods by which closer correlation between theory and practice could be obtained.

Section 3 of the State League known as the Western League has its center in Buffalo. A feature of the program has been the demonstration of different practical procedures by student nurses of the different nursing schools, which has led to much discussion and constructive criticism.

The most important committee of the State League is the Education and Publicity Committee. This committee is working upon a plan for publicity regarding nursing, hoping to secure the necessary finances through participation in the plan by all the schools of nursing in the state. It is believed that a program of publicity by which the public could be reached with information regarding what nursing education ought to be, is greatly needed.

The League has cooperated with the State Nurses' Association in efforts to make both the medical men of the state and the hospital associations come to a better understanding of the need of a strong basic nursing education.
Both the officers of the State Nurses’ Association and officers and members of the State League have participated in conference after conference with committees of the medical societies. There is no doubt that as a result there is a better understanding on the part of each group, and it is believed a better comprehension of the particular problem of nursing supply and distribution than heretofore.

Many still say that the educational requirements for the student nurse are too high, but on the other hand there is an increasing number of physicians and hospital superintendents who are becoming better acquainted and more sympathetic with the needs of nursing education.

North Carolina: The North Carolina League reported two regular meetings, one of which included an institute conducted by Mary C. Wheeler.

A new law providing for an educational director has recently been passed. The educational director has just completed a survey of the entire state. This law also provides for a Standardization Board composed of three members of the North Carolina Hospital Association, and three members of the State Nurses Association who are members of the League of Nursing Education. The reports of the educational director are submitted to the Standardization Committee, and that committee meets semi-annually, and once in connection with the Board of Examiners.

The grading of the schools will be done by this Standardization Committee acting as an Advisory Council to the Board of Examiners.

North Dakota: North Dakota has a membership of twenty-six. The by-laws are at present being revised.

The meetings are held in conjunction with the North Dakota State Nurses’ Association. Institutes are held one day previous to the state meeting.

State League activities have been concerned with curriculum discussions and assisting the State Association with legislation.

Oklahoma: This League reported thirty-two members, also that a paid secretary and an inspector for nursing schools were to be appointed.

The League members are working with the Board of Examiners to bring about higher standards.

Work is proceeding on the revised consitution and by-laws.

Oregon: The Oregon League has been occupied with the revision of the by-laws during the year.

In conjunction with the State Board and the League, The Chemawa Indian School near Salem has worked out a five year high school course to
include about one year's equivalent in theory and practice of a nursing school curriculum. An arrangement is planned whereby the Indian girl graduating from this five year program may enter the larger hospital nursing schools in the state and complete the course in two years. In that way it is hoped to prepare Indian nurses to return to their own people and work as registered nurses of Oregon.

The project, under consideration for many years, of establishing a nursing school in the University of Oregon with the good hospitals of the state as fields of practice, has been accomplished, and if it is not begun this Fall it probably will be the following year. The plan includes a field worker who will help the hospital to create the proper nursing standards and at the same time assist the State Board to eliminate schools barely meeting or below requirements.

An institute of a week in connection with the University Summer School Extension Department and the Child Health Demonstration is planned for this summer.

Pennsylvania: The Pennsylvania League of Nursing Education reported that it had completed reorganization with one hundred and sixty-three paid-up members. The programs of the Pittsburgh and Philadelphia Leagues included papers on Case Records, Metabolism, The Educational Value of Dispensary Work for the Student Nurse, and Child Psychology. Edith Clapp, field secretary of the American Nurses' Association, addressed the Pittsburgh League at the December meeting. At the State Convention papers were presented by Maude Muse on Applications of Psychology to Teaching Methods in Schools of Nursing and Dr. Daniel H. Kulp on The Relation of the Hospital to the Community.

A two and a half day institute followed the state meeting. Some of the subjects presented were: The Principles of Economy in Memorizing; The Technique of Teaching; The Planning of a Lesson; Teaching Psychiatric Nursing by May Kennedy; Deductions Based upon the Results of State Board Examinations on the Teaching of the Subjects in the Curriculum by Anne C. Wray. At the round table the following topics were discussed: How Many Subjects Should an Instructor Carry; Methods of Teaching Ethics; The Intensive Plan of Class Work; How Much Teaching Should Be Done by Supervisors on the Wards, and Teaching Students How to Study. Another institute with Stella Goostrey as chairman will be held this Fall. One year from this summer it is planned to have a two weeks' institute in Philadelphia for Instruction in Nursing Schools. The Graduate Nurses Association of Pennsylvania has contributed fifty dollars toward publicity for this institute.

The publicity work of the League has consisted of addresses in forty-one high schools in Pittsburgh, Philadelphia and other vicinities by representa-
tive nurses and a radio talk on the Opportunities for Education and Service in Nursing.

The members of the Philadelphia League contributed $1000 toward the support of the Central School for Teaching Preliminary Courses.

At the State Convention a committee was appointed to approach the two universities in the state, the University of Pennsylvania and the University of Pittsburgh with regard to establishing courses for graduate nurses. The president of the Pennsylvania League was appointed chairman of this committee and later a sub-committee was formed with S. Lillian Clayton as chairman. The chairman of the subcommittee has had one meeting with the faculty of the Pennsylvania School of Social and Health Work and a representative of the University of Pennsylvania faculty. It is hoped to have more to report before the annual meeting in October.

The president of the Pennsylvania League of Nursing Education received the following telegram:

The Pittsburgh League of Nursing Education at its regular monthly meeting held February tenth nineteen twenty-six in the Nurses Club House have passed the following resolution: that we recommend to the Pennsylvania State Board of Examiners for Registration of Nurses that consideration in regard to excusable and inexcusable absence from class period be given to applicants for registration that is now given to students in universities and colleges.

(signed) Helen Pratt, Secretary
Pittsburgh League of Nursing Education.

The above recommendation of the Pittsburgh League will be presented to the Pennsylvania League at its annual meeting in October. It was brought before the National League for its consideration as a matter of general interest.

Rhode Island: During the past year the Rhode Island League of Nursing Education has fulfilled the requirements for reorganization and has been accepted into the National League.

The membership is at present forty-nine: eleven resignations have been accepted and two new members admitted.

Three regular and five executive meetings have been held. In October, the Rhode Island League, cooperating with the Rhode Island State Nurses' Association and the Rhode Island State Organization for Public Health Nursing, held an all day session. Dr. Bancroft Beatley, Assistant Professor of Education, Harvard University, spoke on What Constitutes Good Teaching. Miss Annie W. Goodrich, Dean, Yale School of Nursing, and Mrs. Margaret S. Morris, Dean, Women's College, Brown University, were the speakers at the December meeting, which took the form of a dinner.
The various committees have made successful efforts in keeping the League active and progressive. Closer contacts are being established between the Education Committee and the Rhode Island Board of Nurse Examiners. Under the direction of the Education Committee, senior students in nursing schools in Rhode Island were entertained at a mass meeting with speakers from the professional field. Miss Mary Marvin of Simmons College gave the principal address.

League representatives have talked to students in various high schools on nursing as a profession, distributing literature regarding accredited nursing schools in Rhode Island.

Texas: At the annual convention last year, a movement was begun to inaugurate a recruiting campaign for student nurses. A representative was appointed in each of the twelve districts of the state; literature was distributed and plans were outlined to go before high schools and junior colleges to present opportunities in nursing. Ninety per cent of the schools have full quota of students this year. Seventy per cent of the students are high school graduates.

The fourth annual Nurses’ Institute sponsored by the League was held early in October. This institute was primarily for institutional nurses, but all were invited to attend. Practical demonstrations formed an important feature of the institute. This year an institute with a full time director will be held in Austin.

The work of reorganization of the State League has gone steadily forward. The members of the League have shown a ready response and all seem to favor the new plan. At the present time there are 45 members. Some decrease in membership has occurred since reorganization.

Washington: The Washington League of Nursing Education has not completed reorganization according to the new by-laws. Washington has twenty-seven members in the National Association.

The objective for 1925 was to secure state inspection. This has not been accomplished. It was deemed unwise to push the matter because of an unsettled political situation particularly regarding educational matters. The League has however exercised vigilance relative to the educational work. The affiliation with the University of Washington is strengthening. Two more subjects have been added to the affiliated course during the year.

Wisconsin: The Wisconsin League reported the completion of the revision of its constitution and by-laws.

Five active local leagues exist in the state with a total membership of sixty-nine. These local leagues are districted according to the geographical
plan of the American Nurses' Association and are as follows: Number 1, Racine and Kenosha; Number 3, Madison; Number 4 and 5, Milwaukee; Number 7, Lacrosse; Number 10, Eau Claire.

Two years ago an institute at Milwaukee was held under the auspices of the State League. The consideration of such a project came up for discussion this year. A letter asking for the opinion of each local league was sent out and all voted against it for two main reasons: (a) Proximity to Chicago and Iowa State University; (b) Inability to secure university credit for the work as given at present.

In June, 1925, a pageant called The Healers, sponsored by the Central School and portraying nursing history, was presented in Milwaukee. All seniors in the high schools of the city were invited guests. The pageant was considered excellent publicity.

Two central schools of nursing exist in Milwaukee: one including the Protestant and non-sectarian Hospital Schools of Nursing; the other the Catholic Hospital Schools of Nursing.

At the annual meeting of the State League the program included: Nursing Education as Presented at Helsingfors, by Adda Eldredge; Women in the Federal Government, by Major Julia C. Stimson; Discussion of Contagious Diseases, by Dr. Greenthal, Charlotte Johnson, Ruth Kahl, and Martha Werth.

Upon the conclusion of the reports from the state leagues, the Chair announced that if there were any states which had under consideration the formation of a state league the meeting would be glad to hear from such states, also from those states where the educational work was carried on through an education section of the State Nurses' Association or from any state which had anything to contribute to the program of the morning.

**Georgia:** This State reported the organization of a state league in process. An educational section has existed in the State Association for several years.

**Virginia:** The Educational Section of the Graduate Nurses' Association of Virginia numbers seventy-eight members.

Three meetings were held during the year at the first of which Carolyn E. Gray was present and gave much assistance by taking part in the discussions. The second meeting was given over to a consideration of nursing school matters. At the annual convention the educational section invited Annie W. Goodrich, who made a brilliant address at the open evening session.

The fund for establishment of a Chair of Nursing at the University of Virginia is assured and will be presented to the university on July 4, 1926.
One thousand dollars of the fund was contributed by the Mississippi State Association and the balance by the nurses of Virginia. The Chair will shortly be established.

Entrance requirements to accredited nursing schools have been raised to two years of high school and all nursing schools of over twenty students must have full time instructors. At present there are twenty-nine full time instructors as against nine two years ago.

Ten schools for attendants have been reopened, another is about to be opened, and another will be opened in the Fall.

The Educational Section has arranged for an institute to be held this fall, toward the expenses of which the state association has appropriated two hundred dollars.

The establishment of a central school at Richmond is one of the projects for the coming year.

The State of Ohio did not give a report at this session but later presented one read at the closing business meeting on Saturday. This report is herewith given.

Ohio: The Educational Section of the Ohio State Association of Graduate Nurses has a membership of about one hundred and twenty-five.

The reports presented at the Annual Convention from three organized sections of the fifteen districts (1, 3, and 8, located in the cities of Akron, Cleveland and Cincinnati) indicated progressive programs. The Section of District No. 8 is budgeted by the district with an allowance of fifty dollars for its meetings during the year. The Education Sections of Districts No. 10 and 11 held their meetings in conjunction with the district meetings, the program committee of the respective districts depending upon the section to conduct two of the monthly meetings for the year.

The Educational Section, with the Public Health and Private Duty Sections, held a Joint Institute at the Statler Hotel, Cleveland, Ohio, from October 5 to 9 inclusive, 1925. Of the three hundred registrants, eighty-nine were members of the Educational Section.

The advisability of remaining a section of the State Nurses’ Association or of organizing a State League has been under discussion during the past twelve months. It was decided to continue as a section of the State Association for another year.

A recommendation was presented by the Educational Section to the Board of Trustees of the Ohio State Association asking that body to consider formulating plans by which the nurses of the state should make some contribution to the support of the work of the grading of nursing schools.
Student Auxiliary

The Chair then referred to the question of a student auxiliary presented by the California representative and in connection therewith requested the secretary to read an excerpt from a letter which as president she had received from Daisy Dean Urch, president of the California League of Nursing Education.

At our institutes in California this year, we invited the nursing students to participate by bringing criticisms and constructive suggestions for improvements in our schools and nursing. We felt that this was quite worth while, so we have invited the nursing students to hold a session of their own at the State Convention at Long Beach in June. At their special session they will discuss advanced and post-graduate courses, and student activities. We are thinking seriously of inviting the students to organize with us a Student Auxiliary to the State League. We realize there is nothing in our State or National constitutions which authorizes us to take this step. However, we ask you to consider this at the business meeting at Atlantic City.

Miss Ramsey stated that the student nurses had been quite active in California, taking part in the various institute and district association programs, and that this year they would present a program on advanced courses and postgraduate courses at which the director of the Bureau of Registration for Nurses would preside. A student auxiliary was under consideration, provided the national organization approved.

In the discussion which followed, the movement taking place in colleges and universities was cited as an interesting parallel. Recently students of colleges and universitites have been conferring seriously on the curricula of their schools. Their criticisms have been kindly received and invited, and in certain colleges, quite old conservative institutions, the students have submitted a curriculum to the board of trustees and faculty. In Amherst and Barnard, and in one or two women's colleges, the students' reports have been accepted with some modifications and it has been felt that they have made really valuable contributions. Should a student nurse auxiliary be organized there would probably be criticisms, some perhaps justified, but it would seem better to have the cooperation and interest of the group than to repress it entirely.

The opinion was also expressed that such an auxiliary would make for better understanding on the part of the student, and another member stated that she did not believe the desire of a group of students to ally themselves with the League necessarily implied criticism, but that they wished to become part of a large movement, and that as a cooperative group to a local or a state league she favored such an auxiliary.

A brief account was given of that meeting of about one thousand college students, representing all parts of the country, held in Evanston last winter primarily for a conference on religious questions. The meeting was held
in the First Methodist Church, the main body of the floor being occupied by student delegates. The official representatives from the churches and religious educational bodies were given permission to sit in the gallery without a voice.

Considerable agitation developed in the town as a result of that meeting. There was no question but that the student delegates were seeking truth. There was a great deal of question whether they found it.

About the third day their platform appeared in the local papers. It started out with advocating birth control. Another point was the abolishing of war, still another was turning over to the native workers all of the foreign mission stations, and it ended with the opinion that something should be done about industry, but it had not been decided exactly what.

The point made by the speaker was that while the student is seeking the truth it must be borne in mind that she is immature in judgment.

Two embarrassing instances in connection with the presence of the student nurse group at state meetings were recounted: one, an occasion upon which the director of a nursing school, who had at her side one of her students, advocated a measure which was not very cordially received; the other at a recent joint meeting of a state league and state nurses’ association, at which the number of students who attended was so great, and their activities so numerous, that some of the members wondered whether they were attending a meeting of graduate nurses or had come to listen to the student group.

Student government as related to the subject under discussion was presented and the difficulty in developing a sense of the responsibility in holding office, also the tendency of the student body to elect to office a member of their group who, they felt, would be easy with them.

It was suggested that the matter was one for local adjustment, that recommendations from an individual school might be brought to the local league through a league member of that school, and then to the state and national. Other suggestions made were: the organization of students as a separate body with help and encouragement from the graduate group; another that under the proper guidance interest in and knowledge of educational problems be stimulated in the third year and, further, third year classes might come together for inspiration and exchange of ideas and through the proper authorities perhaps present questions to the League.

The Chair having stated that it was in order for the advisory council to offer a resolution or make a recommendation for informal vote which could be presented to the National League or to the Board of Directors, the discussion was concluded as follows: Moved by Sarah C. Barry, seconded by Lonie C. Boyd, and carried, that

This matter be referred to the Board of Directors for consideration.
Recommendation to Pennsylvania League from Pittsburgh League Concerning Consideration for Excusable and Inexcusable Absences from Class

Upon the request of the Chair, the secretary read the recommendation included in the report of the Pennsylvania League of Nursing Education:

The Pittsburgh League of Nursing Education at its regular monthly meeting held February tenth, nineteen twenty-six, in the Nurses' Club House have passed the following resolution: that we recommend to the Pennsylvania State Board of Examiners for Registration of Nurses that consideration in regard to excusable and inexcusable absence from class period be given to applicants for registration that is now given to students in universities and colleges.

(Signed) Helen Pratt, Secretary
Pittsburgh League of Nursing Education

In explanation of the above resolution the president of the Pennsylvania League stated that some papers for students not containing the minimum number of hours, as required by the State Board, had been received by the board. The reason given for this deficiency was that the students had been ill. The question was, Should the school ask for allowance to be made such students. Attention was called to the fact that in academic institutions students are allowed a certain number of "cuts," that is, may be absent from class one-sixth of the course without loss of credit for that particular course provided they are able to give excellent excuse. In the event of such absence the student is obliged upon her own responsibility to make up the subject matter she has missed, and if she takes the examination and passes she is given credit for the course and the full number of hours covered by it.

After some further discussion the opinion was expressed that the question was one for state discussion since it involved state board rulings and the suggestion was made that it be referred to the Legislative Section of The American Nurses' Association, which includes many members of Boards of Nurse Examiners.

Moved by Marie C. Eden, seconded by Evelyn Wood, and carried, that

The subject be referred to the Legislative Section for discussion.

Discussion on Membership under the Revised By-Laws—Application Forms and Old Members

Several questions were raised concerning membership requirements. One related to the filling out of the application blank by those members admitted to the organization prior to the adoption of the revised by-laws (especially that group whose membership began in the American Society of Superintendents of Training Schools for Nurses). Miss Mary C. Wheeler, chairman of the Committee on Revision, explained that the purpose in
asking the entire League membership to fill out this form is to build up a personnel file at Headquarters for such reference as might be indicated from time to time, and that it is not a condition of continued membership for old members if they do not desire to do so, but it is necessary for new candidates applying for admission to the organization.

Revised Membership Qualifications as Related to Old Members
With respect to the revised membership qualifications as related to members already in the organization, this point was discussed at the convention in Minneapolis last year and as then pointed out, by-laws are not retroactive and the status of existing membership is not affected by adopted revisions of the membership clause.

Status of Members Changing Occupation
Another question raised concerned those members who changed their pursuits and entered a field not included in membership qualifications. Could they continue as members of the League? Miss Wheeler stated that she had conferred with Mrs. Fox on this point. Mrs. Fox had said this matter was one which presents itself in all organizations and unless very lengthy qualifications are outlined as to procedure to be followed, the sanest method is to consider that change of occupation does not affect membership status if the nurse is sufficiently interested to desire to continue her membership.

Status of Nurse Whose Membership Has Lapsed
Concerning the member who allows her membership to lapse, if upon reapplication there is any question as to her character or reputation, Mrs. Fox had stated such instances should be reconsidered by the Committee on Eligibility. If her record is unquestionable she is eligible for renewed membership without this committee’s reconsideration.

Distribution of “Nursing and Nursing Education in the United States”
The Chair stated that a letter had been received from the Rockefeller Foundation announcing the purchase of the remaining copies of the book Nursing and Nursing Education in the United States. Suggestions were desired as to the distribution of these books to the best advantage. The following suggestions were made: that a copy be placed in each state in an accessible place, either in a public library or in a state university library; that copies be sent to the officers of state boards of nurse examiners, to libraries of medical organizations, to members of boards of directors of nursing schools, the state boards of health, and to state nursing headquarters.

Meeting adjourned.
THIRTY-SECOND ANNUAL CONVENTION

Joint Session the American Nurses’ Association, National League of Nursing Education and National Organization for Public Health Nursing
Tuesday, May 18, 8:00 p. m.

Adda Eldredge, president of the American Nurses’ Association, presided.

The invocation was made by The Rt. Rev. A. W. Knight, Bishop Co-adjutor of New Jersey.

The following telegram from The Hon. A. Harry Moore, Governor of New Jersey, was read by the Chair.

Unfortunately I am detained here in connection with work of Board of Pardons, and it will be impossible for me to get away in time to attend your convention. I regret this sincerely because it would be an honor and privilege for me to welcome the members of the nursing associations to New Jersey. The value of your profession to humanity is incalculable. I trust you may have a fine and interesting convention.

(Signed) A. Harry Moore, Governor.

ADDRESS OF WELCOME

By Dr. B. S. Pollak

Medical Director of the Hudson County Tuberculosis Institutions, New Jersey

I am somewhat diffident about stepping into the shoes of my fellow townsman, The Hon. A. Harry Moore, Governor of New Jersey. It was not until about ten minutes of seven that I was apprised of the fact that I was invited to welcome the members of the Nursing Associations.

On behalf of the nurses of New Jersey, on behalf of the medical profession of New Jersey, and on behalf of the citizens of New Jersey, I am delighted to be privileged to welcome you. I trust that your stay will be a pleasant one. I trust that our association and commingling and cooperating with you will be of mutual advantage, and I trust that when you shall return again to the shores of New Jersey, you will remember with a great deal of pleasure your visit with us today. Whether you shall leave us for Kentucky or for Texas,—and we are not trying to influence the politics of your organization,—whether you go South or whether you go North, remember, my friends, that New Jersey feels it is honored tonight in extending to you, though feebly through my own humble efforts, its cordial greetings. We hope that you will return to us many times and that by reason of your influence and by reason of your cooperation and coordination of effort with that of New Jersey, the banner of your organizations may be lifted higher
and higher until it shall occupy the sphere and the place to which it is rightfully entitled.

I thank you, my friends, and wish your organizations success and prosperity.

ADDRESS

By Carrie M. Hall, R. N.

President, National League of Nursing Education

We have come together in these impressive numbers to consecrate ourselves again to the principles and ideals of the profession which we have elected to serve. Although this is the Biennial Convention of our organization, it is the thirty-second Annual Convention of the organization which I represent—the National League of Nursing Education. Upon this group, collectively and individually, rests the chief responsibility for the education of the nurse. This responsibility brings great obligations, for effective education in any profession depends largely upon the ability of that professional group to create leaders and to prepare teachers and administrators. These leaders and teachers and administrators must have vision and versatility, and flexibility, as well as the capacity to work out educational methods which will meet the constantly changing and the ever broadening field of nursing. Our success, therefore, can never be an established fact, but must ever be a continuous process.

During this week, we shall again attempt to solve many questions which pertain to the preparation of young women to participate as nurses in the care of the sick and the promotion of health. Were this an easy task, and were our systems sound and well standardized, more of the problems would have been already solved, and we would not find a repetition or similarity of topics recurring frequently during a period of thirty years.

The League membership is composed of a highly specialized professional group. It has never had the power to impose its principles and ideals upon the hospitals of the country which maintain schools of nursing. It early recognized the need for better teaching and better organization of subject matter to be taught. It laid the foundation of the former through its course at Teachers College, Columbia University, and it stimulated the latter through publication of the Standard Curriculum. These ideas caught in the minds and hearts of nurses and spread like wildfire. In 1920, the League undertook a program of publicity to secure an eight hour day for student nurses. It was successful in that within a year, several hundred schools had adopted it. Other improvements in matters relating to preparation of nurses have been brought about through publicity. As the rousing of public sentiment has always been the most potent factor in progress and reform
throughout the world, so the League, for its success in introducing a finer quality of instruction and more effective methods of teaching, with resulting better care of the sick, has had to depend upon education of the women in the profession and the stimulation and support of public opinion.

Every organization must depend for its success very largely upon the work of committees. The Education Committee has been and is the mainstay and the backbone of the National League of Nursing Education. The results of the work of that committee are felt in every corner of our country where conscientious work is being done in the preparation of student nurses. The influence of this committee extends to foreign countries where our women are engaged in pioneer work in establishing schools of nursing. The great piece of work upon which that committee is focussing at the present time, is the revision of the Standard Curriculum. The Education Committee, with sub-committees and with the assistance of women in other professions, has been engaged for many months upon this valuable contribution. Our grateful appreciation should go out to those women who are giving so many hours of valuable time and careful thought to the preparation of this volume.

As a by-product, perhaps, of the Education Committee, has come the independent Grading Plan Committee. I do not need to tell you of that. The personnel of that committee has been published in the Journal several times, including the organizations represented. We shall have, tomorrow afternoon, the opportunity of hearing from the chairman, of the plans and policies which the committee has outlined.

The Revision Committee of any organization is always one of the most overworked of committees. This is particularly true of our organization. In Minneapolis last year, it was felt that revision had been completed. During this year, so many questions, particularly with relation to membership, have been presented, that it has been necessary to refer these to the Revision Committee for further study. You have, therefore, found articles of revision in the call for the meeting, which will have to be acted upon during these sessions. Our group will have to decide whether it is to remain a highly specialized group, or whether it will interpret the basis of membership in a much broader plane, recognizing that most nurses are, or should be teachers, and therefore in a measure, engaged in education.

For many years, the need of a central office which could collect data and disseminate information has been recognized. The development of Headquarters we must now regard as an established fact, and the maintenance of our Headquarters is essential for future development. Four years ago in Seattle, in fear and trepidation, and without much money, the step was taken which placed an executive secretary in charge of the affairs of the League at Headquarters. These four years have been useful as well as
experimental in the growth of the work. We need to keep open and critical minds with regard to this work; to use its resources freely and intelligently; to ensure that the plan of work is of the greatest possible value from a national point of view. We should endeavor to discontinue those activities which tend to become only local in character and to accentuate the activities which are nationwide in usefulness. It is perfectly evident, as you have learned from the report of the Executive Secretary, that with increased financial support and with a larger staff, Headquarters may develop new projects along lines which have not yet been touched or even recognized.

Whatever is done, either by central office staff, by standing committees of our national organization, or by committees of state and local leagues, we need to strive always for a clear conception of our problems and a definition of our field of service. In other words, we must not, in our struggle for higher standards and finer technique, allow our aims and our methods to become confused. Every suggested change in our curriculum should be critically scrutinized and measured in terms of better nursing—whether that nursing be the bedside care of the patient in the hospital or in his own home, or in the newer fields of public health. We must not lose sight of the fact that we, and all of our organizations, exist to improve the quality of nursing of every kind, and to maintain standards which attract a fine type of woman into the field.

Because of the rather rapid process of evolution in our present day civilization, we find nursing occupying a comparatively new and rather astonishingly important place in the social and economic scheme of things, offering many services and fulfilling many needs in fields not thought of a few years ago.

Those of us who are closest to the work recognize many of the weak points in the structure. The needs and the purposes of the hospital and the school of nursing do not always run in parallel lines, but are frequently widely divergent. The instability of organization of schools of nursing is a matter of anxiety to many a principal of a school of nursing. We deplore low entrance standards and the lack of uniformity in teaching. We aim at perfection. We are disappointed because in the span of a lifetime, perfection is not yet achieved.

Seldom have we ascertained whether other professions have equally disturbing problems. Not long since, I learned, that in one state the legal minimum educational requirement for a candidate taking examination for the bar, is completion of grammar school. If such an old, dignified, and well-established profession has achieved legally no higher educational requirement, may we not take courage and find some pride in our own accomplishments?

The League had its beginnings in that remarkable conference held thirty-
three years ago at the Columbian Exposition in Chicago, and is the parent organization. It was about the same period that many other women's organizations were having birth. The great movement was beginning which is releasing the energies and peculiar abilities of women for public service. The idea was contagious and spread from state to state, and city to town. Today, there is not a town of any size without its women's organizations. They are banded together into great national federations. The women who composed their membership in the beginning, with a few exceptions, were timid, unaccustomed to public appearance, hesitating even to participate in discussion.

Today, women's meetings are conducted with perfection of parliamentary practice. Women no longer hesitate to express their independent views. They are interested and active in work and in all measures for progress and reform. They have become a new power in the land. They, too, are accomplishing much through education and stimulation of public opinion.

Our nursing organizations have had a parallel and possibly an even more vigorous growth to which we may point with pride. Records disclose that the first organization was begun with considerable uncertainty. Our women, however, soon gained confidence in themselves, inspired by the large possibilities of a fine human service and challenged by the very magnitude of their problems and responsibilities in the adequate preparation of nurses, to meet the constantly increasing demands in numbers and in types of service. They, too, soon acquired knowledge of parliamentary procedure, until today, they no longer remain silent, but dare even to face audiences like the one before me. They take their part in great international congresses, and wherever and whenever they believe that the cause for which they work is just and may be advanced. They have acquired self-reliance in managing their own affairs. Much progress has been made by them in the consideration of and in the solution of professional problems.

May it not be true, that we allow the pressure of our own work, and our heavy responsibilities to consume an unfair proportion of our twenty-four hours, and to more or less isolate us from other groups. Occasionally, one hears of a nurse who is a member of, and takes part in, the women's club work of her town. Too frequently, nurses fail to make this or other social contacts. Though as a profession, we must continue to bear our professional responsibilities, many of our problems are community problems, and should be shared with others. We need the stimulation, enthusiasm, and knowledge which comes from contacts with other groups.

We need to learn not only to work with others, but to play with others,—to find a new joy and possibly a new solace in a distant perspective and a wider horizon. If we are to continue to influence the destinies of those nurses who follow us, through the preparation which we give them, should
we not continually strengthen ourselves by mingling more frequently with other groups in the community and by taking a more active part in civic, educational, and social activities?

As a girl, just out of school, and before I had seriously turned my thoughts to nursing as a profession, I attended that great Exposition in Chicago, in 1893. Little did I dream that within those walls, an epoch-making conference was occurring which would influence my whole future life, nor that some of the women participating therein would become my friends. My chief recollections of that great Exposition are of the beauty of its architecture; the whiteness of its buildings, resembling purest marble; and the brilliancy of the electrical display at night. That wonderful setting must have given to the small group of nurses assembled there, a fascinating background for the work upon which they turned the spotlight of their attention. It must be a matter of pride and gratification to those women who are still with us, that great groups like these, with their enthusiasm and inspiration, have come into existence; that through them nursing, wherever our women go, into all parts of the world, has been elevated.

As the "little lamp of Florence Nightingale dissipated the gloom of the long corridors at Scutari, and her genius banished old mists of stupidity, misconception, and long settled customs in the realms of thought," and as the brilliance of the setting in Chicago in '93 illumined the path of our pioneer women, may we not here in this great assembly, gain the courage to go on again, carrying the bright light of the torch of our principles and ideals ever higher and higher.

ADDRESS

By Adda Eldredge, R. N.

President, the American Nurses' Association


ADDRESS

By Elizabeth G. Fox, R. N.

President, National Organization for Public Health Nursing

Printed in The Public Health Nurse, August, 1926.
THE AMERICAN RED CROSS NURSING SERVICE

By Clara D. Noyes, R. N.

Chairman, National Committee, and National Director, The American Red Cross Nursing Service, Washington, D. C.

It has recently been my privilege to read a letter sent by the President of the American Nurses' Association to all of its Divisions, the State Societies, on the relation of the Association to The American Red Cross. She calls attention to the importance of this relationship, and its beneficial reaction upon the general standards of nursing education, state registration and actual membership in the American Nurses' Association. She also points out that such a relationship is not only unique, but one much coveted by national nursing associations the world over. Furthermore, that it has insured the best available advice to The American Red Cross on its nursing program, with the result that its nursing activities, whether it may be in the maintenance of a nursing reserve to governmental bodies, in the field of disaster, or rural public health nursing, or in its course in Home Hygiene and Care of the Sick, have been maintained on a very high plane. For these and other reasons, she urges the states to observe the privileges established through their institutional membership in The American Red Cross.

This communication should be carefully studied by the Boards of Directors of the State Societies and their sub-divisions, Districts and Alumnae Associations, for it explains with explicitness the value, for both organizations, of this unique affiliation.

The Board of Directors of the American Nurses' Association has also recently issued, as one of its three major responsibilities, the following statement:

Through its membership and its affiliation with The American Red Cross a reserve of nurses is maintained by that organization for service in time of great National or International emergencies, such as war, epidemics and disaster.

While the organization has been generally aware of the special arrangement existing between The American Red Cross and the American Nurses' Association, which gives the State Societies institutional membership in The American Red Cross, and entitles them to send a voting representative to its annual meeting, yet the American Nurses' Association has until now issued no definite statement to this effect. This may partially account for the very general lack of a clear-cut understanding on the part of the general membership of the State Societies on the relationship existing between the two organizations. This statement, together with the President's letter, should do a great deal to clarify the situation.

The statement of relationship which has been read is deeply significant,
that over 43,000 members of the American Nurses’ Association have met the requirements for enrollment in the Nursing Service of The American Red Cross is a very impressive fact, but that a body of qualified nurses is held as a reserve for service because of the cooperative arrangement existing between these two great organizations is of far greater significance.

Whether the service is national or international, or whether it is an emergency caused by war, disaster or pestilence, it matters not. The important fact is that a selected reserve of nurses is available. As members of the nursing profession we may rightly feel a just pride in this achievement, for it is a great tribute to the soundness of the organization and the spirit and devotion of nurses who have responded so readily to the call of humanity and to the call of their country’s needs. This enrollment is not a matter of chance, it is the result of careful, continuous and devoted effort on the part of Red Cross Local, State and National Committees, the organization of which has been made easy by the practical agreement existing between the Red Cross and the National and State Associations. The committees are composed of nurses, busy women, who in addition to the responsibilities they may be carrying incident to their regular vocation, find time to stimulate interest in the enrollment by speaking in schools of nursing, to gather the credentials of applicants, supply nurses for disasters, assist with the annual membership Roll Calls and answer the numerous demands made upon them from the Red Cross National or Branch offices, as well as from the Chapters. Incidentally, there are over two hundred of these committees, upon which over fourteen hundred nurses serve as volunteers.

The response of our committees and the individual nurse to a call from the National Organization for help in time of disaster is one so spontaneous and dramatic in its nature that it stirs one’s deepest emotions. The great Tri-State Disaster, for example, which on March 9, 1925, swept through the States of Illinois, Missouri and Indiana, leaving in its wake a toll of death, injury and destruction, unparalleled as far as is known in the history of this country, called into service 294 nurses, 220 of whom were Red Cross nurses, all of whom were supplied through our local committees. A large number were retained in the field from March until the following December.

A knowledge of the experience of these nurses and their director, Olive Chapman, working under conditions and meeting situations equal if not worse than those encountered in the hardest and darkest days of the World War, would, I believe, not only strengthen our faith in the devotion of nurses to their professional obligations, but make each of us appreciate more than ever before our connection as individual members with the Nursing Service of the Red Cross. Our respect for those, great as it is now, whose vision saw in such an enrollment of nurses a means of bringing, with promptness, skilled assistance to the sick and wounded, regardless of cause or location, would also be greatly deepened.
While the Red Cross idea is rooted in war, the motive prompting the work is the instinct of compassion and mercy, which can be traced back to such glorious examples in the ages past as "The Good Samaritan." Inspired by the work of Florence Nightingale, horrified by the suffering of the wounded on the battlefield of Solferino, Henri Dunant conceived of an organization through which humane assistance might be secured for such unfortunates. The history of the origin and growth of the International Red Cross idea is so well known and so easily obtainable that it is unnecessary to give it here. Because of the essential idea of the Treaty, aid to sick and wounded in time of war, nurses were required. The nurse thus early became the symbol of the Red Cross.

For this reason and others included in the charter of The American Red Cross, viz.: relieving and mitigating in time of peace the sufferings caused by pestilence, famine, fire, floods and other great national calamities, and to devise and carry on measures for preventing the same, The American Red Cross immediately felt the need of a well organized nursing service. This was made possible because of the support of the nursing associations and the close cooperative working plan which was early developed between The American Red Cross and the American Nurses' Association, out of which grew the present enrollment.

This enrollment, primarily the official reserve of the Army Nurse Corps, also assists the other Governmental Nursing Services. It also because of the more constructive provisions of the Charter has furnished nurses for its disaster work, its public health nursing service, as instructors in its Home Hygiene and Care of the Sick classes, and for such other Red Cross activities home or abroad as may have arisen. For all these purposes nurses are constantly needed, and the enrollment is called upon to furnish them. New ones must be enrolled to replace those who are gradually falling out of the ranks, for age, death, illness and marriage are daily incidents and necessitate many adjustments. Our committees are constantly at work recruiting new members, but we should like to see each member on the enrollment appoint herself as a committee of one to assist in this connection.

Service, however, is voluntary. While every nurse enrolling is under moral obligation to answer the call if it comes, providing circumstances permit, she is never ordered into service. On the other hand the nurse who meets the requirements and enrolls, adds to her prestige at the same time and affiliates herself with an organization pledged to the service of humanity. It also gives her an opportunity to demonstrate her patriotism, for the love of country, especially when directed to public safety and welfare burns as brightly in the hearts and souls of women as of men.

No attempt has been made in the brief space allotted to the Red Cross Nursing Service on this program to give either a statistical or narrative re-
port of the activities and achievement in this field. The yearly annual reports of the organization provide this. I have attempted most inadequately, I fear, to indicate the character and reasons for the close and official affiliation that exists between the American Nurses' Association and The American Red Cross, and furthermore, emphasize that because this arrangement is so eminently practical it has made it possible to build up an enrollment of nurses of great strength and of vital importance to the country. I have also tried to show that an understanding of this unique relationship on the part of all nurses is essential, for without this knowledge, realization of its significance and effect professionally as well as patriotically becomes practically impossible.

In closing may I urge upon the members of this Association in general, and Red Cross nurses in particular, the value of keeping constantly before you the admonition of St. John, who, when writing to the churches of Asia, advised them to "hold that fast which thou hast that no man may take thy crown."

Meeting adjourned.

Adjourned Business Session
Wednesday, May 19, 11:30 a. m.

The meeting was called to order by the president, Carrie M. Hall.

A quorum was ascertained to be present and the Chair then announced that the chief business of the morning was consideration of the proposed changes in the by-laws as prepared by the Committee on Revision and mailed to members with the call to the convention.

Sesquicentennial Nursing Exhibit

Before proceeding with the revisions, the Chair referred to the Sesquicentennial Nursing Exhibit, a brief statement of which had been made on Monday. As explained at that time, a committee of the three national organizations, with S. Lillian Clayton as chairman, had been created to plan the exhibit. The National League of Nursing Education and the American Nurses' Association had each appropriated five hundred dollars; in response to a letter sent out by the committee contributions were being received from nursing schools, public health and nursing organizations; a very substantial sum had been contributed by an anonymous friend, so that the committee felt reasonably sure of a budget of nearly $5000. Miss Clayton reported that the space first assigned for the nursing exhibit had been reduced. Stella Boothe, consultant, Educational Exhibits, planned the exhibit, subject to the committee's approval. The exhibit was designed to show the
public the steps following graduation from high school to graduation from a nursing school, and also the fields of activity open to graduate nurses. In addition, slides on the history of nursing, and nursing literature including that from foreign countries, would be displayed. The committee hoped to employ a full time director for five months. As the educational building would not be completed until July 1, the exhibit would not be opened until that time.

