Thirty-fourth Annual Report
OF THE
National League
OF
Nursing Education
1928
HEADQUARTERS
NATIONAL LEAGUE OF NURSING EDUCATION,
370 SEVENTH AVE., NEW YORK CITY.
PROCEEDINGS
OF THE
THIRTY-FOURTH ANNUAL CONVENTION
OF THE
NATIONAL LEAGUE OF NURSING EDUCATION

HELD AT
Kentucky Hotel
Louisville, Kentucky
June 4 to June 9, 1928

NATIONAL HEADQUARTERS
370 Seventh Avenue
New York, N. Y.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officers</td>
<td>5</td>
</tr>
<tr>
<td>Advisory Council</td>
<td>6</td>
</tr>
<tr>
<td>Committees</td>
<td>7</td>
</tr>
<tr>
<td>American Society of Superintendents of Training Schools for Nurses</td>
<td>19</td>
</tr>
<tr>
<td>Report of the Secretary</td>
<td>23</td>
</tr>
<tr>
<td>Financial Report of the Treasurer</td>
<td>25</td>
</tr>
<tr>
<td>Report of the Executive Secretary</td>
<td>29</td>
</tr>
<tr>
<td>Report of Committee on Program</td>
<td>35</td>
</tr>
<tr>
<td>Report of Committee on Eligibility</td>
<td>36</td>
</tr>
<tr>
<td>Report of Committee on Finance</td>
<td>36</td>
</tr>
<tr>
<td>Report of Committee on Nominations</td>
<td>39</td>
</tr>
<tr>
<td>Report of Committee on Publications</td>
<td>40</td>
</tr>
<tr>
<td>Report of Committee on Convention Arrangements</td>
<td>41</td>
</tr>
<tr>
<td>Report of Committee for the Study of Nursing Education in Colleges and Universities</td>
<td>42</td>
</tr>
<tr>
<td>Report of Isabel Hampton Robb Memorial Fund Committee</td>
<td>43</td>
</tr>
<tr>
<td>Report of Committee on Revision</td>
<td>44</td>
</tr>
<tr>
<td>Report of Committee on Educational Publicity</td>
<td>45</td>
</tr>
<tr>
<td>Report of Committee on Problems of Education in Nursing Schools Connected with Small Hospitals</td>
<td>45</td>
</tr>
<tr>
<td>Report of Committee on Consultant Service</td>
<td>46</td>
</tr>
<tr>
<td>Report of Committee on Indexing of Periodical Nursing Literature</td>
<td>48</td>
</tr>
<tr>
<td>Address of Welcome. Hon. Flem Sampson</td>
<td>51</td>
</tr>
<tr>
<td>Address of Welcome. Hon. William Harrison</td>
<td>52</td>
</tr>
<tr>
<td>Response and Address. S. Lillian Clayton, R. N</td>
<td>52</td>
</tr>
<tr>
<td>Address. Carrie M. Hall, R. N</td>
<td>52</td>
</tr>
<tr>
<td>Address. Mrs. Anne L. Hansen, R. N</td>
<td>54</td>
</tr>
<tr>
<td>Greetings from International Council of Nurses. Nina D. Gage, R. N</td>
<td>54</td>
</tr>
<tr>
<td>The Red Cross Nursing Service. Clara D. Noyes, R. N</td>
<td>54</td>
</tr>
<tr>
<td>Adult Education. Charles H. Judd, Ph. D.</td>
<td>56</td>
</tr>
<tr>
<td>Community Nursing Needs. C-E. A. Winslow, Dr. P. H</td>
<td>65</td>
</tr>
<tr>
<td>Distribution of Nursing Service in Hospitals. Marian Rottman, R. N</td>
<td>66</td>
</tr>
<tr>
<td>Distribution of Nursing Service in the Community. Sophie C. Nelson, R. N</td>
<td>70</td>
</tr>
<tr>
<td>Reports of State Leagues of Nursing Education</td>
<td>70</td>
</tr>
<tr>
<td>Nursing and Maternal Care. Dr. Stephen Rushmore</td>
<td>98</td>
</tr>
<tr>
<td>The Place of the Nurse in Mental Hygiene. Dr. William L. Russell</td>
<td>108</td>
</tr>
<tr>
<td>The Child Guidance Clinic. Dr. Ralph P. Truitt</td>
<td>108</td>
</tr>
<tr>
<td>What a Mental Hygiene Clinic Has to Offer a Public Health Nurse. Dr. Frank J. O'Brien</td>
<td>108</td>
</tr>
<tr>
<td>Mental Hygiene in a Generalized Program. Grace Allen, R. N</td>
<td>109</td>
</tr>
<tr>
<td>Report of Committee on Education</td>
<td>109</td>
</tr>
<tr>
<td>Report of Education Committee Subcommittee on Duties, Qualifications, and Preparation of Superintendents of Nurses, Assistants, and Night Superintendents</td>
<td>116</td>
</tr>
<tr>
<td>A Time Study of the Activities of Superintendents of Nurses Who Are Also Principals of Schools of Nursing.</td>
<td>117</td>
</tr>
</tbody>
</table>
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Mary May Pickering
University of California, Berkeley, Cal.

Clarebel A. Wheeler
600 S. Kingshighway, St. Louis, Mo.

Irene R. English
The Kahler Hospitals, Rochester, Minn.

Mary M. Roberts
370 Seventh Ave., New York, N. Y.

1 N. O. P. H. N. representatives as of 1926-1928.
THIRTY-FOURTH ANNUAL CONVENTION

Representing the National Organization
for Public Health Nursing

MARY BEARD
Care of the Rockefeller Foundation, 61 Broadway, New York, N. Y.

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

JESSIE L. MARRINER
State Department of Health, Montgomery, Ala.

LYSTRA E. GRETTER
51 Warren Ave., W., Detroit, Mich.

COMMITTEE ON INTERNATIONAL NURSING AFFAIRS

Representing the American Nurses' Association
CLARA D. NOYES, Chairman
The American Red Cross, Washington, D. C.

Representing the National League of Nursing Education
DAISY DEAN URCH
Highland Hospital, Oakland, Cal.

Representing the National Organization for Public Health Nursing

MARY BEARD
Care of the Rockefeller Foundation, 61 Broadway, New York, N. Y.

ADVISORY COMMITTEE ON AMERICAN NURSES' MEMORIAL (FLORENCE NIGHTINGALE SCHOOL), BORDEAUX, FRANCE

Representing the American Nurses' Association
CLARA D. NOYES, Chairman
The American Red Cross, Washington, D. C.

Representing the National League of Nursing Education
HELEN BRIDGE SHARTLE
Warsaw, Poland

ANNA C. JAMME
609 Sutter St., San Francisco, Cal.

NINA D. GAGE
370 Seventh Avenue, New York, N. Y.

MRS. JEAN CELHAY
Bordeaux, France

ADA BELLE McCLEERY
Evanston Hospital, Evanston, Ill.

Representing the National Organization for Public Health Nursing

MARY K. NELSON
Homeopathic Hospital, Providence, R. I.

KATHERINE TUCKER
1340 Lombard St., Philadelphia, Penn.

EVELYN WALKER
Red Bank, N. J.
COMMITTEES

NATIONAL COMMITTEE, THE AMERICAN RED CROSS NURSING SERVICE

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

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

ELIZABETH C. BURGESS (ex officio as President)
Teachers College, Columbia University, New York, N. Y.

Adda Eldredge
State Board of Health, Madison, Wis.

Ada Belle McCleery
Evanston Hospital, Evanston, Ill.

Bena M. Henderson
Milwaukee Children's Hospital, Milwaukee, Wis.

COMMITTEE ON THE GRADING OF NURSING SCHOOLS

Representing The National League of Nursing Education:

ELIZABETH C. BURGESS, R. N.
Assistant Professor of Nursing Education, Teachers College, Columbia University, 525 West 120th Street, New York City.

Laura R. Logan, R. N.
Dean, Illinois Training School for Nurses, 509 South Honore Street, Chicago, Illinois.

Representing The American Nurses' Association:

HELEN WOOD, R. N.
Director, Rochester University School of Nursing, Crittenden Boulevard, Rochester, N. Y.

SUSAN FRANCIS, R. N.
Superintendent, the Children's Hospital of Philadelphia, 18th and Bainbridge Streets, Philadelphia, Pa.

Representing The National Organization for Public Health Nursing:

KATHARINE TUCKER, R. N.
General Director, Visiting Nurse Society, 1340 Lombard Street, Philadelphia, Pa.

GERTRUDE E. HODGMAN, R. N.
Assistant Professor, School of Nursing, Yale University, 62 Park Street, New Haven, Conn.

Representing The American Medical Association:

WILLIAM DARRACH, M. D., Chairman
Dean, College of Physicians and Surgeons, Columbia University, 632 W. 168th St., New York City.

WINFORD H. SMITH, M. D. (Alternate)
Director, The Johns Hopkins Hospital, Baltimore, Md.

Representing The American Hospital Association:

JOSEPH B. HOWLAND, M. D.
Superintendent, Peter Bent Brigham Hospital, 721 Huntington Avenue, Boston, 17, Mass.

BERT W. CALDWELL, M. D. (Alternate)
Executive Secretary, American Hospital Association, 18 East Division Street, Chicago, Ill.

Representing The American College of Surgeons:

MALCOLM T. MACEachern, M. D.
Associate Director, American College of Surgeons, 40 East Erie Street, Chicago, Ill.

BOWMAN C. CROWELL, M. D. (Alternate)
Associate Director, American College of Surgeons, 40 East Erie Street, Chicago, Ill.
Representing The American Public Health Association:

CHARLES-EDWARD A. WINSLOW, D. P. H.
Professor, Public Health, Yale University, New Haven, Conn.

LEE K. FRANKEL, Ph. D. (Alternate)
Vice-President, Metropolitan Life Insurance Co., 1 Madison Ave., New York City.

Members at Large:

MRS. CHESTER C. BOLTON
Franchester Place, Richmond Rd., South Euclid, Ohio.

SISTER DOMITILLA
Director of Nursing Education, St. Mary's Training School for Nurses, Rochester, Minnesota.

Director:

MAY AYRES BURGESS, Ph. D.
370 Seventh Avenue, New York City.

HENRY SUZZALLO, Ph. D.
Trustee, Carnegie Foundation for the Advancement of Teaching, 522 Fifth Avenue, New York City.

SAMUEL P. CAPEN, Ph. D.
Chancellor, University of Buffalo, Buffalo, New York.

EDWARD A. FITZPATRICK, Ph. D.
Dean, Graduate School, Marquette University, 115 Grand Avenue, Milwaukee, Wis.

W. W. CHARTERS, Ph. D.
Professor of Education, University of Chicago, Chicago, Ill.

NATHAN B. VAN ETEN, M. D.
General Practitioner, 300 East Tremont Avenue, New York.
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, N. Y., January 10, 11.  
President, Anna L. Alston; Secretary, Louise Darche; Treasurer, Lucy L. Drown.

1895 Boston, Mass., February 13, 14.  
President, Linda Richards; Secretary, Louise Darche; Treasurer, Lucy L. Drown.

1896 Philadelphia, Penn., February 11, 12, 13, 14.  
President, M. E. P. Davis; Secretary, Mary S. Littlefield; Treasurer, Lucy L. Drown.

1897 Baltimore, Md., February 10, 11, 12.  
President, M. Adelaide Nutting; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1898 Toronto, February 10, 11, 12.  
President, Mary Agnes Snively; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1899 New York, N. Y., May 5, 6.  
President, Isabel Mclsaac; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1900 New York, N. Y., April 30, May 1, 2.  
President, Isabel Merritt; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1901 Buffalo, N. Y., September 16, 17.  
President, Emma J. Keating; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1902 Detroit, Mich., September 9, 10, 11.  
President, Lystra E. Gretter; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1903 Pittsburgh, Penn., October 7, 8, 9.  
President, Ida F. Giles; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1905 Washington, D. C., May 1, 2, 3.  
President, Georgia M. Nevins; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1906 New York, N. Y., April 25, 26, 27.  
President, Annie W. Goodrich; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1907 Philadelphia, Penn., May, 8, 9, 10.  
President, Maude Banfield; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

1908 Cincinnati, Ohio, April 22, 23, 24.  
President, Mary Hamer Greenwood; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.
1909 St. Paul, Minn., June 7, 8.
   President, Isabel Hampton Robb; Secretary, Georgia M. Nevins; Treasurer, Anna L.
   Alline.
1910 New York, N. Y., May 16, 17.
   President, M. Adelaide Nutting; Secretary, M. Helena McMillan; Treasurer, Anna L.
   Alline.
   President, Mary M. Riddle; Secretary, M. Helena McMillan; Treasurer, Mary W.
   McKechnie.
1912 Chicago, Ill., 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, Cal., 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, Penn., 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, Ill., 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, Mo., April 11 to April 14.
   President, Anna C. Jammé; Secretary, (Mrs.) Alice H. Flash; Treasurer, Bena M.
   Henderson.
1922 Seattle, Wash., June 25 to July 1.
   President, Anna C. Jammé; Secretary, Martha M. Russell; Treasurer, Bena M.
   Henderson.
1923 Swampscott, Mass., June 18 to June 25.
   President, Laura R. Logan; Secretary, Martha M. Russell; Treasurer, Bena M.
   Henderson; Executive Secretary, Effie J. Taylor.
1924 Detroit, Mich., June 16 to June 21.
   President, Laura R. Logan; Secretary, Ada Belle Mc Cleery; Treasurer, Bena M.
   Henderson; Executive Secretary, Blanche Pfeifferkorn.
   President, Laura R. Logan; Secretary, Ada Belle McCleary; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfeflerkorn.

1926 Atlantic City, N. J., May 17 to May 23.
   President, Carrie M. Hall; Secretary, Ada Belle McCleery; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfeflerkorn.

1927 San Francisco, Cal., June 6 to June 11.
   President, Carrie M. Hall; Secretary, Ada Belle McCleery; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfeflerkorn.

1928 Louisville, Ky., June 4 to June 9.
   President, Carrie M. Hall; Secretary, Ada Belle McCleery; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfeflerkorn.

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.
At 9 a.m. the Chair announced that the Thirty-fourth Annual Convention of the National League of Nursing Education was in session, that representatives from fifteen states constituted a quorum\(^1\) for the transaction of business, and asked the secretary to call the roll by states. One or more members responded from the following twenty-four states: Alabama, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, and Wisconsin. The Chair declared a quorum present and proceeded with the business of the Convention.

The following reports were read.

**REPORT OF THE SECRETARY**

Following the close of the thirty-third annual convention held June 6–11, 1927, at Clift Hotel, San Francisco, California, your board of directors met to plan the work of the League for the coming year, setting into motion the machinery of your society, crystallizing and giving impetus to the new ideas presented during the convention by the appointment of committees for the routine work and for special studies.

The personnel of the fundamental committees, known as the standing committees, must be selected carefully, since those who serve in this

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\(^1\) By-Laws, Article XI, Sec. 3 "Members from fifteen (15) states shall constitute a quorum for the transaction of business at any annual convention."
capacity assume great responsibility. A member of a special committee undertakes a responsibility different in type, but not in quality; she must have the attributes of a research worker, unbiased, painstaking, being able to distinguish between a truth and a fallacy; therefore, in making such appointments, your board endeavored to exercise both knowledge and wisdom.

Several of the special committees were continued for another year because the assigned study was not completed. Two new committees were created; one to consider the question of advisability of the League maintaining a consultant service; the other, the distribution of nursing service, being of deep interest to all nurses, is to be carried forward as a joint committee of the three parent nursing organizations, although it was initiated by the League. Since reports from these new committees, as well as all others, will be submitted later by the chairman, I shall make no attempt to amplify either project.

Your board met again during the third week of January, in New York City. At this time reports of progress were submitted from practically all of the committees. In order that the name might express more accurately the function of the committee, the name of the University Relations Committee was changed to A Committee for the Study of Nursing Education in Colleges and Universities, and of the committee on Postgraduate Courses in Midwifery to A Committee to Study the Relation of Nursing to Maternal Care. The American Nurses Association has been invited to join with us in this investigation.

It was voted, also, to unite with the A. N. A. and the N. O. P. H. N. and appoint representatives on A Committee to Consider a Possible Association of Lay People with the Nursing Group. Among the outstanding actions of your board are included the acceptance of the most gracious gift from Miss Nutting of all royalties which might accrue from the sale of "A Sound Economic Basis for Schools of Nursing;" the decision to undertake the publication of a Year Book which would present in useable form, the vast amount of information available for nurses; the continuance for another year of the Bulletin, adding the names of the presidents of examining boards to the mailing list; and the adoption of the following resolution in an effort to clarify those sections of the by-laws relating to membership; "That the by-laws be interpreted to mean that any nurse of proper qualifications who is responsible for the teaching or supervision of other nurses, either graduate or undergraduate, is eligible for membership."

Probably it is because it has been my privilege to serve as your secretary for five consecutive years, thereby coming into touch, again and again, with the vital problems of nursing education, that I have become convinced that more money should be available for the work of the League.
While the membership has almost tripled itself within the last five years, at present it is about 2000, it still is less than one third of what it actually should be. There are approximately 2000 accredited schools of nursing in the country and on the basis of that alone the League ought to have 6000 or 8000 members. In one state with 34 registered schools and in another with 31, not one League member is recorded in the 1927 Proceedings. A 2000 membership yields an income of $6000.00, a 6000 membership would yield $18,000.00. Therefore, it is safe to assume that at least the nucleus of such an income is within our possibilities. The contributions made by your members, while carrying heavy burdens, are a monument to their sincerity, but many aspects of nursing need more careful study than volunteers can possibly make. The volunteers have pointed out the need, should not the League assume the responsibility of seeing that the need is met?

I have been in a position, also, to appreciate as I did not appreciate while a member of the ranks, the vast amount of time devoted to the League by your officers. Your president attends many meetings beside the National League meetings, prepares articles for publication, delivers addresses, sits in on conferences of allied groups, and in every possible way furthers your interests. Your treasurer has spent many an hour while the rest of us were playing, in correcting your mistakes and in balancing accounts. Your executive secretary, having a knowledge of systematic procedure and business sense which is unusual, has made an inestimable contribution through Headquarters. You are to be congratulated upon having had these offices filled by those who were both able and willing to serve so faithfully.

We honor, today, the memory of Diana C. Kimber, Lisle Freligh, Harriet Leete, Edith Schenck, Clara Block, Lucy Glover, Maud J. Silver, Marion E. Seaver, and Arline Macdonold.

Ada Belle Mc Cleery
Secretary

FINANCIAL REPORT OF THE TREASURER

New York, N. Y.
April 14, 1928.

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, 1927 and present attached hereto the following:
STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FOR THE YEAR ENDED DECEMBER 31, 1927

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

Balance, December 31, 1926.................................................. $2,645.99

Receipts:
Calendars................................................................. $8,582.85
Calendar drawings and sketches........................................... 46.00
Contributions—Committees on Grading of Nursing Schools.............. 207.85
Contribution—general....................................................... 25.00
Dues—individual............................................................ 988.00
Dues—state................................................................. 5,384.00
Interest................................................................. 150.04
Portraits................................................................. 244.25
Proportion of the surplus receipts of the American Health Congress—Year 1926........................................... 1,420.85
Publications.............................................................. 5,981.55
Registrations............................................................... 147.00
Slides................................................................. 1,146.72
Supplies................................................................. 56.72
Calendar receipts received direct—Transferred to Head-quarters to complete record........................................ 75.25
Supplies receipts received direct—Transferred to Head-quarters to complete record........................................ 3.00
Refunds:
Refund from Headquarters of surplus budget advances for year 1926................................................ 106.53
Refund on cost of room for joint meeting........................................ 3.40
Total Receipts Applicable to Operations.................................. $24,569.01

Other Receipts:
Refund of loan—Committee for Financing Grading of Nursing Schools................................................ $1,500.00
United Hospital Fund....................................................... 3,000.00
Total Receipts.............................................................. $29,069.01
Total................................................................. $31,715.00

Disbursements:
Annual Report............................................................ $1,791.52
Board of Directors’ meetings.............................................. 29.80
Calendars................................................................. 2,799.23
Clerical assistance to treasurer $50.00

**Committees:**
- Consultant Service $2.00
- Dispensary Development $37.70
- Education $98.19
- Eligibility $86
- Grading of Nursing Schools $1,207.85
- Harmon Foundation $177.07
- Indexing Periodical Nursing Literature $85.19
- Instructors $9.95
- Nominations $31.23
- Revision $1.15
- Study of Midwifery $6.99
- University Relations $63.82
- Convention $599.15
- Curriculum $2,147.73
- Directors $500.00
- Dues $138.00
- Headquarters budget $9,947.43
- Miscellaneous $120.96
- Officers' expenses $1,487.39
- Portraits $189.00
- President's expenses $164.91
- Postage $17.50
- Publications $503.00
- Slides $945.97
- Stationery $81.00
- Supplies $159.90
- Transferred to Headquarters to complete record, Calendar and supplies receipts received direct. See contra. $78.25
- Refunds:
  - Individual and state dues $43.00
  - Returned checks—dues $15.00
  - **Total Disbursements Applicable to Operations** $23,530.74

**Other Disbursements:**
- Loan to Committee to Finance Grading of Nursing Schools $1,500.00
- **Total Disbursements** $25,030.74

**Balance, December 31, 1927:**
- Balance on hand January 1, 1928 $6,684.26
- **Total** $31,715.00

**FINANCIAL REPORT OF THE TREASURER**

(January 1, 1928, to May 1, 1928)

**Receipts:**
- Calendars $6,086.00
- Contribution to Committee on Dispensary Study $750.00
Dues—individual .................................................. 660.25
Dues—state ......................................................... 4,357.00
Dues with application ........................................... 45.00
Interest ............................................................... 55.23
Publications ......................................................... 744.79
Portraits .............................................................. 121.75
Headquarters refunds 1927 budget ................................ 50.69
Convention refund A. N. A. expense ............................. 2.92
Royalties on Miss Nutting’s book ................................. 28.10
Slides ................................................................. 1,129.50
Supplies .............................................................. 20.26
Total .................................................................. $14,051.49

Disbursements:
Board meetings ..................................................... $15.85
Committees:
Consultant Service ................................................... 8.35
Common Activities ................................................... 35.62
Education .............................................................. 15.40
Indexing Periodical Nursing Literature .......................... 7.00
Nominations ........................................................... 7.08
University Relations ............................................... 96.40
Curriculum ............................................................ 4.50
Directors’ expenses ................................................. 250.00
Convention expenses .............................................. 143.22
Headquarters budget ............................................... 3,532.63
Officers’ expenses .................................................. 226.07
Portraits ............................................................... 40.75
Publications ........................................................... 10.00
Postage ................................................................. 25.00
Refunds to State Leagues ......................................... 12.00
Slides ................................................................. 271.60
Treasurer’s bond .................................................... 12.50
Balance on hand May 1, 1928 .................................... 16,021.78
Total .................................................................. $20,735.75

Marian Rottman
Treasurer

The Chair called attention to the larger balance the first of May, due to
increase in membership and the fact that the income from publications,
chiefly Calendars, sold at Headquarters had very nearly provided Head-
quarters expenses during the last year. The Committee on Dispensary
Development of the United Hospital Fund had paid to the League the
sum of $3750 to help finance a demonstration in dispensary nursing
which sum might be regarded as a trust fund, thus leaving a balance over $12,000.

The Chair further stated while it was very satisfactory that publications should go so far toward paying Headquarters expenses, it was also rather unfortunate that so much of the time of the executive secretary and Headquarters’ staff had to be spent in this way when it might very well be given to more constructive work.

REPORT OF THE EXECUTIVE SECRETARY

In January, 1928, the Headquarters of the National League of Nursing Education attained its fifth birthday. It has been my privilege and opportunity to have served as executive secretary for four years and three months of those first five years, and particularly at this time do I earnestly desire to render account, not only for the year since the last Convention, but for the entire five which I have almost completed as League Headquarters officer.

An organization follows one of three courses; it moves backward, marks time, or goes forward. In the five annual reports presented at the January board meetings covering the fiscal year, on file at Headquarters, and the four Convention reports published in their respective Proceedings numbers, I have outlined the main happenings of each successive year. The repetition of these happenings with so little variation is, I think, significant. They distinctly point out that the League, through its Headquarters, has, in the main, pursued the middle course: that of marking time.