Committee for Further Study of Placement Bureau

The Chair announced that she had appointed the Board of Directors and the Finance Committee jointly to act as a committee to further study the question of the continuance of the Placement Bureau.

Consideration of Proposed Revisions to the By-laws (continued)

The Chair asked if it were the wish of the meeting that the proposed revisions to the by-laws, as sent out with the call to the convention, be read as a whole, or to omit such reading, since it was necessary to consider the revisions article by article and section by section.

Moved by Elizabeth A. Greener, seconded by Isabelle W. Baker, and carried, that

The reading of the amendments be omitted as a whole and taken up article by article and section by section.

Except for the changes as indicated by the motions hereinafter given, the amendments as prepared by the committee were adopted. Consideration of the revisions to the by-laws was concluded at the closing business session on Saturday.

Before adjourning the meeting the Chair called for the report of the Committee to Study Public Health Nursing in the Basic Curriculum, in order that it might be acted upon and referred to the Education Committee before that committee submitted its final report.

REPORT OF THE COMMITTEE FOR THE STUDY OF PUBLIC HEALTH NURSING IN THE BASIC CURRICULUM

Blanks sent to directors and superintendents of schools of nursing. . . . 500

These blanks were sent to heads of schools because they and their pupils are chiefly concerned in this matter and this is only a preliminary study. Also because before a measure as far reaching in its consequence as this one is passed, it is necessary to obtain the sympathy and understanding of those occupied in nursing education. Recommendations are often futile because the people concerned are not ready for them.
The blanks were sent to schools connected with all sorts of hospitals: university, church, municipal and private organizations. They were not, however, sent to schools connected with hospitals of less than 100 beds unless there was a special reason for so doing.

The answers were often contradictory and showed clearly that many of the writers had not thought on this subject previously.

Public health work was confused with hospital out-patient or dispensary work and in many instances the writers inferred that the questions were in reference to a course of lectures on public health.

Answers were received as follows:
Blanks filled and returned ........................................ 217
The theory and practice of public health should not be included in the basic curriculum ........................................ 71
It should be included .................................................. 146
Of these 146, 97 said it should be elective, 18 said it should not be included in anything less than a three year course and a number added if possible to the answer.
If an affiliation is made it should be elective ........................................ 134
The affiliation should be for all students ........................................ 63
The election of public health work should be conditional upon scholarship and the pupil’s record ........................................ 60
It should be conditional upon scholarship alone ........................................ 5
Conditional upon record of work ........................................ 53
Conditional upon student’s adaptability ........................................ 14
The length of the period of affiliation—2 weeks to 1 year.
6 to 9 weeks ........................................ 25
2 months ........................................ 34
3 months ........................................ 48
4 months ........................................ 28
6 months ........................................ 6
2 to 4 months ........................................ 2
4 to 8 months ........................................ 7
1 year ........................................ 1
In what part of the course of study should the public health affiliation come?
Somewhere in the senior year ........................................ 154
Somewhere in the second year ........................................ 7
Several superintendents wrote that it would be desirable but probably impossible to place the affiliation in the second year.
The value of a few days spent in the field with a public health worker at the end of the preliminary course was pointed out.
It was suggested that the expense incident to the work be borne by:
1. The student.
2. Shared by the student, hospital, and public health organization.
3. Shared by the student and the hospital.
4. By the school of nursing ........................................ 57
5. Shared by the hospital and the public health organization ........................................ 30
6. Suggested that it would be necessary or advisable to obtain community chest funds, state budgets, scholarships or endowments for this purpose 21
7. Pointed out that in all other forms of affiliation, the organization to which the student goes bears the expense.

Reasons given for the inclusion of public health in the basic curriculum.
1. To develop public health consciousness.
2. Because it is the biggest field of nursing (?)
3. Because it teaches economy in the use of supplies.
4. Nurses should be trained to serve a community.
5. To protect the public health.
6. To complete the training.
7. Because of the demand for workers in this field.
8. As a preparation for public health work.
9. Because of broader outlook for students, more intelligent view of hospital, social and civil problems.
10. Because of the present emphasis on the prevention of disease.
11. Because it develops initiative and makes the student more familiar with community and municipal needs.
12. Nurses are the health teachers in their communities regardless of the specialties chosen.
13. Senior students should have an introduction into each of the prominent fields of nursing and thereby avoid much unprofitable experimenting.
14. Better understanding of patient when pupil knows something of his social and economic needs.
15. To equip pupil to do public health nursing without special course.
16. To enable the college to recruit from students who know what they want and have already demonstrated ability enough to make the extra course worth while.
17. It gives pupil an insight into the cause and prevention of disease. The lack of equipment in the home makes her more resourceful and less extravagant.
18. All nursing is public health nursing and every subject in the curriculum should be taken from the point of public health as well as the bedside care.
19. Social contact established between patient and pupil valuable.

Reasons against.
1. Students unable to master the tasks now given to them.
2. Grave danger of both physical and mental fog.
3. No part of the three years should be used for specialization. The three years should lay the foundation for specialties.
4. Mediocre nurses being turned out by multiplicity of studies.
5. The increase in hospital departments demands all the three years in order to give the pupils the requisite experience.
6. Too large a subject to be basic.
7. Other special fields of equal importance so that if Public Health is included, there should be added: anesthesia, supervision, hospital administration, advanced obstetrics and operating room work, pediatrics, mental diseases, tuberculosis, other infectious diseases.
8. Not time enough for regular nursing course, foundation should come first.
9. The cost of supporting hospitals very great burden to a community. Anything added to this nature would increase the burden. Increase in maintenance must ultimately affect the cost to the patient.

10. Lack of time. Many cities in which it is not possible.

11. Not desired by all students.

12. Municipal hospitals unable to meet such an expense.

13. More experience in mental work, nutrition, and medicine needed before a highly specialized subject is added.

14. Impractical for large schools. Public health organizations not prepared for such a piece of work.

15. Contagious diseases, tuberculosis, and mental nursing should be added and there is time for nothing else.

16. Our students are not sent out for private duty, why should they be sent out for public health work.

All agree that at least a course of lectures in public health should be given. Several suggest that a course in hospital social service would be valuable.

Suggested that the basic course be confined to 28 months and that the remaining months be given to a diversity of electives.

It would not be possible or practical to give all pupils actual work with public health organizations.

If public health work meant simply the inspection of patients in their homes it would have little value. Its value largely dependent upon the amount of bedside care included.

Problems of housing a serious one if pupils must be sent to distant cities. Many cities have not a well-organized public health organization.

The public health organization supervisors must have had special preparation in order to instruct the pupils.

The plan would necessitate an increase in the number of student nurses in nearly all hospitals.

Stress laid by several on obligations of schools to provide public health workers. The need for supervisors just as urgent. Every public health worker should have had some experience in mental diseases, tuberculosis, and other communicable diseases.

In Chicago, about 600 pupils are graduated each year and it would be an impossible task for the Chicago P. H. O. to provide two months of experience for 600 seniors each year.

Conclusions of the Committee

The Committee is mindful of the fact that hospitals of standing and character are proud of their schools of nursing and they loyally promote the welfare of their students. It is also mindful that with the shortening of hours, increase in the number of the faculty, the increased length of the preliminary period, the improvement in housing and equipment for teaching, has come a great financial burden and that many institutions are wondering if they can possibly do any more.

It is evident that the majority of those who answered the question about the expense incidental to making public health a part of the basic curriculum did not understand what the expense would be. Few schools have more housing space for their students than they require and there are few
schools which could provide the room requisite for the enlargement incidental to giving all their pupils even two months of public health work. If there are 96 pupils in the senior class, the school must increase its membership by 16, in order to give them all public health experience. If there are 48 seniors then there must be an addition of 8 pupils which materially adds to the overhead expense even if the pupils are not housed by the hospital, while receiving this experience. Certainly public health organizations are not prepared to meet this extra expense.

The Committee believes that it is not practical or even possible to give all pupil nurses actual experience in public health work. Many towns and cities having hospitals of 50, 75, 100 and 125 beds have no public health organization sufficiently developed or equipped for this particular field. In many instances, there is only one or possibly there are two public health nurses in such communities. Many times these public health nurses are inexperienced and have received little or no particular preparation for the work they are doing and they have no particular preparation or ability for teaching. The Committee believes that to make two months public health work of marked benefit to the pupil nurses it would be necessary to place them under experienced public health nurses with ability and preparation for teaching in their particular field.

The importance and value of public health work is recognized and appreciated. But the first need today is not that public health experience should be given to all pupils but that there should be more and better teaching in pediatrics, and that the theory and practice in tuberculosis and other communicable diseases and in mental and nervous diseases should be made a part of the education of all pupil nurses.

The present method of offering public health work to certain students is a good one and should be encouraged and continued but specialties should not be added to the basic course of study. If public health is included, then preparation and experience in supervision, administration, and teaching should also be added. Pediatrics, communicable diseases, and mental and nervous diseases should be part of the basic course for all pupils. They should be regarded as fundamental.

The need is not for more hours and subjects in the curriculum but for better prepared teachers and more enthusiastic and inspired teaching. Experience and preparation are our greatest need. Our instructors need better preliminary education, they need the best nursing education possible, real preparation for teaching, and ability and love for that work. Such gifted and prepared women seem few and far between compared with the demand for their services.

For this purpose there should be many endowed institutions similar to those in other educational fields and we should spare no effort to bring this need to the attention of the public.
For the reasons enumerated, the committee recommends that schools of nursing be urged to give some experience in public health nursing whenever possible, to make use of clinics, dispensaries, and social service departments but that no attempt be made to add the theory and practice of public health nursing to the basic curriculum.

The committee also recommends that a further study of opportunities now being offered be made.

Mary Gladwin
Chairman

Upon motion duly seconded and carried the above report was accepted.

Meeting adjourned.

*Joint Session the American Nurses’ Association, National League of Nursing Education, and National Organization for Public Health Nursing

*Wednesday, May 19, 2:30 p. m.*

Carrie M. Hall, president, National League of Nursing Education, presided.

The Chair announced a slight departure from the printed program. The meeting was fortunate in having secured as one of the speakers of the afternoon Dr. William Darrach, Dean of the College of Surgeons, Columbia University, and representative of the American Medical Association on the Grading of Nursing Schools Committee. As chairman of this committee Dr. Darrach would be glad to tell of the plans, as outlined to the present time for the grading work.

**GRADING OF NURSING SCHOOLS**

By William Darrach, M. D.

*Chairman Committee on Grading of Nursing Schools, New York, N. Y.*

I think this announcement should have been, “Darrach pinch-hitting for Hart.” I think it is a little hard to have a strange interloper come in and spoil the program. I wish to express my appreciation to Dr. Hart for letting me slide in to take his regular place on the program, to try to tell you something about the Grading Committee.

To attempt to tell you everything that the Committee on the Grading of Nursing Schools is doing would still further interfere with your program, so I will try to boil this down to a very brief statement.
You all realize how much hard work has been done in the past years by the nursing organizations on the problems of schools of nursing: the matter of grading them, the matter of the curriculum, and the whole problem of the educational work as well as the social and economic problems of nursing. I don’t know how many of you appreciate the fact, however, that other organizations have also been interested and have studied this problem.

The American Medical Association has had a number of committees working on this and reporting year after year. Their reports were discussed and accepted and approved, and then little was done. The American Hospital Association has done the same thing. A number of other independent organizations have also studied this problem and have made reports, all of which were discussed widely and most of them were approved, but still very little was done.

I think the greatest progress that has been made in this line was the work which was done under the commission of which Dr. Winslow was chairman and of which Miss Goldmark was the executive officer. The report that they got out known as the Winslow Report or the Goldmark Report was really epoch-making in this study of how to meet the problems of nursing service; but, as stated in that report, and as stated by the commission, it was made on a rather brief survey of the field, and it recommended among other things that broader studies and deeper studies be made of the same subject.

This Committee on the Grading of Nursing Schools represents what may not be the first, but it is the best example, I think, of cooperative effort. The nursing problem is not a problem for nurses alone, because it does involve others, and, therefore, there should be studying the problem along with your experts, people who are interested in the problem from their standpoint, and such a study and such a work ought to be carried on not each one in a separate corner by itself without taking into advice the other groups, or taking into consideration their experience and knowledge, but all working together, because in addition to the nurses, the nursing problem affects those who practice medicine. Therefore, the American Medical Association, the American College of Surgeons and the American Hospital Association are vitally interested in this problem. They are interested in it from the standpoint of where a good deal of the work takes place and where a great deal of the training takes place.

Furthermore, so many nurses are now doing public health work that the American Association of Public Health Workers is involved in this as well as the American Public Health Association. Therefore, this committee is made up of those various professional groups to whom the nursing problem is of such vital interest.

There are other groups, however, who are concerned with this movement.
I still believe, in spite of statements made by many physicians to the contrary, that there is an educational side to the nurse’s training and, therefore, it has seemed wise to introduce into this committee the education group. We haven’t forgotten what I am afraid many physicians do forget, and some nurses, that there is some one else interested in this problem: the ultimate consumer,—the public,—the patient; so the committee has representing the public Mrs. Chester Bolton, who is such a great friend of the whole nursing group.

You can see that the make-up of this committee is a general one. There is another difference between the Committee on the Grading of Nursing Schools and the usual committee. Speaking from the medical standpoint most of the committees we have had on the subject have been made up of busy men, living in different parts of the country, who had one or two meetings perhaps and put in a general report, and that was the end of the matter. This committee has been planned more on the British system where there is an Advisory Board, with one individual who is giving up his entire time to this work, with a staff of paid workers. The amount of effort expended and the amount of results from this type of attack should be far greater than if it were done in the ordinary way which might be called the “amateur” committee.

This group is made up of two members of the American Nurses’ Association, two members of the National League of Nursing Education, two members of the National Organization for Public Health Nursing, one member from the American Medical Association, one from the American College of Surgeons, one from the Public Health Association, one from the American Hospital Association, and in addition President Suzzalo, of the University of Washington, Chancellor Capen, of the University of Buffalo, Dean Fitzpatrick, of Marquette University, who are recognized as authorities in this country on the newer lines of thought and work in educational matters, and recently Professor Charters, of the University of Chicago, one of the most outstanding men in the country on statistical methods and studies.

That is the make-up of this committee. At the first meeting most of the effort was spent in trying to decide on the method of attack and a good deal of discussion took place as to the type of individual required as the executive secretary or director of study, as the position has been named. Many of us were influenced by the Winslow Report and by the fact that Miss Goldmark, who was the full-time Director of Study in that case, came to the problem unprejudiced and unbiased, and the final vote of the committee was that we should get some one who was not a nurse, not a physician, not a hospital superintendent, but rather some one who had the qualifications of an expert in the lines of investigation of questions of this kind, and Dr. Burgess has been appointed and has accepted the position of Director of
Study of this committee. Those who heard her presentation and saw the charts showing the results of the detailed study of the private duty nurse, realized that the methods of attack are going to bring us facts rather than theories, and definite, scientific data rather than hearsay evidence.

At the last meeting I was tremendously impressed by the way the various groups represented on the committee had sort of gotten together, and the cooperative attitude shown by the various groups, and also by the resolution that was passed at that meeting outlining the plan of action. I am going to read it to you in detail, although most of you have probably read it.

Resolved, That it be the program of the Committee on the Grading of Nursing Schools
(a) to conduct studies of the fundamental facts and factors determining an efficient nursing education, and (b) to formulate and apply tentative standards for the grading and classification of nursing schools, both lines of work to proceed together. The studies of fundamental facts and factors shall cover three distinct fields of inquiry:
1st. The need and supply of nurses and other nursing functionaries.

(That is what the public not only demands, but also what they need.)

2nd. The occupational analysis of the nursing service as to knowledge, skills, traits, etc., required, and
3rd. The current status of existing facilities for the training of members of the nursing profession.

When we came to discuss this thing from the standpoint of grading nursing schools, the first question, to my mind was, What are you going to grade them on? They should be graded according to the efficiency with which they accomplish their end. What is their end? Training of nurses. Well, in training nurses, what should you train nurses to do? That depends on what nurses ought to do.

I didn’t know. I asked a great many people and got very different answers from different people, but no one had any definite facts as to just exactly what the needs and requirements of nursing service were, and how those requirements could best be met. So it seems to me, and I think many of the committee felt the same way, that they were far too ignorant at that time to pass on any final method of deciding whether a school of nursing came up to standard, or whether it didn’t, and yet we felt if we stopped and waited until we studied this problem, it might be years and years before we could do anything wise and sane, so the decision was reached to do the two things at the same time; that is, try to begin to formulate standards by which training schools themselves could decide whether they were doing work which was satisfactory to them as well as to the community, and by pointing out these fundamental requirements as to what a training school should be and should do to help those schools to better themselves and to
give them reasons and arguments for presentation to their Boards of Trustees and other bodies to whom they were responsible for aid and help in order to accomplish this and that improvement.

The whole idea of the committee is a constructive one; not a destructive one. The whole idea of the committee is to try to find out as far as possible what the real needs of the situation are, and how they can be met, and transmit those throughout in order to aid the various schools in accomplishing and meeting those needs.

Such a work cannot be accomplished by one person or a group of persons, but needs cooperative work and the interest of every one concerned. So, we have tried to keep in active touch with all those who are interested in the problem, not only the nurses themselves, but also the medical men, the hospital group, and the public at large.

The committee hopes to be more or less of a clearing house, suggesting here and there studies to be made, making studies themselves, and also making use of other studies that are being made throughout the country, and to try to correlate those and absorb as much information as possible, and as a result of those studies, bring the whole thing to focus on this common problem.

While this attempt to formulate tentative standards for the grading and classification is going on, this other triple line of investigation is to be carried on; that is, first to find out just what the public should have in the way of nursing service and then to find by means of a job analysis, as it is called, the various kinds of knowledge and skill, traits, and so forth, which are required to meet that need; then, thirdly, to see how at present the opportunities for acquiring that knowledge, skill, and education meet the needs.

How long will this take? We haven’t the slightest idea. My guess is that it will be at least five years before any marked advancement will be made. I should think in that time enough could be accomplished so that we would know better where we stand and could plan to go ahead and make more rapid progress than we hope to make in the five-year period.

It is hard to estimate the cost of such things, but my belief is that before we get through it will be in the neighborhood of $150,000 which will be required for this study. I use that figure because of an estimate made for a similar program under way in the study of medical education, where, again, we have a Director of Study giving his entire time to it with the same arrangement of a staff, not only of medical men, but of educators throughout the country, as well as the public, and the estimate on that is about the same amount over the same length of time.

Just how that money shall be raised is an open question. Undoubtedly the medical groups must assume their share; the hospital group must assume their share; the public undoubtedly will respond, and I think that as soon
as the committee has proved its seriousness and its efficiency, the response will come. I do think, however, that support from the various nursing organizations will be needed, and I haven't a question but what the nursing group will respond as it has already through your various organizations, making it possible to start this work. Finances are now in hand which will allow us to go ahead for at least a year without getting any more funds, but the next four or five years will require considerable additional money.

THE NEWER DEVELOPMENTS IN ADULT EDUCATION

By Joseph K. Hart, Ph. D.

Associate Editor Survey, New York, N. Y.

All organized education was once adult education. The deliberate schooling of small children is a modern invention. It goes back probably not more than a century and a half, and in any general sense, probably not that far.

In the normal course of educational development education begins with adults, not with children. In the course of generations it gradually descends the scale of years until it begins to take in children. That has happened within the last one hundred and fifty years in America and in the Western world generally.

Almost no one ever says he is fully satisfied with the education he received as a child. In our American life there seems to be a good deal of the feeling that education is something to be got and to be got through with and to be forgotten, if possible, so we can get on to the serious business of living.

But, on the other hand, the trend today towards the development of adult education seems to indicate that an increasing number of people in America—not only in America, but in many nations around the world—have definitely begun to believe that education is not a mere hurdle to be jumped over more or less effectively and gracefully in childhood, but that it has something to do with the content of life in the later and serious years of living. Millions of people in America and elsewhere are turning their attention towards an education for themselves. They intend, in spite of the handicaps of childhood and youth, still to get something intellectual and something significant out of life.

This resolution to get something out of education, whatever one's age may be, is both the greatest hope and one of the causes for greatest despair in our modern world.

It is a matter of great hope because it means that the old doctrine that education can be completed is beginning to break down under the stress of modern living. Of course, education itself long ago broke down under the stress of living; but we still maintained the doctrine of education in spite
of the fact that the facts themselves were largely against it. But now that doctrine is breaking down and we are coming to see that men and women of all ages must know more and they must know more widely, they must know more deeply, and they must know more humanly, if they are to realize themselves and do their fair share of the work of the world. And the fact that millions of men and women in all parts of America today and elsewhere are responding to this feeling, that millions are taking advantage of these opportunities and are ready to take up anew the task of developing their minds, is, I say, enormously hopeful.

It is also a matter of great despair in some ways, and I must take a moment to speak of this particular aspect of the subject, because this unique desire, or almost unique desire, of adult people today to have a larger share in the intellectual life of our times, is leading to some of the most pretentious frauds the world has ever known.

Short-cuts to educational Utopias are advertised everywhere and millions are taking advantage of these advertisements. I speak by the book. Millions of people are paying out money in the hope they will be able to get, for the mere matter of a few dollars and the expenditure of enough time to write an occasional letter, something that will give them the sense of having had an education: an education in ten easy lessons, offered for a hundred dollars by some fly-by-night university, or some correspondence school advertising courses in every sort of conceivable subject from how to lay bricks effectively to such ethereal things as how to grow a soul.

There are no royal roads to learning today any more than there ever were. Today, just as in all times, the one who is doing any learning must still do that learning. The processes of that learning must go on inside the mind and the experience of the person who is undertaking it, and not all the mail order houses or broadcasting stations in the world can alter that fact; though these things properly used can probably help along the process.

With that, I pass on to those more serious matters, which, if they ask more energy, give more in return for that which they ask. There are innumerable honest teachers in the world who are eagerly engaged in trying to work out plans for more adequate education for those who are past the ordinary school years. There are millions of honest students, some of them deluded, perhaps, by glaring advertisements, but honest, none the less, who, having become freed from the glamors of childhood and the feeling that when they graduated they were educated, have begun to prepare to meet their serious adult responsibilities, and are doing their best to make themselves fit for the world within which they have to live.

This movement is one of promise and cause for great optimism. Thirty years ago we were severely jolted. Those of you who can remember that far in the past will perhaps recall that about that time Prof. William James
published a psychology in which he made one very, very severe slip in the midst of two large volumes of extraordinarily brilliant scholarship. That one slip was that it was practically impossible for anybody to learn anything after he is thirty years of age. He was inclined to think not many people learn anything after twenty-five years of age.

If I were stating an actual fact of contemporary life, I should say his estimate was very nearly true. I think it can be said on the whole that of the fifty millions of people in America above twenty-five years of age, forty-nine million, five hundred thousand of them probably will never learn anything distinctively new after thirty years of age. We tend to allow our minds to become set in fixed grooves of habit and with that to be content.

James said more than that. He was inclined to believe that the mind itself becomes set at thirty years of age and in most cases cannot learn anything more after that time.

This doctrine has been quite thoroughly discredited by psychological experiments in the last ten or twenty years. On the basis of fundamental experiments, there is no reason why any one should ever give up learning.

It is true that the younger person can learn more rapidly than the older person, but it is also true that the older person knows more about what he has learned after he learns it, so if there is any advantage in being young or old from the standpoint of learning, I am constrained to believe that the advantage is with the older person. He may not be able to learn so rapidly, but he certainly can learn more effectively and more understandingly.

The forms which adult education is taking today are many. I shall not be able to go into more than two or three of them. I call your attention to the fact, though, that in becoming interested in this particular aspect of our contemporary life, you may be regarded as queer. It has always been fairly respectable to be interested in the intellectual aspects of your own vocation. It is almost respectable on the average college campus for students to be interested in the specific departments in which they are majoring; but in general it has not been considered very respectable to show intellectual interest outside the limits of one's own immediate field.

This attitude I think is passing. We are coming to see that no one ever ought to graduate from education. It is perfectly legitimate to graduate from a nursing school, or a law school, or any other kind of vocational school; but I do not think it will ever be held quite legitimate again for any one to graduate from education.

It may take a long time before this thought actually becomes a part of our current folk way. I think it is definitely coming and that we can presently believe we are entitled in our own right to be interested in intellectual things and to develop an intellectual life of our own. When organizations like the American Federation of Labor, the International Ladies Garment
Workers Union, and the Amalgamated Clothing Workers of America are able to develop adult education programs, the rest of us, holding our share in the intellectual life of the world perhaps a little more securely than these workers have ever been able to do, should also have programs. I think the type of intellectual interest spreading through the working world will sooner or later enfold all professional workers and enable us, if we have not the courage on our own part, to move along with the general drift of the times towards a more effective intellectual life.

In America in the current year there has been organized under eminently good auspices the American Association for Adult Education financed by the Carnegie Corporation. Those of you who are interested in local movements of this sort will do well, I think, to write to this American Association for Adult Education, in care of the Carnegie Corporation, 522 Fifth Avenue, New York City. They will be glad to furnish you with information about any movement in America in so far as they have been able to collect information.

I should like to call your attention to a few such movements. I cannot go into many. One of the most interesting is in Cleveland. Cleveland, within two or three years past, has organized a large number of groups of adults into self-governing—self-starting study groups I perhaps should say—and these into a city-wide conference called the Cleveland Conference for Educational Cooperation.

This movement in Cleveland relies upon the native or developed interests of average people for its spontaneity and continuance. It is probably one of the best illustrations that can be found any place in the country of the thing that can be done by adults who overcome their original inertia and undertake constructive group programs on their own account.

In California, also, there is a notable development going on at the present time. The State Department of Education at Sacramento in cooperation with the University Extension Division of the State University at Berkeley, is working out some excellent plans for the stimulation of adults all over the state, not merely immigrants and alien adults, but also the native stock, who probably need some sort of education as much as the immigrant and alien stocks do.

I want to speak very briefly of two other types of movement, one at Columbia University in New York City and the other at Stanford in California. I refer to the Institutes of Educational Research at Columbia and at Stanford. I am not so very well acquainted with the internal workings of these organizations, but I am acquainted with another organization of a similar type, which is somewhat less academic, and trying its best to find people all over this country who can be interested in organizing study groups for the furtherance of their own education. This organization is called "The
Inquiry,” with offices at 129 East 52 Street, New York City. Up to a year or so ago, it was known as The Committee on the Christian Way of Life. Recently it decided to branch out and broaden its interests beyond religious things into all kinds of social questions, and it is now engaged in stimulating general educational interests under the name of “The Inquiry.” It is also attempting to work out the technique of handling groups. If any of you is interested in developing some kind of group educational work in connection with your vocational interests and want advice, a good place to go for that kind of help is to this particular organization.

Finally, I want to present another phase of these programs. I may say that in the last two or three years in the news columns of the magazine with which I am connected, a good deal of information along these lines can be found; I mean specific instances of adult work in practically every part of this country.

It seems to me, you have a chance, coming into contact with people continually in their homes and in social relationships, not only to further adult education by sharing in some of the movements for yourselves, but to further this whole program by helping to make the entire public more intelligent about these matters.

I think one of the great obstacles to intellectual progress and professional progress as well, in America today, is the inertia of the public with respect to intellectual things, the resistance of the public mind to many kinds of scientific doctrine which they fear in some way may harm them. I urge upon you this final consideration because it may give you a clue to a way in which you can help not only yourselves personally, but also the whole intellectual life of America.

This particular program of which I speak has been described in The Survey Graphic for April 1, and other articles of the same kind will appear in later issues. I refer to that education which has been growing in one of the smaller countries in Europe for a number of years, Denmark.

About seventy-five years ago, the Danes conceived of this problem of adult education as a problem that ought never to arise. Two interpretations are possible with respect to that statement: it may mean that nobody ought to grow up to be adult at all, or it may mean that education ought never to stop. The Danes accepted the second alternative—education ought to be something that never comes to an end.

We should not have to talk about adult education. Instead we should be talking about the continuous education of boys and girls and men and women. The Danes do not hold that children can learn everything in childhood; they do hold that the close of childhood should not give them the sense of having come to a conclusion. They hold that education should never stop and, therefore, that it need never start over again. They believe
that if we are to live intelligently in this modern world, we must know more than our own narrow vocations. We must have a sense of the life within which these vocations are operative.

The Danes began, seventy-five years ago, to teach young adults seventeen, eighteen, nineteen, and twenty years of age. They presented to these young people two great ideals of life, one the traditional ideal that had long been operative in Danish life and in the life of the rest of the world—life as the mere repetition of what had been going on for untold generations—and the other, the ideal of living in the spirit of intelligence, in the spirit of science, in the spirit of continuous intellectual development, and the application of the techniques of intelligence to the organization and control of the world.

In the course of seventy-five years the Danes have been successful in securing the interest of their young people, until at the present time the whole Danish village and countryside life—the life of the cities has not so completely been touched—has become quite thoroughly committed to a belief in science, to the techniques of intelligence, to the continuous development of the intellectual life. When their young people finish the schools in which this type of education is found, instead of selling their books to get money to go home on, as most of our American students do, they use what little money they may have left to buy books to take home with them, because they are going to spend a part of all the rest of their lives culturing their intelligence in the same way that they culture their fields.

I should like to suggest to you in your relationships to the life about you and in your vocation, the possibility of insinuating here and there this concept of a life. This concept of a life organized in terms of the techniques of modern science may be a very real part of your contribution to the development of this great adult education program for the life of the world today.

Your interests are scientific interests in the broadest, richest, finest sense of the word, using the word "scientific" here as ministering to humanity, ministering to the bodies of humanity; not merely to the traditional mind, content to remain inert on the basis of old accomplishments, but to the finer scientific mind of the future of humanity.

This mind of the world, or of the community, to which you thus minister, and thus broaden, will eventually be able to appreciate, as not now, the enormous services you are rendering in our common life. Thus you will be not only adding a bit to your own education, but you will be making it possible for your vocation to have a more substantial place in the community, a more fundamental, intellectual, as well as financial support; and you will be helping to bring about that more intelligent civilization which at various times in our history, even if not right now, has been the hope of all true Americans.
Undoubtedly, the greatest of all the gifts bestowed upon us by the Creator is the ability to think, the power to see, to reason, and to draw just conclusions. Of all our faculties, it is the one most neglected. It grows blunt and dull from lack of use. The ability to think and to express his thoughts clearly and readily separates man and sets him apart from the brute world. Many modern thinkers tell us that what the world most needs today is leadership in a spiritual regeneration, a new revolution. If we are on the eve of such a revolution, as many optimists tell us, what part are the American nurses fitted to play in such a movement? We were told last night that there are in this country 100,000 graduate registered nurses. One hundred thousand people in any profession or in any walk of life must represent rather accurately the life of the people of the country to which they belong.

As Dr. Hart talked to us this afternoon, we could not help realizing that while the number of nurses is important, their importance rests upon the millions of other people with whom they come in contact either directly or indirectly and whom they influence for good or ill in immeasurable and tremendous fashion. Dr. Hart opened up great vistas of our opportunity and privilege to assist in this matter of adult education, continuous education for ourselves and for all those whose lives we touch.

Hospitals are worlds in themselves and the life lived therein is an exceedingly narrow one. Into this narrow world enter young women, physically and mentally immature, in their most plastic and sensitive years. The physical strain of the new life is greater than we sometimes realize and the mental and emotional strain still greater. The suffering, sorrow, sin and tragedy with which the young student comes in contact for the first time change all the current of her thoughts. Her work and environment absorb her more and more. Her friends are made among those who minister to the ill in body and ill in mind. The thought that she is "too tired" from her work to have outside interests becomes firmly implanted in her mind.

We are just beginning to understand something of the physical and mental needs of our student nurses. We realize faintly that when they are physically tired, it is recreation and a different form of exercise that is indicated. Supervised swimming pools and gymnasiums seem to make over "tired-out student nurses" very effectually. We are also coming to see that it is not necessary for the student nurse to lay aside all her love of music, beauty, art and literature when she enters a school of nursing. Here and there we find successful and delightful orchestras, choruses, dramatic and art clubs to prove the truth of this statement.
Mental as well as bodily habits become very firmly fixed in a school of nursing, and, if the pupil learns to believe that she is too busy and too tired to take part in anything outside of her work, the mental habit thus acquired may mean that as a graduate she makes no further educational progress. In addition, the belief that education is ended when the school door closes behind the graduate has made the lives of hundreds of nurses monotonous and dreary beyond the power of words to picture. The modern belief that education is a matter of credits and degrees has brought a new danger and is in itself a stultifying and dreary thing.

Many people have defined education, but it seems to me that it has never been better done than by Dallas Lore Sharp in Harper's Monthly last year:

Education is many things and many years. It has many aspects, many ends. But first of all, and always, it is personal, developing me from within, not filling me from without. It will inform me, but it must quicken me. It may give me skill, but it must give me zest and daring for life, keep me fresh for wonder at the world, clothe me with power.

Earlier in the year, my work took me into the Rocky Mountains where one morning I saw three clear, rippling, little mountain streams; one going down to the Pacific Ocean, another to Hudson Bay and the third to the Missouri and ultimately to the Gulf of Mexico and the Atlantic. Immediately, the wings of my imagination were unfolded and I was away with those little murmuring rivulets, over sun-lit prairies, sandy deserts, and into shadowy forests, seeing "cities of men, manners, customs." From the snows on the mountain tops, the brooks go to lull to sleep babies in their cradles, to dance with the joyful footsteps of children coming home from school. They hear the vows of lovers, the gay laughter of youth, and the sighs of the old, the weary, and the hopeless. In their journey over the world they come into touch and sympathy with saint and sinner alike. To follow one little stream in thought until it becomes a part of a mighty flood and pours into the ocean where it murmurs against unknown, remote shores and laps the sides of little pleasure boats and stately ships on which immigrants, poets, artists, priests, scholars, and soldiers sail away to new worlds is to develop the ability to think, to cultivate the imagination, and to make life fuller and richer.

The little group of women at the end of the journey mourned because their educational opportunities are sometimes limited and because they are so far removed from the advantage of large cities, but the mountains surrounding them offer unsurpassable fields for study and exploration, the tip-tilted layers of rock and the huge boulders by the roadside speak of dim ages and tremendous unknown forces. The richest mineral country yet discovered in the world, the ores which make the wealth and fame of the region offer fascinating fields of study. In addition there is a school of mines and
geologists who would beyond question be glad to help them in a happy winter's work. For education should make us happy, it should make us feel that each decade of life is more worthwhile than the preceding one. It should help us to bear the sorrows and disappointments that come to every one of us. It should continue through all the years "to give us zest and daring for life" and to keep us "fresh for wonder at the world."

When we hear that there are nearly 55,000 nurses in the American Nurses' Association, we begin to dream of a day when we may have a department for continuous non-professional education, a department to bring opportunities and nurses together, to guide those who are seeking rather blindly but eagerly for help and guidance. The nurses in various parts of the United States come together zealously for a talk on books or English. They are always anxious for more, always longing for assistance and direction.

Next to the neglect to cultivate the ability to think clearly is our neglect and abuse of the English language, the most cunningly-fashioned tool at our command. Limitation of one's vocabulary must always mean limitation of thought, and yet if we talk to a man about a pleasure or a responsibility, about choosing a wife or choosing a dinner, about his automobile or his soul's salvation, we say, "It's up to you." In many schools of nursing there are "slang boxes." The students deposit a small coin each time a slang expression is used. A considerable sum of money is sometimes obtained in this way but it in no way promotes the use of better English. If in addition to the fine, the student was asked to write six good English equivalents for the slang used there would soon be much better English heard in that particular school. We can not say too often that with a richer and more varied vocabulary there must come an increase in power and influence. You would be amazed if I told you the number of schools, in many states, in which no English dictionary could be found, and if by chance there was one it was out of date and with print so fine that it was of little service.

If we would take part in this movement about which Dr. Hart has told us this afternoon, to our own advantage and to obtain power to influence those with whom we come in contact, we must study not only the dictionary but good English literature. In what is called the silly season of the year, certain magazines are much occupied in obtaining answers to questions such as "If you were cast away on a desert island what two books would you like to have with you?" Could there be more than one answer, if one desired infinite occupation and interest and to be at the end of the term of imprisonment a better educated and therefore a more able and cultivated person?—the King James version of the English Bible and Shakespeare. In recounting the dream of a day when possibly we may have a depart-
ment for the promotion of continuous general education nothing has been said about vocational education. We have been told this afternoon that it will be five years before we begin to attain real results from the grading of schools, but you and I know that we are already obtaining results. The mere fact that much study is being given to plans for grading our schools is one of the most powerful incentives to progress in the right sort of nursing education that we have ever had.

What are some of the possibilities if we had such a department as the one previously mentioned in the American Nurses’ Association? Just suppose that in our desire to become better citizens, and to foster peace, we select for our special study in the two years between this Biennial and the next one, the History of the United States.

As in the days to come we look from the crowded boardwalk of Atlantic City, we see a little, lonely, sailing vessel on a wide solitary waste of waters, its master one John Cabot out from Bristol. We are thrilled anew with a sense of the determination, the courage, the dauntless manhood which caused him to sail south to Florida and north to Hudson Bay in his search for a passage to China and the Indies.

Or perhaps we hear faintly echoing over these same waters from the tiny bark on which he lay dying, the last words of the noblest of the early adventurers, Sir Humphrey Gilbert, “We are as near to Heaven by sea as by land."

With De Soto and his gay and gallant followers, we range the Gulf States to the far-away cypress swamps of Arkansas and, returning with those same followers no longer gay butragged and despairing, we help to bury the body of the explorer at midnight in the bed of the mighty and turbulent Mississippi out of reach of the red men.

One hundred and fifty years later, in spite of the warnings of the Indians, warnings of ferocious tribes, of waters inhabited by frightful demons, we paddle down the Wisconsin River with the most lovable and gentlest of the Jesuits, Father Marquette, to discover the upper Mississippi. A little later we journey with the intrepid and daring LaSalle from the Wisconsin to the mouth of the Mississippi and stand by while he plants a great wooden cross carving thereon the words, “Louis the Great, King of Navarre and France, Reigns.” It is a superb gesture with which he takes possession of all the lands adjacent to the Father of Waters and his mighty tributaries in the name of his king. It makes one understand many of the splendid and tragic pages of French history.

We land on Plymouth Rock with the Pilgrim Fathers, we sail with the gallant Raleigh, him of the cloak, to Virginia, and with John Smith we discover the Susquehanna and the Potomac and look over has shoulder while he writes back to England, “There is nothing to be gained in this country except by work.”
We stand on the Heights of Abraham with Montcalm and Wolfe and see the real beginning of these United States. We starve and freeze during a long winter at Valley Forge, with the Father of His Country, the noble and dignified Washington. We come to many high adventures and make many journeys, with the Forty-niners around Cape Horn or across the deadly Isthmus of Panama. We discover the upper reaches of the Missouri with Lewis and Clarke. In that far-reaching state of Texas about which we have heard so much this week, we defend the Alamo against Santa-Anna.

We grow in spirit, courage, patriotism and hope for the future as we come to the great struggle of "the men in blue and the men in grey" on "the shores of the Potomac and the Susquehanna, and in the Valley of the Shenandoah." We become a part of all the dreams and efforts which have gone into the making of a great nation. We see many men of many lands, born under many flags, give their utmost of labor and life that these United States might fulfill its splendid destiny. We become aware of grave dangers, but with the high courage and determination given to us by the example of the past, we prepare to meet them. We become better citizens, we have a new sense of human brotherhood. We learn that there is something bigger than patriotism and nationalism. Our hearts and efforts go out to those who suffer and are unfortunate in every part of the world.

As we go further and further in this continuous process of education about which Dr. Hart has told us so eloquently this afternoon, we understand better what a wonderful gift life is, how worthwhile are all its days. When we come to the last pages of the Book of Life we turn them a little more gently but with the same appreciation and love of living and with the same sense of human fellowship. As our education continues through every year of this life and because we have found it worthwhile and have done our best, we are prepared to close its covers and to continue our education with faith and gladness by opening the greatest of all books, the Book of the Life Hereafter.

Meeting adjourned.

_Instructors' Section Session_  
_Thursday, May 20, 10:30 a. m._

Nellie S. Parks, chairman of the section, presided.
METHODS OF INCREASING WARD TEACHING AND IMPROVING SUPERVISION

By Mary M. Marvin, R. N.

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For years our most progressive leaders in nursing have tried to improve the system used to educate the student nurse so that she would be better qualified to teach health and nurse the sick. Long ago they recognized that the apprenticeship system in vogue in the training school, whereby most of the teaching was done at the bedside, was inadequate. With the growing demands made on the students, it seemed better to give a good foundation of subject matter early in the course as a basis for subsequent work. Thereupon, the preliminary course, consisting of new subject matter, was gradually established and the more advanced studies were by degrees strengthened. Consequently, the students are now much better prepared to meet the new responsibilities increasingly put upon them, as a result of the growth of medicine and public health.

When one traces the expansion of the curriculum, one can readily understand why teaching in the ward, at one time more or less incidental and indefinite, in many schools was delegated more and more to the classrooms. For a few years it was necessary to focus attention on classroom activities and, as a result, ward teaching has slumped. Moreover, the development of specially trained instructors, expected to take all the responsibility of teaching; the appointment of student head nurses, unable to direct the teaching; increased responsibilities and more complex nursing procedures, all contributed to undermine the original teaching function of the head nurse. Older nurses who have been observing the effects of the changes in the curriculum, are now conscious of the loss of some elements which they believe were better provided for under the old system of bedside teaching.

Way back in 1860, Florence Nightingale wrote:

The writer who has herself seen more of what may be called surgical nursing, i.e., practical, manual nursing, than perhaps anyone in Europe, honestly believes that it is impossible to learn from any book and that it can only be thoroughly learned in the wards of a hospital.

It has now come to us forcibly, that no school can afford to let any of the possibilities of this part of the school program go undeveloped, because it is needed to supplement the other class work. In view of this, two studies were made in Boston at the request of the principals of two schools, one at the Massachusetts General Hospital, in 1923, and the other at the Children's Hospital, in 1925. The purposes of these studies were the following:

First: To determine so far as possible to what degree the students were getting an education in nursing while on duty in the various services.
Second: To find ways of helping students who had not had their related fundamental studies such as medical or surgical diseases, so that they could give better and safer care to their patients, and in return secure for themselves a more profitable experience in their daily practice.

Third: To seek ways and means of increasing and improving teaching in the ward, in order to enrich the experience of the students and improve the quality of nursing in the hospital.

Time does not permit a description of the methods and procedure of the analyses, but the following are some of the conclusions, selected because they have a bearing on the situation in most of the better schools in the country.

1. Assigning a student to duty in a ward does not necessarily guarantee an education for her in that kind of work. Fourteen months of experience in a surgical ward is not twice as effectual as seven months. The criterion is not just the length of time. The value of any ward experience to a nurse depends upon several factors: first, the characteristics of the service itself; that is, whether it is acute or chronic; second, the abilities and attitudes of the students, which are determined to some extent by the standards of admission and quality of instruction; and third, the influence of those in charge of the students while they are having their experience. Therefore, responsibility to a student is not ended when she has been sent to a ward for experience.

2. It is a principle of vocational education that theory is most effective when given simultaneously with its related practice. In most training schools it is not possible to give all the students their lecture courses while they are practicing; a few fortunate ones do have theirs at this time, others less fortunate have the theory first, while the luckless ones are those who have their practice first. Some provision should be made for this last group for their own sakes and for their patients. Human lives are endangered when students assume responsibilities for which they are not prepared. Individual case study would bridge this gap, because it would help the pupil to understand her cases as she went along and permit a good background for the future courses. Lectures which come before the practical work are often forgotten because they lack the gripping associations which that experience gives. The case study method would help the student recall and apply the theory.

3. The opportunity to correlate theory and practice in ward teaching is unique. Nurses are usually familiar with the technic of nursing, but they do not always recognize the basic principles underlying it. Application of the principles of materia medica to actual medicine giving, of industrial hygiene to lead poisoning, of cardiac disease to cardiac nursing, could all be made at the best psychological time; namely, when the student is nursing these patients. Of course some of this correlation could be made in the
classroom when the appropriate lessons are taught, but it needs reinforce-
ment when the students are having their practical experience. Clinical
teaching could contribute so much in putting into practice, the foundational
sciences and other related classroom teaching.

4. On some services there is an unusual opportunity to tie up the ward work
and that of the out-patient department, effectively. For example, in the or-
thopedic wards of the hospitals where patients were making slow recoveries
because of the chronic nature of the diseases, students rarely saw their
cases through. If, at this time they could hear about the end results of
other similar cases returning to the out-patient department, it would be
enlightening. There are many ways of bringing this about and a plan which
would be suitable in one school might not fit into another. The person who
teaches nurses in the out-patient department might check up certain cases
in the acute or early stages in the orthopedic ward and compare them.
The instructor, or head nurse, or both, might confer with the nurses on duty
in both places in order that each set of nurses would get the early and later
picture of the same diseased condition which neither group could ever hope
to see in one place.

5. More help is needed in most places if a piece of definite ward instruction
is to be incorporated. There are several possibilities here. More attend-
ants, ward helpers and graduate nurses might be admitted in some schools.
If graduate nurses do not work harmoniously with the undergraduates,
perhaps some wards could be assigned to them entirely, in order to release
students to places where the teaching possibilities are greater. Graduates
might also be assigned to some of the night duty. Clerks or secretaries
might be given some of the charting and other clerical work which at present
consume a great deal of somebody’s time; in one school, on an average of two
and one-half hours daily.

6. The opportunity to develop a public health and social service viewpoint
in the ward is splendid. The patient must not be considered just a sick
person in the hospital, but rather a member of society with definite relations
to the home, social agencies and community. In one of the hospitals
studied, there were excellent relations between the training school and social
service department. The class work in social conditions began in the pre-
liminary term and was resumed again in the third year, while in the interval,
the medical social service worker helped the nurses in the ward in under-
standing the relation of the patient to the social agencies.

7. The reason why students do not respond more fully to their patients is
that they do not usually know enough about them. If a student is familiar with
the etiology, the symptoms, the prognosis, if she has an appreciation of the
laboratory findings and treatment, a thorough knowledge of the nursing
technic and the principles underlying it, that case will necessarily mean
more to her and she will be more successful in nursing it. According to the laws of learning, the stronger the interest, the greater the effort. As an illustration of a case where a knowledge of the history kindled a new interest and sympathy, the following true incident is cited.

Into a busy medical ward was admitted a single woman, about forty-five, tired, rather sad looking, and somewhat emaciated. She had no outstanding symptoms but had a poor appetite and insomnia. There was no pain and no visible wound. Busy students asked one another: "What is the matter with her? What is she here for?" The patient was treated kindly; that is, all the necessary things were done, but most of their attention was focussed on other patients, who seemed to be suffering more. When the history developed and the same nurses had time to study it, they discovered that she was very poor, she had worked hard as a clerk all her life for a small salary, she had supported an invalid mother until her death, and was responsible for a helpless sister. She, herself, exhausted from work and worry, and suffering from depression, was diagnosed "neurotic." It was most interesting to see the reaction on the part of the students to this knowledge and the beneficial effect of their apparent interest in the patient. Dr. Thorndike says, "... children of a school class may work with doubled efficiency simply from learning the significance of the work to their wants."

8. The native interests of student nurses are not always taken into consideration and their individualities are frequently repressed. Students' interests are different; one may have finished work of a few patients most at heart; another, the management of an emergency; the third may be most interested in the public health aspects of the cases, whereas the fourth may show unusual interest in executive work. So far as it is possible to manage the work of the ward according to the needs of the patients and the whole co-operative project, the interest identified with the nurse should be given some chance to practice with satisfaction. The wards are abounding with all kinds of situations which should satisfy most of the interests and instincts of all students,—the maternal, the housekeeping, executive and educational. The pupils' personality should be drawn out, not repressed. The first indicates growth; the second, actual injury. The student with executive ability may be given an opportunity to develop that on a small scale in the ward. The scholar who thinks she won't like practical nursing might be given a chance to study the cases in such a way that the practice will later actually make an appeal. When the student leaves the school, she should feel that she has only learned the fundamentals of her profession and that the opportunities ahead for future growth are unlimited.

9. The interpretation of the objectives in nursing are sometimes too narrow and the whole growth of the student is sacrificed to the development of a few
abilities which are convenient in doing up the hospital work. Psychologists tell us that no one ever learns one thing at a time. Dr. Dewey says there are three kinds of learnings going on simultaneously. One kind is concerned with acquiring skill in doing a procedure or mastering a technic. Too often this particular kind of learning is over-emphasized in the nursing school, to the exclusion of others. Head nurses are likely to rate students the highest who excel in manual dexterity, neatness and speed; whereas, other standards of measurement more important, are ignored. In the second place, consciously or unconsciously, the students are forming attitudes towards patients, superior officers and the whole profession while they are doing their tasks of the day. Good attitudes strengthen the character of the student. Student government is one means, but we must not depend too much on it alone to develop the students as individuals. The third kind of learning consists of all those which grow out of the present tasks and stimulate one to think way beyond them. If we are honest with ourselves, we shall have to acknowledge that we are weak here. To illustrate,—when the average student gets her experience in communicable disease nursing, she usually learns the fundamentals of that particular case in that special hospital. Now, at the same time, she should be impressed with the preventive aspects of all infectious diseases, the general relations of communicable disease patients to their environment and the significance of communicable diseases as a national health problem. She ought to develop an inquiring attitude of mind about all the big related facts which should grow out of a knowledge of the individual cases. But how often does she? The sum of the three learnings is concerned with the pupil's whole life and future outlook. Therefore, if we considered less the appearance of the beds, the square corners of the spreads, and the stain on the label of the medicine bottle, and more the growth of the student's knowledge of her whole work and the development of good attitudes which build character, would not our graduates adapt themselves a little more successfully to community service?

10. Students often find the work less mentally stimulating and interesting as time goes on in the school. One of the most attractive attributes of a group of preliminary students is an inner interest in nursing. It is this precious quality which makes everyone love the probs! They inspire! Sadly enough, this interest is less apparent in the second year, and often dwindles in the last. Sometimes, just rarely, it is not present at all in the graduate nurse. The Committee for the Study of Nursing Education in the United States made a point of the fact that student nurses found the work stale the last year. We ought to face the question squarely and try to find out why groups of nurses filled with the spirit of service and thrilled with the prospect of nursing lose interest in a work so vital and full of human interest. Two answers in the same discussion are continued fatigue with too little time for
mental recreation, and assignment to too much routine ward work. Routine has its place in all occupations and professions within certain limits. In the hospital, certain procedures which do not affect the patient in an undesirable way could be attended to by routine, so that more time, energy and reflective thought could be put on other problems which concern patients more individually. Each student should understand the economic value of this kind of effective habit formation. On the other hand, if the student is oppressed with too many meaningless tasks, she may be unhappy doing them. They may appear to her to be unimportant, and they may restrict her initiative, resourcefulness and independence. This kind of routine will thwart her purpose instead of widening her horizon. Similarly, constant repetition of the same tasks may have the same effect. Work must be planned so that each student will have a variety of cases and many different tasks to perform. Gradually, as the student develops skill, new responsibilities might be added to older ones so that different aspects and meanings would prevent old work from becoming humdrum. In this way some tasks which are now considered to be routine could be removed from that category. Bathing a case of pernicious anemia might be routine under some circumstances, but if a student knew the composition of normal blood and compared its picture with that of the patient's, if she knew the effect of each transfusion and checked it up with the patient's physical strength, if she knew the occupation, health habits, and something about the family and home conditions, that case would be full of human interest for her, and the bath, as part of the treatment, would furnish an opportunity of continuing important observations which would make for more considerate care. In spite of all its wealth of educative possibilities, much work in the hospital is routine, and in performing it many students lose their original enthusiasm. Graduate nurses not infrequently feel that their education so highly paid for is over when they finish their training. They sometimes consider it to be a three-year course, not a life process. Our school situation, and that is largely a ward situation, is somewhat responsible for many undesirable elements of the graduate nursing situation at the present time. In his book on Human Relations in Industry, Wolf points out the fact that neither shorter hours nor increased wages will relieve the present situation of routine in industry. He writes, "Any type of organization that disregards the right of every individual to think and to plan in the day's work is violating a great fundamental universal law."

11. Two of the greatest influences in the education of the undergraduate are the supervisor and the head nurse. The students in the nursing school spend about three-quarters of their time in the wards, practicing nursing. Here they come under the influence of the supervisors and head nurses for about eight hours a day for over two years. The right kind of ward teachers are just as important if not more important than good classroom teachers.
12. To supervise means to teach. Most supervisors are essentially administrators. They are given so many hospital and training school executive duties that the actual ward supervision becomes a side issue. Some duties of the supervisor might be:

a. To audit and follow up the lectures related to the nursing in her particular division.

b. To help correlate the nursing work in the wards with the other related services.

c. To organize the teaching in the wards and put it on a definite basis.

d. To be responsible for the adequate supervision of the nursing when it is in process, so that better care of the patients will result. Indeed, a better quality of nursing work is expected to be one of the most important effects of this whole scheme.

e. To assist the head nurses in planning their work with the greatest degree of efficiency.

f. To staff the wards which are under her jurisdiction with students sent to her for their education; in order to give the students a wider range of cases and to staff the wards more effectively each day.

g. To make a job analysis of the whole ward situation in order to improve all the phases of the work from housekeeping to nursing. This should not be limited to the smooth running of the ward in the present, but should also provide for its development so that it may serve its dual function for patients and students more successfully in the future than it has in the past.

h. To interpret the patients in the hospital in their broadest relationships, appreciate the institution as a community agency and the relation of the whole to public health in general.

To be a supervisor, indirectly in charge of the efficient management of many sick patients, some acutely ill, to have the task of developing several young head nurses, and to help educate a number of students, is a rich full-time job in itself, and supervisors should be released from outside responsibilities in order to pursue it. To do this work well, a supervisor should have ability and special training. The qualifications of a good supervisor would be a good graduate nurse with executive ability who has had head-nurse experience, who knows teaching principles, who has ability to get along with people, and who has at least an appreciation of public health and social service work. There are a great many other assets one might have,—such as a broad education, vision, creative ability, and a fondness for experimentation. Of course only a few of these attributes will be found in many, but if some exist in a few candidates, perhaps others could be cultivated under the guidance of the head of the school. What the supervisor owes the student, the principal of the school owes to some extent to her supervisors.
13. Head nurses need help, guidance and inspiration. Many head nurses are recent and inexperienced graduates who do not have all their new responsibilities clearly in mind. They are most likely to conduct themselves like head nurses they have known. How many head nurses have had any actual preparation for their jobs? Yet they are directly responsible for the care of the patients in the hospital, and for the field work of most of the students. They need counsel from some one above who is really near enough the work to feel their problems as they do, and this is where the right kind of a supervisor can exert a powerful influence.

Therefore, in each school three factors, Environment, Personnel and Time, must be considered in order to develop this work

a. The environment must be conducive to teaching, that is, there should be a sufficiently active service and good working equipment. The standards need be no higher than those required of any hospital that legitimately establishes a school of nursing.

b. The personnel should consist of qualified supervisors, head nurses and students with a good preliminary background. There must be enough help, consisting of nurses, attendants, orderlies, secretaries, or clerks to make it go. One might experiment a little in the beginning with an inadequate personnel and then one would know how to develop the plan.

To recapitulate, in the last several years, because of various unintentional causes, teaching in the wards has deteriorated. On the other hand, classroom teaching has increased in amount, improved in quality, and has thoroughly justified itself. Nevertheless, classroom teaching is not a substitute for individual case or clinical study and never will be. Case study is one of the only ways of making the student see that each patient is a sick individual who has many outside connections, and it is one of the best ways of developing a nursing conscience.

There are some defects in the administration of the ward at the present time which seriously stand in the way of making it the best teaching laboratory in the school, although by its very nature it possesses many elements of an ideal situation. If the people directly in charge of this part of the school were impressed with the advantages which the right kind of ward teaching would bring about in the evolution of better nurses and nursing, and furthermore, if they were guided in improving their work, there is not much doubt that they would gradually assume their new responsibilities with eagerness and interest. Good results have been obtained here and there with some good incidental ward teaching, but what great success might be obtained if all those who can, would concentrate on the proceedings taking place where the students work with their patients, the most interesting, strategic, and vital teaching center of the whole institution,—the ward!
DEVELOPMENT OF WARD TEACHING, MASSACHUSETTS GENERAL HOSPITAL

By Clare Dennison, R. N., Assistant Superintendent of Nurses
and
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In the discussion of ward teaching, which followed Miss French’s paper on The Preparation and Field of the Hospital Supervisor, read at the Swampscott Convention in 1923, Miss Johnson said, apropos of our early attempts at ward teaching, “We do not know where we are going but we are on our way.”

That was three years ago, and we have now to consider how far we have gone “on our way.” Undoubtedly all schools recognize the need of improving their ward teaching, but look with apprehension at already overburdened staffs and pray for a more convenient day. But that convenient day never comes. Just as there is never a convenient moment to admit a patient, so there is never a convenient time to add ward teaching to the curriculum.

Let us enumerate some of the difficulties. Too much work and too little time for the work. When can the nurses be spared off the wards? The doctors complain now that they are always off to class. How will the ward be put in shape for the staff visit if the nurses are at a clinic? There is no one to conduct the clinic. And, in the final analysis, will the patients get any better nursing care?

All definite obstacles apparently! But when we consider them, let us also consider that the elasticity of the Training School organization is apparently without limit. Now, is the accepted time. The determination to start has often been the only prop and stay of pioneers.

The great difficulty of “too little time” was partly solved when we assigned to the wards a group of young women to do non-educational work. The time thus gained could be profitably spent in impressing upon some young mind the fact that Mrs. So-and-So has arthritis because her tonsils should have been removed years ago; or that the man with the appendix abscess will probably die because of his ignorance of simple health rules; and that the rickets of some child might easily have been prevented.

The staff visits do start shortly after ten, but why the wild insistence that every bed be made? Merely a tradition of ours which we have handed down for fifty years. A neatly stripped bed is no eyesore and it takes less time to strip than to make. As long as the essentials are looked to, the minor details may wait. After all, even visiting men are adaptable, and
after the first shriek of protest they accept the new order. When that order is established even the loudest shrieker is apt to casually mention our improvements.

Who shall do the teaching? Ideally, of course, the head nurse, but in this stage of our evolution it seems impossible. Her time is too interrupted with a thousand details, and far too often she is not a person with sufficient background for teaching. She may, and does make use of the night report by insisting that all students be present at its reading, and she deals directly with the nurses in the care of the patients. But the latter proceeding meets the needs of the moment only, is unorganized, and may be directed to only one student at a time.

At the Massachusetts General Hospital it was decided that the ward teaching could best be done by the supervisors,—by no means ladies of leisure,—these women being responsible for the teaching of medicine, surgery and bandaging; for the male attendants and ward helpers; for the inspection of homes and the practice of fire drills; for the night reports, requisitions and supervisor's treatment sheets; the equipment, nursing care and morale of their own wards.

The question then arises as to how this teaching may best be organized for the use of the students, and the convenience of head nurses and doctors. How, when, and where it shall be done, and how often!

Let us take for example a unit of four medical wards, each having six student nurses, the majority of these being in the intermediate year and having their medical clinics and lectures. The supervisor of this unit is also in charge of these classes, and her relationship with the class work facilitates its correlation with ward teaching. She plans on four ward discussions a week, assigns definite cases to four pupils, and posts these assignments on every ward. It is understood that on the ward where the clinic is held, all pupils shall be present while the head nurse and the ward helper run the ward. The other wards send as many students as they can spare. At present seven forty-five a.m. seems the best time. The greatest number of students is on duty then, the immediate needs of the patients have been satisfied, and it is not too late to expect the night nurses to attend. These discussions, which last about twenty minutes, are held in an examining room but a corridor or even a utility room would serve. It is the desire of the supervisor to make the meeting an informal one, with encouragement of questions and an expression of opinions.

To aid the student in choosing the important facts a carefully directed outline is a necessity. A practical one is that which may be used on all wards, and which points out the significant symptoms and their possible causes; the social and occupational history influencing the disease; the patient's mental attitude and health habits; the physical and laboratory
findings; and the purpose of medicines, treatments, and diets. It should call attention to the nursing services most beneficial and the measures which might have prevented the disease. To this should be added the consideration of how nursing care could be given in the patient's home.

The student may gather the material from the ward histories, from classroom examples and from textbooks. She may do some of the work while on duty, and may be allowed to go to other wards for additional data. The social service worker may add interesting sidelights. It seems useless to nurse a cardiac to comparative health and see him return to his job of ice carrier. The student learns that it is the social worker who finds a less exhausting occupation for this cardiac, and who may also help the family budget by getting a suitable vacation job for the oldest boy or girl in the family. The student may see the needy patient with tuberculosis directed to the State Aids and his family problems adjusted, and, through the social worker, may see the functioning of many health organizations.

To avoid the possibility of one student hearing many of these ward discussions while another hears none, a "check up" book is used comprised of an alphabetical list of all the students' names and a loose leaf supplement in which attendance is recorded. Also, as each supervisor has charge of a special service, each checks her clinics in a different colored ink, thus making clear not only the number, but the classification of clinics held.

Let us imagine that a nurse on the pediatric ward gave a discussion on cretinism, at which ten students were present. The supervisor adds cretinism to the list of subjects discussed, and puts a purple check beside the names of all ten, making a special sign to the effect that the student Miss Jones gave the clinic. On the other hand, the supervisor of the skin ward has prevailed on the intern to give a clinic on psoriasis. This she checks in red with a notation that a doctor conducted the discussion. Medical, orthopedic and fracture clinics are likewise designated. So, when Miss Smith who has been away on sick leave or on affiliation returns home, her blank record is an incentive to special efforts in her behalf.

Does it mean better nursing care for the patients? We believe it does. Certainly nineteen year old and happy-go-lucky Miss B. gives another thought to the "salt-freeness" of some one's diet when she understands his amount of kidney damage and knows that he has a family of young children to support. Certainly she pays more attention to the prompt collection of specimens when she knows how diagnosis may hang on some detail, and how one day in a hospital may be a tragedy to the wage earner. And one cannot deny that the mad rush for a wheel chair to get some woman to the Metabolism Laboratory at exactly seven-thirty a. m. is less exasperating when one knows that the findings will be explained.

We may add that the students enjoy these discussions and find their
preparation no hardship in spite of the fact that since last September over three hundred such ward discussions have been given. The students themselves realize that all nurses are teachers, voluntarily or involuntarily, and the effectiveness of their future teaching depends on the practicability of what they are taught. Nurses must understand and teach the preventive measures of disease if they fulfill their real function and this we believe is "where we're going:"—toward the day when we shall at last produce that paragon of nursing perfection, the nurse with the "public health point of view."

A COMMUNITY EXPERIMENT IN WARD TEACHING

By Lucy H. Beal, R. N.

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In Massachusetts, a committee was appointed by the State League of Nursing Education to develop something further and more concrete in relation to ward management and the teaching of student nurses. Nine schools,* in and around Boston, were represented on this committee, including large and small general hospitals, a children's hospital, a mental hospital, an obstetrical hospital, and a communicable disease hospital. The experiment was carried on through the months of December and January.

The aim of this piece of work was to analyze our ward situations, to see wherein our methods were weak, and to determine what constructive changes could be developed to improve them. I think we are all convinced that much valuable teaching material is being wasted upon our wards, that the opportunity is there waiting for us to devise some method for its utilization. There are numerous and varied reasons for this waste, such as the shortage of nurses, the many demands made upon them for the performing of non-educational duties, the hustle and bustle of a busy ward, inefficient management by head nurses and supervisors in charge, and the lack of a definite plan of work.

Realizing this to be true, our committee made its first step toward a

* Boston City Hospital—Communicable Disease Department.
  Boston Lying-In Hospital.
  Children's Hospital, Boston, Mass.
  Homeopathic Hospital, Boston, Mass.
  Lawrence General Hospital, Lawrence, Mass.
  Massachusetts General Hospital, Boston, Mass.
  McLean Hospital, Waverly, Mass.
  Newton Hospital, Newton, Mass.
  Peter Bent Brigham Hospital, Boston, Mass.
remedy by each school taking as its particular problem the new development of some specific method of ward teaching, and adapting it to its situation. These particular experiments were, namely:

1. The development of morning and evening reports.
2. Nursing practice review.
3. Use of senior nurse assistant.
5. Nursing experience records.
6. Case studies.

None of the methods evolved are perhaps ideal, but they have made us appreciate the possibilities for teaching that our wards present, and have led us to believe that with a little analysis, other avenues will present themselves; that even though our day seems full to overflowing, a few minutes of well-planned teaching done systematically can be squeezed in, and counts for much; that this extra effort made by supervisors and head nurses has been more than paid for by the enthusiasm and interest it has stimulated in student nurses, and by better care of patients, we believe.

1. Morning and Evening Reports. One of our experiments was the further development of morning reports conducted by nurses when reporting for duty in the morning. It may be interesting to note that this was routine in only one of the schools, but during this time was developed in four others. It was found most satisfactory to gather all nurses together including the night nurse and have the report of the night read by either the head nurse or night nurse. This is a careful report of the condition of patients during the night and gives all nurses an opportunity to know what medications, treatments, etc., have been given during this period, and the night nurse to relate anything unusual that may have occurred. Time is allowed for questions and a brief informal discussion of interesting cases or treatments. The head nurse has this opportunity of giving information concerning patients’ condition, which she obtains from doctors, and also to assign special work for the day. It also presents the opportunity for systematic teaching by the head nurse, in that she can plan to take perhaps fifteen minutes following this short report for discussion. These discussions have included such subjects as the use of narcotics, the Harrison Law, demonstration of the administration of hypodermics, routine admission of patients, special diets, reasons for abnormal deliveries or the explanation of some mental condition which has occurred during the night. There is no limit to the variety of subjects that may be included in these fifteen minute discussions that may be conducted by the head nurse or may be assigned ahead of time to a pupil.

These reports must, necessarily, be short as it is a most valuable and busy time in a nurse’s day. It is not possible to follow the report every morning
by one of these discussions, but quite possible if previously planned to conduct them, say three times a week. It starts the student off for the day with a better understanding of the condition of her patients, and the ward situation. It impresses her with her responsibilities and makes her feel that she has a real part to play in the scheme of things.

Likewise, the report of the day may be conducted at 7 p.m., with all day nurses and evening duty or night nurses, as the case may be, attending. In one hospital where these were tried experimentally on the surgical wards, the nurses became so enthusiastic that those on the medical ward asked to try it also, until now it has become established as a routine procedure.

This favorable reaction on the part of students seems particularly significant in stamping this a worthwhile method of teaching. I have found upon inquiry two months and four months later, the schools in which it was tried experimentally are continuing this method of teaching, and I believe that it could well be adapted to any type of school or department and found valuable.

2. Nursing Practice Review. In one hospital, this was done systematically. During the morning, there is, perhaps, the best opportunity for the supervisor to assist and observe nursing procedures carried on by pupils and many problems about which the student is doubtful may be solved at this time. It has been found possible to plan definite reviews of nursing procedures by assigning not only unusual ones but the most simple for group demonstration by an older nurse. Care must be taken, however, when such a demonstration is given that it is done perfectly, otherwise it loses its value. To assure perfect technique on the part of the student, she should first demonstrate to the supervisor.

We found it was not time wasted to have such common procedures as the morning care of a very sick patient demonstrated for a small group. Though all have been taught, older nurses are given an opportunity to review, and younger nurses may again be reminded by such a demonstration, of such simple things as the best arrangement for pillows for the patient's comfort, the importance of tight smooth sheets under the patient while not too tight over the feet, and comfort of a hot water bottle, or the adjustment of binder or swathe.

3. Senior Nurse Assistant. In two of the hospitals it has been found possible to relieve the head nurse of some of her routine work as the charting that takes so much of her valuable time, by assigning that to a senior nurse, thus leaving her free to observe and supervise practical work being done during the morning, or to teach in special departments special treatments. As the student nurse changes services so rapidly, it was felt that the charting was valuable to her and did not become a routine duty. In one hospital in the department where lamp treatments were being used, the head nurse
took this opportunity of teaching individual nurses the use of the lamp and equipment necessary, as well as something of the theory.

4. Ward Clinics. In five of the schools, clinics were developed and found most instructive and stimulating. They were conducted at times by the doctor, who is so much better able to give the clinical picture of disease. Doctors have been much interested in this method of teaching, have been very generous in giving their time, and have made an effort to emphasize the important clinical aspect, and have conducted them so that nurses have felt free to question.

Ward clinics were also conducted by supervisors and head nurses, but I believe those conducted by the student nurse, herself, to have been found most valuable. It has awakened a keener interest and more enthusiasm than any other method of ward teaching I have seen. Clinics of this type should be arranged by the supervisor and head nurse, who assign in advance the case to be studied and assist the student in preparing it. An outline should be provided, and the student urged to obtain as much as possible from her own observation and care of the patient. The social history is usually not difficult to obtain in a casual conversation with the patient. Laboratory reports and charts should be at the student’s disposal and last, the medical history taken by the doctor. I say last, because in some cases all the necessary information may be obtained from a history sheet, and if used exclusively, the record then loses its value for the student.

Such clinics may be conducted for the students on the ward or from several wards. They should always be prearranged and as this committee developed them, an effort has been made to have a definite number weekly. Four a week, I think, has been about as many as one supervisor finds she can carry. When conducted by the doctor, they may be by the bedside of the patient, but when by nurses, it has been found more satisfactory, after seeing the patient, to conduct them elsewhere on the ward. Not more than 15 or 20 minutes should be spent, and various time of day have been utilized. From personal experience, I have found it possible to hold them after 10 o’clock in the morning, when the doctors are making their daily rounds. Others have found 7:45 in the morning, the afternoon, or the last few minutes before going off duty at night, more convenient. This must be adjusted to the ward situation.

Not only the rare cases should be studied, but most especially the more common conditions thoroughly understood. This method of teaching was adapted to medical and surgical wards, an obstetrical department, and also found most useful in a busy communicable disease department, and mental hospital, and gave an opportunity for emphasizing the various stages of these particular diseases.

Students were urged to attend regular visits made by doctors and in one
instance were required to attend ward rounds a definite number of times a week, and a record of attendance was kept. It was felt in this way that students had a much more intelligent understanding of the patient’s condition, and therefore felt a keener interest in their contribution to the patient’s welfare and recovery.

5. Nursing Experience Records. Student experience sheets for nursing practice were a new development in one instance. As you know, these vary in type. The simpler one includes only those procedures which may be offered in a given department, while others include all procedures for the entire course and are taken from one department to another by the student and checked as carried out. In this instance, they were used on medical and surgical wards. Their value lies in giving a check to nursing experience and in assisting the head nurse to see that it is varied.

6. Case Studies. Student case studies were developed in five instances and found valuable in correlating lecture work and ward experience and giving a basis for the organization of pertinent facts of the case studied. Here again, care should be taken that emphasis be placed on the typical and more common conditions. The outlines used have varied considerably. I am sure most of you are familiar with some type of case record outline. It was generally felt that the most satisfactory results were obtained when the outline was brief but yet conclusive. Students were given access to records and charts and the advice of the head nurse and supervisor in developing the record, and when presented to the class conducted the discussion which followed.

From this experiment we have learned that there are many opportunities for improving our educational system in nursing, by making the most of the material at our disposal and utilizing it to the best advantage. Students are taught in the classroom proper technique of nursing procedures, and in theory the fundamental facts on which these nursing principles are based. Unless some systematic method of guiding and checking be used, there is danger of losing the advantages of good preliminary instruction by slipshod work on the wards. Unless we realize this fact, we not only neglect a problem, but fail to recognize its existence.

I have endeavored to show you how, in a small measure, we have attempted to make more of our opportunities, namely, by the developing of morning and evening reports; by relieving the head nurse of some of her routine duties to allow her more time for teaching; by head nurse or student demonstration of practical procedures; by various types of ward clinics; by student practice sheets and by case records.

I should like to say further that:

1. The first requisite for satisfactory ward teaching must be a thorough understanding of the thing to be done, and a systematic outline for its development, evolved.
2. To promote this cooperation is absolutely essential. This may best be obtained by regular staff conferences which may include the principal of the school, instructors, supervisors and head nurses. These should be informal, so that all may feel free to bring their problems for solution, and a keener appreciation felt of the interrelation of one department to another. Instructors in this way may be given a closer insight into ward problems and the supervisor and head nurse impressed with their responsibilities as teachers.

3. Classes for head nurses and supervisors in practical nursing procedures may be held to insure a standard hospital technic.

4. Periodical meetings of the supervising group of a community would have much to offer for progress in the development of clinical teaching methods, each head nurse and supervisor developing some phase of this experiment brought to the others in the group, solutions of common problems, encouragement, sympathetic interest, and understanding.

From necessity, the application of methods of ward teaching must vary. The problem of the large hospital will be different from that of the small, and that of the communicable disease hospital from that of the mental hospital, but the methods which have been developed in this experiment have been tried purposely in these types of hospitals and we believe, therefore, can be adapted to any situation.

The enthusiasm with which this piece of work was undertaken and developed, and the fact that those connected with it have, in most cases, continued to carry it on, amid the many obstacles which present themselves in every nursing school, and have even, in some instances, developed something further, seems to me to prove conclusively that it is not only possible but a necessity, if we will have the best type of instruction in our schools.

TEACHING AND SUPERVISION OF SURGICAL NURSING

By Margaret Tracy, R. N.

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Supervision and teaching, how frequently do we find these two bracketed together. Almost every educational periodical carries an article which deals with the joint subject. Just what is the relationship of the two? Is the relationship in our schools of nursing the same as that in other educational fields? Yes and no. Perhaps an analysis of the meaning of the less well understood term will help to clarify the subject.

“Supervision,” says Burton, “has to do with the selection and organiza-
tion of subject matter and the improvement of teachers in service.” Those of us who are supervisors in our schools of nursing today appreciate the fact that this is only a part of what is expected of us. Our supervision must not only meet the above requirements, but must do more. Ours is the responsibility for the safety and comfort of the patients with whom our students are working. Most of us are not only supervisors of medicine and surgery, etc., but hold joint appointments as instructors in these subjects as well.

While increasing our responsibilities such a program also increases our opportunities to develop a type of supervision which is real democratic leadership. The same student with whom we are struggling in the classroom is the student who is offering the problem to our head nurse on the ward. In a very practical way we are sharing a problem, the solution of which we must work out together.

In common with other educational institutions our schools of nursing are grappling with the problems which are causing concern to educators in every field. The universal cry is that there are not enough trained teachers. Curriculums are revised, old textbooks scrapped and new ones written in an effort to better organize the mass of miscellaneous subject matter. Methods of teaching have been scanned, experimented with, and devised so that they will conform with the recognized laws of learning. The best minds of the profession are giving constant thought to bettering conditions. As a result of these efforts in recent years, greater emphasis has been placed upon developing a more definite and helpful type of supervision.

“Of the numerous agencies for the improvement of teaching, now in action,” says Hosie, “supervision is by far the most important. Indeed upon it depends in a large measure the effectiveness of all the others. For the supervisor is closest to the situation. He can best decide what help is most needed. He can best provide for continuity and individual needs.”

In our schools of nursing we are finding these problems not less, but more pressing than do other schools. Our supply of adequately trained teachers is perhaps less adequate in proportion, because we have been concentrating on the problem for a shorter period of time. The rich storehouse of knowledge which we find in our hospital wards and clinics is just beginning to be organized into a definite “content of experience,” which we can offer to our students. We are awakening to the fact that we have real projects vital to human health and happiness for our students’ daily experience. We have a field peculiarly rich in situations where the student “learns by doing.”

In all schools of nursing a large per cent of the student’s time is spent in learning through practical experience. In the Yale University School of Nursing the proportion is 1080 hours of classroom instruction to 3384 hours in the wards, clinic or district, a ratio greater than three to one. Since
such a large proportion of the student's time is spent in gaining this experience, it is here that most of the supervisor's effort must be directed. It is here that the quality of the teaching is most important.

Obviously, we must recognize the status of our head nurses, as that of teachers, for under their direction the student spends such a large proportion of her time. Accepting the fact that many of them have had no adequate preparation for the positions which they hold, that those who have had definite training for the teaching end of the work, come to us fresh from the classroom with no experience in the actual management of the ward, which is their schoolroom, gives the supervisor her first problem. Let us consider first how she can help in the development of these teachers.

It is the supervisor upon whom devolves the responsibility in most instances of interpreting to the new head nurse, the ideals and the plan of the school. This we do largely through conferences, individual and group, held at regular intervals and following a definite program.