In January, 1924, I submitted the first annual report for Headquarters. My incumbency at that time covered a three months period. In connection with that 1924 report I did that which I have not since repeated: I made a number of recommendations for Headquarters program. I soon learned that Headquarters’ immediate function was not opening up new lines of endeavor, even though the need might be unmistakably evident, but rather a steady, persistent effort to meet successfully each day’s work. I also soon discovered certain aspects of the program repeated almost daily. It is largely upon the evidence of such recurring factors that this report is based.

There is a continuous call at Headquarters for prevocational and vocational advice. The vocational calls might be classified as direct and indirect. Frequently nurses who are either recently graduated or have been practicing for sometime, and who are uncertain of the particular field they shall follow in the future, come or write to Headquarters to find out the nursing opportunities and possibilities. If the nurse has taken inventory of her own professional capital, it is relatively simple to analyze with her the
work she is equipped to do, and, as may seem indicated, offer suggestions for further preparation and activity. If the nurse has not examined her own background and is generally hazy as to her own interests and her own capacities, the giving of good counsel becomes much more difficult. Both of these instances represent what I like to signify as calls for direct, vocational advice: a recognition on the part of the individual of need for vocational information and guidance.

Then there is another group not infrequently represented by the young graduate, who need vocational advice but who do not know that they need it. This group occasionally aim at executive positions, such as superintendent of a hospital or superintendent of nurses (with or without a school). They neither inquire into the demands of the post nor their own ability for meeting its responsibilities. In such instances, vocational advice of the highest order is indicated. I call this type of vocational advice indirect, because, although it is urgently needed, it is not consciously sought.

Partly, I believe, Headquarters is meeting the demand for this service fairly well; partly, it is not. Whether the part we are not meeting is the function of our national organization, or state, or local, is a subject upon which there are various opinions, and it is not my purpose to debate it in this report. The part I refer to is placement activity; not only helping the nurse to swing in the right direction, but also helping to place her in the right job. We look askance at commercial registries; we hold the attitude that patronage of such bureaus is not wholly within professional bounds, but nowhere do we set up the machinery that will give the service which is at present supplied by these bureaus. It may be that the new era, so much hoped for, in the conduct of registries, will help correct this situation. If it does, it is highly probable that our administrator-educators from our hospitals and nursing schools will need actively to participate in the registry reorganization. And State Leagues can not wait for an invitation from the state or district associations to serve on their registry directing boards; they are the group immediately concerned with institutional personnel. If they wish to utilize the registry to the best interests of the institutions and the nurses prepared for specialized institutional positions, it is theirs to make the approach. State Leagues ought to be thinking about this.

The second type of vocational inquiry, which has noticeably increased in the last year, is that which I am pleased to call prevocational: information on nursing as an occupation to the would-be nurse. There is scarcely a day when the mail does not bring several such inquiries to Headquarters, and frequently in the last year as many as six or eight, or more. Not only the national organization, but the state and local associations, are called
upon for such advice, and in some instances carry on a definite program of information. Were we to analyze the purpose of these programs I think we would find at least two motives present. There is the professional urge to tell the high school graduate of the opportunities and personal satisfactions inherent in nursing and to bring into nursing ranks more young women better equipped. Another end, quite obvious and on the surface, and real enough in the immediacy of its demand, is that of recruiting a personnel sufficient in numbers to act as the mainstay of the hospital nursing service. In the light of the findings of the Grading Committee and too many nurses for too few jobs, one is brought to ponder over our present methods in treating this situation. We emphasize the need of adequate preliminary education, selection of the right school, and fields open to the graduate nurse, but we say nothing of nursing problems of unemployment, and relation, as described by those too hackneyed words, of supply and demand. Obviously our policies in this particular service must undergo revision or at least modification in the near future. This is a problem equally for the state as for the national organization.

All practical activities begin in an idea. From the historical records on file at Headquarters the idea predominant in the establishment of Headquarters was that these Headquarters should serve as the official centre for fact information on all matters relating to nursing and the preparation therefor. Thus conceived, Headquarters had from the beginning the heart of a program which for even approximate fulfillment stretched far out into the future. The extent of the progress made in this program I propose to return to later in this report. First I would like to bring before you certain significant implications as reflected in the use of Headquarters and as apply to the purpose for which it was created and for which it stands.

Here are three stories, all true ones: Less than four weeks ago a letter from an instructor came to Headquarters with this request “I teach medical nursing. I have the outline for the subject from the League Curriculum. Will you please either send me, or tell me where I may secure, a complete set of lesson plans for this outline.” Most of us here, I presume, are familiar with the outlines in the Curriculum published by the League, and would agree that as outlines they are sufficiently exhaustive to amply pave the way for a teacher with an average imagination to build up her own subject content. Whether Headquarters helped this instructor I do not know, but I hope that we did. We tried to tell her simply and directly that the teaching would be better and the learning greater if the instructor toiled over and created her own lesson plans.

Another story: again a true one. A letter reads: “I came to blank hospital three months ago as superintendent of nurses. At that time there was no school. Now the board of the hospital desires to establish a school.
Before coming here my experience covered four years of private duty nursing and two years on the staff of a visiting nurse organization. Please tell me what to do."

And last: In this instance a hospital seeks assistance. The letter may be from a hospital trustee, the superintendent of the hospital, or superintendent of nurses. It states "We are having great difficulty in locating an instructor (and it may be much more superlative than this) we must have one by blank date." Nearly all add that they prefer a candidate who has been to Teachers College, or quite definitely make this one of their requirements.

The implications of the above three narratives, and their number might be multiplied many times, are obvious. In the case of the instructor, either she wanted Headquarters to supply her thinking for her in tabloid form, or she had no conception of her function as a teacher. In the case of the second, the situation was much the same; Headquarters would provide the pattern, complete in all details, for organizing and operating a school, which the superintendent would then apply. In point of time, the call for the instructor has become fairly commonplace, but the insistence and consistency with which it continues to appear and the large number of calls, constitute one of the thought-provoking and amazing chapters in the development of nursing. Hospitals have learned that an instructor on the nursing school staff gives quality to the school and is now more or less a necessity. But the source of the instructor, her special preparation, her scope and limitations, are not a matter of particular concern. When such questions are raised, the agencies most often named which are held responsible for the proper supply of instructors are the National League of Nursing Education and Teachers College. Fairly recently a letter came to Headquarters from a worker concerned with hospital organization and allied activities, asking why the National League in its long career had not met the quantitative problem of instructors more effectively. The question was courteously put and one felt the writer was truly seeking information. In the same spirit we endeavored to send the information.

Three cases never proved anything. The recurrence of like cases day after day, month after month, implies a great deal, and should cause us to think. It is a fact, we have not been able to keep pace in providing an adequate administrative and teaching personnel for the increasingly large number of nursing schools which come into existence each year and those already established as well. And it is small wonder. Could any profession? All things considered, which is a story in itself, the task is an impossible one. It is a problem deep rooted in economics, education, and social and professional attitudes, one of the many which we look to the Committee on Grading of Nursing Schools to help us to solve.
I have listed some, not all, of the questions which come regularly to Headquarters: (1) Ratio of nurses to patients—this is one of our most frequent inquiries; (2) how to establish the eight hour day; (3) how to organize a hospital nursing school; (4) how to organize a university nursing school; (5) how to organize a central school; (6) what resources are needed in a community for organizing a nursing school; (7) method of establishing affiliations; (8) courses for graduate nurses both in hospitals and universities; (9) staff education; (10) supervision; (11) ward teaching; (12) case study; (13) new type examination questions; (14) libraries, organization and conduct; (15) bibliographies; (16) endowments; (17) loan funds; (18) scholarships; (19) health programs and how to introduce them in a school; (20) salary schedules; (21) budgets; (22) comparative cost to the hospital of a graduate nurse staff and maintaining a school; (23) records; (24) personnel classification—i. e. order of rank of assistants, instructors, supervisors, head nurses, etc.; (25) commencement exercises; (26) ward equipment and classroom equipment; (27) duties of nurses’ examining boards; (28) preparation and opportunities for male nurses; (29) preparation and opportunities for trained attendants;—and to this list we might add “et cetera.”

I remember being told by a very eminent teacher about ten years ago that the practically useful person was not the person who loaded her mind with miscellaneous stacks of information, but the person who knew how and where to look for information as that information was needed. Since my advent at Headquarters this simple bit of philosophy has comforted me more than that teacher will ever know. I think a human encyclopedia only could meet, through her own personal experience, the barrage of questions which constantly pours into Headquarters. The close physical relationship of the three national associations, including the editorial offices of the Journal and the Public Health Nurse, the fairly recent addition of the Committee on the Grading of Nursing Schools, the well conducted National Health Library, and the various health organizations, provide at Headquarters an extraordinary machinery for source and exchange of information. But even so there are numerous occasions when the “how and where” to look for information discloses a barren situation because the truth is, either the data have not been assembled in reliable form or the instance is one which can not be served by long distance advice. All of which brings me to what is so obviously and vitally needed if our headquarters is to pass from the “marking time” to the “moving forward stage.” First we need a research bureau,—and I put this first because nursing will have to adopt the method that substitutes facts for opinion and traditional information, if it is to take its place among other so-called professional service occupations, and if Headquarters is to fulfill the idea upon which it
was founded "to act as a centre of fact information," and if it is to bear the stamp of an organization operated on scientific organization principles—a research bureau manned by persons who have the professional and technical research background to investigate, to experiment, and to unbiassedly, accurately, and sympathetically interpret. In support of this proposal, I submit the question which heads the list that I just read "Ratio of nurses to patients." Two or three excellent time studies have been made, but the people who made these studies, I believe, would be the first to say that much more work must be done before we have the findings upon which to build a practical, reliable, working program. Isn’t it important to clarify our ideas on quantitative nursing care when we discuss qualitative nursing care, and isn’t this a League problem?

Secondly, there is needed at Headquarters a service available for studying local situations and giving practical applicable counsel to these situations. When a far western, southern, or northern state writes that a new university school is under consideration and asks for advice on the desirability of the enterprise and how to put it into operation, it is patently impossible to offer a useful, reliable reply at a distance of one thousand miles.

I fully appreciate (it would be impossible for me not to, having sold five calendars) the position of the League at the present time in financing measures which call for increased budget, and research bureaus and field service are expensive undertakings. And I also appreciate after five years of organization work in the heart of a dozen or more organizations, the un-wisdom of introducing any new program unless it can be stabilized over a reasonable experimental period. But so pressing and so inherent are these matters in nursing that I think before long the ways and means will have to be found.

This report has already reached considerable length without any accounting of the routine activities at Headquarters. In the main, these routines have not deviated from other years. The annual proceedings were in circulation the first week in October; the calendar followed the usual course; three bulletins were published, an increased amount of committee activity passed through Headquarters, and the biennial brought its usual, numerous, special tasks. When the office work permitted, the executive secretary met requests to visit the field, but with one executive, frequent or lengthy excursions are not possible. The Headquarters staff remains the same: in addition to the executive secretary it consists of a secretary and bookkeeper. The secretary has been with the organization two years and the bookkeeper three. Both of these people are intelligent workers who have developed skill and a personal pride in meeting the special problems of an organization such as the League and the pressure of work with which
Headquarters is so constantly faced. Whatever service we have been able to render from Headquarters, of necessity has been very intimately related to their interest and diligence. The name of the secretary is Miss Mary Vedder and of the bookkeeper, Miss Lillian Palmer.

In the foregoing report I realize that I have set no new trails and that I have followed only those which were blazed long ago. One needs only to go back to the proceedings of the first convention of the American Society of Superintendents of Training Schools for Nurses in 1894 to read like discussions and like ideas expressed. In so far as nursing is built upon truths, are its purposes enduring and its foundations unchangeable.

Blanche Pfefferkorn

Executive Secretary

REPORT OF THE COMMITTEE ON PROGRAM

The Committee on Program reports that owing to the geographical distribution of its members no meetings were held during the year.

The chairman presented to the board of directors at their meeting in New York in January a report of the work and problems of the committee on program. The chief problem which faced the committee on Program at that time was the very generous response to the letters asking for suggestions for subjects and speakers for the program (which had been sent out by the Committee on Program) and the very small amount of time allotted the committee for the program for which they were responsible.