Through the supervisor the new head nurse must learn the mechanics of running her ward, efficiently and with the least expenditure of time and energy, so that she will have enough of both left to carry on the bigger part of her program, the teaching of her students. From the supervisors she learns how to order supplies and how to conserve them, how to plan and direct the work of the maids and orderlies, how to plan a time schedule which will keep her ward adequately covered at all times and yet allow for the necessary class and off duty time for her students and staff. Hospital regulations and routine, what forms are used and how, these things she must know. Only a well ordered ward, running with the minimum of effort on the head nurse's part will make a good teaching field.

From the supervisor she must learn how to equip her ward and keep this equipment up to the required standard. She must be shown that good teaching cannot be carried out where the necessary tools are not at hand. On the other hand, we have gotten away from the idea that a student must be given a three inch bowl to work with in the ward, if she has been taught to carry out a certain procedure in the classroom, using a three inch bowl. We are preparing students to go into homes, whether as private duty nurses or public health nurses. Their experience in the hospital must not make them dependent upon fixed equipment.

The head nurse must see the problem of equipment from the standpoint of the effect on her teaching of the student. She must realize her obligation to teach certain fundamentals of good nursing procedures, help her students fix standards which can be carried over into situations less ideal than those they meet in the hospital ward.

This sort of help she can get best when the supervisor is available for daily conference and is on hand to help in solving each problem as it arises. Most
of it can be taken up in prepared individual conference which the supervisor holds with each new head nurse as she comes on the service. Much of it is acquired in the daily solving of the problems as they come up in the day’s work.

In addition to these individual conferences in the Yale University School of Nursing, each department has a conference monthly attended by the supervisor and head nurses of that service. To these are added a representative of the out-patient department, special workers, as the subject of the day might indicate, such as the special teacher of nutrition, the physiotherapist, or the head nurse of the operating room. At the first meeting a program for the year is agreed upon by the group. The head nurses decide what are the problems with which they would especially like the help of a group discussion. The following outline of subjects which are being discussed in the Surgical Nursing Conference this year are typical of the problems in the solving of which the head nurses feel they would like the help of the group:


Whenever a new routine is introduced or an old one changed, the group discusses the best method of introducing the change so as to secure the most satisfactory results. In this way each head nurse is prepared to teach the new system to the graduates and students under her direction. Better still she is not being asked to introduce something new which she had no part in planning. Someone has said that “the best way to promote growth in a teacher is neither to let her do as she pleases, nor to force her to do as you please, but to get her to please to do what you please to have her do.” We find this a very effective way of getting across the new ideas which we wish to introduce.

Part of each of these conference hours is devoted to new problems which any member of the group may wish to bring up and which has not been provided for in our regular program. Through these conferences we do feel that we “inspire and encourage the good teacher, bring up the work of the average or mediocre ones,” and make every member of the teaching staff feel that we are working together on a definite organized program.

In selecting and organizing the subject matter in any one subject, we take into consideration the fact that there are certain nursing procedures
which can be learned by the student equally well in any department such as giving a bath, or making a bed. It is also true that each department offers certain experience which the student can get there better than in any other place. Thus for instance, a student can learn most conveniently in a surgical ward the care of a patient on a Bradford frame, assisting with a surgical dressing, the care of a patient in shock.

These procedures and nursing experiences which we can offer best in the surgical wards are grouped and classified as special procedures in the surgical department. They are conveniently arranged on a large sheet with spaces for entering each student's name as she comes on the service.

We say to the incoming student, "This is the content of experience in this department. You are going to be here for so many weeks. Let us see how many of these experiences you can get during the time you spend here." In this way the student has a very definite idea of what are the possibilities for new experiences for her in that particular service. As she checks her own practice day by day, she has an opportunity of contrasting her own progress with that of other students who are working with her. Nor is the usefulness of these cards limited to the student.

The head nurse uses it as a very definite guide in assigning patients to students so that she may give them the care of patients who require the particular skills which the student has not yet had an opportunity of practicing. To her it becomes a very valuable teaching aid.

Now we come to ways and means of improving the teaching act. There are numerous ways of doing this. Assignment of cases to students is always made in advance and follows the same general plan throughout the school.

The head nurse makes for the staff of her ward a plan for clinical experience for the week. All of the patients in the ward are divided into groups. Each student is assigned the care of one group and the relief care of a second group. In making out her time schedule for the week, the head nurse alternates the time of each two students, so that one is on duty when the other is off. This clinical experience sheet is posted in the ward so that any student can tell at a glance the group for which she is responsible. She knows she will care for this same group until she and the head nurse feel that she has gotten the experience which these particular patients offer.

The student is asked to study each patient in her group and to make a plan for his nursing care. This plan, briefly outlined on a card, is submitted to the head nurse for suggestions and approval before being put into effect. It is attached to the patient's chart and is a guide to the care any patient is getting at any time which may be conveniently followed.

She keeps an experience record, on which she daily notes the diagnosis, the observation of symptoms and signs related to medical diagnosis, the family or social problem, where one exists, the nursing care, treatment, diet and teaching experience, observation of symptoms related to nursing care,
and an analysis of her own work. At the end of the month she summarizes this record.

Through her weekly record conference with the student, the head nurse quickly learns just what the experience has meant to the student, just what she has gotten from it. From her personal observation of the student and a study of the record she can point out pertinent facts which the student may have overlooked.

With the help of the head nurse, the student selects several patients in each service of whom she makes an intensive study. These case studies include all the family and personal history of the patient in any way related to his present illness or future plans. It includes a careful analysis of his hospital treatment and progress, any social adjustment which it may be necessary to make when he leaves the hospital, and the student's plan for his future.

To keep a busy head nurse alert, alive to teaching opportunities on her ward, always ready to direct and assist the student when necessary, is the part of the supervisor in this program. Through her conferences with the head nurse she must help to iron out the difficulties encountered in carrying on this teaching program in a busy hospital ward. She must be ready at all times to demonstrate any procedure when the head nurse feels the need of assistance. She must be ready to supplement the head nurse's direction of the student, when the occasion demands it. She must know the patients and their needs, the doctors and their demands, the head nurses, their problems and their capabilities, the students and their possibilities, if she is to help each to the greatest measure of self development.

When the head nurses and the supervisor together can get and hold the vision of the student as essentially the teacher, then can we teach surgical nursing in its true perspective. Ours is the fault if the student sees her patient as an "acute appendix" or "a fractured skull," not as an individual with family and community relationships. As we help them acquire the very necessary skills which they need to care for surgical patients, we must do so in a way which will also enable them to see those skills as a tool to help them in the rôle of teacher and promoter of the public health.

**THE TEACHING OF MEDICAL NURSING**

*By Gladys McCune, R. N.*

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I have been asked to discuss the teaching of medical nursing. I can do this best, I believe, if I present the plan that is being worked out in The Illinois Training School for Nurses at the present time.
In presenting this plan of the teaching of medical nursing itself (and we teach surgical nursing in the same way) I should emphasize first the importance of laying a scientific foundation for this study. This is our plan in offering the following subjects at the beginning of the course.

For the first quarter of twelve weeks, the student’s program includes: hygiene and bacteriology, thirty credit hours, with two and one half hours class a week, anatomy and physiology, sixty credit hours, which carries a weekly schedule of three lecture hours and two laboratory periods, and chemistry, sixty credit hours with a similar schedule of hours. This quarter includes also a course in introductory medical nursing, with a weekly schedule of five hours of class and twenty hours of laboratory ward practice, making during the quarter sixty hours of class with demonstration and two hundred and forty hours of laboratory or ward practice. This two hundred and forty hours is accumulated in from two to four and one half hours daily, but not more than twenty hours a week on the wards of Cook County Hospital in supervised laboratory practice acquiring skill in nursing practice.

For the first term of the second quarter, a period of six weeks, the student continues the study of anatomy and physiology, and hygiene and bacteriology, thirty credit hours each, carrying in addition Materia Medica I, which is drugs and solutions, of thirty credit hours. Her program also includes a weekly schedule of ten hours of class with demonstration in medical nursing and twenty-five hours a week of laboratory or ward practice, again spent as supervised laboratory periods of from two to four and one half hours on the wards in the continued study of medical diseases and their nursing care.

During the last six weeks of the second quarter she continues hygiene and bacteriology, thirty credit hours, Materia Medica II, thirty credit hours, and surgical nursing sixty credit hours.

This means that the student is on the wards with the instructor from two to four and one half hours daily during the first eighteen weeks of her stay in the school acquiring skill in the practice of medical nursing.

The subject matter as taught in introductory medical nursing is as follows:


A class of thirty-six students is divided into groups of eighteen each for class instruction, and into groups of twelve each for practice in the hospital.

The subject matter in the classroom is presented in outline form, with the textbook, Harmer’s Principles and Practices of Nursing, as supplementary material and extracts taken from other nursing texts. Emerson’s Essentials of Medicine and Osler’s The Principles and Practice of Medicine are used for explanatory preparation.

The assignment for the lesson is given in advance, that the student may come to the classroom prepared to solve a problem.

The demonstration requires the full attention so that only brief notes are taken during the procedure, those in which the student feels she may not remember all the details. Questions at this time are encouraged, in order to clear up any difficulties in the presentation. The demonstration must be seen clearly by every student present.

The notebook is of genuine value in the teaching of nursing and its practice. The demonstration is written out in detail by the student after class, is corrected by the instructor, and returned for the student’s guidance in her practice work. In writing out the details of the demonstration the student gets a clearer idea of its sequence and will do the piece of work more deftly, since the impression made thus becomes clearer and more accurate. The notebook is not a hardship but it should be of great value to the nurse throughout her training. When we consider surgical nursing, pediatric nursing, communicable disease nursing, obstetrical nursing, etc., each having its particular technic, we can realize more clearly the importance of the notebook to the student when she wishes to review from time to time any points which may not be fresh in her memory, and it should be a guidance to her in any further nursing work she may pursue. It is also a material aid in the uniformity of nursing technic done by the students in the different
departments throughout the hospital, and with close supervision in these departments, this technic may then be more satisfactorily and skillfully accomplished.

In order to clarify the plan of teaching medical nursing, may we carry a student through the first four and one half months of her course?

When the average student enters the school of nursing, she is full of enthusiasm for her new work. "When do we go to the hospital?" is the outstanding question, so eager is she to begin actual nursing of the patient. To keep this enthusiasm throughout her training is the aim of her instructors. It is through enthusiasm for her nursing course that she adapts herself more readily to her new environment, grasps and retains a great mass of new and unfamiliar information that is constantly presented, both in the classroom and in the hospital, and develops the desire to increase her knowledge by further reference work and study. This fine enthusiasm must be encouraged, and it is in these early experiences that her ardor is very readily dampened.

The student of today enters the nursing school as she would enter the college or the university with her courses planned for her, her dean guiding her, and her instructors, supervisors and head nurses always ready to assist her.

The first eight lessons in introductory nursing with practice are given the student in the classrooms only. After ten days she goes with the instructor of medical nursing to the hospital wards for the laboratory work coincident with the class work.

Short excursions through the hospital are taken before the student begins this practice work there. She is shown the medical ward where she will be on duty for the first time, and the points that have been previously emphasized in the classroom are pointed out to her now in detail. The lessons are then more easily understood, and the technic as demonstrated, easily and more satisfactorily carried out.

Observation, its importance and necessity as the requisite of a good nurse, is emphasized. Most of us feel that the problems to be met with in the emergency, those in the obstetrical ward, and those in the operating room particularly, might be lessened if the nurse had been a more keen observer in the early days of her course.

Each student has her own equipment and is responsible for the condition of it at all times.

There is a daily average in the Cook County Hospital of 2000 patients who furnish an almost inexhaustible supply of practically every nursing procedure the day's lesson may call for. They offer for observation and care almost every kind of disease and require nearly every kind of skill that the practice of nursing embraces. It is in these wards with this endless training
material that the instructor takes her students each day after her class in medical nursing for the practice of technics discussed in class. She does this for the first eighteen weeks of the student's life in the school. The instructor tries to enter the wards with her students as a leader and a sponsor rather than as an overseer. As a leader, in the sense that the instructor takes the living patient and demonstrates the actual nursing procedure that the student will proceed at once to carry out, to the satisfaction of the leader; as a sponsor, she gives the student opportunities and privileges in the way of nursing practice that could not safely be hers without someone to vouchsafe security to the patient. Our constant intention is to prepare the student for the simple daily demands that will be made upon her as a student nurse on full time duty, without overshadowing her to the extent that her initiative is hampered.

The student begins her practical application of the lessons in the care of the hands, order, housekeeping, ventilation, and the systematic and thoughtful planning of her duties now on the wards as previously learned in class. She makes the bed in preparation for an actual new patient, and that of the convalescent who is able to sit in a chair for a short time. She is next given the morning care of a convalescent bed patient, carrying the responsibility of the same patient for one week or for a longer time, if skill has not been acquired, and always under the supervision of the instructor or assistant.

The individual needs of the patient are anticipated, which develops at the same time, unselfishness, thoughtfulness and kindness in the student. Kindness, with tact and diplomacy, are stressed, as the cooperation received from the patient in the piece of nursing to be done, is so essential for the success of that technic. The comfort and ultimate recovery of the patient depend so very much upon the good nursing care received, and since prevention of complications, and the significance of reporting symptoms are so frequently the responsibility of the nurse, stress is laid upon the necessity for alertness and quick response from the student's observations.

Examples of subjective and objective symptoms are illustrated, and their careful and accurate description is charted by the student, accuracy and conciseness being emphasized.

She charts the nursing care she has given the patient, together with any outstanding observations.

The student begins to study the patient's chart, and to learn new medical terms, soon after beginning this first term of her practice work in the hospital.

New words are added every few days throughout this first period of four and one half months, so that at the end of that time she has acquired a good working vocabulary.
She is required to know the diagnosis of her patient before beginning the nursing care, and to acquaint herself with the results of examinations, various tests made, and daily notations of the physician. She must be familiar with the record of the temperature, pulse and respiration, being governed by these, to a great extent, in the type of nursing care she gives, and planning this nursing care to meet the individual need. By this means she is able to give good and intelligent care, and is at the same time studying the disease, its etiology, symptoms, treatment, nursing care and prognosis. By keen observation, she is able to meet the emergency that may arise, through sudden changes in the patient’s condition, and to make a clear, accurate and concise record of her observations. Each student makes a case study, in this way, of every patient for whose nursing care she is responsible, under supervision, of course. Besides the daily nursing care of the patient the student is continually practicing the nursing procedures she has learned in the classroom, demonstrating to her supervisor until skill has been acquired.

During the first term of the second quarter, the student continues with medical nursing procedures, the instructor taking her to any medical ward where the clinical material is available for the particular lesson in progress; the supervisors keeping the instructor informed of all available material.

As noted above, in Cook County Hospital, with an average of 2000 patients, it is possible, after the class with demonstration, to teach the nursing care on the wards at once and while it is fresh in the student’s memory. For example, after the demonstration of isolation technic in the care of a pneumonia patient and a typhoid patient, it is possible to teach this same nursing care with patients on the wards; to demonstrate the importance of skin elimination, the hot pack, and the electric sweat, the importance of accurate measure of intake and output, and the importance of dietary management for the nephritic patient; to teach gastric aspiration or lavage which the emergency poison patient receives, or that stomach tests and treatments require, etc.; the student demonstrating under the instructor’s guidance with actual patients on the wards until satisfactory deftness and skill have been acquired in all the procedures of nursing taught in the classes in elementary and advanced medical nursing.

As anatomy and physiology taught in the first term graphically pictures the normal human body and the intricate and intimate coordination of organs and tissues and functions, the student becomes more ready to appreciate the significance of a slight or progressive or marked deviation of organic function or structure in the patient.

As pharmacology progresses the student’s attention is directed to medicines given, and under the closest supervision each student pours medicines and passes a given number of trays of medicines. From this time on we are
introducing the names of medicines, their appearances and for what diseases they are given, in preparation for the following course in pharmacology.

As bacteriology introduces and later emphasizes the principles of asepsis and antisepsis, we introduce the student to antiseptic nursing in the case of pneumonia and typhoid patients, after giving her the background of community health department regulations for the prevention and care of these diseases.

The instructor puts on a surgical gown and removes her wrist watch. She is in the isolated area by the side of the student. Say we are in a pneumonia room of eight patients and for the first time, so we will introduce only three new students, the others continuing their care of the cardiac, the nephritic, the rheumatic patients, etc.

We select the convalescents, first emphasizing the fact that, while they seem bright and more or less alert, the heart energy must be conserved, etc. By the end of the week our ablest students under close supervision, sometimes two for the same patient, are caring for the most critically ill. And so the course proceeds.

These groups of twelve students each, for the first two and one half quarters, are closely supervised by their instructor of nursing and her assistants, and in later quarters by the department instructors, supervisors and head nurses when placed on full time duty.

Besides the four and one half months of the above described instruction and practice in medical nursing, the student when on full time duty, is given further practice of twelve weeks, of which four are in her senior year. Upon leaving the school her mind is thus refreshed concerning the nursing procedures she learned earlier in her course, and she is made acquainted with new technics, treatments, drugs, etc. that in these days of rapid growth and scientific research are constantly being discovered.

Surgical nursing is taught in the same way during the latter half of the second quarter, so that when the seven and one half months of the study period are completed and when the student is assigned to a medical or surgical ward, she is reasonably conversant, skilled and practiced in the nursing procedures of both medicine and surgery. She is in a position to give surgical patients reasonably good and intelligent medical care, and whenever necessary medical patients the same degree of surgical care.

In order to maintain uniformity and cooperation throughout the different departments of the hospital, and to discuss and decide problems of teaching and administration, regular and special faculty meetings are held. In order to strengthen this cooperation and to build up and standardize the nursing technic, meetings of the supervisors are held at frequent intervals. There are also meetings with the head nurses concerning problems with which they are particularly concerned or troubled, and meetings with the
TEACHING OF MEDICAL NURSING

floor graduates as well. It is believed that a keen interest in the standards of the school and the type of nursing care given, is better maintained if every nurse employed therein has and feels a personal interest in their determination and performance.

Besides the nursing procedures, the instructor of nursing grades the student on personality, kindness, adaptability, neatness, power of observation, ethics, and development, guiding and helping her to overcome any outstanding deficiencies.

Report cards of unsatisfactory work are sent by the instructors and supervisors to the office of the dean at the close of the second and fourth weeks of the quarter; of those whose grade is D (barely passing), or F (failure), the cause of the unsatisfactory work being given, together with suggestions as to a remedy.

When the student is doing full time duty in the hospital, the supervisor and head nurse together with an assistant to the dean, grade the student. The grades are expressed by letters: A, B, C, D (barely passing) and F (failure—nursing practice to be repeated).

These efficiency cards are filed in the office within three days after the student has completed her assignment to the department. The student is kept informed as to her progress in the school.

In a brief summary, may we emphasize some of the important points presented.

In the teaching of medical nursing, the student requires a good scientific foundation.

She should possess enthusiasm, interest, and be imbued with the ideals of the profession.

After the subject matter has been clearly and carefully presented, whenever possible, it should be followed quickly by the student demonstrating to the instructor and repeating, until deftness and skill have been acquired with actual patients on actual wards.

The student should be keenly alert to keep her progress in medical nursing at its height throughout her training.

These possessions should build for the student a strong foundation upon which to depend for further development in her nursing course, for after all, is not medical nursing the foundation for all of the other branches of nursing?

Finally, I wish to emphasize that the unusual facilities available for the teaching which I have described, are in a great city hospital, the focus of a great many of the social and public health problems of the third largest city in the world. A hospital whose social service department is administered by the school of nursing organization makes it possible for the student nurse from the very beginning of her course to come into close contact with the community conditions which brought about the illness. Not only are the
methods of community control in each disease by health authorities taught her at each step in her course, but the various out-patient clinics, the heart clinic especially in connection with medical nursing, which are held in connection with each service are utilized as far as possible to these ends.

Meeting adjourned.

Open Session Conducted by the Education Committee Friday, May 21, 10:30 a. m.

Isabel M. Stewart, chairman of the Education Committee, presided.

PRINCIPLES OF CURRICULUM CONSTRUCTION AND ADJUSTMENT

By W. W. Charters, Ph. D.

University of Chicago, Chicago, Ill.

I am deeply interested in the problem of curriculum construction for all the professions. The latest study, which we have just now completed, is a curriculum for colleges of pharmacy. This has occupied us for three years; and now that it is finished, it is the first of the major curriculum studies made for the larger vocations. In addition to this study, we are working at the present time on a curriculum for librarians for the American Library Association and the Carnegie Foundation as well as on an analysis of the traits and duties of teachers. The latter study will be used as a basis for curricula for teachers’ colleges.

The interesting fact in connection with these studies is this. The same technique is used in all of them, and a similar technique will hold equally well in a study of the nursing profession.

Just what to say to you this morning has been a problem, because the techniques are highly detailed and technical. Yet there are a number of general methods of procedure which will, I believe, be of interest to lay people who wish to see the directions which such a study will take rather than to observe the details of the route by which the journey is accomplished. This morning, therefore, in the time at my disposal I shall discuss two topics rather briefly. The first of these is the criteria or standards by which a good curriculum may be judged, and the second is a rough sketch of what has been done in one of the studies upon which we are working.

Before taking up these points, however, I should like to elaborate slightly upon the term, “the new curriculum technique.” There are two methods of building curricula. When we use the first method we begin with the fundamental subjects that are needed in order that one may be a successful
follower of a vocation. When these have been determined, the next step is to make applications of the material found in these subjects to the actual vocation. For instance, in using such a method, we would first decide that such courses as physiology and dietetics are needed by nurses and would then seek to make applications of the facts and principles of these subjects to the techniques of the profession. The applications can be made either by the student or in practical courses such as bedside treatment and institutional practice.

This procedure presents one serious difficulty. We cannot tell from a study of physiology and dietetics just what parts of these subjects the nurse will need. This difficulty is the source of the criticism that nurses sometimes study topics in physiology that are of no particular use to them in their vocation. Nor is this difficulty removed by the reassurance of the professor that such material is useful for mental training and development and constitutes facts that one should know about physiology irrespective of their usefulness. In short, the facts and principles of the fundamental subjects on the one hand are not always practical, and on the other hand frequently do not cover all the difficulties that the nurse encounters under actual working conditions.

The movement that we call the new method of curriculum construction starts from the other end of the teaching process. It assumes that in establishing a curriculum for nurses the first thing is to secure a picture of the nurse on the job by finding out all the things that she does, all the problems that she faces in doing these things, and the traits of personality and character that are necessary for the successful carrying on of these activities. When these have been determined, the next step is to describe the methods of performing the most important and difficult of these activities. The third and final step is to collect that information within the fundamental subjects which is necessary to explain why the nurse performs the activities in the way that she does. The process is extremely simple. First, we find out what nurses have to do; second, we tell them how to do it; and third, we explain why they should do it in that way.

This procedure has the advantage of enabling us to determine just what information, skills, and traits it is necessary to teach a nurse while she is in training. No longer is it necessary to depend solely on the judgment of the professor concerning what shall be included in the courses. This method has the further advantage of giving the courses a practical turn in that we can give our word of honor to the student that nothing she is studying will be useless to her as a nurse and that all of the most important things she will have to do will be covered in the course up to the limit of the time which is available.

The statement that I have made over-simplifies the task somewhat, yet
it is essentially correct. To carry out the procedure completely requires attention to an endless mass of detail. It has taken us three years, for instance, to find out what the pharmacist does and what he needs to know; and we have not performed a completely polished operation.

This introduction having been completed, may I now tell you what it seems to me are the fundamental criteria or standards for a good curriculum for nurses? I have formulated six of these.

In the first place, a curriculum for nurses should contain what we call a cultural content. By this term I imply that a nurse is first of all a woman. She has obligations to perform outside of her profession; she has a life of her own to live within and outside the vocation; and this life is probably as important for her well-being and for the well-being of society as is the vocation itself. Schools for nurses do not train nurses; they train women who are to follow the profession of nursing. Consequently, it is perfectly clear to me that some attention must be paid in a course to those things which will enable her to live a happy life as an individual apart from and in contact with her vocation.

When we turn from the extra-vocational portion of the curriculum, which I do not have time to elaborate further, we find, in the second place, that this curriculum must be practical. It must contain nothing that the nurse does not need, and must include everything that she does need.

In the third place, the curriculum must provide for training in personality. You will all agree with me that it is just as important for a nurse to have a fine personality as to be mistress of a skillful and scholarly technique. I venture to say that most of those nurses who are graduated from a good nursing school and fail in the practice of their profession do not miss the road to success because of lack of technical skill or information so much as because of defects in personality. The cause lies in lack of industry, or of sympathy, or of firmness in discipline. On the other hand, the outstanding successes in the profession cannot be accounted for solely on the grounds of their polished technical skill. To this there is always added certain fine traits of personality which appeal not only to the craft but particularly to the people whom they serve. In the school for nurses it is just as important to teach the young woman how to be sympathetic, industrious, and cooperative as it is to teach her how to bandage a wound or read a thermometer.

In the fourth place, a curriculum for nurses must provide for a sufficient amount of practice. It is one thing to possess information about how to perform the duties of the craft and about the reasons for their performance; it is quite another thing to be able actually to put this information into practice. In such a case there are two alternatives. One is to give the nurse the information and let her make her own applications; and the other is to provide plenty of practice in hospitals and elsewhere so that she may make her applications under direction.
In passing, it may be said that in many training courses for nurses the amount of practice is not too little. Up to a certain point practice is educational. Beyond that point it becomes a mere matter of routine. The problem in some vocations is to increase the amount of practice to the optimum point; but in training schools for nurses the difficulty lies in reducing the amount of practice to the optimum point.

In the fifth place, an efficient curriculum should include the fundamental subjects up to the point demanded by the needs of the profession. May I emphasize two points? First, the course for nurses should include the fundamental subjects because in addition to knowing how to perform the techniques of her craft, the nurse also needs to understand why she performs them in the way that she does. On the other hand, these fundamental subjects should not be studied beyond the point demanded by the needs of the profession. It is easily possible to give a nurse much more technical information than she needs in order to perform her duties properly.

For instance, in our study of pharmacy we have found that we do not need to give pharmacists as much information concerning diseases as must be given to doctors during their period of training. We were constantly faced by the question, How much does a pharmacist need to know about this point in order to perform his duties efficiently? When we secured an answer to this question, we did not proceed beyond that point; and we found that we could omit many items that would be useful in other vocations. Similarly, in constructing any curriculum for nurses we have constantly to raise the question, How far into the fundamental subjects does the nurse need to study in order to perform this specific duty with sufficient intelligence? Generally speaking, the point to which she should go is that demanded by the duties of the profession, but only to that point.

Shall we deprive the nurse of all the additional information that might be given? My answer to that is negative. We ought not to keep her from securing information that goes beyond the practical needs of the profession; but in deciding whether or not she should be given such information, we ought to consider these additional items as belonging to the cultural content of the curriculum and reach our decision by placing them under the rules for determining the content of cultural information.

In the sixth place, and finally, this curriculum should be adequately organized and adapted to the learning needs and abilities of the student. This, of course, is to be taken for granted. It is obvious that after the raw material of which I have been speaking has been collected, organization is necessary. The ways of organizing it will vary. If the students are college graduates, they will be taught upon one level; while if they are only grammar school graduates, they will, accordingly, have to be taught upon another level.
Having presented these six criteria by which a curriculum is to be judged, I shall now proceed to discuss briefly the techniques we are using in carrying on the teacher-training curriculum project. In describing this I shall bear in mind the fact that my audience is not technically trained in the field of curriculum construction, and I shall therefore limit my discussion to the broad general methods that were used. Subsequently, I shall point out parallel methods that might be used by the nurses in the study which they are now undertaking.

We began the study of the activities of teachers last July by collecting from 6000 experienced teachers in attendance at summer schools a statement of the duties that they performed. These summer schools were scattered over practically all the states of the Union. On the average each teacher tabulated 40 duties with the final result that, disregarding duplicates, we had for examination 250,000 statements of duties. We also collected and examined a number of analyses of teachers' duties made by research students, and we gathered together all the literature which described in detail the duties of teachers.

Each of the duties was placed on a card, and when we had tabulated 12,000 duties, we temporarily ceased tabulation and began to classify. After extended study we classified the material under nine headings. The classes seemed to run naturally as follows:

I. Activities involving contacts with pupils in classrooms and in connection with specific fields of subject matter. For example:
   a. Explaining and illustrating rules of punctuation.
   b. Giving tests in arithmetic.

II. General activities involved in the teaching of unspecific subject matter. For example:
   a. Planning the lesson to be taught.
   b. Testing accomplishment of it and of a given unit of work.

III. Activities involving school and classroom management. For example:
   a. Dismissing the class at the close of the period.
   b. Establishing a cooperative spirit on the part of the class.
   c. Advising pupils concerning the election of courses.

IV. Activities involving direction of pupils' extra-curricular activities but exclusive of activities of school management. For example:
   a. Directing dramatic productions.
   b. Visiting pupils at their homes.

V. Activities involving contacts with other teachers and school officials. For example:
   a. Talking to the janitor about the arrangement of furniture.
   b. Conferring with other teachers upon the preparation of courses of study.
   c. Advising principal with regard to matters of school organization.

VI. Activities involving contacts with members of the school community. For example:
   a. Writing notes to parents about absent pupils.
   b. Taking part in parent-teacher associations.
VII. Activities performed in connection with teachers' professional advancement.
   
   For example:
   a. Attending teachers' conventions.
   b. Attending summer school.
   c. Buying books.

VIII. Activities in connection with records and reports. For example:
   a. Tabulating pupils' marks.
   b. Sending records to the office.

IX. Activities in connection with supplies and equipment.
   a. Arranging furniture in the room.
   b. Setting up apparatus.
   c. Supervising building and grounds.

This list is at present subject to revision and will undoubtedly be modified in detail. In making the analysis each section was assigned to a worker, and each worker selected the activities which seemed to belong to his division. When this process of selecting the cards was nearing completion, I was in a state of nervous excitement to see what was left after each person had pulled all the cards that seemed to belong to him. I was concerned to see how many cards were left, because if there were large numbers, it would be apparent that our classification was not satisfactory. Fortunately, however, when the zero hour arrived, we discovered that not many remained, and that those which did remain had been left through oversight or could be easily placed in the nine divisions already made. We felt therefore that our classification was satisfactory.

When the cards had been classified under the main divisions, sub-classification occurred; and we finally arrived at a point where in Division IV, for instance, entitled "Activities involving direction of pupils' extra-curricular activities, but exclusive of activities of school management," there were eighteen sections such as "Contacts with pupils in their homes," "Contacts with pupils in the community," etc. The sections were then divided into sub-sections. For example, in making contacts with pupils in their homes, we discovered eleven sub-sections, such as "Making social visits," "Looking after absentees," "Assisting at times of illness and death," etc. We did not carry the classification beyond this point because we felt that the sub-sections represented what we call working units. The activities under the sub-sections were thrown into the form of paragraphs. For instance, in the sub-section, "Assisting at times of illness and death," we threw into paragraph form the following activities: taking a tray to sick pupils if convenient; helping a boy not well enough to go to school; visiting pupils in cases of sickness or death in the family; visiting sick pupils in the home; visiting sick children. Parenthetically, it may be said that these activities are recorded in the terminology of the teachers and investigators from whose reports the activities were drawn.
An examination of our total list in the last five divisions shows that up to
the present time about fifteen hundred sub-sections are represented, that
is, fifteen hundred types of duties that different teachers perform.

After we had reached this point with the 12,000 duties on which we were
working, the workers went to the literature and added all the new sub-sec-
tions and activities that they could find. Then we sent out 1000 sets of
blanks to 2000 teachers now in service with the request that they add any
duties not already included in the lists. After our assistants had checked
these lists, they began to read additional blanks secured from the teachers
in attendance at summer schools, but which had not been tabulated up to
date. These were sampled and divided into groups of fifty, and reading
was continued until the point was reached where no new sub-sections
appeared.

Finally, during the coming summer session we shall mimeograph these
lists and send them out again to teachers attending summer sessions for the
purpose of having them add other items which we may possibly have failed
to secure.

In conclusion let me briefly make an application of this technique to the
problem which confronts the nursing profession. I would suggest that a
similar list be prepared for nurses. Then when this list had been secured,
we should have a master list of duties for all types of nurses. If I wished at
that point to make a curriculum for institutional nurses, I would ask nurses
in institutions to check off those duties which they perform. From this I
would secure on the basis of frequency a picture of the common duties of
nurses in that branch of the profession. Then I should want to consider
which were the most difficult to perform so that in selecting the duties to be
taught in school in a limited time, I should be able to choose those that were
most frequent and most difficult. In addition to that, I should want to
find which could be learned on the job better than in school; and these I
should omit from the list of frequent and difficult. Finally I should want to
determine which duties were most crucial in the profession, where by “cruc-
ial duties” I refer to those which, though possibly neither frequent nor
difficult to perform, would produce disastrous results if they were not per-
formed properly.

When this selection is completed, each one of these topics should be
included in the curriculum. They should probably be treated in this way.
Let me illustrate by taking such a duty as the nurse’s first duty mentioned
in Miss Stewart’s list which I have in my hand. It reads as follows: “One
of the nurse’s duties is to secure the best possible environment for the
patient.” The first question I should ask in connection with this duty is,
What are its objectives—what is its purpose? The answer might be this
(and this is my contribution, not Miss Stewart’s), “To avoid reinfection
and to secure the proper mental attitude on the part of the patient." Next, I should want to discover what the standards are for "the best possible environment for the patient." Miss Stewart says it should be comfortable, sanitary, quiet, and attractive. Then I should be inclined to ask what the difficulties are in the way of securing these standards. The bedside nurse goes out to a home, and when she wants to secure this best possible environment according to the standards mentioned, she encounters certain difficulties such as poverty, untidiness, and so forth. After determining these difficulties I should then ask what the best methods are for overcoming them. A statement of these methods would constitute the content of the course under that topic. Finally, in connection with each of these methods I should ask the question, Why are these methods used; and this would lead us back to those parts of the fundamental subjects which a nurse should know.

This will give us the raw material for the nursing curriculum. The technique is to secure the objectives, the standards of best practice, the difficulties, the methods of handling the difficulties, and the reasons for using these methods.

When this point has been reached, all that it is necessary to do is to arrange the raw material into teaching units while paying close attention to the abilities of the students.

It therefore seems to me to be essential that in the building of the curriculum we should keep constantly in mind the picture of an efficient nurse as she works on the job of bringing the weak back to health. In this new type of curriculum-building we must never get away from that picture. Our duty is to provide the information and assistance necessary for the nurse to perform her duties effectively; and at the same time we must be careful not to add more material than is necessary for her to carry on her duties effectively.

VALUE OF THE CURRICULUM FROM THE STANDPOINT OF THE NURSE EXAMINING COMMITTEE

By Caroline V. McKee, R. N.

Chief Examiner, Nurses' Examining Board, Ohio

The Standard Curriculum, a well known outline of study for schools of nursing, having been introduced after conference with a large number of interested members of the nursing profession, has served as a criterion for the last decade. This arrangement of subject matter was based upon what had gone on before, condemning the poor, commending the good, and suggesting better systems of education for nurse students.
The need for a richer curriculum parallels conditions in the commercial world, where created demands for certain kinds of workers are always met. It is a well known fact that typewriting, bookkeeping, and stenography were added to the high school course in response to the needs of commerce. Agriculture, Home Economics and technical courses were adopted in response to the industrial world. Likewise, a richer, broader curriculum is increasingly needed to prepare the nurse for the many fields demanding her services. The greater the variety of institutions the greater the divergence of opinion, as to what the pupil nurse must be taught to make her efficient after graduation. Many school administrators will tell you, in good faith, that there are no better nurses in the whole country than their own graduates. However, there are those institutions that care for a maximum number of patients with a maximum amount of service and teaching. Then there are others that care for a maximum number of patients with a minimum amount of service and teaching. In one hospital there is an abundance of clinical material, and in the other the variety of diseases is limited to one or two branches. In the latter hospital the nurse is trained as a specialist, and unless she has the advantage of a wider course through affiliation with an institution that will give her the opportunity to study all types of disease conditions, she is not well taught and cannot properly be criticized for not wanting to assume the responsibility of nursing a patient of whose needs she knows nothing.

It is a curious fact that many who wish to conduct schools of nursing cannot immediately meet the demands made for building the practical and theoretical course, even though the tried outline has proven itself valuable by producing a more intelligent nurse. Or granting that effective nursing was the cause for adopting such an outline, yet all schools will not seek with the same intensity of purpose to enrich the outline which made the nursing course popular during recent years. This attitude reminds one of the statement made by a well known paragrapher,* "that some folks who used to get off a street car backwards are now trying to get into small parking places frontwards." The better schools will want to adopt the set standard at once, others will finally step up hoping that somehow good will be the final goal of seeming ill. However, there are many willing listeners to one who can prove the fallacies of the earlier educational system and by so doing can mold the subsequent policies of the school authorities so that they will accept the new mode of instruction. Even though the ideas are not carried out to the letter, enough modifications of the earlier methods are made to justify the efforts of the reformer.

Imitation leads one institution to follow the example of a similar institution in the same community. There is less divergence in the practices of

* Ohio State Journal.
schools of nursing since the curriculum of 1917 has been available. The growth has been slow and influenced by many elements. The forced plant is usually a weakling and especially is this true when it is contrasted with one that has been allowed to develop naturally. Likewise the most desirable structure, whether it is a temple built with hands or an organization bound together by laws, will not live unless there is a desire in the hearts of those who built the temple, or an individual willingness within the organization to use the structure after it is completed. This is particularly true in adopting the Standard Curriculum for a state wide program as a minimum for every school. If it is the desired goal it must come by common consent.

**Dependent Forces Acting on the Curriculum**

Those who created the first curriculum were confident of the results that it would accomplish. Given the outline, the principals of these schools started to put it into force. This movement was launched without a ready supply of teachers. A few came from somewhere and are carrying on while others are being prepared. Following the advent of the teacher into the schools of nursing came the need for workable environment, workrooms suitable for effective instruction in nursing procedures and science teaching. This stimulated effort which savored of a better school, interested the medical lecturers, and as a result their unimportant appointments became important and regular. Thus the student is benefited by a schedule carried out in the classroom under improved conditions and with greater regularity.

Probably the last force acting in response to the appeal of the Standard Curriculum is the influence it has in attracting more students to the profession. At the same time these young women are entering the profession, the pessimist begins to warn us about the “over trained nurse,” while the optimist accepts this influx as a remedy for the “shortage in nurses,” a cry that has recently swept our land. In the mind of the first the veil of tradition still clings but in the mind of the latter all possibilities are honored in so far as there is hope for the individual who is cast in the newmold. The nurse examining committee belongs to the latter group inasmuch as they must certainly notice a great difference in the answers given to the questions asked during the examination.

**The Revised Curriculum**

Now that the schools have made a concerted effort to adopt the original curriculum, and practically nearly all of the nurses now graduating have shared in its useful information, we are looking to these women to prove the value of its teaching. The question remains, can the revised curriculum be adopted without trained instructors? It is one thing to go through a
state on the quest of introducing better methods and elaborate schedules, but it is a different thing to find the proper people to do the work. Teachers just cannot be found in sufficient numbers. There was a time when there were those who were willing to make a feeble attempt at teaching but now the order changeth. The willingness to teach must be backed by special preparation.

Granting that the original outlined course of study has been of infinite value to those who administrate, to those who teach, to those who execute the registration laws of the state, and to the graduate nurse in her work, therefore, we are looking forward to the revised outline of 1926 to further stimulate the schools of nursing to assume the responsibility of introducing sound instruction into their classroom and bedside procedures. Huxley says “The subjects of knowledge are divisible into two groups, matters of science and matters of art, and the business of education, in the first place is to provide the young with means and habit of observation and secondly, to supply the subject matter of knowledge either in the shape of science or art or both combined.” Nursing is a combination of art and science. The revised curriculum brings us nearer both. Its advantages will be to stimulate exact learning and abandon erratic tendencies in teaching. The untrained teacher will be lost by the wayside. Dare we hope or pray that it will be the means of stabilizing the staff of the hospitals. With every change in the administrative personnel comes a reaction in the school curriculum which may be “for better or for worse.” Would it be preposterous to suggest that the principals adopt a five year period of service for one institution. At any rate there is need for help along this troubled highway. When the head of a school serves less than five years she has no chance to prove her worth as an administrator.

The value of the curriculum from the standpoint of the nurse examining committee cannot readily be estimated, but an accurate perception of its true worth brings no foreboding. It is impossible to separate the purpose of the school of nursing from the aims of the nurse committee. They are akin in trying to furnish the community, state, and country with a worker who knows safe nursing procedures. The public have very little concern except in so far as individual service is extended to them nor have we any reason to demand otherwise.

Quoting from Miss Isabel M. F. Stewart, The American Journal of Nursing, March, 1925.

In the first place the standard curriculum is not a model nor is it a minimum curriculum, such as the various states require as a basis for registration. It has been agreed upon as a reasonable working standard for the higher grade of American schools. It is not expected nor intended that the schools should follow it slavishly. It is hoped that they will use it as a guide pulling themselves up to its best recommendations and adapt it to meet their own needs and conditions.
It is easier to adapt ourselves to the world around us than to change it; to do what we can with the tools we have than to force circumstances to give us what we choose. However, much we may wish to climb, one thing is sure—we must begin where we are. As to statutory requirements, no outline of study is included but subjects for examination are usually named. The minimum time to be spent in theory and practice is written into the majority of nurse laws. This may be either two or three years but the outline of study during the years that the pupil nurse spends in an accredited school of nursing is left to the nurse examining committee, who in turn use the Standard Curriculum entire or break it up to meet the needs of existing conditions.

**HOW TO ADAPT THE STANDARD CURRICULUM TO MEET THE NEEDS OF THE SMALL HOSPITAL SCHOOL OF NURSING**

By Helen D. Oehlschlaeger, R. N.

*Superintendent of Nurses, Englewood Hospital, Englewood, N. J.*

“A curriculum is the raw material of knowledge, refined or converted into a form usable for educational purposes.” While there will be a great deal in common in the raw material required for the education of nurses in all schools, each individual school will have certain variations. To make a curriculum for any one school it is necessary to consider what is desired to be accomplished, the kind of student material, the facilities at one’s disposal, and the conditions and needs of the community in which the school is situated.

Practically all schools at the present time have insufficient funds to finance a system of education which would meet all the needs of the community. The smaller school suffers from these restrictions possibly more than the larger, but it can do much toward bringing about good results by using the facilities at hand and by thoughtful adaptation. The program of class and laboratory work, practical work in the wards, study and recreation, as outlined in the proposed revision of the Standard Curriculum, may appear to the small school as entirely impossible, but we are assured that it is not the intention to have any school adopt the schedule in its entirety. We must therefore see what the small school can do toward working out a curriculum which will follow its general principles.

Our hospital is a general hospital serving a community of about 50,000 population, including 22 towns. It is far enough removed from the large cities to take on a personal atmosphere, and consequently, demands of this nature are felt and much individual service is expected. Up until the
present time it has come under the heading of the small hospital having had 100 beds. We have recently increased our capacity to 175 beds, and according to the usual trend of hospitals all over the country, are rapidly filling up these beds, and are going through the resultant period of reorganization and transition. This, of course, has temporarily altered our general scheme of education for the student nurse, both the theoretical and the practical, and necessitates planning a new outline of study and experience. In evolving our curriculum for the larger school, we have found the new curriculum an incentive and an inspiration.

A Nursing School Committee, composed of several members of the Board of Governors, two members of the Board of Education, members of the Medical Board, the Alumnae Association and representative community workers, directs the policies of the school. This committee is greatly in sympathy with any means for improving the instruction given the students.

Our course is three years, with three weeks' vacation each year. Two classes are admitted during the year. At present there are 51 students, of whom the great majority are high school graduates. The students are on eight hour duty. (At the present writing, we have been obliged to have a twelve hour night in adapting ourselves to the larger hospital. This we hope to discontinue in a few months. The student nurses who have the heavy class program are relieved for two hours.)

The school maintains two full time instructors, engages special lecturers for special subjects, such as massage, psychology and psychiatry. The supervisors in charge of pediatric, obstetrical and operating room departments give classes in their respective subjects; the superintendent of nurses holds some classes, and excellent lectures are given by staff physicians and internes. We have found that the internes are a very valuable addition to our lecture staff, often holding excellent clinics on the wards. We are planning and hoping to have a teaching supervisor with the beginning of the fall term.

Our first term of the first year is four months, covering sixteen weeks. The course covers substantially the material outlined in the new curriculum. We give more time to practical nursing than is suggested, a total of one hundred and sixty hours, including hospital housekeeping. The anatomy and physiology course is only seventy-two hours, but twenty hours are given in the first term of the second year. Thirty hours are given to drugs and solutions, and in the second term fifteen to materia medica, just the reverse of the outline. There is a total of three hundred and eighty-two hours of class, twenty-four hours a week of class and laboratory work, ten hours of study (supervised) and twenty-two hours on the wards, allowing twenty-eight hours a week for recreation. Some study will necessarily be done outside of this schedule. However, our students do not seem to suffer from an overworked program. The course for the term is as follows:
**First Year**

**First Term—4 months—16 weeks**

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and physiology</td>
<td>72</td>
</tr>
<tr>
<td>Bacteriology</td>
<td>30</td>
</tr>
<tr>
<td>Chemistry</td>
<td>60</td>
</tr>
<tr>
<td>Hygiene</td>
<td>15</td>
</tr>
<tr>
<td>Drugs and solutions</td>
<td>30</td>
</tr>
<tr>
<td>History of nursing</td>
<td>15</td>
</tr>
<tr>
<td>Nursing Principles and Methods</td>
<td>160</td>
</tr>
</tbody>
</table>

Total: 382 hours

- Class and laboratory: 24 hours
- Supervised study: 10 hours
- Practice in wards: 22 hours
- Recreation and study: 28 hours

We are more apt to expect too much in the second term of the first year, and we are planning this more nearly along the lines suggested in the new curriculum. We give one hundred and seventy-six hours of class, six to eight hours a week; the students are on ward service fifty hours a week and have twenty-six to twenty-eight hours for recreation and study. In this term we hope next year to give at least ten hours to study periods, shortening the periods on the wards, and believe it will work out satisfactorily. We figure this term five months and in that way are able to work in all of the subjects. When there are more than six hours of class a week, the class hour is taken out of the ward practice time. It is this group, some of whom are invariably found on night duty at the end of the term, who have been rather overtaxed with the twelve hour night, but they have been given two hours off duty for rest. The schedule is as follows:

**First Year**

**Second Term—6 months—22 weeks—110 days**

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
<th>Proposed schedule for fall term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathology</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Dietetics and diet in disease</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>Massage</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Bandaging</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Ethics</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Materia medica</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Medical nursing</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Surgical nursing</td>
<td>30</td>
<td>0*</td>
</tr>
</tbody>
</table>

Total: 176 hours

* Surgical nursing next term.
Class and laboratory.............................................. 6 to 8 Hours
Practice in wards............................................. 50
Recreation and study.......................................... 26 to 28

In the second year the schedule is as follows:

Second Year—30 weeks

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
<th>Proposed schedule for full term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicable diseases</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Anatomy and physiology</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Skin and venereal</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Gynecology</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Operating room technic</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Sanitation</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

Total: 120 Hours

Case study.................................................. 15
Surgical nursing.......................................... 30
Total: 170

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
<th>Proposed schedule for full term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class and laboratory</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Practice in wards</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>Recreation and study</td>
<td>28</td>
<td>27</td>
</tr>
</tbody>
</table>

We have made some attempt at case study. We hope to do more along this line when we find it possible to have a teaching supervisor, who, we believe, will be the most valued person in the education of the nurse, because she will tie up the class work with the actual situation on the ward.

In all cases, we are endeavoring to follow the system of points or credits for a fifteen hour course and are trying to put all of our ten to twelve hour courses on a fifteen hour basis, and the twenty hour courses on a thirty hour basis, with the corresponding high school or college credits.

The third year schedule is as follows:

Third Year—30 weeks

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
<th>Proposed schedule for full term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrical nursing</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Psychology and psychiatry</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Eye, ear, nose and throat</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Emergency and first aid</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Survey of field and problems</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Public health nursing including T. B. and S.</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Oral hygiene, X-ray and special lectures</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Total: 95 Hours

Total: 125
In order to carry on the class work required in our program, the students are aided by "ward helpers." These young women, sixteen to seventeen years of age, who work three hours in the afternoon, except Saturdays and Sundays, relieve the student of much routine work and are present on the floors, always with supervision, during the usual class hours. They were easy to secure, and it may be interesting to know that more applicants than can be accepted have been the result of one advertisement in the local paper. These helpers are frequently second and third year high school students and are potential applicants for the future classes. We have already had two enter after this contact with the hospital. During summer vacations we use these helpers on an eight hour schedule.

The high school in the community has come to our aid in allowing free use of the chemistry, biology and dietetics laboratories. The hospital furnishes supplies for all laboratory work and pays for breakage. Chemistry has been taught by one of the high school teachers, with pay, who arranges the course of instruction to suit the student nurses' needs and uses the texts related to nursing. Dietetics has been taught by our dietitian. We consider our course improved by combining dietetics and diet in disease and having them taught in the second term of the first year. Laboratories are in process of construction and will be in use for the fall term.

It has not been possible up to this time to arrange satisfactory affiliations for communicable diseases. However, we lay a good deal of emphasis on the lecture course and send students to a nearby hospital for observation, where explanation of service and of methods of procedure is carefully given. This we feel helps in a very small measure to supplement the lack of experience. Neither have we been able to offer experience in mental nursing, but we are aiming toward these important introductions to our clinical experience.

The obstetrical service is unusually heavy and the experience in this department is very apt to extend over a much longer period than is desirable. One graduate nurse has been secured for floor duty at night in order to help eliminate this difficulty. This is a beginning—to release the students from too long an experience on this service.

The students are extremely fortunate in having close at hand a well conducted out-patient and public health nursing department, which is run by the hospital. This is a rapidly growing part of the institution and makes the hospital the true health centre of the community. The students have two months' experience, with supervision, in bedside nursing and some clinic work. This gives them the experience in the social and preventive side of
nursing which we try to emphasize throughout their course. Also each student in the first term of the first year is sent out with one of the graduates for one or more visits to the homes in the district.

Physical training has not been provided for in any organized course. Recreation is encouraged and tennis courts, open-air swimming pool and skating pond, directly opposite the Nurses' Home, are at the disposal of the students and much enjoyed. The home life is attractive; at present each person has a separate room, with ample bathing facilities for all. Student self-government prevails, which permits of control of privileges in the home and on "off duty" time.

We do not hold ourselves up as a model school. We have much to attain, but over a period of five years much progress has been made and is slowly being made. It is a gradual growth and development, one that requires utmost diligence and patience in the face of obstacles. The new curriculum is a genuine inspiration for further improvement. With an ideal in mind, the attainment of which is never reached, because the ideal is constantly and forever changing, we are gradually building up a foundation on which those who are to follow after us may find a little firmer ground for building.

ADAPTATION OF THE STANDARD CURRICULUM TO MEET THE NEEDS OF A MENTAL HOSPITAL

By Anna K. McGibbon, R. N.

Superintendent of Nurses, Butler Hospital, Providence, R. I.

In a school of nursing connected with a mental hospital, two or three types of nursing courses may be given: first, a three year course which should embrace adequate affiliations for general nursing, the aim of such course being to equip the student with a comprehensive course in general nursing and a sound and liberal education and experience in the care of nervous and mental diseases; second, an affiliated course extended to student nurses in general hospital schools, in which should be included a theoretical course carefully planned to meet the student's needs with ward experience closely correlated; third, a course for graduate nurses, the theoretical content of which may be identical with that of the affiliated course with additional clinics and conferences and more adequate opportunity for ward experience.

In considering an adaptation of the Standard Curriculum to meet the needs of a nursing school connected with a mental hospital, we are concerned first with making an adaptation for the three year course that will insure the inclusion of subjects that relate to the nursing of nervous and mental diseases in the program of the first year, restricting as far as possible
the teaching of nursing relative to other forms of disease to the affiliating schools to which the students are sent; also, we are engaged in a rearrangement of practical experience necessitated by the fact that the entire first year, and sometimes the first few months of the second year, are spent in the home school.

It is suggested that in the preliminary period of four months, there be included the recommended basic sciences: nursing theory and practice, history and ethics of nursing, elements of psychology and mental nursing and occupational therapy, followed in the second term by pathology, dietetics, materia medica, advanced nursing procedures, mental nursing, massage, hydrotherapy, psychiatry, including lectures, clinics, conferences and case studies. This seems to be an overloaded program, and if to it is added adequate time for study and recreation, the student's practical experience on the ward will be much curtailed. In a school where the presence of affiliating students necessitates a continuous repetition through the fifty-two weeks of the year of psychiatry and allied subjects, an adjustment along the following lines might be effected; dietetics, materia medica, pathology, massage, advanced nursing, mental nursing and psychiatry lectures in the second term, then after vacation and a brief cessation from study the student at almost any time could begin clinics, conferences and special lectures, together with hydrotherapy. This arrangement has an advantage from the student's standpoint, in that she has an opportunity to apply and adapt with greater thoroughness to these clinics and conferences, knowledge which she has acquired from previous lecture courses and classes; also, she would have more time for reference reading and case studies.

The teaching of sciences and simple nursing procedures in a mental hospital school does not present any unusual difficulties, unless, perhaps, in the teaching of dietetics, as it is sometimes difficult to secure for the students adequate experience in the preparation of special diets. If the cooperation of the medical staff is forthcoming, this can be overcome to a certain extent, and if in connection with affiliation for general hospital nursing there can be secured a brief course strictly confined to diet in disease, it will prove to be unquestioned value.

Early in the second year the student begins her affiliated services: medical and surgical nursing followed by children's nursing, operating room, obstetrical and communicable disease nursing. These affiliations could well occupy fifteen months, then could follow either public health nursing or psychiatric social service for a two or three months' course; these, with a second vacation period, bring the student well on towards the completion of her third year. During the remainder of her course in the parent school could be included lectures and discussions of professional problems, opportunities in the field of nursing, possibly some experience in hospital administration.
It is imperative that the parent school acquaint itself thoroughly with the content of practical and theoretical courses extended to its students in affiliated schools, and exact and detailed reports concerning each student should be submitted to the parent school. If affiliation can be secured with schools within easy access of the parent school, the opportunities for closer relationship are fostered.

If all affiliated courses are obtained in sequence in one general hospital school, the problem of adjusting the schedule from the standpoint of time away from the parent school is simple; but, if these affiliated services are obtained in different schools, the student frequently has to return to the parent school for a few weeks between affiliations. During this time the student could be given, in addition to ward experience, clinics, conferences and case studies in the field of psychiatric nursing. It may be said in passing that there is an advantage in having separate affiliations for special types of nursing; that is, obstetrics, communicable diseases, in that there is more certainty of correlation of theory and ward experience.

In connection with affiliated courses extended to students from general hospital schools, further adaptation of the curriculum is necessitated; the thirty hour course in psychiatric nursing should be enlarged and adjusted to provide a fuller program. The theoretical content could embrace medical psychology, psychiatry (including lectures, clinics, conferences, case study assignments) mental nursing, hydrotherapy and occupational therapy. A total of eighty hours of such instruction is not too much, more would be valuable. Students may come from the general hospital school without having had any instruction in psychology. To meet this situation a brief and elementary course in psychology may have to be introduced.

In order that the student may realize the greatest value from her practical experience on the wards, it is essential that her services be so planned that she will observe and care for as great a variety of nervous and mental diseases as possible, and she should be under the direction of head nurses and supervisors who have had preparation for this special work and who have some ability for teaching.

The course in psychiatry should include, as before stated, not only lectures, but clinics and conferences where ample opportunity for observation and discussion of symptoms is afforded the student. Case histories of all patients should be on the wards and accessible to all students as well as reports of laboratory findings. Definite assignments for written reports on special patients are valuable. Such an assignment might read:

Study Miss Blank and report symptoms both physical and mental. What in your opinion was her normal personality? Describe her mood changes. Has she delusions, if so, are they systematized? Reason for your answer. Discuss the etiology and outcome of these symptoms.
What preventive measures could have been instituted early in the patient's life?

Such assignments could differ for each student and a reasonable amount of time should be allowed for their completion. Data essential in furthering the intelligent writing of such an assignment should be readily available.

The aim of the course in medical psychology is to bring about a better understanding of the delinquent, the disobedient child, the bad pupil, the social charge, etc., with the preventive and social aspects of such conditions in mind, as well as measures to be adopted for better understanding of present condition and the direction of treatment and help.

In mental nursing the student should be taught to observe, differentiate and understand behavior, emotional and intellectual disorders; the importance of prompt recognition of these symptoms; the value of good habits of thinking and acting; methods of reeducation of patient.

Hydrotherapy should include instruction and practice in giving of packs, baths, jets, showers etc., occupational therapy, the making of simple handicraft, and its application and value to mentally abnormal people.

To sum up: The chief adaptation of the curriculum, both for the three year student and affiliated student in a mental hospital school of nursing, to my mind, lies in the adjustment made in this course in psychiatric nursing, the idea being to teach the student not only immediate care of abnormal mental states, but also the preventive measures relative to mental health; the principles of the preservation of mental health; wholesome reactions to life's experiences and relations, both for her patient and herself.

HOW TO ADAPT THE REVISED STANDARD CURRICULUM TO MEET THE NEEDS OF THE UNIVERSITY SCHOOL OF NURSING

By Anna D. Wolf, R. N.

Superintendent of Nurses, Albert Merrit Billings Hospital, Chicago, Illinois

The Revised Curriculum has been presented to us by the Education Committee of the League in such a way that its adaptation to various types of organization of nursing schools is suggested and possible. In its construction we find a scheme for its use as a two year and eight months as well as a three year course of study. With the consideration of each subject offered not only the total hours are indicated but also credit hours have been estimated.

The last mentioned factor immediately suggests its usefulness in adapting it to a university program of study. How can this be done in the most satisfactory way?
In attempting to answer this question, it is not my intention to work out a specific course of study in a hypothetical or real university situation nor to advocate a given period for a university course, but to bring before you certain factors and principles which play an important part in its adaptation. If anyone wishes such a detailed curriculum, it can be found in any one of the university bulletins which offer nursing as a professional course of study.

Before answering the first question we should have well in mind just what peculiar advantages a university school of nursing should offer. Such a curriculum leading to a bachelor's degree should broaden the cultural background of the student; should provide a sounder basis in fundamental sciences, emphasizing social sciences; should develop the scientific attitude of inquiry and open-mindedness; should allow individual choice of subjects, and in addition should permit participation in the social activities of the university.

However, the professional education as its chief aim should never be minimized nor neglected.

Again, how may the Revised Curriculum be adapted to the university school?

In contemplating its introduction, a careful study and analysis must be made of the university curriculum. One can say, generally speaking, each university or college has its own traditions and ideals. There are undoubtedly many factors common in each, but two definite requirements that are met universally and which bear important relation to our subject are matriculation and graduation requirements.

In regard to the first mentioned, the applicant should submit 15 units of credit secured either through graduation from an accredited high school or by examination. A unit may be described as a course of study comprising not less than 120-60 minute hours of prepared work. In addition students should meet grade and specific subject requirements.

Besides these, frequently intelligence tests, personal letters relative to interests and activities of students and references to those from whom may be secured assurances of moral character, are required. A physical examination is often made after entrance. The age for entrance is about eighteen years. These requirements embrace those recommended by the Revised Curriculum.

The second obligation which we must meet is that to secure a bachelor's degree, each student should present 120 college credits or an equivalent expressed in the credit system of the university, or in more general terms, four academic years of study which include fundamental required subjects usually in English, history, mathematics, language and science as well as the approved sequences chosen by the candidate.

To adapt the Revised Curriculum to the university scheme we can meet
the first requirement by a careful selection of candidates; this preferably
done through the central admissions bureau or committee. The student
then enters upon a parity with all other students of that particular class in
the university.

To construct the nursing curriculum, making it acceptable to university
authorities is, however, not so easily managed.

The required courses of the curriculum of the university may be included
in the general scheme. These vary with different universities and in all
cases must be satisfied. Frequently these, entirely or in part, are the basic
sciences suggested in the Standard Curriculum. Decision must be made as
to the advisability of arranging for specially constructed courses to meet
these further needs of the basic sciences of the Revised Curriculum or of in-
cluding courses then offered in the university. This last mentioned choice
would probably mean greater extension of that subject as well as assur-
ance that the grade and methods of teaching and the character of work were
of university standard. It may, however, lessen its application to nursing.

The special sciences such as pharmacology, pathology and the like, and
the clinical subjects as suggested in the Revised Curriculum should be the
minimum, enlarging if possible.

The crediting of a short course, valued at one point, may be questioned.
Careful analysis of university policies would anticipate this difficulty and in
adapting the Revised Curriculum, due consideration would have to be
taken.

It never seems so difficult to assure university authorities of the standard
character of didactic and laboratory courses, but it is a far different story
to convince them of the academic and professional worth of nursing practice,
whether that practice be in the hospital or in the field.

As it is such a necessary and vital part of our nursing curriculum, every
effort must be made to secure credit for it. But the strength of one's position
must be in direct proportion to the type of the supervision and teaching
given to the student during her nursing practice. The educational value
received must be equated fairly. Universities have real foundation for
questioning and disregarding its academic worth as it is sometimes given.
If the school of nursing is to take its place in the university, the nursing
practice must be carefully and systematically planned, proportionally al-
lotted and exceptionally well supervised.

We find eight hours of nursing practice generally suggested as an equiva-
 lent of two hours of laboratory in such a science as chemistry.

The service of the grading committee will help us tremendously in solving
some of these perplexing problems relative to the educational value of
nursing. We should look forward to a functional analysis of nursing from
which we would be able to secure scientific information as a basis for the
content of the curriculum and not be dependent upon opinions only.
If affiliation is necessary for any given part of the curriculum, that phase must be safeguarded by the same means as the teaching in the hospital of the university, the same standards maintained. The problems arising may be difficult to solve, but should be handled efficiently if the affiliated course is planned and supervised with the same degree of care as the remainder of the course.

Electives should be provided for; if in clinical subjects, sound theoretical courses should be allied. In a university school the choice of electives need not be confined to clinical subjects but may be extended to academic courses, thus broadening the cultural aspect of the curriculum.

The academic credit given for such a course based upon the Revised Curriculum will likely differ in each university.

With its adaptation to a given university curriculum, it is hoped that at least two years of college credit may be granted as a minimum.

In connection with this brief discussion of the adaptation of the Revised Curriculum to the university school, and with particular reference to nursing practice, one cannot fail to emphasize the importance and necessity of a carefully selected group of instructors and supervisors;—those, who are not only in sympathy with the value of such a course for college women, but who are equipped to assist with such teaching. It would be presuming at this time to enumerate possible qualifications universities might require. Suffice it to say that for a university school we must secure women academically and professionally qualified. This means not only the supervisors and instructors in the classroom but head nurses as well, all of whom share in the instruction of the student.

In summarizing, these points may be brought again to your attention: (1) the Revised Curriculum may be used as a minimum basis for the curriculum of a university school of nursing; (2) the course of study may have to be rearranged to meet the university curriculum organization; (3) the Revised Curriculum may be enriched by liberal courses and by lengthening the scientific and clinical courses suggested. This is largely dependent upon the length of the curriculum to be established and the university's educational policy; (4) every effort must be made fairly to evaluate the nursing practice of the student; to ensure careful clinical teaching and supervision. A serious danger is presented if this is not effected; (5) a careful selection of personnel must be made according to academic and professional fitness. The instructors should be comparable in qualifications relative to their subjects as the other members of the university staff are to their subjects; (6) it is to be remembered that the purpose of this course is to give young women an opportunity for a professional education, during which time they may enjoy and profit from the unique advantages of university life and contacts, after which they may find themselves better equipped for citizenship.
Functional Analysis of Nursing

Following this paper, Miss Stewart stated that, had there been the means and time, a functional analysis of nursing would have been made preliminary to the revision of the Curriculum and in order to build a scientific course of study. That not being possible, the committee had outlined some of the practical objectives in nursing education, which objectives had served as a basis for work in the Curriculum revision.

Through the Committee on the Grading of Nursing Schools the opportunity for a study of nursing functions, however, had been created. This committee had determined to make a thorough functional analysis of nursing, a sub-committee for this phase of its program being appointed with Elizabeth C. Burgess as chairman. Upon the request of Miss Stewart, Miss Burgess stated concerning the sub-committee’s work that a beginning had been made through the students at Teachers College in assembling the duties performed by nurses and filing under headings and sub-headings according to the manner described by Dr. Charters; that the sub-committee had discovered that a big task was before it because the study would have to extend not only to an analysis of the work of the nurse who comes in close contact with her patients, but also to the work of nurses in public health fields, in administrative and supervising positions, the functions of the superintendent of nurses, the instructor of nurses, the head nurse. She added that the assistance of many people would be needed in order to carry out the project to collect lists and to make studies in different institutions which would be of value to the committee, and that as one of its personnel, the committee was fortunate in having Dr. Charters for advice and guidance.

Curriculum Construction

In closing the morning’s discussion on the Curriculum, Miss Stewart stated that the whole question of curriculum making is a progressive one; that no curriculum can be put in a definite form and remain fixed, but must grow year by year, as the need for changes appears; that it could pretty definitely be assumed that there is not much growth in a school which issues the same announcement year after year. But in the school where curriculum changes take place the inference might be made that this school is realizing new needs and opportunities and is attempting to adapt its curriculum to meet these needs.

She further stated that one of the points to remember in connection with the Curriculum, is that all the things which the nurse is called upon to do need not be included in the curriculum, that some of them would have to be learned as it were on the job. Also that the curriculum of the nursing school should be basic in its content, the foundation on which the nurse can build later either through the education she acquires while holding a position or through special advanced courses training for the different specialities.
And, finally, that the medical profession was making a study of the curriculum of medical schools, trying to eliminate some of the elements considered not unessential but of lesser importance, in order to make way for the things that are of more importance, that other professions were doing the same, realizing as never before the need of making the best possible use of the time spent in a professional school.

Meeting adjourned.

General Session
Friday, May 21, 2:30 p.m.

Carrie M. Hall, president, presided.

In opening the meeting the Chair announced it was to be regretted that Dr. Robert J. Leonard, one of the speakers on the program for the afternoon, was unable to come, but that the meeting was very fortunate in the substitute whom he had provided, Mr. Edwin A. Lee, Director of Vocational Education, University of California.

RECENT DEVELOPMENTS IN PROFESSIONAL EDUCATION

By Edwin A. Lee

Director, Division Vocational Education, University of California, Berkeley, Cal.

Dr. Leonard asked me to express his regrets at not being able to be here. I am delighted at the opportunity to speak upon this topic, to use his notes, to say as well as I can what I think he would have said had he been here. I am the more delighted because in so doing I will not have to say anything with which I am not thoroughly in agreement. It has been my privilege to know Dr. Leonard many years. What he has thought concerning professional education we have discussed many times. It has been my further privilege this year to sit in one of his classes and to hear him phrase rather carefully and succinctly what in his judgment are the present trends in professional education. I may interject a thought of my own here and there—one can’t help it if one isn’t reading someone’s else lecture—but in the main what I shall say represents his philosophy and his thinking.

I shall ask you to bear with me if in illustrating from the field of nursing I exhibit a large amount of ignorance, because my contacts with nursing have all been, I shall not say unpleasant, but at least not pleasurable; in other words, when it was necessary that nurses be around, I could have wished either them or myself elsewhere.

Let me first define professional education so we may be sure we both mean the same thing, at least that you know what I mean when I say professional
education. I shall define it by comparison rather than by an explicit framing of words, and I shall compare it with the type of education which we speak of generally as a general liberal arts college education.

If one were to put into one word the aim of the regular four-year liberal arts curriculum, it would be fair to say that that one word is "discipline." If, on the other hand, one were to attempt to put into one word the aim of the professional school, one would have to say "skill." If one asked the question, by what means does one attempt to give in the liberal arts college this discipline, the answer is that one gives it through general knowledge—through literature, history, foreign languages, mathematics, science—you know the gamut as well as I. If one asked the same question concerning the means by which a professional school gives its training, the answer is that it is given in terms of technical knowledge supplemented by definite practice in the thing to be done.

In both the liberal arts college and the professional school research exists. If it exists for any one purpose in the college it is that it may contribute to the widening of general knowledge. In the professional school it exists for improving practice; for making the physician a better physician, or for making the engineer a more capable engineer. The result in the case of the four-year college is what we are wont to call a cultured man. In the professional school the result is a trained practitioner.

The professional school is a school which aims specifically to train for effective service a practitioner in a work which the world needs to have done. There are certain factors falling into three or four categories which we should consider. There are at least three theories which have determined the character of professional education at one time or another. One theory, the oldest, is that practice and principles shall go hand in hand; that while one is learning to be an engineer, one shall practice engineering; that while one is learning to be a surgeon, one shall practice surgery; that while one is learning to be a carpenter, he shall drive nails and saw wood, and construct buildings.

Another theory is that the fundamentals of a professional training, if one be able to isolate those fundamentals, shall precede practice and shall make practice a subordinate and a supplementary consideration. Training in the field of medicine falls in this category at the present time. One has his pre-medical course; one then takes the professional course, assimilating as much as possible of the various parts of the curriculum; and then, and then only, does he go into the clinic and actually practice and then not independently, as you know. The training required for high school teaching is even a better example. We take the potential high school teacher and try to give him or her a broad knowledge of the subject matter which is to be taught. After he has imbibed a certain amount of subject matter, he is given the
theory of education, the history of education, and methods of teaching. After he has been exposed to the storing up, he starts his practice teaching, his clinical work, which is generally in terms of weeks, whereas the rest of the training has been in terms of many months.

There is a third theory which is based on the principle that out of a wide range of experience in a given vocation it is impossible, of course, to give to an individual any great comprehension of the scope and complexity of that vocation. Therefore, the wisest thing to do is to isolate from that broad range those things which are important, organize them for school purposes, and give to the student that organized experience. The Law School at Harvard is a good illustration of this type of course, where, by means of what has come to be called the case method, there is brought into legal training this organized experience from the profession of the law.

These three theories just given are, in their various ramifications, one factor. Another factor influencing professional education is in terms of the workers themselves. The practitioners in medicine have exerted a most profound influence in medical education, as, indeed, they have exerted a profound influence upon the whole profession. The profession of medicine has come to be what it is because of the practitioners and not because of some other circumstance or condition. I almost believe that you cannot say that any group of workers constitutes a profession unless that group of workers has this feeling of interest, nay more than interest, deep concern, for the training of those who are to follow in their train.

A third factor, which really grows out of the second factor, is the influence of the state upon professional training. Let me use, for example, a profession which is a very good illustration of my point. An osteopath, to practice in certain states, must go through a medical training because the state has set up a requirement that no one may practice osteopathy who does not have the equivalent of the medical training. On top of that he takes what the osteopathic colleges consider necessary for an osteopath. Where such standards have come, they have not come from the osteopaths, but from the medical fraternity, which because it was strong and because of influence and prestige has influenced the state to set up a program of training which another profession must follow if it is to practice.

A fourth factor influencing professional education has to do with the social and economic considerations involved in the phase of one's work, and the more I consider that phase the more it seems to me we overlook the importance of it, and the more we fail to recognize that there is a distinct connection between the kind of training set up for a profession and the reward offered for possession of that training once it is set up. Dean Russell recently made the statement that if we should very shortly set the average salary standard for elementary school teachers at $6000 a year, the training
for elementary school teachers would very quickly become the outstanding type of educational training. It would be longer, more involved, and it would be the most important type because it would be worth while making the effort to secure it. To the extent that we leave out of our consideration the economic implications and the correlating social implications are we going to leave out a factor which has an immense influence upon professional education.

Not so important, perhaps, but very interesting, is the next factor which Dr. Leonard terms "great crises of many kinds." The crisis of the war, for example, changed the status of a number of professions just by virtue of the fact that the pressure incident to the great conflict brought into relief certain facts, certain considerations which we had not been aware of before at all. Growing out of the training and rehabilitation program there has come a most interesting development. We are questioning our complete dependence on required preliminary training. We face the fact that many of the disabled soldiers have gone into higher institutions without any high school training whatever, and by virtue of the fact that they had high intelligence quotients, have taken engineering courses and other courses not only in the four years that an ordinary student takes, but in three years and in less, and have achieved uniformly high grades. Such happenings perturb us greatly. They ought not to occur. It simply isn't done!

That reminds me of an incident in an eastern college in which an individual previous to the war had come into the institution and had gone through the course in less than the required time, had achieved high standing in all of his work, and had come up for graduation. It was then discovered that he did not possess a high school diploma. There ensued a long discussion as to whether he should be graduated or not. He was finally graduated with a distinct provision in the minutes that it should not be counted as a precedent.

There are certain tendencies common to all professions which it is fruitful to examine. For example, all occupations as they develop, tend to be upgraded. If you know the history of surgery, you know that the red on the barber's pole stands for a certain thing. The first surgeons were barbers, by virtue of the fact that they had keen instruments—keen, not "clean"—and it was very easy for them to let blood.

I was interested in reading the other day in a clipping from a newspaper in New York the description of the old barber shops down on the East Side. The barber was the dentist of the neighborhood. The exhibitions of most interest in the barber shops were not the mugs with the name of the patrons upon them, but the rows upon rows of teeth which had been extracted. The barber was not alone a blood-letter, he was an extractor.

Those early barbers were the predecessors, the progenitors, of the digni-
fied professions of surgery and dentistry. Search through your own professional history to see where you started, who were your progenitors. You will find that they were in the beginning in a lower status socially, economically, than is the proud profession of nursing today. Engineering is the same; law is the same; medicine is the same. All tend to grow from a lower status into a status which seems to be higher. The vocation of librarian is going through one phase of the change at the present time. If you read the papers last week, you noticed that Columbia has established a professional school for the training of librarians, which professional school is to be a combination of the New York Public Library Training School and the New York State Library School at Albany. This combination of two library schools into one great school with a large budget under the sponsorship of a great university is in line with current developments in library training at other institutions. Librarians will soon be exalting themselves as belonging to the same professional class as the physician, the nurse, the dentist, and the engineer, and it is proper that they should.

Along with the tendency to upgrade, is a correlative tendency. Occupations tend to disintegrate. The general physician tends to become a specialist, as you know if you have studied the history of medicine. You also know that there is great concern at the present time at the dearth of men who are qualified to be general practitioners. Small communities and rural communities find themselves faced with problems which are not only uncomfortable, but positively tragic in their implications. The cities are all right; one goes to a diagnostician—providing one can—and he tells one where to go. The diagnostician indicates that you should see any one of a number of specialists, and after you have seen him, maybe you will know what is the matter with you. Maybe there is not anything the matter with you.

The field of medicine is no longer the field of the general healer of disease or preventer of disease, but the field of the pediatrician and the obstetrician, and all the rest of the "-icians"—you know how many there are better than I.

We find that this disintegration groups into levels. There are at least top levels and middle levels and low levels. One can, if one has the skill and facts at hand, break many fields of work into a greater number of levels, but for the purpose here it is sufficient if we think of three.

A field of work falls into groups first because of the inherent nature of the work that is to be done. It breaks into groups again, and not necessarily the same groups, in terms of the quality of what is to be done. It breaks into groups thirdly, and again not necessarily the same groups, in terms of the worth of what is to be done. It is very easy for us to divide a field of work into three groups on the basis of what is to be done and the inherent
nature of it. It is not so easy to divide it on the basis of the quality of what
is to be done, nor of the worth, because personal predilections and tempera-
mental difficulties are so apt to becloud the issue.

Dividing the field of dentistry, for example, on the basis of the inherent
nature of the work to be done, we should place in the top group such workers
as the research dentist (one who has recently come into dentistry), the den-
tal teacher in a dental college, the general practitioner, and so on through
ten or fifteen such occupations in the field of dentistry which fall in the first
level. I can remember the time, and it is not so long ago, when there was
just a dentist. He did everything that was necessary to relieve you of your
pain, or to make it more painful. It was mostly to make it more painful
because he had nothing to work with to stop the pain. Novocain was not
known. You can remember those old days. What a marvelous change has
taken place in a lifetime in the one field of alleviation of pain!

In the middle level we would place the dental mechanic, the man who
makes the plate or the man who does those other mechanical tasks which
are handed to him almost on a blueprint by the top-level practitioner.
There is the oral hygienist who has certain responsibilities laid upon her by
state regulation in many states. Almost always the oral hygienist is a
woman. She does not attempt to fill teeth, make bridges, or construct
crowns. As the name indicates, she is a hygienist of the oral cavity. She
also would fall in the second level, and though you may not agree, there is
such a thing as the dental nurse; there is someone in the office who corre-
sponds to one, who looks like a nurse, and who has to have a certain special-
ized knowledge.

In the lowest level there would be the girl who takes care of you when you
first come in, sees that you get the right chair, sees that the instruments
that the dentist needs are available, and helps out in various similar situ-
tions. In large dental offices there are the individuals who take care of the
instruments and who see that they are sterilized. Such belong to the lowest
level. One can make this same classification with benefit in any occupation.