This difficulty or problem was largely overcome through the efforts of Blanche Pfefferkorn, executive secretary of the League and its representative on the Common Activities Committee. The Committee on Program herewith gratefully acknowledges the debts which it owes Miss Pfefferkorn for her patient and never failing cooperation in the working out of the committee's share of the program.

The Committee on Program also wishes to thank all those whose generous assistance have made possible the program it now presents.

Shirley C. Titus
Chairman

The Chair explained that the By-Laws contained definite instructions concerning the work of the Program Committee which called for close coordination between that Committee and Headquarters machinery in the biennial years, because of the joint sessions of the three national associations, which of necessity had to be developed at Headquarters.
REPORT OF THE COMMITTEE ON ELIGIBILITY

The Committee on Eligibility composed of Laura Grant, Elizabeth Melby, and Ella Best wish to present the following report, covering a period from June 1927 to June 1928. Applications endorsed by the committee are as follows:

Active Members: Daisy C. Larimore, Norwalk Hospital, Norwalk Conn.; Erma Le Vera Madsen, Thomas Dee Hospital School of Nursing, Ogden, Utah; Lucille Taylor, Thomas Dee Hospital School of Nursing, Ogden, Utah; Jennie V. Larsen, Latter Day Saints Hospital, Salt Lake City, Utah; Ella H. Conover, Latter Day Saints Hospital, Salt Lake City, Utah; Vilate Caldwell, Latter Day Saints Hospital, Salt Lake City, Utah; Agnes Walter, Grace Hospital, Richmond, Virginia; Florence K. Wilson, Lakeside Hospital, Cleveland, Ohio; Mrs. Marian P. Whitmore, Grace Hospital, New Haven, Conn.; Elvira Nelson, Methodist State Hospital, Mitchell, S. Dak.; Bettie Johnson Gilmore, Garty and Ramsay Hospital, Memphis, Tenn.; Mary Anne Eschwig, Memorial Hospital, Casper, Wyo.; Harriet James, City Hospital, Cleveland, Ohio; Geraldine H. Mew, Memorial Hospital, Richmond, Va.; May M. Maloney, Cook Hospital, Fairmont, W. Va.; Mabel O. Woods, M. E. Hospital, Mitchell, S. Dak.; Margaret Taylor Otto, Home Memorial Hospital, New London, Conn.; Mary R. Osbourne, Central Maine Hosp., Lewiston, Maine.

Associate Members: Jane Elizabeth Van Zandt, American University, Beirut, Syria; Annie F. Lawrie, Royal Alexandria Hospital, Edmonton, Alberta, Canada.

Ella Best
Chairman

REPORT OF THE COMMITTEE ON FINANCE

The Finance Committee begs to submit the budget for 1928.

The finances of the League are in good condition, due in a very large measure to the economical and careful expenditure of its resources and the untiring efforts of the various Committees, and to the Secretary at Headquarters, who make it possible for the League to function so well.

The Treasury on May 1st, 1928 showed a considerable balance, and for this reason the Committee again begs to bring to your attention the matter of investing the available funds in some conservative stock or bonds. Such an investment would materially increase the League’s resources and would besides be good business.
NATIONAL LEAGUE OF NURSING EDUCATION
1928 BUDGET

Estimated Receipts

Balance on Hand December 31, 1927 ................................................................. $6,684.26
Calendars .............................................................................................................. 8,000.00
Curriculum .......................................................................................................... 2,000.00
Dues: individuals ................................................................................................. 900.00
state ..................................................................................................................... 5,000.00
Donations ............................................................................................................ 25.00
Interest on checking account ........................................................................... 140.00
Publications ........................................................................................................ 800.00
Portraits ............................................................................................................... 250.00
Slides—rental and sale ...................................................................................... 1,200.00
Supplies for State Leagues ............................................................................... 60.00
Registration receipts ........................................................................................ 300.00
Biennial exhibit receipts .................................................................................... 2,000.00
$27,359.26

Estimated Expenses

Annual Report ..................................................................................................... $2,000.00
Auditor's fees ...................................................................................................... 45.00
Board of Directors' meetings (rent) ................................................................. 30.00
Board meetings, officers and directors expenses .......................................... 800.00
Cancelled checks ............................................................................................... 15.00
Calendars (1928) ............................................................................................... 3,000.00
Committee expenses:
(a) Education .................................................................................................... 250.00
(b) Eligibility ...................................................................................................... 1.50
(c) Dispensary .................................................................................................... 2,931.07
(d) Consultation ................................................................................................ 50.00
(e) Indexing Periodical Nursing Literature ................................................... 100.00
(f) Relation of Nursing to Maternal Care ....................................................... 25.00
(g) Nominations ................................................................................................. 10.00
(h) Program ........................................................................................................ 10.00
(i) Revision ......................................................................................................... 10.00
(j) Nursing Education in Colleges and Universities ...................................... 100.00
Convention expenses:
(a) Reporting .................................................................................................... 365.00
(b) Officers' expenses ...................................................................................... 1,000.00
(c) Program and speakers ............................................................................... 100.00
(d) Miscellaneous ............................................................................................. 25.00
Curriculum ......................................................................................................... 1,500.00
Dues:
(a) Am. Child Health Association .................................................................... 5.00
(b) Am. Con. on Hospital Service .................................................................... 25.00
(c) Am. Con. on Hosp. Service (Gift) .............................................................. 100.00
Grading Committee .......................................................................................... 1,000.00
Headquarters budget ......................................................................................... 10,578.48
Following is the budget of Headquarters submitted by the Executive Secretary to the Finance Committee:

**HEADQUARTERS NATIONAL LEAGUE OF NURSING EDUCATION**  
**1928 BUDGET**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Salaries</td>
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<tr>
<td>Rent</td>
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<td>Telephone</td>
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<tr>
<td>Special Office Care</td>
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<tr>
<td>Supplies</td>
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<tr>
<td>Shipping Service</td>
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<tr>
<td>Postage</td>
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<tr>
<td>Telegrams</td>
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</tr>
<tr>
<td>Multigraphing and Mimeographing</td>
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<tr>
<td>Extra Stenographic Service</td>
<td>200.00</td>
</tr>
<tr>
<td>Express Charges</td>
<td>50.00</td>
</tr>
<tr>
<td>Emergency Fund</td>
<td>200.00</td>
</tr>
<tr>
<td>Miscellaneous (Includes auditing books, bonding Headquarters disbursing officer, repairing and other incidental expenses not listed in above headings)</td>
<td>200.00</td>
</tr>
<tr>
<td>National Health Library service</td>
<td>108.00</td>
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<tr>
<td>Calendar on basis of 1927:</td>
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</tr>
<tr>
<td>Postage (includes mailing and publicity)</td>
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<tr>
<td>Multigraphing and mimeographing</td>
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<tr>
<td>Packing Service</td>
<td>35.00</td>
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<tr>
<td>New Equipment:</td>
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<tr>
<td>Bookcase section</td>
<td>10.00</td>
</tr>
<tr>
<td></td>
<td>$10,578.48</td>
</tr>
</tbody>
</table>

Marie Louis  
*Chairman*

The Chair supplemented the above report with the statement that both the Finance Committee and the Board of Directors considered it good business to invest $5,000 of the balance reported by the treasurer to assure some permanent income.
REPORT OF COMMITTEE ON NOMINATIONS

Ballots for nominations were sent to the presidents of twenty-eight State Leagues in February 1928.

Twenty-two ballots were returned.

The persons receiving the highest number of votes were asked if they would serve if elected, and the ballot, which was signed by each member of the Committee, reads as follows:

President: Elizabeth C. Burgess, New York, N. Y.
First Vice President: Mary M. Pickering, Berkeley, Cal.
   Helen Wood, Rochester, N. Y.
Second Vice President: Elsie M. Lawler, Baltimore, Md.
   Ethel M. Clarke, Indianapolis, Ind.
Secretary: Nellie X. Hawkinson, Cleveland, Ohio
   Stella Goostray, Boston, Mass.
Treasurer: Marian Rottman, New York, N. Y.
Directors (for two years): Carrie M. Hall, Boston, Mass.; S. Lillian Clayton, Philadelphia, Penn.; Ada Belle Mc Cleery, Evanston, Ill.;
   Mary M. Roberts, New York, N. Y.; Alice Shepard Gilman, Albany, N. Y.; Sister Domitilla, Rochester, Minn.; Claribel A. Wheeler, St. Louis, Mo.; Mary E. Gladwin, Minneapolis, Minn.
   Mary C. Eden
   Elsie Maurer
   Jessie M. Murdoch, Chairman

Upon motion of Clara D. Noyes, seconded by Eunice Smith, it was voted that

The Report of the Committee on Nominations be accepted

The Chair reported that the Committee on Nominations had experienced considerable difficulty in making up the ticket because many persons whose names had been sent in by the State Leagues refused to accept nomination. While these refusals were to be regretted, nevertheless the Committee had presented to the organization a most excellent ticket.

In accordance with the provisions of the By-Laws, the Chair then called for nominations from the floor for each office in succession, with the statement that any person so nominated must have already consented to serve if elected.

The following floor nominations were made: For President, Mary E. Gladwin, Minneapolis, Minnesota. Mary Muckley of Minneapolis, Minnesota, withdrew the name of Mary E. Gladwin as director and nominated her for president with the consent of said nominee. This nomination was seconded by Evelyn Wood of Chicago, Illinois.
For Treasurer, Mildred Constantine of New York, New York, nominated by Sister Mathilde of Brooklyn, New York.

After all offices had been named for nominations, the Chair stated that the ticket would stand as presented by the Committee on Nominations with the following changes: The name of Mary E. Gladwin withdrawn from the list of nominees for director and added as a candidate for president; the name of Mildred Constantine added as candidate for treasurer. Members wishing to vote for either Mary E. Gladwin or Mildred Constantine should write the name of such candidate on the ballot under the office to which she was nominated and mark with a cross.

REPORT OF COMMITTEE ON PUBLICATIONS

During the year 1927, 15,658 publications were distributed through Headquarters, 6950 more than in 1926; 10,431 of the 1928 Calendars, 2353 less than in 1926; 2890 slides, 1364 more than in 1926; 98 portraits, 11 more than in 1926. Of the 3000 revised Curricula off the press in January 1927, 2300 have been sold to date.

The following reprints were added to the publications list:

- Choosing a Profession (Vocational leaflet)—Carrie M. Hall
- The Very Small School of Nursing—Mary E. Gladwin
- What Constitutes an Adequate Residence for a School of Nursing—Alice S. Gilman
- Furnishing and Equipment of a Residence for a School of Nursing—Alice S. Gilman

The Proceedings of the Conference on Nursing Schools Connected with Colleges and Universities held under the auspices of the Department of Nursing Education, Teachers College and the Committee on University Relations were published by the League through the Publications Committee. The manuscript was prepared by an Editorial Committee especially appointed for that purpose. These proceedings contain much valuable material on budgets, curriculum, standards of teaching, supervision etc., which the hospital nursing school as well as the university school will find useful.

In January the Committee submitted to the board the following three subjects for consideration for the 1929 Calendar

1. A Calendar of outstanding historical events with dates
2. A Calendar of reproductions of masterpieces portraying nursing
3. A Calendar of reproductions of historical hospitals

The board referred the matter back to the Committee for decision and the Committee voted upon the third topic, Historic Hospitals. All the material
for this Calendar, illustrations and text, is now in the hands of the printer. It promises to be an unusually attractive and historically interesting number.

The committee is glad to report that Mrs. Helen Munson consented this Spring to serve as chairman of a sub-committee on slides. Mrs. Munson is especially interested in this work. At the present time negatives for 31 new slides are being made, most of which will supplement those already collected for the History of Nursing in America set.

The committee recommends that if mutually satisfactory arrangements can be made with G. P. Putnam’s Sons, publishers of Miss Nutting’s book, A Sound Economic Basis for Schools of Nursing, this book be added to the publications list and made available through Headquarters. In this way it could be widely brought to the attention of the nursing schools and other groups which the Committee believes is an important thing to do.