A third, and an interesting tendency, is that the individuals within a given
level remain in that level. That is, other things being equal, once a dental
mechanic, always a dental mechanic. We do not find that a man trained
as a dental mechanic suddenly blossoms into a practitioner. Nothing is
set for him to do that. His training has not been along that line. If he
wants to become a dental practitioner, he faces the distinct problem of
taking a professional training. It may not be so long as if he had not been a
dental mechanic in the first place, but he is not eligible from any point of
view to get into the next higher level without further training. The tend-
ency is to remain in the level in which one is. This does not mean that one
does not go to the top within a level. A dental mechanic may become a
dental foreman of a laboratory or of his own laboratory, but he will not ordinarily become a practitioner.

There are certain tendencies that are correlative within professional schools. As the professions themselves tend to be upgraded, so the schools tend to be upgraded. Two-year normal schools have tended to be three-year normal schools and later teachers' colleges granting a bachelor's degree. Colleges tend to become graduate colleges. All lower schools tend, sooner or later, to upgrade into schools of higher range. There is nothing reprehensible in such a change, but ordinarily a desperate thing happens. For when a school moves out of one range into a higher range, it tends to leave the range which it left, unfilled, so that the individuals who were trained in that lower school have no place to turn for training. This tendency is illustrated in a significant way in the case of the State of Iowa. There the teachers' colleges, which were at first two-year normal schools, in this desire to be upgraded felt that they should devote themselves not to the training of elementary teachers, but to the training of high school teachers, and they concentrated their attention thereon. As a consequence, training for elementary teachers was reduced to such a minimum that Iowa today draws her elementary teachers from high school graduates who take teachers' examinations and a smattering of training, possibly in the high school. In other words, Iowa has gone from a place where it had a professional program for training elementary school teachers clear up and back again to a situation which is really worse than it was in the beginning, showing what happens when a school moves up and leaves the field which it formerly occupied, unoccupied.

The tendency in any school under these conditions is for the program of training to become more formalized and academic. The body of material one gets becomes so great that the question of how to organize it assumes major proportions, and one forgets, after all, what he is trying to do, which is to train a practitioner. He forgets the practitioner and concentrates on a pretty course of study, one that fits into itself perfectly. Research in such a school tends to become more important than practice. The search for new facts tends to outshine the problem of giving those facts to the practitioners, so that in professional education we find one of the great difficulties is in keeping the profession in touch with what is actually occurring. Physicians, surgeons, nurses, I doubt not, are always behind what has been discovered because in the very nature of the case they have taken second place if the profession has gone far enough.

What is the relation of all that I have been saying to nursing? I desire to point out frankly what seem to me to be certain dangers, certain things those interested in training nurses and training teachers of nurses should consider. I have said it is a tendency for a school to become upgraded and
the curriculum to become formalized and academized. You can be on your guard as makers of curricula that you do not let the tendency overwhelm you. As soon as you lose sight of the fact that you are training nurses, or teachers of nurses, or whatever it is that you are supposed to be doing, and commence to concentrate upon the book that you want them to read, or the course of study you are to give them, or the length of time they shall take, then you are in danger. Be on your guard then first, that this tendency which seems to be so prevalent does not overtake you. I don’t think it is inevitable. It happens because people have not been thinking about it, have not seen clearly what actually does occur.

Do not close your eyes to the existence of the levels within nursing and thereby fail to provide for the middle and lower levels of the nursing field. I am going to present to you what seems to me to be a reasonable division within nursing. There is very little reason for a large number in the top level. In the top level is the teacher of nursing and the research worker in nursing, if there be such an individual as yet. Superintendents of hospitals, and a few more we can add to the list; but the great bulk of the nursing occupation, the registered nurse, the bedside nurse, is in the middle level. There is also a low level requiring little training. In that group, there would be such occupations as the children’s nurse-maid, and others comparable to her, requiring very little training. Do not in your desire to enhance the value, the worth, and the fine standing of the nursing profession, think that all of the workers have to be in the top level.

If you move from one level to another, do not overlook the fact that you are leaving the other level from which you move, unoccupied. You know what is happening in the nursing profession. You know that the cost of getting an all-around training now has become so high, prohibitive almost, that a registered nurse must charge a fee of eight to ten dollars a day for an eight-hour day. That is the tendency in New York City. That is what I paid last week. It is true that the tendency is for the nurse to go from two shifts a day to three shifts—an eight-hour day—and the tendency is for service to be charged for at the rate of eight dollars for a straight case and higher charges for contagious cases and extra patients. You know as well as I that society cannot pay that kind of a fee; it just can’t meet the situation; that there are not, taking it by and large, enough people to continue to pay that kind of a fee to allow you to have a very great number of nurses trained in that way.

What is the conclusion? The conclusion is that there is a lower level requiring less training; requiring, therefore, less investment for the person who takes the training. In the same words again, keep your eyes open to the fact that there are levels and that you can’t control those levels; that society, in the final analysis, is going to control those levels.
Let me illustrate one other point of view. I had as a student recently a trained biologist who wrote her master’s thesis under my direction. She wrote upon the problem of the training of the laboratory technician. She investigated approximately two hundred and fifty laboratory technicians in a nearby city. She found that of all those not one had any college training; practically all were high school graduates who had received training by some sort of hit-or-miss scheme. You have heard Dr. Charters and you know what is involved in the kind of analysis she made. On the basis of that analysis she set up a program of training for laboratory technicians to cover a period of two years, of junior college grade, which, from the point of view of the superintendents, managers, and owners of the laboratories, would have trained their technicians far better than any then in their employ had been trained. They were willing to cooperate in this training. On her committee, besides myself as chairman and another member of the School of Education, there was a biologist. The biologist refused to approve the thesis, not because it was biologically unsound, but because of the belief that it was criminal for any laboratory technician to be allowed to practice without four years of collegiate training. I am telling you this story because it illustrates perfectly the type of mind that refuses to look the facts in the face concerning a definite profession. The profession of laboratory technician was distinctly a middle level occupation in the field of biology and would continue to be so. Of the quarter of a thousand workers, not one had any college training, yet this individual was saying that the university should not approve a thesis that stated that a course might be set up of less than four years of college training. That is the type of thinking which, I am sorry to say, unless we be on our guard, we are likely to allow to become the controlling element in our own thinking.

A third possibility I want you to guard against, which grows out of these tendencies I have pictured, is of getting too far away from the clinical relationship. Nursing education at the present time has the first type, practice and theory going hand in hand. I am not unaware of the fact that that situation as it now stands is open to criticism, that the program whereby the nurse has to take so much of her training in the hospital under the control of the hospital is undoubtedly pregnant with all sorts of possibilities of exploitation. I am not unaware of that, but I say to you, in your zeal to cure that situation, do not allow yourself to swing to the opposite extreme where the clinical consideration takes a place of secondary importance, because, after all, the best pattern for professional training is that in which the practice and the theory march along hand in hand.

Nursing is in a favorable position in this whole matter, more favorable than any other profession. The idea of job analysis, which Dr. Charters explained to you this morning, the idea of looking at a job and seeing what
it is a worker does in that job and then building a course in accordance therewith, is a recent idea. No other profession in setting up its professional training has had the advantage of that idea. It is so new that nurses in their professional program can take advantage of it. You are also in a favorable position because keen thinkers like Dr. Leonard are giving their attention to these underlying trends and tendencies which are typical of professional education, and you can no longer say, "I didn’t know that was what happened; I didn’t know that was a thing inevitable unless certain steps were taken to prevent it." Discussions of such trends are now coming into print. You are now hearing of them. You are hearing them not alone in cases like this, but in other situations, and like any other wise teacher, or any other wise administrator, you are going to view the past and cull from that everything of value in laying out your program for the future. Your profession is yet young enough to profit by the mistakes of the other professions, and you can modify your program accordingly.

I said a moment ago I thought your pattern of training was the most nearly perfect. Let me reiterate: the pattern—not the unfortunate conditions which surround it, but the pattern itself—under which nursing education is carried on is more nearly ideal than that of any other profession except in such schools as the Engineering School of the University of Cincinnati. You are powerfully organized. In other professions the organization has come after training programs were established. Your training program is now being evolved. I see before the American Nurses’ Association, before the National League of Nursing Education, before all the leaders in your field, splendid opportunities for making nursing education the best exemplification of all that we think to be fine in professional education.

PROGRESS AND PROBLEMS OF CENTRALIZING NURSING EDUCATION

By Mabel F. Huntley, R. N.

Director, School for Teaching Preliminary Courses in Nursing Education, Philadelphia, Pa.

Before discussing the progress and problems of nursing education and the utilization of local resources for that purpose, it might be well to analyse some of the reasons for the present tendency to centralize. That there is such a tendency can hardly be questioned. One has only to recall that central schools of one type or another have been established in at least ten centers in this country alone.

Twenty-five years ago there were between four and five hundred schools
of nursing in the United States, each of these apparently a law unto itself. Twenty-five years ago the American Nurses' Association was only five years old and its elder sister, the National League of Nursing Education, was but nine, while the Department of Nursing Education at Teachers College was still in its birth throes.

As that group of history making women, Mrs. Robb, Miss Nutting, Miss Palmer and many others who were instrumental in initiating these movements, surveyed the educational situation of the schools at that time, they must have found a parallel with early Greek education of twenty-five hundred years before, when, as Professor Cubberly expresses it, "In the beginning each Sophist teacher was a free lance, and taught what he would and in the manner he thought best."

As we look back over the achievements of the last quarter century, it is evident that these women saw three outstanding needs. First, there was no organized content of nursing education; no one seemed to have any clear notion of what a nurse needed as educational preparation for her work. Second, there were no nurses who were trained teachers to pass on in any efficient way the art and skill of nursing from one generation to another. Third, the economic dependence of the school of nursing on the hospital of which it was an integral part, made it extremely difficult for the director of a school to finance a satisfactory educational program.

Two of those great needs have been met and the plans of the early leaders, aided by the activities of the organizations here convened, have been brought to fruition. Nurses in ever increasing numbers have been seeking the teacher training courses at Columbia for many years and have been going out into the nursing schools to help in lifting them onto a higher educational plane. A content of nursing education has resulted from the careful thought and experimentation of the leaders at Teachers College in close collaboration with the leaders in the actual working field. This organization does not need to be told anything about that "content" as outlined in the Standard Curriculum. It is the result of your own endeavor and has been of incomparable value in putting nursing education upon a basis which is similar to education for other professions.

Two points, then, have been well covered. There is now a content of nursing education; there are many qualified teachers ready to impart that content. There remains the third point for discussion, that of "institutionalizing the idea." How far have we gone with this?

By way of stating this need clearly may I quote from the Standard Curriculum, which has the following paragraph:

A curriculum does not operate itself. It is dependent upon persons and conditions to give it life. No matter how admirably planned, it can only be made truly effective in the education of the nurse if the hospital in which it is to be
carried out is of proper character and standing, and provides in its clinical resources, teaching facilities and administrative policy, a suitable field for the training of nurses.

Let us turn to the Report of the Committee of the Rockefeller Foundation for the Study of Nursing Education and examine the findings of the committee in order to determine how nearly the hospital schools measure up to the standard.

First, the committee is careful to explain that of the twenty-three schools studied intensively, there was a disproportionate number of the best schools included because, to quote the report, "the weaknesses and failures found too abundantly true of these are obviously even more true of inferior schools."

Second, discussing the clinical facilities of the twenty-three schools the report states that only eleven of the twenty-three provide adequate clinical facilities in the major services either in the home hospital or by affiliation. Five provide experience in nervous and mental diseases; seven give no experience whatever in communicable disease, and pediatrics was found to be "the most frequently neglected branch of student training."

Third, of the twenty-three schools, twenty-two had a preliminary period of some kind, varying from two to six months, with at least one hundred and ten hours of classroom instruction and with hours on the wards varying from two to eight. The committee further states that in an unpublished survey of schools in a western state, only thirteen out of forty-eight were found to have a preliminary term.

Fourth, the committee found that only seven of the twenty-three schools had teachers of practical nursing whose primary business was to teach, and that in only half of the schools studied, were large and well lighted special rooms provided for demonstration of practical nursing procedures, and that in twelve of the schools no arrangements had been made for supervising classroom practice.

Fifth, the case for the sciences in our schools is summed up in the following statement: "The common defects of scientific instruction in the training schools studied are the lack of good teachers, the neglect of laboratory work, and the insufficient amount of time."

From the report of the Rockefeller Committee as well as from personal contacts with many hospital schools, it is probably safe to say that the majority of our schools of nursing still find it impossible to provide in their budget for an instructor whose entire time is given to directing the educational program, and an assistant who helps with the theoretical and practical instruction. Surely a "school" belies the name if it has any smaller faculty than a director and one assistant. These two teachers to be in addition to the superintendent or director of nurses and her assistants, whose chief function is, and should be, the welfare of the patient.
Are we then to say that a hospital is not to maintain a school of nursing unless it has clinical material for the education of its nurses; completely equipped laboratories for science teaching in anatomy and physiology, bacteriology, chemistry, and nutrition and cookery; and a budget which covers salaries for at least two full time instructors?

Even if we conceded that it is only in such terms that we can describe a school, we must also be practical enough to realize that there would be much injustice in closing the hundreds of schools which would fall under that hammer, even if we had the power to use it.

Some kind of reorganization is needed and in consolidating, or centralizing, the teaching of students from several hospital schools, it may be that we may hasten the day which will see nursing education placed upon a sound professional basis. This movement should not be confused with the one which was started considerably earlier by which an individual hospital school of nursing is made an integral part of the university. That strongly developing tendency may point to the ultimate goal of consolidation of all the schools of a community into a department of nursing within a university. The central school may be a step towards that goal but the distinction should be kept clearly in mind.

The history of both these movements begins with the establishment in 1909 of a school of nursing within the University of Minnesota. This was the first university school of nursing to be established in this country.

Twelve years later, in 1921, it was one of the first schools to adopt the central school plan. Today the School of Nursing of the University of Minnesota serves four large hospitals comprising a total of 1200 beds and has an enrollment of 400 students. The university offers two courses for the education of nurses. The first is the three year course leading to the degree of Graduate in Nursing. The second is a five year course in Arts and Nursing or in Education and Nursing, leading to the double degree of Graduate in Nursing and Bachelor of Science. There are also postgraduate courses in public health nursing and in nursing education.

At Cleveland, Ohio, we have seen another illustration of the change from the exclusive utilization of university facilities by one school of nursing to the affiliation of several schools within one school of nursing under the control of Western Reserve University. Three hospital schools have complete consolidation, with a fourth sending its student nurses for their preliminary courses in the sciences.

Again, in Canada, there is an affiliation of several schools of nursing for the purpose of securing instruction in certain subjects at the University of Toronto.

In September, 1923, the League of Nursing Education in Washington, D. C. established a central school in that city with eight hospital affiliations.
CENTRALIZING NURSING EDUCATION

The preliminary science courses and several of the second year subjects are given to the students from all of these hospitals at one time at the George Washington University, which makes no charge for the use of classrooms or the services of faculty members.

Thus far the history is that of centralization more or less complete under university control or sponsorship. This, however, is not the only way by which the movement is progressing.

One of the most successful efforts to centralize has been made in connection with the Junior College of Kansas City, where all of the hospitals of the city except those of Catholic faith have affiliated for the education of their nurses.

Another Junior College has been utilized at Grand Rapids, Michigan. The school of nursing of that institution offers a year of academic work for the nurses in training in all of the hospitals of Grand Rapids. The subjects of the preliminary course, exclusive of nursing procedures, are given, and in addition pathology and public speaking.

At Utica, N. Y., since September, 1922, there has been a central school of nursing in operation. The three hospital schools affiliated have utilized rooms at the Utica Free Academy, the rooms being assigned to them rent free by the cooperation of the Board of Education.

In Westchester Co., N. Y., five schools have centralized the preliminary courses and report three years of successful work. The classes are all held in the classrooms of one of the affiliating hospital schools.

The Milwaukee Central School of Nursing was organized in September, 1923, four schools cooperating. Miss Rottman, who was associated with that school during its establishment, is present to tell us of the plan as developed there. The Vocational School of Milwaukee affords classrooms and laboratory facilities.

An extremely interesting example of the utilization of local resources for better nursing education is that work which is being done in connection with Cass Technical High School in Detroit, Michigan. Nine hospitals are sending student nurses to that institution for the preliminary science courses and thirty-one additional hospitals located throughout the state send students for the course in nutrition and cookery. In the year 1924–25, nine hundred and ninety-nine student nurses were thus enrolled.

In Philadelphia, in February, 1922, the School for Teaching Preliminary Courses in Nursing was opened with an enrollment of sixty student nurses representing ten hospitals. It has continued since that time and the plans are complete for 1926–27. The courses given are those of the preliminary courses for probationers with the exception of nursing methods which the school has so far been unable to undertake because of inadequate classroom space and equipment for that part of the work. When organized the
entrance requirement was completion of one year of high school. This is now two years of high school or its equivalent in courses, or experience, of educational value.

In the first, or trial term, the instruction was gratuitously given by nurse instructors of the hospitals affiliated, with the exception of the courses in nutrition and cookery, and chemistry, which were taught by members of the faculty of Drexel Institute of Arts and Sciences. Since September, 1922, there has been one full time instructor who is also director of the school. Office space and four classrooms have been set aside for the use of the Preliminary School at the University of Pennsylvania at a yearly rental of $800. Drexel Institute rents to the school three courses in nutrition and cookery, bacteriology and chemistry, for which the school pays the institute at the rate of $364 for each section of twenty-eight students with $5.00 additional per student for laboratory supplies. The total yearly cost of operation has been nearly $10,000. The $10.00 tuition fee charged in the first year resulted in a deficit of over $5000. The fee was then raised to $50.00 and finally to $60.00, placing the school upon a cost basis if the year's enrollment is 135 students.

Five hospitals have sent their students without interruption since the school was started. All told, sixteen hospitals have been served by the school for one or more terms and four hundred and ninety-six students have successfully completed the courses. During 1925–26 eight hospital schools have been in the affiliation and you will want to know why eight have tried it and dropped out.

Recently a questionnaire was sent to each hospital school which has withdrawn from the affiliation. The superintendent of nurses was asked to give the reasons for withdrawal. Following are the results of the questionnaire:

Two schools did not reply.
one school reported that the school had been temporarily suspended.
Five schools said that the distances to be covered in traveling to and from the school was a great disadvantage.
Three schools stated that the two year high school requirement made it difficult to maintain the affiliation.
Three schools found the tuition fee of $60.00 prohibitive.

You will note from the way the figures are stated that more than one reason for withdrawing was usually given. These answers fairly well summarize the problems of centralization in Philadelphia.

First, the distances to be covered necessitate much lost time to hospitals other than those in the Middle City area.
Second, the cost of operating the school, as at present organized, is prohibitive for those schools which have inadequate school budgets.
Third, the two year high school standard makes the affiliation impossible
for some of the schools. But a more important educational factor is that students who have just been able to “get through” two to four years of high school cannot successfully compete with the better type of high school student, and the hospital cannot afford to lose from its staff the young woman who is failed by the preliminary school but is found to be “conscientious in using her hands and feet.”

Another reason which makes it difficult to sell the idea of centralization in Philadelphia and elsewhere, is undoubtedly that schools of nursing which have been established for many years are reluctant to merge their identity in that of a larger one. Other communities might learn a lesson from Cleveland, where one school of nursing in existence for twenty-six years and with seven hundred and twenty-five graduates, worked whole-heartedly to bring about the merger of four hospital schools of nursing into one school of nursing within the university.

The catalog of the School of Nursing of Western Reserve University has this significant statement: “It was natural and inevitable that they should merge the Lakeside School in the University School, which they, more than anyone else, had helped to bring about. Nevertheless, it was an unusual and outstanding thing to do, expressing in concrete form idealism and self-sacrifice of a high order.”

This, I believe, not only points to the ideal for all nursing education but also to our outstanding administrative problem. Consolidation movements always have to combat individualism, and nursing education is not alone in this battle today.

There is a very strong parallel to be drawn between this trend in nursing education and the progress being made in centralization in rural education. In an article in the current number of the Pennsylvania School Journal by Dean Watts of the State College, on the subject of Fifty Years of Rural Pennsylvania, Dean Watts says:

At present there are 8,548 one-room schools in Pennsylvania with an enrollment of 250,000 students. The consolidated movement, however, is closing them at the rate of 375 a year, so that, even at this rate, almost 25 years will be required to close all the one-room schools of Pennsylvania, and it is probable that unfavorable geographical conditions will make it impossible to consolidate some of them.

Great advancement is being made in the establishment of centralized schools. The first consolidated schools established in Pennsylvania were organized in 1892. There were only 8 consolidated schools in the State in 1900, while by 1925 the number had increased to 450.

These paragraphs are Overflowing with suggestions for us. With over 1,700 schools of nursing and ten central schools in this country in 1926, how will the ratio stand in 1950? How many central schools of nursing would
be needed in the United States; how many in Pennsylvania; how many in New England or the Middle West, to assure adequate education in nursing fundamentals to every young woman who chooses nursing as a vocation? How should those schools be organized to assure proper correlation between theory and practice? And, finally, must we wait until legislators in Pennsylvania and the other states have completed the consolidation of rural schools before we can hope to receive their aid in consolidating the small hospital nursing schools in which the educational program is often as inadequately administered as it is in the little red school house which they long ago doomed? Must we wait until 1950 before asking for state appropriations to establish the necessary nursing schools upon a firm financial basis? Centralization will not be the solution of our vexed problem unless the central school, wherever established, is placed upon a firm economic basis, whether that be by private endowment, university control, or state appropriation.

Upon the close of Miss Huntley's paper reports were made on several of the centralized courses in nursing education. The first of these was by Marian Rottman, formerly principal of the Mt. Sinai Hospital Nursing School (Milwaukee), concerning the central school in Milwaukee.

The Milwaukee Central School of Nursing
Miss Rottman spoke as follows:
Miss Huntley asked me to present the plan of the Milwaukee Central School of Nursing, particularly with respect to the cooperating existing local agencies. The city of Milwaukee contributed $8100 the first year. In return for this financial support the schools participating in the centralized course undertook to nurse a small city hospital, maintained in a large industrial centre for emergency surgical work and as a detention point for psychopathic patients, by creating with that hospital an affiliation for nine student nurses.

The four schools constituting the central school were incorporated under the name of the Milwaukee Central School of Nursing, and pledged to each other that the entire sum would be spent for nursing education. Each school was represented on the governing council by the superintendent and a member of the board of directors of the hospital with which the school was connected and the principal of the nursing school. The nurse members of the council formed an executive committee and frequently met. The entire council met only upon the request of the director or at the annual meeting.

The Milwaukee Vocational School furnished the classrooms and laboratories and the director of the school, realizing the problem, cooperated in every way.
We were told that we could order the equipment needed after we had pooled the equipment which we had. We also contributed in funds to the equipment. Since then I believe the Vocational School is supplying the necessary equipment. It did the last year I was there.

It will give some idea of the equipment we were able to install when I say a reference library was begun and all of the books ordered were provided. We secured eighteen microscopes, also anatomical models and other material that contributed to good teaching.

Among the agencies in the city that cooperated in addition to the Vocational School was the city library. The library loaned to the four nursing schools any list of books required for reference. In the beginning of the course a library official also instructed the students on how to use the library resources. This instruction was given at the library.

The city health department cooperated by giving the course in communicable diseases. The state health department sent several persons to conduct courses. The state sanitary engineer gave the course in sanitation and hygiene. A speaker was sent to address the senior students on the Sheppard-Towner work and the child hygiene people also sent a lecturer.

The council of central social organizations planned a course, contributed to by each organization in that council, which proved very much worth while.

The last year I was in Milwaukee a course in biology of eighty-five hours was offered by the University of Wisconsin and conducted by Professor Frost with the assistance of Miss Odegard. This course was in the nature of a demonstration and I think plans are now on foot for more extension work of this type.

_Cass Technical High School and the Nursing Schools in Detroit_

Concerning this school Miss Emily McLaughlin made the following statement:

An arrangement exists between the Cass Technical High School and the nursing schools in Detroit whereby certain subjects are given in this technical school. Cass Technical School is rather unique in that it gives not only high school work but also advanced continuation school work which carries college credits. Cass School is now teaching nine subjects for the school of nursing in Detroit. Last year there were some nine hundred nurse students enrolled. Such subjects as bacteriology, chemistry, dietetics are taught. Recently elementary psychology has been added. This is given to the students in the first three months. Two schools give their anatomy through Cass Technical School in the second year.

The closest cooperation exists between the faculty of Cass School and the Detroit schools of nursing. We feel the advantages of the plan are stand-
ardized teaching with especially well qualified instructors at a minimum cost.

When the arrangement with Cass was begun we did not have a city college and the junior college was not equipped to give this work. Cass School has unusually well equipped laboratories. Probably during the next few years or sooner an affiliation will be established with the city college which has since been organized.

The question was asked from the floor if different courses in anatomy were given to the different schools, also if the nursing schools of the city were united. Miss McLaughlin replied that each school may select the course it wishes given to its students and that there is no central school.

Central School of Nursing at Utica

For the use of this school Miss Tibbets reported that the Board of Education and the Utica Free Academy had provided a large room which had been fully equipped for demonstration purposes. The hospitals contributed toward this equipment and very nearly completed the furnishings. An auxiliary composed of interested women in the city raised money for adding to the equipment.

This central school gives only the instruction covered in the preliminary period.

School of Nursing, Western Reserve University

In connection with this school Miss Nellie Hawkinson made the following statement:

I do not know whether Miss Huntley and I define a central school in the same way, but until I heard her paper I did not know we had a central school of nursing in Cleveland. Our University School at Western Reserve is an independent school in the university, established on a coordinate basis with all of the other schools, and by that I mean it is exactly on the same standing as the liberal arts college, the medical school, and all of other eight or nine schools in the university.

It is true that there are four hospitals to which our students go, but three of those are university hospitals under the government of the university. All of the students enter as students of the University School of Nursing and are sent to Lakeside Hospital, which has become the Medical and Surgical Department of Western Reserve, for such experience; to the new Babies’ and Children’s Hospital, which is again part of the university, for pediatrics, and to the new Maternity Hospital for obstetrics. All of these three hospitals are spoken of as the university hospital group. Our students are sent to the City Hospital which is outside of the university group for com-
municable diseases and mental and nervous training because we do not have this experience in our own group of hospitals.

I am glad that Miss Huntley commended the Lakeside Hospital Alumnae Association, and also the Board of Trustees of that hospital who voted to merge their school with the University School of Nursing, because the Lakeside School of Nursing and also the school of nursing in connection with the Maternity Hospital, although that was a much smaller one, have both set a fine example of consolidation to other schools in the country.

I might add also that we have opened our science course to other schools of nursing in the city that can meet university standards and we have at the present time one group of students coming to us for anatomy and physiology, chemistry, bacteriology and dietetics. We do not give those students any university credit for that work. The credit is given to them through their own school.

School of Nursing, University of Minnesota

Miss Vannier stated that the status of this school in the university and the arrangement with the hospitals was much the same as that of the Western Reserve School of Nursing described by Miss Hawkinson and that those hospitals in which schools of nursing already existed deserved much credit for the merging of their schools with the University Nursing School. The Minneapolis General Hospital School of Nursing, one of the oldest and largest 'n Minneapolis, approached the university and asked that it be included in the university group.

Meeting adjourned.

Closing Business Session
Saturday, May 22, 9:00 a. m.

Carrie M. Hall, president, presided.

After determining that a quorum was present the Chair proceeded with the business of the morning.

SUMMARIES OF CONFERENCES
FORMS OF GOVERNMENT IN SCHOOLS OF NURSING

BY S. LILLIAN CLAYTON, R. N., Chairman
Superintendent of Nurses, Philadelphia General Hospital, Phila., Pa.

A short résumé of the transition from faculty government to that which gives the students a share large or small, was given by the chairman in
opening the conference. In the discussion that followed, two questions were presented which should be kept in mind: (1) What form of government will best teach the student that the orderly regulation of natural desires struggling for expression is necessary for her to learn if she in turn is to be teacher and leader? (2) What form of control is in the line of progress?

Miss E. M. Lawler, principal Johns Hopkins School of Nursing, spoke on Faculty Government, Major Julia C. Stimson, dean, Army School of Nursing, on Cooperative Government, and Alma Gault, Philadelphia General Hospital, on Student Government. Others who took part in the discussion were Katharine J. Densford, Illinois Training School for Nurses, Sally Johnson, Massachusetts General Hospital School of Nursing, and Helen Young, Presbyterian Hospital School of Nursing, New York.

The points especially brought out in the papers and discussions were:
1. All schools cannot be operated under the same form of government.
2. The forms in use at present are Faculty Government, Cooperative Government in which both faculty and students share, and Student Government.
3. In all these forms of government the aim is similar, the difference lies in method of achievement.
4. While opportunity must be given to the student for self-expression, development of self-control and poise, there must also be developed respect for authority, respect for the voice of the majority, respect for the results of experience, the development of character through discipline, and the subordination of the individual for the welfare of the whole.
5. The faculty may be a guiding force though not always in evidence.
6. It is a definite responsibility of the faculty of schools of nursing to find some form of government in which the student can express herself and at the same time be developed to respect authority.

EVALUATION OF VARIOUS TYPES OF EXAMINATION QUESTIONS

By Maude B. Muse, R. N., Chairman
Instructor in Nursing Education, Teachers College, Columbia University, New York, N. Y.

The problem as presented by the chairman:
What is the purpose of examinations?
What functions does the "good examination" measure?
Why is objectivity in scoring examinations so important?
What are the criteria for evaluating examination questions?
What, if any, advantages have the new-type examination questions over the traditional type?
EVALUATION OF EXAMINATION QUESTIONS

Following the presentation of the problem by the chairman, fifteen to twenty minutes were spent in discussing each of the various kinds of short-type examination question now being advocated by educators. To facilitate discussion, mimeographed copies of instructions for preparing short-type questions and a few sample questions were provided for each person present.

Sister Domitilla, Director of St. Mary’s Hospital School of Nursing, Rochester, Minnesota, opened the discussion of Recall-Type questions. She presented the advantages and disadvantages of the traditional question and of the new type of recall questions, Completion and Pertinent Statements. About one-fourth of those present had used the completion question and voted it useful but the most difficult to formulate.

Miss Louise Metcalfe, Instructor in Nursing Education, Teachers College, New York City, pointed out certain decided advantages of the Out of Class Examination. This paper aroused considerable discussion and several questions were put to the speaker as to methods and procedure.

Miss Grace Reid, Strong Memorial Hospital, Rochester, New York, followed up her discussion of True-False questions by reading some discerning and on the whole favorable comments on this type of question made by the student nurses in her own classes.

Miss Nellie Hawkinson, Western Reserve University, Cleveland, Ohio, presented the Multiple Choice type of question. She finds the advantages of this type of question surpass any disadvantages, and that it lessens the chance of guessing.

Miss May Kennedy, Illinois State School of Psychiatric Nursing, Chicago, Illinois, summed up the discussion by pointing out the possibilities of stimulating reflective thinking, judgment, et cetera by means of the various kinds of short-type questions previously discussed.

Lack of time prevented further discussion.

The chairman suggested that instructors over the country investigate during the coming year the possibilities of the new-type examination question in nursing education. Attention was called to the bibliography included on the mimeographed slips. A plea was made that before the short-type question is condemned a careful study be made of approved methods of formulating, using and scoring. Also, that if each instructor would send to the nurse board of examiners of her state a list of 100 or more of her very best questions on each subject taught, their work would be greatly simplified and their files soon contain many unduplicated questions of recognized value.

1 See bibliography, page 180.
HEALTH AS A PART OF A NURSING SCHOOL PROGRAM

By Ella G. Best, R. N., Chairman

*Educational Director School of Nursing, St. Luke's Hospital, Chicago, Ill.*

In opening the conference the chairman referred to a new development in the health program in schools of nursing, namely, the delegation of one person to be responsible for the safeguarding of the health of the student nurses.

Miss Marion Rottman reported a very interesting investigation made at the Bellevue School of Nursing into the causes of what seemed to be an excessive number of days lost through illness. An analysis was made of the situation and the following points were taken into consideration.

1. Individual rooms for students
2. Bathing facilities
3. Recreation and exercise
4. Rest
5. Hours off duty
6. Food
7. Clothing
8. Personal health habits

As a result of this analysis several changes were made in existing conditions, such as the substitution of a greater number of shower baths for tubs, the curtailing of late leaves, greater emphasis on the reporting of early symptoms of illnesses, and the prescribing of corrective diets served in the infirmary dining room as indicated. A Health Award was established, based on physical examinations and general fitness rather than on time lost through illness. More attention was directed to frequent and complete physical examinations and prophylactic measures. Reference was also made to the appointment of paid physicians for the care of the student nurses. In conclusion Miss Rottman presented the following health objectives:
HEALTH IN NURSING SCHOOL PROGRAM

1. To reduce the time lost through illness
2. To stimulate in the student a regard for health
3. To teach personal hygiene that will function
4. To institute a prophylactic treatment for imminent ills
5. To stimulate a proper mental attitude
6. To teach health salesmanship

Miss May Kennedy, Chicago State School of Psychiatric Nursing, spoke on the neglect of mental hygiene in schools of nursing. Miss Kennedy considered the subject under two headings, the intellectual and the emotional aspects, emphasizing the importance of a knowledge of psychology, the use of mental tests and the necessity for making the environment of the student conducive to intellectual development. She referred to the school of nursing as being a fertile place for the development of the inferiority complex, and spoke of the danger of mis-directed emotions during the adolescent period, later manifested in some form of mental disturbance. Miss Kennedy concluded by giving the following valuable bibliography on texts bearing on the subject:

1. Wendell Brooks—Who Can Succeed in College?
2. The National Committee for Mental Hygiene Pamphlets
3. Williams, F. E.—Mental Hygiene and the College Student
4. Miller, H. C.—The New Psychology and the Teacher
5. Child Health Foundation, Valparaiso, Ind.—The Child: His Nature and His Needs
6. Burnham—Mental Hygiene in Great Teachers
7. Ruggles, A. H.—College Mental Hygiene Problems
8. Morgan—The Unadjusted School Child

Miss Sally Johnson said that in the Massachusetts General Hospital School of Nursing great stress was being placed on the recording of symptoms, as it was felt that nurses could not teach health without practising it.

Miss Dora Saunby stated that a clinic was being conducted daily at the Michael Reese Hospital so that students might be able to report illness. Miss Saunby mentioned the necessity of thorough physical examination of the student on entrance to the school, the importance of immunization against scarlet fever and diphtheria and re-examination of the student each year so that she might graduate with as good or better health than when she came to the school of nursing. Miss Saunby outlined the development of a recreational program in which were included:

1. Physical culture
2. Swimming
3. Folk dancing
4. Basket ball
5. Outdoor activities, hiking, picnics, et cetera
Miss Saunby also reported that an athletic association had recently been organized in the Michael Reese School of Nursing and that this organization had a representative on the Student Council.

The chairman raised the question of the proper person for the direction of the health program in a school of nursing. Should she be

1. The Health Director?
2. The Instructor in Personal Hygiene?
3. The Supervisor of the Infirmary?

Miss Carrie M. Hall, of the Peter Bent Brigham School of Nursing, Boston, felt that the health director was becoming a necessity in schools of two hundred or more students. Miss Hall stated that in the Peter Bent Brigham School this work was carried on by the instructor in practical nursing, and that an intensive study of the incidence of illness in student nurses, particularly with reference to respiratory diseases, was being made by the physician-in-chief of the Peter Bent Brigham Hospital.

Mrs. Estelle Koch, Cleveland City Hospital, Cleveland, reported that she had divided her students into four groups, the health of each group being supervised by an assistant.

Miss Marion Vannier, University of Minnesota School of Nursing, Minneapolis, Miss Sarah Barry, Providence City Hospital, Providence, R.I. and Miss Charlotte Johnson, Durand Hospital, Chicago, spoke of the value of the Schick and Dick tests at the same time emphasizing the fact that if the technic in the care of communicable diseases were perfect there would be no need of immunization and its use was only indicated because of the possibility of accidents such as patients coughing, et cetera.

MIDWIFERY

By Elizabeth F. Miller, R. N., Chairman
Nursing Consultant, State Department Public Welfare, Penna.

(Conducted by the Committee to Study the Need of a Study of the Question of Midwifery by Nurses in Postgraduate Courses, of which committee Miss Miller was chairman)

In presenting the subject of the conference the chairman referred to the Committee to Study the Question of the Need of the Study of Midwifery by Nurses in Postgraduate Courses, created at the convention in Minneapolis last year, and announced that much interest had been aroused in this important service. Further she stated that, properly functioning, the work of the trained midwife is not to supplant that of the physician, that her need is especially felt in rural communities where there is a scarcity of
physicians and the expectant mother is without the proper medical and
nursing care.

Miss Carolyn Van Blarcom spoke of the high maternal death rate, which
has not materially decreased in the last twenty-five years, and said that
twenty per cent of obstetrical patients are cared for by midwives. She
stated that she believed the public health nurse in rural communities should
have midwifery training, so as to be prepared to give prenatal care and care
in the case of normal deliveries in circumstances where a physician is not
available.

In giving a brief account of conditions in England, Sir Arthur Newsholme
said that 55 to 60 per cent of all births are attended by midwives and that
midwives are required to have a prescribed training and are licensed.

Other speakers who contributed to the program of this conference were
Dr. Mary R. Noble, Dr. Mary Potter, Miss Mary Beard, and Miss Cora
Simpson of China.

The conference concluded with the recommendation in the form of a
motion by S. Lillian Clayton, seconded by Mary M. Roberts, that the study
of the need of the study of midwifery by nurses be continued by the Na-
tional League of Nursing Education and the National Organization for
Public Health Nursing.

THE STUDENT NURSE IN THE OUT-PATIENT
DEPARTMENT

By Mary B. Hulsizer, R. N., Chairman
Instructor in Nursing Education, Teachers College, Columbia University,
New York, N. Y.

(Conducted by the Education Committee Sub-_committee for the Study
of the Nurse and Nursing Service in the Out-patient Department)

This conference was opened by Janet M. Geister, Assistant Executive
Secretary of the Associated Out-patient Clinics, New York City. Miss
Geister emphasized the importance of the out-patient department as a
growing community health factor. Since the clientele of the out-patient
departments represents in so broad a sense the health problem of the
community, she said, it seems logical that the student nurse should receive
experience in this service and that the standards maintained in the out-
patient department are no less important than those of the in-patient
department.