Blanche Pfefferkorn
Chairman

Photograph of Miss Nutting

Miss Pfefferkorn reported that frequently requests are received at Headquarters for Miss Nutting’s photograph and that to the present time these requests have been referred to Rau of Philadelphia for reproductions of the Cecelia Beaux portrait. Just recently Miss Nutting consented to sit for a photograph, copies of several styles of which were shown at the meeting and later hung in the League booth in the Exhibit hall.

At this point the Chairman of the Committee on Convention Arrangements, Miss Flora E. Keen, entered the hall and the Chair asked for a report on arrangements.

REPORT OF COMMITTEE ON CONVENTION ARRANGEMENTS

I really think I would much rather wait and allow our guests to say on Friday whether or not we have been successful in making our arrangements. In the meantime, if we are falling down anywhere, please tell us. We want to make you feel that you are very, very welcome in every way. That is and has been our desire since you said you would come to us two years ago. I will not say we have not been working. We have been making every effort we could to do the things we thought would make you most happy and most comfortable when you came to us.

We hope you are finding all the meeting rooms you need and that they are thoroughly comfortable.

We have tried to plan some special entertainment for our guests. We, as Kentuckians, do want you to feel that we are holding out the hand of
welcome. We are hoping to have each one of you with us this evening at the close of the meeting. Our doctors, as represented by the Jefferson County Medical Association, wish to be hosts to the nurses at the Knights of Columbus building, where they may welcome you immediately following the opening session. Our doctors stand by us side by side. We work together. They are anxious for the nurses of the nation to know that they do want to welcome every nurse here. I trust all of you will come.

Tomorrow evening, if the weather allows, we will have a twilight concert in Central Park. Our student nurses have arranged for a chorus and they too hope you will all be there. The park is very centrally located and easy to reach.

On the next evening the Western District of Registered Nurses of Kentucky are giving two boat rides up the Ohio which we think is very pretty, one at sunset and the other a moonlight ride. The boats for the sunset ride will leave at six, and those for the moonlight at nine. We arranged the two purposely because early evening meetings are being held. We hope all who are not able to go at six o'clock will go at nine.

Throughout the week we ask that you, one and all, come to us and make use of us.

Flora E. Keen
Chairman

REPORT OF COMMITTEE FOR THE STUDY OF NURSING EDUCATION IN COLLEGES AND UNIVERSITIES

The committee has held three meetings to which all the members of the Committee were invited, and many meetings of the members located in New York, in order to plan for the Conference on Nursing Schools Connected with Colleges and Universities, held at Teachers College January 21-25, 1928. This Conference was the outstanding piece of work accomplished by the committee this year. The work incidental to it and the preparation of the report involved much time and effort on the part of the members. The report of this Conference is now available at Headquarters, National League of Nursing Education, price $1.00. It will repay careful reading.

On page ninety a set of resolutions prepared by the committee accepted and approved by those attending the January conference, is printed. These resolutions represent the subject matter of discussion at the various meetings of the committee. Our effort has been to work out an inclusive and descriptive definition of what we mean by a University School of Nursing. At this task we have made only a beginning. On January 17, 1928, at a meeting of the board of directors of the League, the name of the com-
mittee was changed from the Committee on University Relations to Committee for the Study of Nursing Education in Colleges and Universities.

We are indebted to the faculty of the Department of Nursing Education for their hospitality and much work in connection with the January conference. The members of the committee also contributed much. They are interested in the many problems that nursing education in a university presents, and our discussions have been interesting beyond the usual.

Carolyn E. Gray
Chairman

REPORT OF ISABEL HAMPTON ROBB MEMORIAL FUND

This report will resemble very closely the reports presented for the last several years. It is a statement of the continuance of work along very definite lines in the awarding of the scholarships and a very slow but steady increase of the fund.

The annual meeting was held in New York in January. At this meeting the executive committee with the exception of Miss Noyes were re-appointed. Miss Noyes asked to be allowed to retire from the executive committee and her decision was accepted with regret and an expression of appreciation for her services on this committee for several years. Mrs. Eden was appointed to fill her place and the officers of the previous year were re-elected.

In August, B. Olive Hart gave up the scholarship that had been awarded her and it was given to Amey E. Bardens, Hahnemann Hospital, Philadelphia, Pa.

During the year, two of our former scholars have died. In March, Martha E. Gaulke (Augustana Hospital, Chicago), Superintendent of the Lutheran Hospital, Des Moines, Iowa; in October, Lisle P. Freligh, (Illinois Training School, Chicago), Superintendent of the San Francisco Hospital School of Nursing, San Francisco.

It was decided to award eight scholarships of $250 each and the usual announcements were sent out during the year. As a result forty-three applications were considered. Two applications were received after May 1, and could not be considered; one withdrew; five who applied were ineligible, and many good credentials were received too late to be considered.

That the information concerning the Robb scholarships is being distributed widely is shown by the selection of the place of study of the forty-three applicants: 26 wished to go to Teachers College, New York; 4 to the University of Minnesota; 3 to the University of Chicago; 3 to the George Peabody College; 2 to the Western Reserve University; 1 to the University of California; 1 to the University of Michigan; 1 to the University of Iowa; 1 to the Battle Creek College; 1 to the Simmons College or Teachers College.
The scholarships were awarded as follows: Barbara Williams, Cincinnati, Ohio. Graduate, School of Nursing and Health, University of Cincinnati, Cincinnati, Ohio; Mabel Patton, High Point, N. C. Graduate, Presbyterian Hospital School of Nursing, Charlotte, N. C.; Mary A. Scheer, Clifton Forge, Va. Graduate, Army School of Nursing, Washington, D. C.; Rela M. Rahe, Kansas City, Mo. Graduate Research Hospital School of Nursing, Kansas City, Mo.; Stella M. Hawkins, Schenectady, N. Y. Graduate Samaritan Hospital School of Nursing, Troy, N. Y.; Isabelle M. Jordan, Malden, Mass. Graduate, Children’s Hospital School of Nursing, Boston, Mass.; Anne W. Dinegan, Richmond Hill, N. Y. Graduate, Children’s Hospital School of Nursing, Boston, Mass.; Lucille R. Jones, Chicago, Ill. Graduate, Illinois Training School for Nurses, Chicago, Ill.

Of these eight successful candidates, five wish to become instructors, one an administrator and two are preparing for public health work. The place of study chosen by four is Teachers College, New York; one, Peabody College; one the University of Chicago; two are undecided but will study at Teachers College or Simmons College or the University of Michigan.

The treasurer reports that the contributions during 1927 amounted to $1,543.00 and in 1928, up to May 8, $342.00, making the total amount contributed to this Fund to date $32,503.57.

The McIsaac Loan Fund contributions during 1927, amounted to $1,709.00. A legacy of $500 was received from Lucy Clark, a graduate of the Illinois Training School for Nurses. During 1927, seven loans of $200 each were made and three loans of $100 each. On May 8, 1928, the amount on hand in the loan fund was $1,805.73. The amount of outstanding loans was $3,275.00.

Eighty-six scholarships have been awarded since 1912 and the committee wishes to draw attention to the number of applications this year—forty-three—and then the number of scholarships that could be awarded, only eight. The committee begs for active cooperation on the part of the nurses that the fund may be increased so that a larger number of nurses each year will receive the benefit and that we may build up a lasting memorial to Isabel Hampton Robb.

E. M. Lawler
Chairman

REPORT OF COMMITTEE ON REVISION

Your Committee on Revision of Constitution and By-Laws begs to offer the following report for the year 1927–1928.

Up to the present date twenty-six states and the District of Columbia have succeeded in completing their re-organization. These are as follows:

There are still twenty-two (22) states which have no properly organized State League and which have not as yet taken definite steps toward organization.

The Revision Committee is hopeful that at least three (3) or possibly four (4) more states may yet find it possible during the coming year to work out satisfactory State Leagues. A certain group of nurses in each state are interested in doing so and have promised their assistance.

Elizabeth A. Greener
Chairman

REPORT OF COMMITTEE ON EDUCATIONAL PUBLICITY

The Committee on Educational Publicity has done no constructive work during the past year.

Correspondence with the former committee was passed on to this committee for a review. That correspondence was with the Director of the School Department of Good Housekeeping. Other correspondence referred to the Committee has referred almost entirely to the matter of correspondence schools.

No action relative to this correspondence was deemed advisable.

Sally Johnson
Chairman

REPORT OF COMMITTEE ON PROBLEMS OF EDUCATION IN NURSING SCHOOLS CONNECTED WITH SMALL HOSPITALS

Our plan was to ask some member of the board of examiners in a number of states in different parts of the country to answer certain questions as to methods of education in six hospitals of the state: the two worst, two best, and two in between.

The chairman was unable to carry out her plan and she hereby apologizes to the League for her failure. What she has to present is hardly equal to a straw vote. Answers came regarding twenty-six schools. The daily average of patients varied from 16 to 55, and the number of pupils from 10 to 28. In three of these schools the number of pupils was greater than the daily average and in only one school was there more than 2 patients per pupil. The number of graduate nurses employed on the faculty varied from seven to one.
One school reported that the doctors teach everything but practical nursing; another that 90 per cent of the work is so taught; and three that the physicians did two-thirds of the teaching. Senior pupils had all the way from 30 to 300 hours of class and lecture work; preliminary students from 30 to 270 hours.

The number of hours of teaching for a year ranges from 330 to 1104. Even this briefest and most incomplete of studies shows what a chaotic state we are in educationally: less than 400 hours of teaching provided by 6 out of 26 schools; between 400 and 500 by 7 schools; between 500 and 600 by 2 schools; between 600 and 700 by 5 schools; and 4 having over one thousand. All of these schools are accredited and their graduates may take state board examinations if successful, and write R. N. after their names, irrespective of whether they have had 330 or 1104 hours of teaching.

Of the 26 superintendents of nurses: 1—grammar school education; 2 finished two years of high school; 1—equivalent of one year high school; 1—three years high school. The remainder were graduates from high schools, several with some normal school work and one with two years of Teachers College.

It is interesting to note that one of the schools giving only 350 hours of instruction, 75 per cent of this being done by the doctors, has a superintendent who is reported as having "no interest whatsoever in nursing organization."

We are longing for that day when, with the aid of the "grading school committee," we may require a definite standard of preparation for all those who instruct pupil nurses.

Mary E. Gladwin
Chairman

REPORT OF THE COMMITTEE ON CONSULTANT SERVICE

For several years past the executive secretary of this society has called attention in her annual reports to the requests for information and advice which are coming to the office of the League. These are steadily increasing in number and variety, and call for a kind of assistance which is beyond the power of the existing secretarial staff to give.

This is partly because of the great increase in regular office work due to growth in membership but more definitely because many of these requests bring to view new conditions and new problems arising from changes and advances in the field of nursing education. They call for expert knowledge and the advice needed can be given only by those of special training and experience. Other instances require personal study of the problem on the spot, before efficient help can be given in working them out.
The directors of the League have appointed this committee to study the situation,—to find out what these demands are in character and extent, and what they represent, and to see if such a consultant service as is proposed offers the best way of meeting them. The committee of five members partly appointed by the board, and partly by the chairman has worked thus far largely through correspondence in efforts to find out what the actual situation is. What kinds of information, advice or practical assistance are our schools of nursing asking for which ought to be available through some authoritative source? How extensive is the need of such help?

In endeavoring to gain this information the committee has examined as far as was practicable the records at the office of the League; it has sent out something over one hundred letters of inquiry to various state officials and other outstanding persons, and it has sought individual opinions from among those to whom requests have been coming for many years.

From the consensus of opinion thus gathered there appears to be a well recognized and fairly widespread need for competent advice and usable information upon a good many matters, some of which are of considerable importance to good progress in the education of nurses. The questions range from those dealing with university and junior college affiliations, and the vital new relationships thus created; with the province and functions of nursing school committees; with the best ways of going to work to secure an endowment; with the study necessary in a local situation in determining the advisability of a new or disbanding an old school; with how to build up a good staff of graduate nurses as to their status, salaries, hours, etc.; how to correlate theory and practice; how to establish the eight hour day; how to build up school libraries and reference material; how to establish group nursing and hourly nursing; how to set up a plan for staff education; how to organize institutes, down to simple questions relating to the curriculum.

The committee believes that a good deal of help might be given to some of these inquirers by the publication in the Journal and in special pamphlets of material dealing in detail with their problems. There are other questions which can be helpfully answered through individual and somewhat personal correspondence and advice.