Miss Hulsizer presented a summary of the replies to letters which had
been sent to fifty-five directors of schools of nursing, inquiring as to the
general practices concerning student nurses in the out-patient department.
This report indicated that the place of the student nurse in the out-patient department is receiving more attention than in the past.

Comments on Miss Geister's paper were made by Helen Wood, Director, School of Nursing of the University of Rochester, Rochester, N. Y. Miss Wood brought out the fact that in the out-patient department the patient sees the nurse as the link between the out-patient department and the ward, while the nurse in turn sees the patient not as an individual case but as the person who is a member of the community and at the same time a hospital patient.

The Out-patient Department as a Teaching Field for Student Nurses was presented first by Emilie Robson, Director, Visiting Nurse Association, St. Louis, Missouri. Miss Robson outlined the factors involved in adapting the educational material in the out-patient department to the needs of the student nurses and the importance of supplementing the curative aspects of disease with the positive or preventive aspects of clinic service. She further stated that this preventive service must include the patient's social relationships and his community life and that the aim of such experience should be to give the student a bird's-eye view of the various programs which are a definite part of the organized community health service, and to strengthen her service to the community when her professional preparation is completed.

Miss S. Lillian Clayton, Superintendent of Nurses, Philadelphia General Hospital, Philadelphia, Pennsylvania, spoke of the need for properly equipped instructors to teach the students in the out-patient department.

The type of personnel available for instructor and the means of securing it were suggested by Sally Johnson, Principal of the School of Nursing, Massachusetts General Hospital, Boston, Massachusetts. Miss Johnson referred to the fact that fifteen years ago full-time instructors were an anomaly, now, they are an accepted part of the nursing school faculty and that the principal of the nursing school must impress upon her board of trustees the necessity for providing nurses who have the public health point of view developed through out-patient experience so that they will appreciate the necessity for maintaining this service; also that students who have out-patient training obtain a truer conception and a greater appreciation of their place in the community's program for health and are better equipped to shoulder their responsibility.

In presenting the relationship between the out-patient department and the visiting nurse association, Marguerite Wales, General Director, Henry Street Visiting Nursing Service, New York City, spoke of the ideal opportunity for health education offered through the out-patient department and the visiting nurse association. Miss Wales said that the out-patient department is looking to the visiting nurse association for help in organ-
izing "health center" activities to meet the growing demands of the community for this service; that the patient whom the visiting nurse has taught in the home has learned to seek advice which the out-patient department can give, that the visiting nurse service is taking its place in the out-patient department by providing this service, as well as providing follow-up on out-patient department cases, and that an affiliation with a visiting nurse association offers student nurses a field experience to supplement their out-patient work.

In describing the work of her organization in assisting with out-patient care in two Buffalo hospitals, Mrs. Anne Hansen, Superintendent, District Nursing Association, Buffalo, New York, stated that through a special visiting nurse association supervisor the physician's orders for the cases requiring home visiting from these institutions are obtained and the work distributed to the general district supervisors, and that the visiting nurse's reports on these cases are forwarded to the special supervisor who presents them at the hospital to the various department heads. Mrs. Hansen also reported that at the Children's Hospital the student nurse assigned for a six weeks' experience in pediatrics acts as the special supervisor's assistant and does the home treatment on cases within a limited area.

The system at New Haven was described by Mary Hills, Visiting Nurse Association, New Haven, Connecticut. Since the establishment of the Yale School of Nursing, the Visiting Nurse Association has taken over the field work for the New Haven Dispensary. Miss Hills explained that a refer slip, with the clinic physician's orders, is sent to the Visiting Nurse Association, that the visiting nurse returns a report to the dispensary of her observations on the patient's condition and home situation, and that the student nurses who affiliate with the Visiting Nurse Association are given the opportunity to participate in this relationship between out-patient department and the Visiting Nurse Association.

Miss Amelia Grant, Assistant Director, Bellevue-Yorkville Health Demonstration, New York City, and the chairman of the Sub-committee of the Education Committee for the Study of the Nurse and Nursing Services in the Out-patient Department, asked those present to keep the Committee in touch with developments in nursing in the out-patient department, as the Committee is eager to receive suggestions from every source in order that its future program of work may be planned to meet the needs of those who are interested.

Miss Isabel M. Stewart, Professor of Nursing Education, Teachers College, Columbia University, New York City, announced that a fellowship was available for a graduate nurse student who is prepared to make a study of the training necessary for out-patient supervisors. Applications for this fellowship may be made to the Department of Nursing Education, Teachers College, Columbia University, New York City.
REPORT OF THE INSTRUCTORS’ SECTION

By Nellie S. Parks, R. N., Chairman

Director of Nursing Service, Willard Parker Hospital, New York, N. Y.

In the absence of the secretary of the section, Ella Hasenjaeger was appointed secretary pro tem.

The officers elected for the year were Maude B. Muse, chairman, and Ella Best, secretary.

A constructive and valuable program, the general topic of which was Supervision and Teaching of Clinical Nursing followed the election of officers. The papers presented were: Methods of Increasing Ward Teaching and Improving Supervision by Mary M. Marvin, R. N.; Development of Ward Teaching by Clare Dennison, R. N., and Mina McKay, R. N.; Discussion of a Community Experiment in Ward Teaching by Lucy Beal, R. N.; Teaching of Medical Nursing by Gladys McCune, R. N.; and Teaching and Supervision of Surgical Nursing by Margaret Tracy, R. N.

REPORT OF THE COMMITTEE ON UNIVERSITY RELATIONS

The Committee on University Relations submits the following report:

The Committee has continued the study of existing university schools of nursing begun last year with the aid of the questionnaire outlined by the committee in session and later submitted for further suggestion and approval to the members of the committee.

Four of the ten additional schools to which questionnaires were sent have been heard from and this data is being added to that of the school analysis in the report submitted last year under the headings of Organization, Government, Finance, et cetera.

The study of the curricula of these schools is well under way. The announcements of the different colleges and schools in the universities giving a combined nursing and degree program have been analyzed and tabulated and checked by the information given in the questionnaires.

A tabulation has been made of nineteen schools to date indicating the following:

a. Number of schools giving Bachelor of Science, Bachelor of Arts and Bachelor of Nursing degrees.

b. Distribution of subjects required in the years of the nursing course proper and in the balance of the program for the Bachelor’s degree.

c. Range of total class, laboratory and credit hours in the various subjects in the five-year program and of its independent professional parts where a different program is there offered.
A comparative treatment of the total credit hours and the sequences in each subject has been made to indicate how much of the work of the five-year course has fallen into the junior college and how much in the senior college.

A comparison of the sequences and the proportion of junior and senior college work required of other groups of students for the Bachelor's degree with that required of the nursing students in the five-year program has been begun.

Complete summarization of this data is not possible in time for this writing. It has been tabulated in detail for nineteen schools, the full report being postponed until replies are received on points not clear in questionnaire or catalogue.

The summarization of the data in hand relative to the study of faculty also waits reply from questionnaires not yet returned. Renewed effort has been made at this time to hasten the return of these few remaining questionnaires.

Although it has not been possible to hold a meeting of the committee this year, it had outlined sufficient work in advance to engage full attention. A recent letter of inquiry as to further suggestions for the work of this committee was sent by the chairman to its members. Four suggestions are included in this report.

Miss Goodrich is of the opinion that "an important piece of work for the University Relations Committee would be to draw up standards of relationship for consideration by the League, i.e., certain conditions which would constitute a university relationship in the full meaning of the word, as differentiated from a relationship that provides that a given school may obtain one or more courses through a university.

"This would necessitate consideration of all the various items which the questionnaire presented; such as the budget, the relation of the clinical to the theoretical instruction, the selection and assignment of the faculty, et cetera, et cetera."

Miss Claribel Wheeler suggests that "it would be well for university schools to strive toward certain ideals which are not possible in other schools of nursing. It does seem difficult to have even university schools conform to certain standards of administration; the organization in the various schools seems so very different."

Miss Powell states that another thing which she, after rather careful examination of the catalogues, thinks "must be decided by this committee, is whether a school will be called a university school whose director or head is not recognized and given rank on the university faculty. There are quite a number of so-called university schools in which this does not obtain."

The chairman would like to suggest that methods of recording student
nurse records in the professional course be studied by this committee in an effort to produce uniformity between these records and those of the university.

Laura R. Logan,
Chairman

REPORT OF COMMITTEE ON FINANCE

The treasurer's report for January, February, March and April, 1926, shows:

Balance on hand January 1, 1926. ........................................  $6,383.23
Receipts since January 1, 1926. ........................................  14,507.92

Total ...............................................................  20,891.15

Disbursements since January 1, 1926. ................................  10,980.71

Balance, May 1, 1926. ................................................  9,910.44

Estimated receipts for balance of the year (8 months)
Publications ..............................................................  1,200.00
Portraits .................................................................  250.00
Slides .................................................................  1,000.00
State Supplies ..........................................................  75.00

Total .................................................................  2,525.00
Balance on hand May 1, 1926 ...........................................  9,910.44

Total income for balance of 1926 ...................................  $12,435.44

Estimated disbursements for balance of year (8 months)
Annual Report ..............................................................  1,800.00
Expenses of Officers ......................................................  655.00
Reporting Convention ....................................................  400.00
Curriculum—Printing ....................................................  1,200.00
" Editing .................................................................  400.00
Other Publications .......................................................  180.00
Portraits .................................................................  85.00
Postage .................................................................  15.00
Refunds .................................................................  25.00
Slides .................................................................  500.00
State Supplies ...........................................................  125.00
Miscellaneous ...........................................................  250.00
Convention Expense .....................................................  75.00
Committee Expense ......................................................  250.00
Calendar (price 1923) ...................................................  3,355.26
Headquarters Budget .....................................................  5,966.52

Total estimated disbursements for balance of year ..................  $15,281.78
Between the estimated receipts and estimated disbursements for the remaining eight months of the year there is a deficit of $2846.34

Vocational and Placement Bureau present expenses of:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>$1,680.00</td>
</tr>
<tr>
<td>Postage and Stationery</td>
<td>200.00</td>
</tr>
<tr>
<td>New Typewriter</td>
<td>110.00</td>
</tr>
</tbody>
</table>

_1,990.00_

This does not cover overhead, as rent of office, telephone and part time of executive secretary.

To carry on the Placement Bureau as it should be carried on, would require a vocational worker, an office assistant, office space and equipment.

In order that the executive secretary might have a more able secretary, the salary of this worker should be increased.

Your committee had hoped to recommend, after the reorganization of the state leagues and increased membership therefrom, that a part of or percentage of the expenses of members of the Board of Directors be paid, and also that committees be allowed funds that would allow these committees to hold meetings between the times of the conventions.

With a continued effort on the part of the state leagues to increase membership, the question of income from dues will be more stable after January 1, 1927.

Mary C. Wheeler,
Chairman

Upon motion duly seconded the above reports were accepted.

_Report of the Committee Appointed to Study the Question of the Continuance of the Vocational and Placement Bureau_

The Chair reminded the house that at the Monday morning session it was voted to continue the Vocational and Placement Bureau for one year and further that a committee be appointed to determine how this might be done. As announced at the business session on Wednesday, the Chair appointed the Board of Directors and the Finance Committee jointly to act as this committee.

President Hall then asked Vice President Vannier to take the chair, so that as chairman of the joint committee she might report the result of its deliberations.

_President Hall:_ The Board of Directors and the Finance Committee met together to consider the question of how the Placement Bureau might be financed and continued.
You will recall, perhaps, that the Finance Committee attempted to work out a budget and found itself confronted with the question of whether the Placement Bureau was or was not to be continued. When the Finance Committee studied the budget further, including the financing of the Placement Bureau, it was found that without doubt on a reasonable estimation of income for the remainder of this calendar year, should it be necessary to continue the Placement Bureau without some means of registration fees or some other source of income, the organization would probably have a deficit of from $2000 to $3000.

For a number of reasons it did not seem wise to your committee to recommend for a period of a year that a system of fees be established. There seems also to be some question as to whether we would become involved in income tax returns if we were to charge a fee to patrons. The suggestion was made that a good many registries through the country were placing nurses in public health positions, in teaching and all kinds of institutional positions, and it was suggested that possibly the work which the Placement Bureau has been doing at Headquarters in such a limited fashion, might be diverted to those registries through the country. Consequently a request was sent to the joint Boards of Directors, asking whether through the channels of the American Nurses Association this organization might divert the placement work, to some of the registries through the country which are connected either with district organizations or with alumnae associations. The matter was then referred to the Board of Directors of the American Nurses' Association. Although we have had no formal reply as yet, we have been informed by the president that that Board agrees and is willing to give its consent to having this organization approach such directories.

In addition, I believe it was brought out at the Conference on Registries that some of the registries have done more in the matter of making executive placements than we had understood, so that it would seem that this is no idle dream and it might be done quite effectively.

That is the report your committee has to present with relation to the Placement Bureau. Should you accept the report and be willing to adopt this recommendation that this work be gradually diverted to local registries, it probably would mean a rescinding of the vote taken on Monday to continue the Placement Bureau.

Upon the conclusion of the above report it was moved by Helen Wood, seconded by Marian Rottman, and carried, that

The report of the committee be adopted.

President Hall then resumed the chair and asked, if having adopted the report of the committee, it were the wish of the body to take some action
with relation to the vote on Monday to continue the Placement Bureau for a year.

It was moved by Marian Rottman, seconded by Bessie Baker, and carried, that

The vote be rescinded.

In the discussion which followed, Isabel M. Stewart stated that in her opinion, with a probable deficit of $2000 to $3000, the continuance of the Placement Bureau took on quite a different aspect, that even with establishment of fees the cost of maintenance could not be met, and that in view of these facts the rescinding of the action to continue the Placement Bureau for one year, she believed, was well taken.

In the developing of official registries as centers to which the work of the Placement Bureau might be transferred, the question was asked if such registries might have the benefit of the experience gained at Headquarters. The Chair stated that she felt quite safe in saying that the attitude of the Board and the Headquarters officer would be one of assistance and cooperation in every way possible. It was suggested that official directories be asked to appoint representatives from the state or local leagues, in instances where these registries are meeting requests for candidates for institutional positions.

The following action concluded the discussion:

Motion by Isabel M. Stewart, seconded by S. Lillian Clayton, and carried, that

A committee be appointed by the Chair to assist or to direct the work of transference of such material, information, etc., from the Headquarters Placement Bureau, as seems to be indicated, to local registries.

Motion by Elizabeth C. Burgess, seconded by Isabel M. Stewart, and carried, that

The American Nurses' Association be asked to appoint a committee to cooperate with the committee of the League in getting information to these registries.

Consideration of the Proposed Revisions of the By-Laws (continued)

Article I, Sec. 3. An applicant for active membership in the National League of Nursing Education may be accepted in one of three ways:

a. as a member of a Local League of Nursing Education which gives automatic membership into State and National Leagues of Nursing Education;

b. as a member of a State League, where there is no Local League, and which gives automatic membership into the National League of Nursing Education;

c. as an individual member, in such instances as there is no State League of Nursing Education.
Motion by Julia C. Stimson, seconded by Eva Caddy, and carried, that

Article I, Sec. 3, c. be amended by adding "or upon special action by the Board of Directors."

It was then moved by Evelyn Wood, seconded by Mary Roberts, and carried, that

Article I, Sec. 3 be adopted with the amendment.

Article 1, Sec. 4. An applicant for associate membership shall qualify by:

a. having graduated from a school of nursing accredited by the State Board of Nurse Examiners; the hospital with which the school is connected having a minimum daily average of 30 patients; the course in theory and practice covering a period of not less than two years;

b. having become a registered nurse in one or more states;

c. being a member, in good standing, resident or non-resident, of her Alumnae Association;

d. being enrolled as a student in university or college nursing courses; an executive or instructor in an accredited school of nursing or in a hospital or school of nursing in a foreign country;

e. being recommended for associate membership by the Committee on Eligibility.

Moved by Evelyn Wood, seconded by Sister Mathilde, and carried, that

Article I, Sec. 4, e. be amended by adding "or upon special action by the Board of Directors."

Moved by Isabelle W. Baker, seconded by Sally Johnson, and carried, that

Article I, Sec. 4 be adopted with amendment.

Article I, Sec. 5. Any member who at the time of the adoption of these by-laws is a member in good standing of the National, State or Local Leagues of Nursing Education, may continue her membership until the end of the fiscal year. At that time the Committee on Eligibility shall reconsider the conditions of her membership.

Moved by S. Lillian Clayton, seconded by Elizabeth C. Burgess, and voted, that

Article I, Sec. 5 be eliminated.

With Sec. 5 eliminated, the following sections were renumbered accordingly, Sec. 6 becoming Sec. 5, etc.

Article I, Sec. 7. Any active or associate member having withdrawn from the National League of Nursing Education or whose membership has lapsed on account of non-payment of dues, may be reinstated by making application on the regular form and by paying the regular annual dues.
In presenting Article I, Sec. 7, Miss Wheeler stated "for the current year" should be added to this section and upon motion of Evelyn Wood, seconded by Miss Greeley, it was so voted.

Article X, 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 her State League of Nursing Education that her dues have been paid.

Sec. 2. The associate members may have no vote at State or National meetings.

Moved by Ada Belle McCleery, seconded by Marian Rottman, and carried, that

The first paragraph of Article X, Section 1, be adopted with change of wording so as to read:

The voting body at the annual convention of the National League of Nursing Education shall consist of active members of State Leagues in good standing, and individual active members in good standing.

Moved by Marian Rottman, seconded by Ethel P. Clarke, and carried,

To delete the second paragraph of Article X, Section 1.

Moved by Mary E. Gladwin, seconded by Bessie Baker, and carried,

To amend Article X, Sec. 2, by striking out the word "may" and inserting the word "shall."

It will then read:

The associate members shall have no vote at State or National meetings.

Miss Wheeler stated that according to Mrs. Fox the paragraphs of Article XIV should be lettered and not indicated as sections since they relate to the duties of the State Leagues, and accordingly presented the paragraphs of this section as a, b, c, etc., instead of Section 1, 2, 3, etc.

Article XIV.

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

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

c. To send to the president, secretary and executive secretary of the National League of Nursing Education and to The American Journal of Nursing, the names and addresses of all officers, immediately after their election or appointment, together with the date and place of their next annual meeting;

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

e. To confer with the Committee on Revision of the National League of Nursing Education, regarding changes in their state constitutions and by-laws. All such changes to be
made shall have attached to them a Card of Approval, signed by the chairman of the Committee on Revision of the National League of Nursing Education, before presented to the State League for action; upon the adoption of any changes by a State League, three copies of the changes adopted, accompanied by the Card of Approval, shall be sent to the executive secretary. One copy shall be retained at National Headquarters, one copy sent to the secretary and one to the chairman of the Committee on Revision;

f. To help organize Local Leagues when desired;
g. To provide official representation as a member of the Advisory Council at each annual convention.

Moved by Marian Rottman, seconded by Evelyn Wood, and so voted,

To strike out "January" and insert "March" in Article XIV, paragraph b.

Moved by Isabelle W. Baker, seconded by Ethel P. Clarke, and carried, that

Article XIV with amendment be adopted.

It was then moved by Harriet Bailey, seconded by Bessie Baker, and so voted, that

The revisions as a whole be adopted.

The Certificate of Incorporation, with the by-laws, as amended and adopted, is appended to this report.

Moved by Mary C. Wheeler, seconded by Ethel P. Clarke, and carried, that

The changes made in the by-laws of the National League of Nursing Education be referred to the states to assist them in the revision of their by-laws.

REPORT OF THE COMMITTEE ON RESOLUTIONS

WHEREAS the Thirty-second Annual Convention of the National League of Nursing Education held in Atlantic City from May 17 to May 23, 1926, is now drawing to a most successful and profitable end,

Be it resolved that our sincere thanks be given to the Atlantic City Local Committee for the arrangements made for our pleasure and profit, that our cordial sense of gratitude be expressed to the Executive Board of the New Jersey League of Nursing Education, to the New Jersey State Nurses Association, and to the Hostess Committee which has so successfully promoted the welfare of this convention.

WHEREAS the program prepared for this convention has been of sustained and unusual interest giving us much valuable material for the improvement of our work in the advancement and improvement of nursing education,

Be it resolved that we express to the program committee our appreciation of their hard and successful labors in our behalf and the opportunity afforded
us of participating in the American Health Congress, and, furthermore, that to each of the speakers, we give our heartfelt vote of thanks for the stimulating and inspiring papers and addresses which have given us renewed hope and enthusiasm for our profession, and to the program monitors whose care and efforts have been unremitting.

WHEREAS the National League of Nursing Education is now completing a difficult period of reorganization,

Be it resolved that our unanimous and cordial thanks be extended to our Officers, Directors, and Executive Secretary.

WHEREAS Atlantic City is a delightful and restful place offering unusual facilities for the care of thousands of visitors,

Be it resolved that we express our appreciation of the opportunity of assembling in this spot and the hope that we may come together again on the "Boardwalk" at no distant date.

Mary Gladwin, Chairman

Upon motion of Mary E. Gladwin, seconded by S. Lillian Clayton, and carried, the report of the Committee on Resolutions was adopted.

The Chair then announced 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 for this committee Dora Saunby, Chicago, Illinois, and Katherine Kimmick, Detroit, Michigan. June Ramsey, Pasadena, California, Minnie H. Jordan, New York, N. Y., and Jessie E. Catton, Boston, Massachusetts, were nominated from the floor. The Chair appointed Dora Saunby temporary chairman with the request that she call a meeting of the committee to elect a chairman.

REPORT OF THE TELLERS

Total number of votes cast .................................................. 229

President:
Carrie M. Hall, Boston, Mass .............................................. 185
Louise M. Powell, Cleveland, Ohio ........................................ 43
Blank .......................................................... 1

First Vice President:
Elsie M. Lawler, Baltimore, Md ............................................. 116
Mary M. Pickering, San Francisco, Calif .............................. 113

Second Vice President:
Marion L. Vannier, Minneapolis, Minn .................................... 167
Mary A. Welsh, Grand Rapids, Mich ...................................... 57
Blank ........................................................................ 5
After stating that in accordance with the by-laws a majority of votes is necessary for election, the Chair declared the following officers elected:

**President:**
Carrie M. Hall .................................................. 185

**First Vice President:**
Elsie M. Lawler .................................................. 116

**Second Vice President:**
Marion L. Vannier .............................................. 157

**Secretary:**
Ada Belle McCleery ............................................ 223

**Treasurer:**
Marian Rottman .................................................. 223

**Directors:**
Mary M. Roberts .................................................. 188
Sally Johnson ...................................................... 164
S. Lillian Clayton .................................................. 155
Mary C. Wheeler .................................................. 137
Julia C. Stimson ................................................... 102
Claribel A. Wheeler ............................................... 61
(Mrs.) Ethel P. Clarke ............................................ 51
Shirley Titus .......................................................... 42
Blanks ............................................................... 16

Miss Hall, in accepting re-election as president, expressed appreciation to the members for their confidence with the statement that she felt she had merely been introduced to the duties of the position in the first year and hoped to be of much more value to the organization during the second year.
The Chair then introduced each of the newly elected officers and directors. Moved by Harriet Bailey, seconded by Bessie Baker, and carried, that

The ballots be burned.

Before closing the session the Chair stated that one of the duties of the Board of Directors is to determine the time and place of the convention in the odd-numbered years, and that as yet the matter was unsettled for the 1927 meeting.

The Chair then declared the convention adjourned to convene at the call of the Board of Directors in 1927.
NATIONAL LEAGUE OF NURSING EDUCATION


BY-LAWS AMENDED JUNE 21, 1924
BY-LAWS AMENDED MAY 29, 1925
BY-LAWS AMENDED MAY 22, 1926

CERTIFICATE OF INCORPORATION

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

1st. This organization shall be known as the National League of Nursing Education.
2nd. The term for which it is organized shall be perpetual.
3rd. The object of this association shall be to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by cooperating with other bodies, educational, philanthropic and social; to promote by meetings, papers and discussions, cordial professional relations and fellowship and in all ways to develop and maintain the highest ideals in the nursing profession.
4th. The number of its trustees for the first year of its existence shall be thirteen.

IN WITNESS WHEREOF we have hereunto set our hands and seals on this 13th day of March, 1917.

James Picker | Elizabeth Greener, R. N. (Seal)
E. J. Morton as to | Lillian Clayton, R. N. (Seal)
Robert E. P. Kreiter as to | Jane A. Delano (Seal)
| Georgia Nevins (Seal)
| Clara D. Noyes (Seal)

BY-LAWS

ARTICLE I

Membership

Section 1. Membership in the National League of Nursing Education shall consist of two classes:
a. Active
b. Associate

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Sec. 2. An applicant for active membership shall qualify by:
   a. having graduated from a school of nursing accredited by the State Board of Nurse Examiners, the hospital with which the school is connected having a minimum daily average of 30 patients, the course in theory and practice covering a period of not less than two years;
   b. having become a registered nurse in one or more states;
   c. being a member in good standing, resident or non-resident, of her Alumnae Association;
   d. being a member of the American Nurses' Association of the state in which she is residing;
   e. holding an advisory, executive or teaching position in an educational, preventive or government nursing organization;
   f. being recommended for active membership by the Committee on Eligibility.

Sec. 3. An applicant for active membership in the National League of Nursing Education may be accepted in one of three ways:
   a. as a member of a Local League of Nursing Education which gives automatic membership into State and National Leagues of Nursing Education;
   b. as a member of a State League where there is no Local League and which gives automatic membership into the National League of Nursing Education;
   c. as an individual member in such instances as there is no State League of Nursing Education or upon special action by the Board of Directors.

Sec. 4. An applicant for associate membership shall qualify by:
   a. having graduated from a school of nursing accredited by the State Board of Nurse Examiners, the hospital with which the school is connected having a minimum daily average of 30 patients, the course in theory and practice covering a period of not less than two years;
   b. having become a registered nurse in one or more states;
   c. being a member in good standing, resident or non-resident, of her Alumnae Association;
   d. being enrolled as a student in university or college nursing courses, an executive or instructor in an accredited school of nursing, or in a hospital or school of nursing in a foreign country;
   e. being recommended for associate membership by the Committee on Eligibility or by special action by the Board of Directors.

Sec. 5. a. A State League of Nursing Education desiring to join the National League of Nursing Education shall make application on a blank form furnished by the Secretary or Executive Secretary. The form, after being properly filled in, meeting the requirements specified and to which is attached a card of approval of its Constitution and By-Laws, signed by the Chairman of the Committee on Revision of the National League of Nursing Education, shall be sent with a copy of the Constitution and By-Laws to the Executive Secretary.

b. Applicants for individual membership desiring to join the National League of Nursing Education shall make application on a blank form furnished by the Secretary or Executive Secretary. The form after being properly filled in shall be sent with the required dues to the Executive Secretary.

Sec. 6. An active or associate member in good standing in any State League who changes her residence to another state, may be admitted by transfer sent by the Secretary of the State League she is leaving to the Secretary of the State League to which she is going, entitling her to membership for the remainder of the fiscal year without further payment of dues. At that time she may continue her membership only through the State League of the state in which she is a resident.
Sec. 7. An active or associate member having withdrawn from the National League of Nursing Education, or whose membership has lapsed on account of non-payment of dues, may be reinstated by making application on the regular form and by paying the regular annual dues for the current year.

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

ARTICLE II

Officers

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

ARTICLE III

Elections

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

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

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

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

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

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

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

ARTICLE IV

Duties of the Board of Directors and Officers

Section 1. The Board of Directors shall:

a. Hold a business meeting immediately preceding and immediately following each convention and shall meet at other times at the call of the President or at the request of five (5) or more members of the Board.

b. Transact the general business of the League in the interim between annual conventions.

c. Report to the League at each annual convention the business transacted by it during the preceding year.

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

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

f. Provide for the auditing of accounts.
g. Provide for the maintenance of National Headquarters and for the making of this office the center of all activity of the League in connection with the American Nurses' Association and the National Organization for Public Health Nursing.

h. Appoint an Executive Secretary, define her duties and fix her compensation.

i. Appoint all standing committees not otherwise provided for.

j. Act upon applications for membership.

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

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

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

Sec. 3. The Secretary shall:

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

b. Preserve all papers, letters, and records of all transactions, and have custody of the corporate seal.

c. Present to the Board of Directors all applications for membership together with the recommendations of the Committee on Eligibility.

d. Report to the Board of Directors at each annual convention or upon request.

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

f. Send a notice of the annual convention to each member at least one month in advance.

Sec. 4. The Treasurer shall:

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

b. Pay only such bills as have been ordered by the President.

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

d. Report to the Board of Directors the financial standing of the League at each annual convention and upon request.

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

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

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

Article V

Advisory Council

Section 1. The officers of the National League and the Presidents of the State Leagues belonging to the National League shall constitute an Advisory Council.

Sec. 2. The duties of the Advisory Council shall be to keep the National League informed of the progress of nursing education in the states represented and to cooperate with the National League of Nursing Education.
Sec. 3. Meetings of the Advisory Council shall be held in connection with each annual convention, at such times as shall be designated in the program. The members shall be prepared to report on the work in their respective State Leagues.

Sec. 4. In the absence of the President a State League may be represented in the Advisory Council by an alternate appointed by the State League.

ARTICLE VI

Executive Secretary

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

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

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

ARTICLE VII

Standing Committees

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 10. Each committee shall present a written report of its activities at the annual convention and at the January meeting, and keep the Executive Secretary informed of its work, as may be indicated, during the year.

**ARTICLE VIII**

**Dues**

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

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

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

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

Associate members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

**ARTICLE IX**

**Meetings**

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

Sec. 2. The order of business at each convention shall be in accordance with the program adopted at the beginning of the convention and shall include:

a. Annual reports of all officers
b. Annual reports of all Presidents of all State Leagues of Nursing Education
c. Annual reports of all Standing Committees
d. Report of Instructors’ Section
e. Address of President
f. Miscellaneous business
g. Election of officers
h. Reading of the minutes

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

ARTICLE X

Representation

Section 1. The voting body at the Annual Convention of the National League of Nursing Education shall consist of active members of State Leagues in good standing, and individual active members in good standing.

Sec. 2. The associate members shall have no vote at State or National meetings.

ARTICLE XI

Quorum

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

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

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

ARTICLE XII

Fiscal Year

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

ARTICLE XIII

Application of the Term “State League”

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

ARTICLE XIV

Duties of State Leagues

It shall be the duty of each State League:

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

b. To know that the dues are paid by the first day of April of each year on the basis of membership the first day of March of each year;
c. To send to the President, Secretary and Executive Secretary of the National League of Nursing Education and to The American Journal of Nursing, the names and addresses of all officers, immediately after their election or appointment, together with the date and place of their next annual meeting;

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

e. To confer with the Committee on Revision of the National League of Nursing Education, regarding changes in their State Constitution and By-Laws; all such changes to be made shall have attached to them a card of approval, signed by the Chairman of the Committee on Revision of the National League of Nursing Education, before presented to the State League for action; upon the adoption of any changes by a State League, three copies of the changes adopted, accompanied by the card of approval, shall be sent to the Executive Secretary, one copy shall be retained at National Headquarters, one copy sent to the Secretary and one to the Chairman of the Committee on Revision;

f. To help organize Local Leagues when desired;

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

**ARTICLE XV**

*Parliamentary Authority*

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

**ARTICLE XVI**

*The Official Organ*

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

**ARTICLE XVII**

*Amendments*

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

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

HONORARY MEMBERS

Beard, Richard O., M.D. ............ University of Minnesota, Minneapolis, Minn.
Boardman, Mabel T. ................. 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 Street, London, W., England
Jenkins, Helen Hartley (MRS.) .... 232 Madison Avenue, New York, N. Y.
Jones, M. Cadwalader (MRS.) ...... 21 East 11 Street, New York, N. Y.
Kimber, Diana C. ................... High Street, Swindon Wills, England
Osborne, Wm. Church (MRS.) ..... 40 E. 36 Street, 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.
Maxwell, Anna C. .................. Cosmopolitan Club, New York, N. Y.
Snively, Mary A. ................... 50 Maitland Street, Toronto, Ont., Canada

ACTIVE MEMBERS

ALABAMA

Boyd, Lucy Lee (MRS.) ............ Baptist Hospital, Selma

ARIZONA

Beecroft, Laura A. ................. U. S. V. Hospital 51, Tucson

ARKANSAS

Kaplan, Regina H. .................. Leo N. Levi Memorial Hospital, Hot Springs

CALIFORNIA

Allyn, Harriet J. .................. 1401 Formosa Avenue, Hollywood
Atkinson, Sidney Mae ............... 130 S. Williams Street, San Jose
Bachinger, Elizabeth ............... 447 S. Olive Street, Los Angeles
Bagley, Alice ....................... 600 Stockton Street, San Francisco
Baldwin, Ione ....................... 1135 Pine Street, San Francisco
Belden, Mildred .................... 527 S. Alexandria, Los Angeles
Belli, Rose M. ..................... St. Luke’s Hospital, San Francisco
Borg, Martha E. ................... 312 N. Boyle Avenue, Los Angeles
Bowers, Marian H. (MRS.) ......... Loma Linda, Box 17, Loma Linda
Boyce, Ada M. ...................... 3700 California Street, San Francisco
Brown, Anna M. ..................... 447 S. Olive Street, Los Angeles
Bruce, Mary Dickson ............... 4616 Sunset Boulevard, Los Angeles
Burgeson, Marie C. ................. 447 S. Olive Street, Los Angeles
Calvert, Allena .................... Los Angeles General Hospital, Los Angeles
LIST OF MEMBERS

COBBAN, FRANKE FLOWERS... St. Helena Sanitarium, St. Helena
COLE, MARY L........................................... 806—52 Street, Oakland
COWAN, M. CORDELIA........... Alameda County Hospital, San Leandro
DAVIS, LINA L.................. Cottage Hospital, Santa Barbara
DAVIS, MARY ELIZABETH........ 336 State Building, San Francisco
DE CEU, CLARE L.................. 1155 Pine Street, San Francisco
DETWEILER, MOLLIE........... U. S. Naval Hospital, San Diego
DOBINS, DOROTHY.................. Pasadena Hospital, Pasadena
DOUGLASS, KATE S............. 7227 Franklin Avenue, Los Angeles
DOWNE, OCTAVIA.................. 2821 Regent Street, Berkeley
DOZIER, S. GOTEA............. 2037 Larkin Street, San Francisco
FADDIS, HELEN WRIGHT........... Pasadena Hospital, Pasadena
FERRIS, EDITH L............... Pomona Valley Hospital, Pomona
FITZGERALD, MARY C. E........ 2838 Howard Avenue, San Diego
FOLENDORF, GERTRUDE R. (MRS.)... Shriners Hospital for Crippled Children, San Francisco

FORES, KATHLEEN M........ Third & Parnassus Avenue, San Francisco
FORTH, FANNIE R......... Methodist Hospital, Los Angeles
FRELEIGH, LILE P........... San Francisco County Hospital, San Francisco
GALLAGHER, MARY A............ 1337 S. San Joaquin Street, Stockton
GARRARD, MARGARET........... 1100 Mission Road, Los Angeles
GOSS, ETHEL E............. Children's Hospital, San Francisco
GRIFFITH, GERTRUDE C........ Murphy Memorial Hospital, Whittier
GRUBB, FLORENCE C......... Merritt Hospital, Oakland
GUSTAFSON, RUTH H........ 3311 Brookdale Avenue, Oakland
HALL, MARION C........... 1301 Chavez Ravine, Los Angeles
HALL, MARY IRENE............. 609-B—29 Street, Oakland
HANLIN, MARIE E........ Tabiola Hospital, Oakland
HANSEN, HELEN F........... 1414 South Hope Street, Los Angeles
HEBARD, HOPE........... San Francisco Hospital, San Francisco
HENRY, EDNA HURD........... 820 S. Commerce Street, Stockton
HODGDON, MARIE C............ 4079 West 18 Street, Los Angeles
HODGINS, EDITH M............ 447 S. Olive Street, Los Angeles
HORNEBEALE, BESS C........ 1530 Pacific Avenue, Long Beach
HUGHES, ANNA A............ 2220 Hayes Street, San Francisco
JACKSON, LILLIAN E. (MRS.).. San Diego County Hospital, San Diego
JAMESON, ELIZABETH M.......... Fabiola Hospital, Oakland
JAMME, ANNA C.................. State Building, San Francisco
JEFFREY, HELEN E............ Pasadena Hospital, Pasadena
JENNINGS, VERENA M........... 835 Jackson Street, San Francisco
JONES, EMILY LAWSON........ Hospital Good Samaritan, Los Angeles
JONINON, GOULD.................. St. Francis Hospital, San Francisco
JORDAN, MARY ESTHER......... San Francisco Hospital, San Francisco
JUSTIS, LULA JANE...... Paradise Sanitarium, Paradise
KACENKA, BLANCHE........... Angelus Hospital, Los Angeles
KENNEDY, GRACE M.......... St. Luke's Hospital, San Francisco
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KING, M.................. Pasadena Hospital, Pasadena
KNOWLES, CAROLYN A........ Angelus Hospital, Los Angeles
KOETHAN, DOROTHY A........ Community Hospital, Riverside
KRONE, Louise A .......................... 410—28 Street, Oakland
LANDIS, Maude .......................... Stanford Hospital, San Francisco
LEDYARD, Dorothy ....................... American Red Cross Civic Center, San Francisco
LORD, Helen H. .......................... St. Francis Hospital, Santa Barbara
LORD, Mary Helen ........................ St. Francis Hospital, Santa Barbara
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ZEIGLER, FRANCES H .......... Piedmont Hospital, Atlanta

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SMITH, HELEN ADA ........................ St. Luke's Hospital, Boise