Behind these stand the more important questions, those calling for first-hand study of the problem and direct assistance in working it out, just for instance, one of our wisest nurses writes, as hospitals send for experts when in need of advice on building problems, or laundries. For almost all of these questions raised some part of the answer needed could be given by trustworthy information in the form of published material showing how some of the new and difficult situations may be met. The gathering and arranging of such material is a matter of careful investigation and study, and points to the necessity of encouraging such study.
There were other views on this whole subject which should be presented. In three states the officers are firm in the belief that the existing machinery is ample and should be used. A very able head of a nursing school in one of these states thinks it is too ample and too frequently used and looks with something akin to anguish on the idea of advice from any other quarter.

Another suggests that these problems can be solved through an increase in local intelligence, to which may be added from another source that what is needed is some way of bringing a better understanding of these problems to those who hold the purse strings. From virtually all sources comes the recognition of the fact that no funds are available for salaries from the present resources of the League, no matter how great the need for further assistance. Under the circumstances it is probable that any discussion of the matter may seem to a good many entirely academic.

Because, however of the extraordinary variety of questions that have emerged, showing needs, numerous, widespread and various, ranging from questions simple to highly important, almost vital in nature, and revealing conditions for which remedies are essential; and because of the great variety of suggestions offered to meet this need the committee feels that a considerable amount of further study and analysis of the varying situations is indicated, and of the resources available to meet them.

These appeals for help do not appear to us to be a matter which can be dealt with by itself. It apparently forms part of a much larger subject, which is concerned with the purpose and functions of the League.

This is merely a report of progress, and as such there are but two suggestions which the committee can venture to make at this time. One is, that to meet the present need a list of advisers be built up to whom special questions requiring expert knowledge might be referred by the executive secretary of the League. The other is, that an effort be made to reach a clearer conception of the functions which the League can properly be expected to perform, and that this committee be replaced by another for that purpose. The League represents a large and important field of education. What is its precise relation to the field it was created to serve? What are the duties and responsibilities thus involved? To the urgent questions which year after year arise what should be its attitude? What, if anything should it be doing about them?

M. Adelaide Nutting
Chairman

REPORT OF THE COMMITTEE ON INDEXING OF PERIODICAL NURSING LITERATURE

For about a year the Library Index published by the National Health Library operated by the National Health Council of 370 Seventh Avenue,
New York City, has enlarged its columns relating to periodical nursing literature.

This Index has been distributed weekly to subscribers and from the reports received by the committee it is meeting a real need. The subscription price is $2.50 yearly. The pages of the Index are so mimeographed that items may be cut and mounted on 3 x 5 cards and be used in the building up of a subject card index. No up-to-date school of nursing can afford to be without this aid to its work.

The committee met in New York on January 16. The use of the Index was discussed; also the question of a cumulative index, advertising and cooperation with the American Library Association. The American Journal of Nursing and The Public Health Nurse both very kindly agreed to carry notices of the Index. Sample copies were sent by headquarters office to a list prepared by the National Organization for Public Health Nursing, of State, Red Cross, Metropolitan Life Insurance supervising nurses for distribution to individual public health nurses.

The new chairman of the committee has been in correspondence with the chairman of the Department of Adult Education of the American Library Association and has had conferences with the chairman of the Committee on Bibliography of the Association who is also an official of the Library of Congress. Through this gentleman, Doctor Ernest C. Richardson, the American Library Association has been asked to cooperate with us along the following lines:

First, Calling attention to the Index of Periodical Nursing Literature which is being conducted in connection with the Library Index of the National Health Council at 370 Seventh Avenue, New York City.

Second, Recommending that libraries subscribe to the official nursing journals, viz.: The American Journal of Nursing, and The Public Health Nurse, both published at 370 Seventh Avenue, New York City.

Third, Urging libraries to add information on the subject of nursing as a profession, to material they may have collected along vocational guidance lines. Material for such information can be secured from the Headquarters of the National League of Nursing Education at 370 Seventh Avenue, in the form of booklets entitled Opportunities in the Field of Nursing and Proceedings of Conference on Nursing Schools Connected with Colleges and Universities (this latter relates particularly to the university education of the nurse); or from the Division of Vocational Education of the Department of Education, Baltimore, Md., whose pamphlet is entitled Your Future as a Nurse.

Fourth, Adding to the series on Self Education, material which would be useful for the "Adult Education of the Nurse."

Fifth, Suggesting to libraries that it would be well for them to have in
their files a group of books (twenty-five, more or less) relating to nursing, a list of which may be sent them from the headquarters of the National League of Nursing Education.

As yet no results from these suggestions have been reported but the chairman expects to follow them up.

Julia C. Stimson
Chairman

No objections being raised to any of the reports given above, all were accepted in proper form.

Guest and Representative from Cuba

The Chair then announced the presence of Miss Martina Guevara, guest and nurse teacher from Cuba, who had been sent by her government to represent the Cuban Association of Nurses at the biennial and who brought from the Cuban nurses greetings. The Chair called for Miss Guevara to introduce her to the Convention. Miss Guevara was not in the hall at the time so that the pleasure of meeting and formally welcoming her had to be postponed.

The following Committees were appointed by the Chair.

Committee on Resolutions: Louise A. Dietrich, Texas, Chairman; Mary E. Gladwin, Minnesota; Evelyn Wood, Illinois; Emma Hunt, Kentucky; and Blanche A. Blackman, Massachusetts.

Tellers: Blanche E. Eldon, New Jersey, Chairman; Eunice Smith, Connecticut; Elsie Maurer, New York; Mary C. Eden, Pennsylvania.

Inspectors of Election: Bessie Baker, Minnesota, Chairman; Viana McCown, Illinois; Helen Potter, Rhode Island; and Ruth Sleeper, Ohio.

The Chair then declared the session adjourned to meet at 11:00 a. m. on Wednesday.

Joint Opening Session
American Nurses Association
National League of Nursing Education
National Organization for Public Health Nursing
Monday June 4, 8:00 p. m.

S. Lillian Clayton, president, American Nurses Association, presided.

Invocation by the Rt. Rev. Charles E. Woodcock, Episcopal Bishop of Kentucky.
ADDRESS OF WELCOME

By Hon. Flem Sampson

Governor of Kentucky

Madam President and Nurses of the National Convention: It gives me much happiness to welcome to dear old Kentucky this interesting and serviceable group of women from all parts of this great nation. Kentucky feels much honored to have the National Convention of your organizations meet in Louisville. We extend to you a most cordial welcome. The song, "Old Kentucky Home" expresses in part our sentiment.

We love our dear old state, its history, its fame for many of the virtues, especially for cordiality and for brotherhood. The "Old Kentucky Home" is dear to many a heart outside of Kentucky.

We want and we hope to make the "Old Kentucky Home" a better home. We are trying now to build, where the old Kentucky home stands, a new Kentucky home. We are trying, if you please, to popularize Kentucky, to bring in mills and shops and factories and to make it a place of business where young men and young women may have opportunities equal to those of any community or state.

We want you, before you leave this grand old commonwealth, to take a little trip through central Kentucky to see the real blue grass, the most wonderful country on all the earth. Just last week we had a number of visitors from all over the country, and I had the pleasure of conducting a few of them down through the blue grass section. One of them, returning to New England, a scholar and a statesman, wrote me a day or so ago saying in substance this: I have tramped much about the world. I have seen all of America and Europe several times and have been around the earth. I have seen the beautiful grass stretches of Ireland, the best in all Europe, but I have never seen anything anywhere that equals the blue grass region of Kentucky.

I especially want to extend to you a most cordial invitation to visit the state capitol at Frankfort, and I know Mrs. Sampson over at the mansion will be glad to receive you if you come. The latchstring at the old Kentucky home hangs out. It welcomes you in the most cordial manner possible.

Come out into the state after seeing this fine city of Louisville. Go to Mammoth Cave, one of the seven wonders of the world. They are making a great national park at Mammoth Cave now. Go to see Cumberland Falls and Cumberland Gap, and the beautiful slopes along the Mississippi in western Kentucky. Any and all of them are rich and beautiful.

We welcome you to Kentucky! We want this to be the happiest, the most profitable and the best convention of the National Nursing Associations in their history, and we want to help you make it so. Come again.
ADDRESS OF WELCOME

By Hon. William Harrison
Mayor of Louisville, Kentucky

Madam Chairman and Ladies: We should like you to feel, as we in Louisville feel towards our guests, that you are company to us. The best we have is yours to command.

It has been my privilege in the past seven or eight months to have a somewhat intimate contact with the health department of our city. I have said, and I repeat here, that of all the forward work this municipality is undertaking, were I to base my reelection upon any one department, I would choose the department of health. We have a competent, faithful, efficient health department, and I am very proud to say that as a result of its work we have a healthy, happy city.

May I tender you our very warmest welcome, our earnest desire to make you feel at home; to let you know that if in trouble we are sympathetic and ready to help, that toward your entertainment we want to go the whole way with you because, as I said a few moments ago, you are company in the Old Kentucky home.

RESPONSE AND ADDRESS

By S. Lillian Clayton, R. N.
President, American Nurses Association

Published in the Proceedings, Twenty-sixth Convention, American Nurses Association.

ADDRESS

By Carrie M. Hall, R. N.
President, National League of Nursing Education

In behalf of the National League of Nursing Education I wish to thank the citizens, and especially the nurses, of Louisville and of Kentucky, for their unlimited cordiality. Southern hospitality is known to all and no greater evidence of it could be shown than in the reception which we have had, and in the wise and careful plans for carrying on the work of this great convention. We anticipate a week of intense application to the problems confronting us. We expect to thoroughly enjoy the recreation and social aspects of the program offered by your committees. We hope to gain much from our conferences, and trust that we shall leave something with you, which will be lasting and helpful, and not too much obliterated by the
remembrance of the labor and worry which it will have been to have cared for this great meeting.

Since we met, two years ago, in a joint session at Atlantic City, the League has held its Thirty-Third Annual Meeting in San Francisco. It has today opened its Thirty-Fourth Annual Session.

The spirit of the San Francisco meeting was one of true scientific investigation into the questions pertaining to the conduct of schools of nursing and related subjects. There was nothing visionary about it. We were a group of honest women searching for the truth concerning ourselves and our work. There will be further reports on some of the same subjects this year.

Other than the 1927 convention, the two greatest pieces of work of the League have been the completion and publication of the Curriculum for Schools of Nursing, and the Conference on Nursing Schools connected with Colleges and Universities.

This latter was undertaken in combination with the Department of Nursing Education at Teachers College, New York. Although participation in this conference was limited to a group of about sixty or seventy persons, all of whom were in some way related in their work to problems of this character, a report of the proceedings has been published by the League, and may be secured at a reasonable price.

Each year our publications become more numerous and valuable both educationally and financially. One of the activities at headquarters, which consumes a great deal of time is the preparation, distribution, and sale of our publications.

I want to take this opportunity to thank the nurses of the country most heartily for their annual support of the "calendar sale." This is the most lucrative of the publications of the League, and goes a long way toward financing the expense of our headquarters. Many of you know that our beloved Adelaide Nutting has gathered together a number of her addresses, many of which had been prepared for the League, into a book entitled "A Sound Economic Basis for Schools of Nursing." During the year Miss Nutting has bequeathed all future income from this book to the League, and although she modestly assures us that the income will not be large, the League has already begun to receive royalties on it from the publishers.

The Grading Committee has brought to us concrete results of the first two years of its program. Many of us will feel that some of our opinions are substantiated, but all will be shocked at some of the findings in the statistical reports. The seasonal feature of private duty work and the unemployment conditions in this field bring a serious economic problem to the individual nurse. The need for some solution to the question of stable economic support for schools of nursing is no less acute, and is doubtless a project which deserves study by the League and others.
At the end of the three years as president of this body, I am more than ever convinced that the function of this organization in directing the preparation of the nurses of the country is quite the most far-reaching in its results, and therefore, of the greatest importance of any of our professional activities. The educational work of a profession must of necessity be its very backbone. New problems are constantly arising, needing study, and conference. It has seemed wise therefore to hold our meetings annually; and because of the importance of this educational program, I am not able to visualize this work relegated to a section of another organization, even though a very sympathetic one.

ADDRESS

By Mrs. Anne L. Hansen, R. N.

President, National Organization for Public Health Nursing

GREETINGS FROM INTERNATIONAL COUNCIL OF NURSES

By Nina D. Gage, R. N.

President, International Council of Nurses

Published in the Proceedings, Twenty-sixth Convention, American Nurses Association.

THE RED CROSS NURSING SERVICE

By Clara D. Noyes, R. N.

National Director, Nursing Service American Red Cross and Chairman, National Committee on Red Cross Nursing Service

In the two years which have elapsed since I last appeared before you, at the Biennial Convention in Atlantic City, the Red Cross Nursing Service has passed through a period of activity exceeded only by that of the World War. Disasters with great frequency and unparalleled severity have swept over the country. Of these, but two out of the large number (78, of which 20 were in foreign countries in 1927) will be mentioned. This does not mean that the others were unimportant or that the work of nurses who served was insignificant. The hurricane in Florida in the autumn of 1926, and the Mississippi Floods in the early spring and summer of 1927, were so stupendous that they stand out as distinctive and clear-cut in their peculiar and particular aspects as would a great catastrophe such as the World War itself.

In the former the killed and wounded left in the wake of the storm equalled that of many fields of combat between nations, calling, therefore, for large
numbers of nurses, skilled in surgical technique, while the work which followed in the preventive field, that is, controlling epidemics, called for nurses with a knowledge of public health nursing. Into this scene of suffering and destruction it is estimated that 450 nurses were introduced. About 100 of these served as volunteers during the first few days.

The Mississippi Valley Floods, the extent and terrors of which are still fresh in our minds, with its enormous refugee camps, some with 20,000 under tents, required nurses experienced in general nursing, obstetrics particularly, as well as those with experience in the preventive field. A total of 329 nurses, of which 50 were colored, were employed in this great emergency.

The Nursing Service moves so quickly and so quietly into action that the observer on the scene or the casual readers of the press do not stop to appreciate that back of it lies an organization as nearly perfect as human effort and thought can devise. The National Director wiring out to the local Committees rouses them to instant action, they in turn call upon the Red Cross nurses listed in their territory; in a few hours the individual nurse is en route to the field of disaster. If the Committee nearest the area exhaust their supply, adjacent ones are tapped. The disaster field is zoned, supervisors appointed, instructions issued, relations with Red Cross officials and workers in the field established, and the machinery is well under way. So well do our local Committees do their work that it is but rarely that a misfit nurse is selected or sent. In the Mississippi Floods out of the 329 but two nurses were found who were not satisfactory. Of the individual nurses we cannot speak too highly. They go where sent without a murmur, they meet conditions of unparalleled difficulties, long hours and uncomfortable living conditions, mud, rain, water, the heat of a burning sun, it matters not. Without question or complaint these are accepted with sportsmanlike cheerfulness and spirit.

Back of this splendid Red Cross organization lies the American Nurses’ Association. If that were not the case I would not be speaking from this platform tonight. Without the support and assistance of this organization, it would not have been possible to have brought into the Red Cross Nurse enrollment nearly 47,000 graduate nurses. This is an impressive number, but it does not mean that our vigilance can be relaxed or that we can rest upon our honors. Unless we maintain this enrollment upon active status, it would gradually become impossible to meet emergencies as they occur. We need to enroll at least 150 nurses each month in order to do this, and at the same time fill the vacancies that result from old-age, death, resignation and impaired health.

Occasionally a nurse makes the inquiry “Why enroll, we are not at war?” Can we ever say that? The two great disasters just mentioned indicate that we are always at war with the forces of nature, and we always will be, while
pestilence in spite of scientific research and well directed effort, is lurking in dark places ready to spring upon us. Even during the past year small epidemics of typhoid fever have called upon the Red Cross for aid, and nurses have been used. Let no nurse hesitate because we are not engaged in actual combat with another nation or nations, but let her come forward and enroll in order that the Red Cross may be prepared to meet the demands made upon it. One has but to study the reports of the 582 Red Cross Public Health Nursing Services, employing 775 Red Cross public health nurses, mostly in rural communities, to appreciate the importance of falling into line for active service against that age-old enemy of mankind—disease.

Last year 1289 Red Cross nurses were authorized as instructors to teach the course in Home Hygiene and Care of the Sick, another interesting and useful opportunity for the Red Cross nurse. During the year 60,850 individuals were admitted to these classes, of whom 43,422 were pupils in school. The value of this instruction to the community cannot be easily estimated, for as an important factor in helping to prevent disease and improve community health it cannot be gainsaid.

This very incomplete resumé of Red Cross nursing activities during the past two years can do but little more than indicate not only the need of maintaining such a service, but the greater need of maintaining it at a very high standard of effectiveness. To be a member of this splendid enrollment has always seemed to me, at least, something that every nurse should determine to achieve. “What will it do for me?” one nurse asked. Not only does it place her in line for service to her country, for this service is the reserve of the Army and Navy Nurse Corps, and her fellowman, but under the emblem of the Red Cross opportunities for interesting service in far away parts of the world have been given to many in both the educational and public health nursing field.

In this great enrollment of nurses, the Red Cross has one of its most valued assets. At the same time the American Nurses’ Association because of its affiliation with the Red Cross enjoys a privilege not accorded to any other association of nurses in the world. The two have worked together in harmony and accord, and as a result have been able to give to the country when in distress a type of service for which we as individuals and as an organization have just cause for pride.

ADULT EDUCATION

By Charles H. Judd, Ph.D., LL.D.

Director of the School of Education, University of Chicago, Chicago, Ill.

There is a striking parallelism between the problems which confront the members of the nursing profession and those which confront the members
of the teaching profession. I suppose it was a recognition of this fact which led your officers to import for this occasion a speaker whose direct contact with your particular types of activity has been very limited. I was not conscious myself of the close family resemblance between our two professions until I began to read some of the recent reports prepared by the Committee for the Study of Nursing Education and by the Committee on the Grading of Nursing Schools. As I read these reports and as I became somewhat more intelligent about nursing under the instruction of my colleague, Miss Wolf, and of my long-time friend, Mrs. Burgess, I began to realize that your profession, like the one which I represent, cannot fulfil its mission in the world unless it can find some way of extending its influence beyond the immediate routine ministrations which are its first and most obvious duties.

You are charged with the care of the sick. Teachers are charged with the responsibility of training children. But if care of the sick and training of children are to become entirely effective, they must be performed in such a way as to make the whole community intelligent. Nurses come in contact with members of the family, and teachers come in contact with the parents of pupils. Nurses will be most successful if they know how to deal with both patients and families just as teachers are most effective when they know how to deal with both pupils and parents.

We may pause to exchange some words of professional sympathy. I have observed in certain schools at certain times activities of parents which were of a type to lead teachers to judge that perhaps their most difficult task is to make parents intelligent. A teacher often has to exercise the highest type of professional patience and to concentrate vigorously on the thought that parents mean well whatever they do. I am sure that you understand because of your experiences both the difficulties and the importance of administering adult education under these conditions.

However difficult the task of performing the double duty of caring for our immediate charges and for the larger related public, we must marshal our professional energy to its execution. In so doing, it is essential that we undertake the work that lies before us with our eyes open to the complexities of the situation. The first elements in the situation are our own profession groups. We must ask how far the members of these groups are equipped to become agents of society for the discharge of a double duty.

The teachers in the schools of the United States are, as I judge the nurses are also, a heterogeneous group of workers equipped with every grade and variety of training. There are teachers who speak the English language with a degree of correctness far below that which is desirable. There are teachers whose training has been superficial and meager. There are teachers who know very little about the institutions which dominate modern
I might go on describing those at the bottom of the scale. On the other hand, there are fortunately in the teaching profession many who are competent representatives of the highest culture. These teachers have been in contact with the world's art and science and they understand and sympathize with the activities of industry and commerce. I am sure that with nurses as with teachers there are so many grades of equipment that one must always recognize, in speaking of the profession, its composite and unstandardized character.

When one thinks of the lack of real preparation which is exhibited by some of the members of our two professions, one immediately begins to ask how the situation is to be remedied. There are certain very fortunate circumstances in present-day conditions. There are in the larger centers of population enough applicants for admission to our professions so that we can begin to raise the standards of admission and the requirements of graduation from training schools.

There are serious impediments, however, to the establishment and maintenance of standards. There are a great many persons entering our professions who are only transient members. I realize that we live in an age when it is not popular to discriminate between men and women. The fact is, however, that any profession, the ranks of which are filled largely by women, is going to have difficulty in maintaining its equilibrium. There are, so far as I know, no professions other than those of teaching and nursing which are so largely disturbed by early withdrawals. There is, indeed, in some quarters evidence that many young teachers and nurses enter these professions with the explicit intention of early withdrawal. Women have not become a dominant factor in the medical profession or in engineering or in journalism or even in the management of commerce and industry. I know that there are some who hold that the processes of social evolution will shortly change all this. Personally I find it difficult to picture great business responsibilities or responsibilities of government and engineering as passing into the hands of women. There is a demand for continuity and stability in most of the professions which cannot face the shock of withdrawals which the teaching profession and the nursing profession experience every year. There can be no rational escape from the conclusion that both of these two great women's professions face a serious problem in attempting to elevate standards.

While we are enumerating our handicaps, we may as well face frankly the further fact that we do not agree among ourselves as to the proper course of training which we should administer to novitiates. Teacher-training institutions are now engaged in vigorous discussions and in experimentation on a large scale in the effort to determine what shall go into the training curriculum. I judge that your profession is engaged in the same type of
experimentation and that you suffer from much the same kind of bewilderment. I gather from what I read that you have the added difficulty that your training schools extract an amount of service from nurses-in-training which no teacher-training institution would venture to demand.

Enough has perhaps been said to make it clear that our professions have to attack their double task of routine duties and of training the community with serious handicaps. It is easy to say that we must overcome these handicaps by selecting only the most competent candidates and that we must give all who enter our professions a broad training. The fact is that the easy general formulas will not solve our difficulties. The services rendered by teachers and nurses are required on such a large scale by modern society that a vast number of persons must be drawn into these professions. The selection is by no means as drastic here as in the case of medicine or engineering or law. The consequences of this widespread demand for teachers and nurses are evident. There will be—as indeed there is—very general tolerance for mediocrity, and very general acceptance in an emergency or in what seems to be an emergency of only partially qualified persons. Society will fit its demands to the existing supply more complacently than in those more highly selective choices which it exhibits in the other cases where the services of the other professions are less frequently required.

In situations such as those in which our professions find themselves, there must be provided substitutes for individual efficiency. I hasten to qualify this statement. There is, of course, no possible justification for relaxation of effort in removing so far as possible any deficiencies which exist in the training of individuals. What I am trying to say is that the profession as a whole must come to the aid of the individual with devices which will make that individual more effective than he or she would be if operating in a purely personal way.

Let me illustrate what I mean. The profession of teachers puts into the hands of an individual teacher a textbook. The textbook is the embodiment of the experience and skill of some superior teacher or group of teachers. By supplementing personal energy and professional ability with textbooks the teacher can achieve results which would be utterly impossible if the individual depended merely on personal resources.

In the sphere of adult education, the teaching profession is cooperating with the library. Teachers are training communities to understand the possibility of using reading in order to secure help whenever one needs it. Formerly pupils learned to read but did not learn to use reading. The result was that adults were much less conscious of the possibilities of using reading for self-improvement than they are today when the conception of a life-long process of education is being vigorously cultivated by educators in the schools and related educators in the libraries.
Again let me attempt a somewhat more elaborate illustration of the way in which the profession aids the individual. We have come to recognize in teaching the absolute necessity of bringing experienced teachers back into training institutions after they have been out in the field. Today all progressive teachers come back to normal schools and colleges for what we call continuation training or training in service.

It used to be commonly accepted in theory and practice that a teacher who had secured her license had a right to suspend all study. The normal school used to prepare teachers in full and send them out to spend the rest of their days asserting their right to be recognized as teachers. The day has passed in education when a teacher can depend on her initial preparation to carry her through life. At the present time we persuade, we compel, we induce, we encourage by rewards or threats every teacher to keep intellectually alive. We go so far as to issue temporary certificates which terminate when the training which they represent begins to be antiquated. All over the country we have opened summer schools for teachers; we conduct Saturday classes and evening classes. We persuade boards of education to act. We get state departments of education to pass regulations. If there is anything which the educational profession is not doing to keep itself on the move, we shall be glad to know it and we will guarantee that information as to new devices will be used in a number of the leading school systems of the country immediately on its receipt.