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ANDERSON, MARY MARGARET ....... 1750 West Congress Street, Chicago
ANDRESEN, OLGA EMILIE .......... 2449 S. Dearborn Street, Chicago
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tr>
<td>Andrews, Elizabeth C.</td>
<td>506 N. Austin Building, Chicago</td>
</tr>
<tr>
<td>Ashton, Charlotte Esther</td>
<td>2449 S. Dearborn Street, Chicago</td>
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<tr>
<td>Asseltine, Elizabeth Ann</td>
<td>1324 Sheridan Road, Waukegan</td>
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<tr>
<td>Barnes, Sarah Bessie</td>
<td>506 N. Austin Boulevard, Oak Park</td>
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<td>Bell, Bessie S.</td>
<td>Station Hospital, Fort Sheridan</td>
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<td>Bergeson, Edith Marie</td>
<td>2148 S. 4 Street, Rockford</td>
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<tr>
<td>Berg, Agnes C.</td>
<td>2043 Cleveland Avenue, Chicago</td>
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<tr>
<td>Bigler, Rose</td>
<td>1201 Terminal Station, Peoria</td>
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<tr>
<td>Bowen, Alice Walker</td>
<td>2449 Washington Boulevard, Chicago</td>
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<td>Brandt, Sena Helen</td>
<td>2449 S. Dearborn Street, Chicago</td>
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<tr>
<td>Brandt, Vera Shipton</td>
<td>Michael Reese Hospital, Chicago</td>
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<tr>
<td>Breeze, Jessie</td>
<td>3600 Lexington Street, Chicago</td>
</tr>
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<td>Brenner, Frieda M</td>
<td>1116 N. Kedzie Avenue, Chicago</td>
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<td>Brown, Erma Rea</td>
<td>Methodist Hospital, Peoria</td>
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<td>Brown, Louise Catherine</td>
<td>1750 W. Congress Street, Chicago</td>
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<td>Burns, Florence J.</td>
<td>408 Wisconsin Street, Chicago</td>
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<td>Christie, Jessie Forsyth</td>
<td>426 E. 51 Street, Chicago</td>
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<tr>
<td>Colline, May Dunstone</td>
<td>5517 Kenmore Avenue, Chicago</td>
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<td>Crissy, Nellie M</td>
<td>2814 Ellis Avenue, Chicago</td>
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<td>Cutler, Mary H.</td>
<td>1750 W. Congress Street, Chicago</td>
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<tr>
<td>Densford, Katharine Jane</td>
<td>509 S. Honore Street, Chicago</td>
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<tr>
<td>Dohlgren, Emelia</td>
<td>Fifth Avenue &amp; Fifth Street, Moline</td>
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<tr>
<td>Draegert, Lucy</td>
<td>218 N. Ward Street, Macomb</td>
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<tr>
<td>Drake, Florence Louise</td>
<td>1439 Michigan Avenue, Chicago</td>
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<td>Dunlap, Mabel M</td>
<td>1531 Third Avenue, Moline</td>
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<td>Dwelleiss, Grace Linder</td>
<td>2551 N. Clark Street, Chicago</td>
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<td>Edgar, Mary Charlotte</td>
<td>1750 W. Congress Street, Chicago</td>
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<td>Egle, Louise</td>
<td>509 South Honore Street, Chicago</td>
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<tr>
<td>Ehman, Ida</td>
<td>Augustana Hospital, Chicago</td>
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<td>Ellis, Dorothy Lucille</td>
<td>1750 W. Congress Street, Chicago</td>
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<tr>
<td>Essig, Maud F.</td>
<td>Brokaw Hospital, Normal</td>
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<tr>
<td>Ewing, Nan Hamlett (Mrs.)</td>
<td>1917 Wilson Avenue, Chicago</td>
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<tr>
<td>Fairs, Jean M.</td>
<td>2650 Ridge Avenue, Evanston</td>
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<td>Foley, Edna L.</td>
<td>104 S. Michigan Avenue, Chicago</td>
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<td>Forrest, Harriet L.</td>
<td>1750 W. Congress Street, Chicago</td>
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<tr>
<td>Frankenthal, Anne E. (Mrs.)</td>
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<td>Fulmer, Harriet</td>
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<td>Garrett, Grace Evelyn</td>
<td>506 N. Austin Boulevard, Chicago</td>
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<tr>
<td>Gaulke, Martha Ratlin</td>
<td>2043 Cleveland Avenue, Chicago</td>
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<tr>
<td>Gleeson, Agnes Helena</td>
<td>Elgin State Hospital, Elgin</td>
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<td>Grant, Jessie Ellen</td>
<td>509 S. Honore Street, Chicago</td>
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<tr>
<td>Greenwood, Ida E.</td>
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<td>Griffin, Clara A.</td>
<td>2650 Ridge Avenue, Evanston</td>
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<td>Hay, Helen Scott</td>
<td>Savanna</td>
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<td>Hendrie, Christine MacVicar</td>
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<td>Henzie, Augusta</td>
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<td>Hickey, Helen</td>
<td>West Suburban Hospital, Chicago</td>
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<tr>
<td>Hilquist, Signe</td>
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</tbody>
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HOLLER, LULU .......................... 509 S. Honore Street, Chicago
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Place, Sara B ............................. 308 N. Michigan Avenue, Chicago
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<tr>
<td>Potts, Edith Margaret</td>
<td>1750 W. Congress Street, Chicago</td>
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<td>Powell, Katherine C.</td>
<td>2449 S. Dearborn Street, Chicago</td>
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<td>Pringle, Mildred</td>
<td>1439 Michigan Avenue, Chicago</td>
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<td>Rauch, Anne</td>
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<td>Robinson, Wilhelmina M</td>
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<td>Rogers, Dorothy</td>
<td>2449 Washington Boulevard, Chicago</td>
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<td>Rosendahl, Geda J.</td>
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<td>Russell, Mary L.</td>
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<td>Saunby, Dora</td>
<td>Michael Reese Hospital, Chicago</td>
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<td>Savage, Marie Petersen</td>
<td>310 Buell Avenue, Joliet</td>
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<td>Schultejann, Kathryn A.</td>
<td>2875 W. 19 Street, Chicago</td>
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<td>Schwarz, Helen Geneva</td>
<td>.1116 N. Kedzie Avenue, Chicago</td>
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<td>Sister Blais St. Louis</td>
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<td>Sister Camilla Broden</td>
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<td>Sister M. Bonavenbura Biermann</td>
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<td>Sister Mary Ambrosia</td>
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<td>Sister Mary Bernadetta</td>
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<td>Sister Mary of Jesse Chabot</td>
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<td>Sister Victoria</td>
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<td>512 E. State Street, Jacksonville</td>
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<td>Rockford Hospital, Rockford</td>
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<td>Zuppenn, Eleanore</td>
<td>801 South 7 Street, Springfield</td>
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</tbody>
</table>
INDIANA

BEST, ELLA GWENDOLYN .......... Middletown
BRIGHT, ETHEL .................. Winchester
BROOK, CLARE E ................ 309 State House, Indianapolis
BROWN, NELLIE GATES ........... Robert W. Long Hospital, Indianapolis
CARLSON, ETHEL ................. Indianapolis City Hospital, Indianapolis
CLARKE, ETHEL PALMER (MRS.) ... Indiana University Training School, Indianapolis
CONNELLY, ELLA ................ 1140 E. Market Street, Indianapolis
DAVIS, HARRIET ELIZABETH ...... Indiana University Training School, Indianapolis
GERWIN, BEATRICE ELIZABETH ... City Hospital, Indianapolis
GLOVER, ISABEL E ............... 3504 Evergreen Avenue, Apt. 7, Indianapolis
GOEPFINGER, LIZZIE LOUSEA ...... 308 Binford Street, Crawfordsville
GRAVES, ROSETTA M ............. Union Hospital, Terre Haute
HOLTMAN, ANNA M ............... Lutheran Hospital, Fort Wayne
KENNEDY, GERTRUDE EUGENIA ... St. Vincent’s Hospital, Indianapolis
MACMILLAN, FRANCES SOPHIA ... Methodist Hospital, Indianapolis
MERCY, ALINE S .................. 2425 N. 10 Street, Terre Haute
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SPRINGMYER, ELIZABETH ......... Reid Memorial Hospital, Richmond
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WAGNER, HERMINA EUGENIA ...... 1603 Central Avenue, Indianapolis
WALLACE, BERNICE B ............ Methodist Hospital, Gary
WALSH, MARY T .................. 708 Polk Street, Gary
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WILLIS, EDITH G ................. Seventh and DuBois, Vincennes
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WOODLEY, COLLIE D ............. Station Hospital, Fort Benjamin Harrison
ZINKAN, IRENE .................. St. Vincent’s Hospital, Indianapolis

IOWA

ANKENY, A. FAITH ............... Iowa Methodist Hospital, Des Moines
COLLINGS, IDA ALMA .......... Finley Hospital, Dubuque
CORDER, LOUIS BLANCHE ...... State University Hospital, Iowa City
HAUSLER, MARIE ............... Lutheran Hospital, Sioux City
HIERSTEIN, HELEN M. E ......... Finley Hospital, Dubuque
SISTER ERMA SCHWEER .......... Evan, Deaconess Hospital, Marshalltown
WEHLING, WILHELMINE A ......... Remsen
LIST OF MEMBERS

KANSAS

ADAMS, CLARA M. .......................... 1550 N. Emporia Street, Wichita
ALEXANDER, MARY A. ......................... 1004 Topeka Boulevard, Topeka
ALLISON, SADIE B. .......................... 708 W. 4 Street, Coffeyville
BAILEY, CHARLES C. (MRS.) ................. 312 West 12 Street, Topeka
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HALEY, MARY HELENA ....................... 961 Brooks Avenue, Topeka
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SCHAPILOWSKY, MARTHA M. ............... Halstead Hospital, Halstead
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SISTER MARY BERNARD FEELY ............. Marcy Hospital, Fort Scott
SISTER MARY LOIIDA ....................... St. Francis Hospital, Wichita
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WILLIAMSON, ELEANOR MACVICKS ........ 1205 Millington Street, Winfield

KENTUCKY

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BURGESS, FLORENCE L ...................... Hazard General Hospital, Hazard
COWLES, ANNETTE B. ....................... Children's Free Hospital, Louisville
DITTO, BEATRICE HILL ..................... Kentucky Baptist Hospital, Louisville
ERSKINE, CORNELIA D. ..................... City Hospital, Louisville
EITENKAMP, AGNES JANE ................. 829 Washington, Newport
FISHER, CLARA AMY ....................... Jewish Hospital, Louisville
FOREMAN, MARY E. ......................... Good Samaritan Hospital, Lexington
GAGGS, ALICE M. ......................... Norton Memorial Infirmary, Louisville
KEEN, FLORA E. ............................ 416 W. Breckenridge Street, Louisville
MASTERSON, STELLA MARY ............. St. Anthony's Hospital, Louisville
MURPHY, HONOR ............................. St. Joseph's Hospital, Louisville
RECKARD, FLORENCE M. .................. City Hospital, Louisville
RICE, LILLIAN E. ......................... Sts. Mary and Elizabeth Hospital, Louisville
RYAN, ANNA H. ............................. Good Samaritan Hospital, Lexington
SALT, SUSAN R. ............................. 641 Park Avenue, Newport
SCHENK, ELSIE A. ......................... City Hospital, Louisville
SCHREIBER, HELEN MARIE ............... Norton Memorial Infirmary, Louisville
SISTER AUQUINATA RYAN ............... Sts. Mary and Elizabeth Hospital, Louisville
SISTER DOLORETTA. St. Joseph's Infirmary, Louisville
SISTER HILDEGRADÉ. St. Joseph's Infirmary, Louisville
SISTER JANE FRANCES. Sts. Mary and Elizabeth Hospital, Louisville
SISTER JOSELLA CONLON. St. Joseph's Hospital, Lexington
SISTER LEONILDA NORTON. St. Joseph's Hospital, Lexington
SISTER M. ADELBERTA. St. Anthony's Hospital, Louisville
STEINHAUER, SOPHIA. Speer Memorial Hospital, Dayton
TOMPKINS, MAE. Methodist Deaconess Hospital, Louisville

L O U I S I A N A

BABB, SARA. Charity Hospital, New Orleans
BLOCK, CLARA (MRS.). Sophie Gumble Home for Feeble-minded Girls, New Orleans
BURCH, RUTH WARE. Hotel Dieu, New Orleans
CARROLL, CATHERINE. Charity Hospital, New Orleans
CLAIHORNE, FRANCES. Touro Infirmary, New Orleans
COOPER, L. G. Tri-State Sanitarium, Shreveport
DASPIT, L. AGNES. 2516 Gen. Taylor Street, New Orleans
DILTS, AMELIA. Riverside Sanitarium, Monroe
FILGO, WILLIE. St. Francis Sanitarium, Monroe
FLETCHER, VIANNA. Baptist Hospital, Alexandria
GILLEN, ROSE M. Charity Hospital, New Orleans
HYLAND, CAMILLE ANNE. Charity Hospital, New Orleans
JUMMELE, EMILY A. U. S. Veteran's Hospital, Algiers
KOENIG, MARY ELIZABETH. Charity Hospital, New Orleans
MACGACHEN, ANNA LOUISE. St. Mary's Hospital, Patterson
MARTIN, T. (MRS.). Shreveport Charity Hospital, Shreveport
PRICE, MARGARET A. Hotel Dieu, New Orleans
SISTER HENRIETTA DESISSE. St. Francis Sanitarium, Monroe
SISTER KOSKA SWOBODA. Charity Hospital, New Orleans
SISTER LOUISE NOONEN. Hotel Dieu, New Orleans
SISTER M. DE BETHANIE CROWLEY. Our Lady of the Lake Sanitarium, Baton Rouge
SISTER M. EVANGELIST L'ESTRANGE. Mercy Hospital, New Orleans
SISTER M. DE NAZARETH McGUIN. St. Francis Hospital, Monroe
SISTER MARY BAPTISTA. Schumpert Sanitarium, Shreveport
SELZ, NENA TEDDIE. North Louisiana Sanitarium, Shreveport
SMITH, ANNIE L. Our Lady of the Lake Sanitarium, Baton Rouge
STEWART, STELLA. Highland Sanitarium, Shreveport
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WHOOLEY, BELVA M. Charity Hospital, New Orleans
WORTH, ANNA BEHRLEN. Charity Hospital, New Orleans

M A I N E

BANNERMAN, MARGARET A. Central Maine General Hospital, Lewiston
METCALF, RACHEL A. Central Maine General Hospital, Lewiston
SHACKFORD, CLARA L. Harrington
WILSON, FRANCES B. Atlantic Post Office, Swan's Island

M A R Y L A N D

ABELL, M. AGNES. Hebrew Hospital, Baltimore
AITKENHEAD, 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
BRANLEY, Frances M ........................... University Hospital, Baltimore
BRIDGES, Serena Selfe ........................ Eudowood, Towson
BROWNING, H. LaRue .......................... Church Home and Infirmary, Baltimore
BUTLER, Frances .............................. Home for Incurables, Baltimore
CALVERT, Edna Spiller ........................ Johns Hopkins Hospital, Baltimore
COXE, Winnie A ............................... Hebrew Hospital, Baltimore
CRENTZBURG, Freda .......................... Church Home and Infirmary, Baltimore
Crighton, Annie ............................... University of Maryland Hospital, Baltimore
Cromwell, F. Vera ............................ Hospital for Women of Maryland, Baltimore
DURRANT, Constance S ........................ Church Home and Infirmary, Baltimore
ELGIN, Grace Lovell .......................... Kernan’s Hospital for Crippled Children, Baltimore
ELLIOtt, Margaret ............................. Church Home and Infirmary, Baltimore
Everett, Mildred U ............................ University Hospital, Baltimore
Ewald, Elizabeth ............................. St. Agnes Hospital, 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, Maud M ............................. Hospital for Women of Maryland, Baltimore
GETZENDANNER, Elizabeth May .......... Franklin Square Hospital, Baltimore
Gross, Elsie ................................. South Baltimore General Hospital, Baltimore
HEARN, Gertrude Amy ........................ Union Hospital of Cecil Co., Elkton
HILDEBRANDT, Mary A ........................ Hospital for the Women of Maryland, Baltimore
Hoffman, Bertha .............................. University Hospital, Baltimore
Keller, Katherine ............................. Church Home and Infirmary, Baltimore
Kennedy, Loula Esdaile ..................... Johns Hopkins Hospital, Baltimore
Lawler, E. M .................................... Johns Hopkins Hospital, Baltimore
Lawrence, Sarah Ponsier ..................... 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 Ashby ...................... 219½ East North Avenue, Baltimore
Moffatt, Jane .................................. University Hospital, Baltimore
Monroe, Ethel ................................. 328 Maryland Avenue, Baltimore
Moynan, Mary ................................. Sheppard and Enoch Pratt Hospital, Towson
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
Pease, Helen .................................. Johns Hopkins Hospital, Baltimore
Robinson, Sue ................................ Maryland General Hospital, Baltimore
Savage, Louise ............................... University Hospital, Baltimore
Shearston, Helen Elizabeth ................. Hospital for the Women of Maryland, Baltimore
Sister Anna Conley ......................... St. Agnes Hospital, Baltimore
Sister M. Beatrice Sherwood ............. Mercy Hospital, Baltimore
Sister Mary Celestine Doyle .............. Mercy Hospital, Baltimore
Snow, Charlotte Anne ...................... Union Memorial Hospital, Baltimore
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TEEPLE, HELEN STEDMAN .......... Franklin Square Hospital, Baltimore
TOWNSEND, LENA ................. University Hospital, Baltimore
VAUGHAN, M. ESTHER .......... Mercy Hospital, Baltimore
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WILSON, CORA MASON .......... University Hospital, Baltimore
WINDER, ALICE ................. South Baltimore General Hospital, Baltimore
WISE, HELEN V ................. Peninsula General Hospital, Salisbury
ZIMMERMANN, ISABEL .......... University Hospital, Baltimore

MASSACHUSETTS

ADSHEAD, EVA .................. Memorial Hospital, Worcester
ALLAN, VERA AGNES ............. 212 Boston Street, Lynn
ALLEN, BERTHA W. .............. 2014 Washington Street, Newton Lower Falls
ATWOOD, ALICE M .............. Truesdale Hospital, Fall River
AUSON, GRACE E ................. 82 East Concord Street, Boston
AVARD, MARTHA JANE .......... 298 Washington Street, Gloucester
AVERY, L. M. BELLE .......... Lowell General Hospital, Lowell
BAKER, ALICE M. (MRS.) ...... Dimock Street, Roxbury
BARCLAY, ANNIE S ............. Franklin County Hospital, Greenfield
BARNABY, MARIETTA D .......... 242 Green Street, Gardner
BEAL, LUCY HELEN .......... 721 Huntington Avenue, Boston
BENNETT, EDITH FRANCES ...... 21 Warren Avenue, Woburn
BLACKMAN, BLANCHE A .......... Springfield Hospital, Springfield
BLAISDELL, HELEN MILDRED .... 721 Huntington Avenue, Boston
BLISS, MARY E. G. ............. 538 Prospect Street, Fall River
BOWEBY, LAURA IDALINE ...... 91 Bailey Street, Lawrence
BROWN, ANNA AGNES .......... Symmes Hospital, Arlington
BURGESS, MARY A .............. The Children's Hospital, Boston
BURTON, ADELE MAY .......... 680 Centre Street, Brockton
CAMPBELL, KATHERINE A ....... 12 Abbott Street, Gardner
CATTON, JESSIE E ............. New England Hospital for Women and Children, Boston

CLELAND, REBECCA HELEN ...... McLean Hospital, Waverly
COE, ALICE B .................. The Hale Hospital, Haverhill
COLLINS, MARY IRMA .......... Somerville Hospital, Somerville
COOK, MELISSA J ............... Melrose Hospital, Melrose
COUGHLIN, NELLIE TERESA .... Boston State Hospital, Boston
COX, EDITH ISABEL .......... 125 Parker Hill Avenue, Boston
CULLEN, KATHERINE A ........ Worcester City Hospital, Worcester
CURTIS, ANNA SMITH (MRS.) .... Lynn Hospital, Lynn
DALEY, ELLEN CHRISTINA ...... 818 Harrison Avenue, Boston
DENISON, CLARE ............... Massachusetts General Hospital, Boston
DRAFTER, LAURA ALINA ....... 37 Forest Street, Medford
EAGAN, SARAH ALOYSIA ....... 40 Wigglesworth Street, Boston
EICKE, BETTY ................ Lawrence General Hospital, Lawrence
FALLON, MARGARET .......... Long Island Hospital, Boston
FORBES, KATHERINE .......... New England Hospital for Women and Children, Boston
GELINIAS, AGNES .......... 82 East Concord Street, Boston
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<thead>
<tr>
<th>Name</th>
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<td>Gibson, Anna Lemira</td>
<td>695 Huntington Avenue, Boston</td>
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<td>116 Neponset Avenue, Dorchester</td>
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<td>McLean Hospital, Waverly</td>
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<td>Hogan, Jedidah B.</td>
<td>100 Bellingham Street, Chelsea</td>
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<td>Massachusetts Homeopathic Hospital, Boston</td>
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<td>680 Centre Street, Brockton</td>
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<td>6 Roanoke Road, Wellesley</td>
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<td>119 Belmont Street, Worcester</td>
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<td>88 Rockland Street, Swampscott</td>
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<td>1820 Highland Avenue, Fall River</td>
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<td>Highland Avenue, Newburyport</td>
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<td>Lowell General Hospital, Lowell</td>
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<td>McCrae, Annabella</td>
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<td>Beverly Hospital, Beverly</td>
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<td>Malden Hospital, Malden</td>
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<td>Somerville Hospital, Somerville</td>
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<td>Boston State Hospital, Boston</td>
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<td>McVicker, Mabel</td>
<td>721 Huntington Avenue, Boston</td>
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<td>MacFadden, Shannah N.</td>
<td>Leominster Hospital, Leominster</td>
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<td>MacLauchlin, Zelah</td>
<td>53 Parker Hill Avenue, Boston</td>
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<td>MacLeod, Christine</td>
<td>Lowell General Hospital, Lowell</td>
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<td>MacNeil, Lizzie L.</td>
<td>House of Mercy Hospital, Pittsfield</td>
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<td>Maloney, Gertrude Elizabeth</td>
<td>60 Grant Street, Needham</td>
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<td>Managhan, Clara Frances</td>
<td>818 Harrison Avenue, Boston</td>
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<td>Marcy, Mary M.</td>
<td>Miss Hall's School, Pittsfield</td>
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<td>Waltham Hospital, Waltham</td>
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<td>Marsh, Alice Warren</td>
<td>Union Hospital, Fall River</td>
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<td>Truesdale Hospital, Fall River</td>
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<td>Lowell General Hospital, Lowell</td>
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MAYO, ADELAIDE ADELA...64 Huntington Avenue, Boston
MORSE, EDNA CURTIS...New England Baptist Hospital, Boston
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**MISSOURI**

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MARTIN, Gertrude E. ................. 2945 Lawton Avenue, St. Louis
MARTIN, Helen A. .................. City Hospital, St. Louis
MERKEL, Armina J. ................ City Hospital #2, St. Louis
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Cooper, Mabel Templeton ....... U. S. Naval Hospital, Brooklyn
Copeland, M. Agnes ............. Columbus Hospital, New York
Corbin, Hazel ................. Maternity Center Association, New York
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<td>Convalescent Home for Hebrew Children, Rockaway Park</td>
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<td>Desombre, Abigail Adell</td>
<td>City Hospital School of Nursing, Welfare Island, New York</td>
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<td>DeWitt, Katherine</td>
<td>272 Meigs Street, Rochester</td>
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<td>Park Avenue Clinical Hospital, Rochester</td>
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<td>Donald, Mary Reed</td>
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<td>Donohue, Julia E.</td>
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<td>Doty, Parmelee M.</td>
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<td>Douglas, Lillian A.</td>
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<td>Dover, Catherine S.</td>
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<td>Doyle, Marian R.</td>
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<td>Dwyer, Gertrude May</td>
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<tr>
<td>Eakins, Martha S. J.</td>
<td>State Education Building, Albany</td>
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<td>Ellicott, Nancy Poulteny</td>
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<td>Eliot, Margaret</td>
<td>Presbyterian Hospital, New York</td>
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<td>Prospect Heights Hospital, Brooklyn</td>
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<td>Farrington, Jennie E.</td>
<td>Binghamton State Hospital, Binghamton</td>
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<td>Fitzgerald, Elizabeth R.</td>
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<td>Fitz Gibbon, Margaret Rose</td>
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<td>Ford, Besse A. M.</td>
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<td>Frazer, Fannie Rowland (Mrs.)</td>
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<td>French, Corinna D.</td>
<td>State Education Building, Albany</td>
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<td>Bloomingdale Hospital, White Plains</td>
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<td>Gardner, Agnes Jane</td>
<td>New York Post Graduate Hospital, New York</td>
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<tr>
<td>Gavon, Mary</td>
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LeChard, Ethel Mary .............. Long Island College Hospital, Brooklyn

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<table>
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<td>LEE, ELEANOR</td>
<td>37 East 71 Street, New York</td>
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<tr>
<td>LEETE, HARRIET LOUISE</td>
<td>Wave Crest Convalescent Home, Far Rockaway</td>
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<td>LEHMKUHL, BERTHA H.</td>
<td>The Fifth Avenue Hospital, New York</td>
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<td>Broad Street Hospital, New York</td>
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<td>LEWIS, LAURA F.</td>
<td>Buffalo General Hospital, Buffalo</td>
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<td>LEURANCE, GRACE</td>
<td>Polyclinic Hospital, New York</td>
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<td>LINDHEIMER, ELIZABETH P.</td>
<td>Lenox Hill Hospital, New York</td>
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<td>LYLE, MAUDE E. CALHOUN</td>
<td>Ossining Hospital, Ossining</td>
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<td>McCARTHY, NORA T.</td>
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<td>St. Joseph Hospital, Syracuse</td>
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<td>St. Vincent’s School of Nursing, New York</td>
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<td>MACMAHON, Muriel M.</td>
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<td>Maurer, Elsie M.</td>
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WOODS, SUSIE E. .............. Baptist Hospital, Miami

OREGON
CAMPBELL, M. C. .............. Board of Trade Building, Portland
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ALLEN, LAURA JANE .......... Hazleton Hospital, Hazleton
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BOWER, CATHERINE RUTH ...... Western Pennsylvania Hospital, Pittsburgh
BOYD, HANNA ................. Conemaugh Valley Memorial Hospital, Johnstown
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
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</thead>
<tbody>
<tr>
<td><strong>BRAUN, EVA M.</strong></td>
<td>Suburban General Hospital, Bellevue</td>
</tr>
<tr>
<td><strong>BROWN, KATHARINE.</strong></td>
<td>Bryn Mawr Hospital, Bryn Mawr</td>
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<tr>
<td><strong>CAMPBELL, C. MABEL.</strong></td>
<td>Butler County General Hospital, Butler</td>
</tr>
<tr>
<td><strong>CARSON, LILLIAN H. S.</strong></td>
<td>Women's Homeopathic Hospital, Philadelphia</td>
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<tr>
<td><strong>CHUBB, ALICE M.</strong></td>
<td>Uniontown Hospital, Uniontown</td>
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<tr>
<td><strong>CLARK, MILDRED.</strong></td>
<td>Ashland State Hospital, Ashland</td>
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<tr>
<td><strong>CLAYTON, S. LILLIAN.</strong></td>
<td>Philadelphia General Hospital, Philadelphia</td>
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<tr>
<td><strong>CLEVELAND, KATHARINE N. A.</strong></td>
<td>Germantown Hospital, Germantown, Philadelphia</td>
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<tr>
<td><strong>CORNWALL, BERTHA.</strong></td>
<td>Pennsylvania Hospital for Mental and Nervous Diseases, Philadelphia</td>
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<tr>
<td><strong>COUCHER, JEAN MORRISON.</strong></td>
<td>St. Luke's Hospital, Bethlehem</td>
</tr>
<tr>
<td><strong>CROSSLAND, ALLIE F. W.</strong></td>
<td>Protestant Episcopal Hospital, Philadelphia</td>
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<td><strong>CUSHING, ADELAIDE B.</strong></td>
<td>Eye and Ear Hospital, Philadelphia</td>
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<td><strong>DARLING, LOTTA A.</strong></td>
<td>Allegheny General Hospital, Pittsburgh</td>
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<td><strong>DARREL, ELIZABETH MARY.</strong></td>
<td>Presbyterian Hospital, Philadelphia</td>
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<td><strong>DAVIDS, ANNA H.</strong></td>
<td>Brookville Hospital, Brookville</td>
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<td><strong>DAVIES, EDITH M. E.</strong></td>
<td>Chestnut Hill Hospital, Germantown, Philadelphia</td>
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<td><strong>DELAHUNT, ELIZABETH M.</strong></td>
<td>Homeopathic Hospital, Pittsburgh</td>
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<td><strong>DEMUTH, MARGARET FRANCES.</strong></td>
<td>Protestant Episcopal Hospital, Philadelphia</td>
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<td><strong>DIBELER, FANNIE E.</strong></td>
<td>Magee Hospital, Pittsburgh</td>
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<td><strong>DILLER, AMELIA H.</strong></td>
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<td><strong>DUNCAN, WILLIAMINA.</strong></td>
<td>Homeopathic Hospital, Pittsburgh</td>
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<tr>
<td><strong>DUNDAS, ETHEL B.</strong></td>
<td>Rochester General Hospital, Rochester</td>
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<td><strong>DUNLOP, MARGARET A.</strong></td>
<td>Pennsylvania Hospital, Philadelphia</td>
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<td><strong>EAGER, M. L.</strong></td>
<td>Rossmere Sanitarium, Lancaster</td>
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<td><strong>EDEN, MARIE CLOSE.</strong></td>
<td>Presbyterian Hospital, Philadelphia</td>
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<td><strong>ELMER, HARRIET SEELEY.</strong></td>
<td>Presbyterian Hospital, Philadelphia</td>
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<td><strong>ERHARD, LILLIE E.</strong></td>
<td>Misericordia Hospital, Philadelphia</td>
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<td><strong>ERXLEBEN, MARGERITE C.</strong></td>
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<tr>
<td><strong>ESCHelman F.</strong></td>
<td>Phipps Institute, Philadelphia</td>
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<td><strong>ESCHENBACH, EMMA</strong></td>
<td>Samaritan Hospital, Philadelphia</td>
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<td><strong>ESSIG, ANNA K.</strong></td>
<td>Northern Liberties Hospital, Philadelphia</td>
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<td><strong>FEAMSTER, OPHELIA M.</strong></td>
<td>140 North 15 Street, Philadelphia</td>
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<td>Philadelphia Orthopedic Hospital, Philadelphia</td>
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<td>Medico Chirurgical Hospital, Philadelphia</td>
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<td>Methodist Episcopal Hospital, Philadelphia</td>
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<td>The Reading Hospital, Reading</td>
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<td><strong>Frost, Harriet.</strong></td>
<td>310 South 10 Street, Philadelphia</td>
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<td>U. S. Naval Hospital, League Island, Philadelphia</td>
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<td>Carbondale</td>
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<td>Washington Hospital, Washington</td>
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<td>Protestant Episcopal Hospital, Philadelphia</td>
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<td><strong>GONSER, LENORE.</strong></td>
<td>Allegheny General Hospital, Pittsburgh</td>
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<td><strong>GOODEN, FRANCES LOUISA.</strong></td>
<td>Chester County Hospital, West Chester</td>
</tr>
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<td>Name</td>
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<td>Goodnow, Minnie</td>
<td>1818 Lombard Street, Philadelphia</td>
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<td>Grant, Janet G.</td>
<td>Moses Taylor Hospital, Scranton</td>
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<td>Green, L.</td>
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<td>Guilfoyle, Bertha</td>
<td>4108 Baltimore Avenue, Philadelphia</td>
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<td>Horem, R.</td>
<td>2137 North College Avenue, Philadelphia</td>
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<td>Horn, Martha B.</td>
<td>Passavant Hospital, Pittsburgh</td>
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<td>House, Mary Naomi</td>
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<td>Huntley, Mabel F.</td>
<td>108 South 36 Street, Philadelphia</td>
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<td>Monongahela Hospital, Monongahela</td>
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<td>Jackson, Margaret M.</td>
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<td>Keeley, Laura Feigley</td>
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<td>Klonser, Harriet</td>
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<td>Leavell, Lutie C.</td>
<td>American Stomach Hospital, Philadelphia</td>
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<td>Leece, Elizabeth</td>
<td>Mercer Sanitarium, Mercer</td>
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<td>Leech, Margaret A.</td>
<td>State Hospital, Nanticoke</td>
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<td>Lewellyn, Cathryn L. (MRS.)</td>
<td>Blossburg State Hospital, Blossburg</td>
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<td>Lewis, Adele M.</td>
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<td>Lundy, Margarette S.</td>
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<td>McCarthy, G.</td>
<td>St. Agnes Hospital, Philadelphia</td>
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<td>McCormick, Marie Gertrude</td>
<td>Hospital of Women's Medical College, Philadelphia</td>
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<td>McDaniel, Helen</td>
<td>St. Luke's Hospital, Bethlehem</td>
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<td>McKeean, Mary B.</td>
<td>Kane Summit Hospital, Kane</td>
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<td>McMahon, Margaret</td>
<td>Polyclinic Hospital, Philadelphia</td>
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<td>McMenamin, Cornelia</td>
<td>St. Joseph's Hospital, Philadelphia</td>
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</tbody>
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MACAFFEE, Nellie E. ............... 4707 Maripoe Street, Pittsburgh
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NEWMAN, W. MaC ................. Sewickley Valley Hospital, Sewickley
NOBLE, Mary E ..................... Philadelphia General Hospital, Philadelphia
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SISTER M. LEONARD BUCK ...... Mercy Hospital, Pittsburgh
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BARRY, SARAH C......................... City Hospital, Providence
BREADON, GRACE......................... Homeopathic Hospital, Providence
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SOUTH CAROLINA

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GEORGE, ANNA L . . . . . William Beaumont General Hospital, El Paso
GERMAN, IDA E. . . . . . William Beaumont General Hospital, El Paso
GREY, GRACE GERTRUDE . . . John Sealy Hospital, Galveston
GUENTHER, A. K. (MRS.). . . . La Grange Hospital, La Grange
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Gobel, Marie Caroline .......... Grandview Hospital, La Crosse
Graham, Olive M. ............... Wausau Memorial Hospital, Wausau
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WENKE, MARTHA .......... Milwaukee County Hospital, Wauwatosa
WHITE, REGINE ............. 410 Summit Avenue, Milwaukee
WIPPERMAN, HELEN L ....... Mt. Sinai Hospital, Milwaukee
ZERATSKY, EMMA A .......... La Crosse Hospital, La Crosse

WYOMING

PHIFER, F. W. (MRS.) ........ Wheatland General Hospital, Wheatland
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LIST OF MEMBERS

HAWAII
McLaughlin, Mary F. .......... Tripler General Hospital, Fort Shafter, Honolulu

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Macaraig, Enriqueta .......... Philippine General Hospital, Manila

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Shipley, Henrietta .......... Bonneyville Hospital, Bonneyville, Alberta

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Gage, Nina ................ Hunan-Yale School of Nursing, Changsha
Hirst, Elizabeth .......... Methodist Hospital, Peking

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Ward, Lillian M .......... Port au Prince

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Fahs, Katherine .......... A. E. L. M. Hospital, Cruter

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Fitzgerald, Alice .......... Siriraj Hospital, Bangkok

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Hankin, Katherine .......... British-American Hospital, Callao, Peru

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Breaux, Lydia .......... 8228 Spruce Street, New Orleans, La.
Cabot, M. G. .......... Church General Hospital, Wuchang, China
Nelson, Mary Karen .......... American Hospital, Constantinople, Turkey
### Deceased Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Died Date</th>
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</thead>
<tbody>
<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>
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<tr>
<td>A. A. Chesley</td>
<td>November 7, 1910</td>
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<tr>
<td>Constance V. Curtis</td>
<td>December 12, 1910</td>
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<tr>
<td>J. E. Snodgrass (Mrs.)</td>
<td>April 20, 1910</td>
</tr>
<tr>
<td>Cora Overholt</td>
<td>July 25, 1911</td>
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<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>
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<tr>
<td>Edith W. Seymour</td>
<td>October, 1913</td>
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<tr>
<td>Isabel McIsaac</td>
<td>September, 1914</td>
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<tr>
<td>A. C. Robertson</td>
<td>April, 1915</td>
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<tr>
<td>M. E. Johnston</td>
<td>——, 1915</td>
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<tr>
<td>F. E. S. Smith (Mrs.)</td>
<td>——, 1915</td>
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<tr>
<td>Adeline Henderson</td>
<td>November, 1915</td>
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<tr>
<td>Alice A. Gorman</td>
<td>February 6, 1916</td>
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<tr>
<td>Alma E. Grant</td>
<td>April 1, 1918</td>
</tr>
<tr>
<td>A. Lauder Sutherland</td>
<td>May 25, 1918</td>
</tr>
<tr>
<td>Anna G. Clement</td>
<td>September 3, 1918</td>
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<tr>
<td>Alice Ashby</td>
<td>September 28, 1918</td>
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<tr>
<td>Mary Clarke</td>
<td>October, 1918</td>
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<tr>
<td>Jane A. Delano</td>
<td>April 15, 1919</td>
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<tr>
<td>Lila Pickard</td>
<td>August 26, 1919</td>
</tr>
<tr>
<td>Amelia A. Hall</td>
<td>January 1, 1920</td>
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<tr>
<td>Sophia F. Palmer</td>
<td>April 27, 1920</td>
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<tr>
<td>Mary Jean Hurdley</td>
<td>August 15, 1920</td>
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<tr>
<td>Eliza C. Glenn</td>
<td>August 18, 1920</td>
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<tr>
<td>Carrie J. Brink</td>
<td>December 10, 1920</td>
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<tr>
<td>Sister Mary Emanuel</td>
<td>——, ——</td>
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<tr>
<td>Mary W. McKechnie</td>
<td>March 18, 1921</td>
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<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>
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<tr>
<td>Sister Emma Detmer</td>
<td>September 4, 1922</td>
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<tr>
<td>Bertha Erdman</td>
<td>November 5, 1922</td>
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<tr>
<td>Sarah C. Ebersole</td>
<td>December 12, 1922</td>
</tr>
<tr>
<td>Cornelia Happersette</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>
<tr>
<td>Josephine Hamilton (Mrs.)</td>
<td>May 1, 1924</td>
</tr>
<tr>
<td>Mary E. P. Davis</td>
<td>June 9, 1924</td>
</tr>
<tr>
<td>Agnes P. Mahoney</td>
<td>January 3, 1925</td>
</tr>
<tr>
<td>Nelle F. Parrish</td>
<td>June 10, 1925</td>
</tr>
</tbody>
</table>
DECEASED MEMBERS

Garnet Isabel Pelton ........................................... Died June 15, 1925
Anne Hervey Strong ........................................... Died June 17, 1925
Maria McDaniel ................................................. Died September 19, 1925
Olive Hartlove .................................................. Died November, 1925
Josephine M. Swenson ........................................... Died March 16, 1926
Mabel Theresa Sundblad ........................................... Died May 12, 1926
Helen L. Bloomfield ............................................. Died May 21, 1926
Emily, Isabel Elliott ............................................. Died June 2, 1926
Winfred W. Atkinson ............................................. Died July 23, 1926
Sister Catherine Voth ........................................... Died August 19, 1926

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