I cannot report this movement for continuation training in service as entirely popular in all quarters. Since the beginning of the world, there have been those who have loved sleep better than progress. I can assure you, however, that nothing ever happened in education that was better for pupils and for the achievement of excellent results than this same continuation training of teachers in service.

I venture to advocate that the nursing profession give up the doctrine that a nurse is forever competent because at one time somebody put on her the stamp of approval as a graduate of some more or less adequately equipped training school. I shall not attempt to say that every nurse should be obliged to come into a training school for one month in the year in order to make sure that she has not contracted intellectual coma, but I am willing to assert that some continuation training in service for nurses would promote the well-being of the nation.

From the point of view of the training school itself, I can think of nothing that is more likely to keep it in touch with practical needs than this periodical homecoming of its own graduates and the graduates of other schools.

I suppose someone will say that what I am suggesting is a financial impossibility. It will be pointed out that teachers all have their vacations at the same time in the year and that they receive sumptuous salaries as
compared with nurses. I am not at all discouraged by a recital of these difficulties because I heard it said a few years ago that teachers could not be induced to continue their studies. What was necessary in education was the clear demonstration of the advantages of continuation training and the movement began.

I shall not assume to know how you can overcome the administrative difficulties in the way of a program of training service. I read in your literature that nurses are not continuously occupied. I do not read about any general provision for profitable use of the periods of release from duties. It is not difficult if one lets one’s imagination run to devise a number of very interesting ways in which nurses might be helped to continue the refinement of their professional training in unoccupied periods.

I do not know whether the topic which was assigned to me was intended to cover the education of those adults who are in our professions. I think it is worth while to point out that the movement for adult education in this country is not merely a movement to rescue those who have arrived at mature years in ignorance. Adult education includes continuation training of professional groups. The medical people have organized short courses; business experts have organized conferences. A great many types of correspondence courses have been evolved in response to the demand for ever-increasing education. Not long ago one of our great universities advocated at a gathering of its alumni a movement to keep university graduates in perpetual attendance at the university.

Of course if you bring nurses back for continuation training, you will have to accumulate something which it will be profitable for them to study when they arrive. I may testify for your encouragement that nothing has ever happened to the teaching profession which has been more advantageous than that which has resulted from the fact that teacher-training institutions now have to face experienced teachers. Much of the renovation which is going on today in courses in methods of teaching is directly traceable to the necessity of facing real problems and attempting to solve real difficulties.

I cannot assert without liberal reservations that the teaching profession has all the information which is necessary to give continuation courses to mature teachers, but I can report to you that our profession is on the way to the development of much useful material. It has learned that the scientific study of educational problems yields material which is stimulating and useful to a degree which more than justifies the effort expended in such study. We are encouraged by past results attained to go forward with a vigorous scientific attack on all educational problems.

So committed is the teaching profession to inquiry into every detail that we engage sometimes in discussions which it is difficult for outsiders to
recognize as worth the time of public servants. For example, some of
our group became greatly concerned a little time ago as to the best way
to add a column of figures. Should one add upward or downward? Ask
the ordinary citizen and he is likely to say that it makes absolutely no
difference. If it can be shown, however, that there is even a slight economy
in one method of adding or the other and if it is kept in mind that there are
twenty million children in school, many of whom are doing some adding
each day, and that there are a vast number of adults who have to add up-
ward or downward, the question of which is the better method of adding
begins to take on a scientific importance akin to the importance of taking
a curve out of a much traveled road. There is, after all, no phase of human
life that is too insignificant to be studied. If a professional group which
has to do with human beings can be made to see the importance of directing
its activities by sound and firmly established scientific findings, then a new
era of rationally organized methods will appear.

It is safe to say that the last twenty years have seen more progress in
methods of training the human mind than was ever made in any earlier
century of the history of the race. Educational methods have been studied
minutely and extensively. Nothing has ever done so much to bring
together and elevate the teaching profession as the recent study of its
problems by methods of a strictly impartial and scientific type. Nothing
has ever done so much to release teachers from sheer routine. Nothing has
helped teachers more in acquiring a broad view of education and in extend-
ing their influence throughout the whole community. I ought perhaps to
add that scientific studies have been made not only of such details as the
direction of adding columns of figures, but also of the most economical
methods of reading and of the most successful methods of arriving at general
ideas. The science of education has evolved methods of measuring and
comparing the results of the various ways of teaching foreign language and
of organizing demonstration lessons in science. In short, there is hardly
a phase of school work, whether obviously important or seemingly trivial,
which has not been made a subject of painstaking experimental investiga-
tion by someone who is concerned with the advancement of the science of
education.

The kind of scientific information which is arrived at after long continued
examination of practice not only changes actual practice, it changes the
whole spirit and temper of those who become imbued with the idea of
scientific study. Teaching used to be a kind of ritual regarded by its
devotees with superstitious awe and taken up by the novitiates with a
kind of reverent regard for ancient forms. Today there is a freedom of
experimentation and a frank rejection of dogmatic cant which may some-
times be extreme, but are on the whole exhilarating and indicative of a
healthy intellectual condition and of a sanity of thinking which promise much for the profession of teaching.

One of the important results which has come from the systematic scientific study of educational problems is that the teaching profession has gained a confidence in its methods of operation which makes it possible to deal much more effectively than was formerly possible with the public. Teachers can today make assertions about the results of school work with a degree of confidence which was utterly lacking before scientific studies had been made on a large scale.

Not only so, but equipped with standards of achievement and with insight into desirable intellectual methods of operation, it is now possible for teachers to extend with assurance their operations into the realm of adult education of the more remote forms. If a man wants to know today whether he has good or bad reading habits, we can tell him and we can give him some help in improving his habits. If an adult wants to know what are the comparative possibilities of learning early in life and in the later mature years, we can give him a very encouraging answer. If one wants to be tested for certain forms of general ability or for certain types of technical skill, we are in possession of adequate methods to meet his needs.

It is proper to add also that more efficient methods in the schools have advanced pupils so rapidly in intellectual life that many a parent has been stimulated to take up anew the studies which were only partially mastered in earlier years.

I have perhaps gone too far in discussing the efforts and accomplishments of our profession. I have been attempting to make the point that where individuals are not able to meet a situation because of limited personal abilities, professional groups must come to the rescue. Through the cooperative investigations of a large number of people devices can be perfected for achieving results which no isolated individual could reach.

I have been greatly impressed by reading the material collected by your committees, especially by the Committee on the Grading of Nursing Schools because I see in this material a manifestation of exactly the same spirit of scientific inquiry that has elevated the work of teaching. Some people may not understand at first why so much energy should be expended in finding out what patients think of nurses and what doctors regard as the chief virtues of good nurses. In due time it will be realized on all sides that it is this direct empirical attack on the problems of the profession which is going to bring to the help of the individual the collective resources of the profession.

If there is anything that I can say to encourage you as a group to give the time and energy of your best people to such studies as you have inaugurated, I am anxious to make this contribution to your deliberations.
It may be impertinent for me to attempt to go further than to draw the
general analogy which I have attempted to point out between our two
professions. I shall, however, trespass on your hospitality far enough to
offer one or two concrete suggestions in order to make my argument as clear
as I can.

Many of you go into homes where there is a high emotional tension grow-
ing out of the conditions which the family faces. Would it not be well
somewhere along the line of the training course given to nurses to introduce
some scientific information about the nature of emotional tensions? I am
not making a plea for the teaching of a formal course in psychology. I am
arguing for the presentation of practical simple information about what
happens in a human nervous system and in a human body in emotion. I
know of no greater service or more humanitarian service that could be per-
formed for society than to have a well-trained group of nurses prepared
to teach people how to behave in those emergencies in which excitement is
a major factor. If nurses did nothing more for the families of patients
than to teach them how to behave under tension, the education of adults
would have made great progress in this country.

Another concrete item which is suggested to me out of my experience with
schools is that most families need a firm guiding intelligence to give them
help in selecting a diet of suitable materials, adjusted to the family purse.
Many a family diet has been reformed through the example of good school
luncheons. I am not making a plea here merely for a course in dietetics.
I am advocating a course in economics. Nurses come into contact with
many homes where financial considerations are important. If these nurses
are really to influence behavior and especially if they are to influence be-
havior permanently, they must be able to deal discriminatingly with the
family purse as well as with the family digestion.

A third type of intelligence which I believe a nurse should leave behind
is a series of references to reliable reading matter dealing with health and
personal self-management. People want to know where to get information
on such matters. Witness the eagerness with which syndicated matter
in the newspapers is read by the public. The well-trained nurse can do
much while she is in a home by way of direct teaching of methods of hy-
gienic living, but the lasting influence of her teaching will be greatly in-
creased if she guides the reading which will go on after her departure.

I hope these suggestions indicate to you some of the lines along which it
seems to a pedagogue you may enlarge your usefulness as a profession.
You notice that I am not suggesting that you take literature or art into
homes. I am sure that many a nurse has disseminated culture just as
many a teacher does. I am advocating that you contribute in your way
and in lines especially appropriate to your profession to the cultivation of
a higher form of human response to its problems. Education of adults is a complex undertaking. Some agencies will have to devise ways of making the literary classics more accessible to all the people. Some agencies will have to train citizens in the understanding of public institutions. Nurses can, I think, by cooperative investigation learn how to carry to the people certain essential lessons of life which no other agency is fitted to disseminate.

One final comment and I am done. Nurses and teachers have made what seems to me to be a fundamental economic mistake. They have adopted as far as they have been able to do so a uniform scale of salaries. It is, of course, legitimate that our professional groups should unite in securing for our members compensations which make it possible to live, but when we insist that the partially trained and the well trained shall have the same returns for their labors, we make the mistake of withdrawing one of the strongest incentives to improvement. In the teaching profession there is, here and there, some slight recognition in a financial way of merit. To be sure the word “merit” is much hated in many quarters. The mediocre teacher does what he or she can to make it appear that nobody knows what merit is but in spite of opposition, devices are coming to be employed to distinguish superior teachers and teachers who have profited by unusual training and to reward these by paying them on a scale which differs from the ordinary. I have no recommendations to make to you except to point out the fact that a profession which attempts to equalize compensations is more likely to be dominated by the majority than by its superior members.

Meeting adjourned.

Joint Session

American Nurses Association
National League of Nursing Education
National Organization for Public Health Nursing
Tuesday June 5, 9:00 a.m.

Anne L. Hansen, president, National Organization for Public Health Nursing, presided.
Subject: Distribution of Nursing Service

COMMUNITY NURSING NEEDS

By C.-E. A. Winslow, Dr. P. H.

Professor of Public Health, Yale University School of Medicine
Published in The Public Health Nurse, July, 1928.
Hospitals are notoriously poor. Out of approximately 2,000 nursing schools in this country, about 1,980 have been established and are maintained by hospitals. Since the hospital itself is so inadequately provided for, it becomes obvious that nursing schools may expect meagre support.

Early schools of nursing in America were established primarily as educational institutions to prepare the nurse, not only for hospital service, but for community service as well. Very soon the hospital discovered that a nursing school was a profitable institution. This fact explains why the nursing school soon became the nursing service of the hospital.

The duties of the early nurses were not as numerous nor were they as scientific as present-day medicine demands. For that reason fewer nurses could care for a larger number of patients and no attempt was made to discover just how much time was required to give the necessary care to any particular type of patient. If one hundred institutions were asked, today, the number of nurses necessary to staff a medical or surgical ward of a given number of patients, the replies, as indicated by a recent questionnaire, would be as varied as the number of institutions asked.

This leads us to the practical and important fact that we do not know, even approximately, what the ratio of nurses to patients should be.

The purpose of this discussion is to raise certain questions which we shall have to answer before we can determine how many nurses are needed to care for the sick in the hospitals of this country and how they are to be distributed.

In order to answer these questions it will be necessary to know the number of hospitals in the United States. It will also be necessary to know the yearly average number of patients in these hospitals requiring nursing care, and the percentage of patients with respect to age, sex, medical or surgical conditions and whether or not they are acute or chronic.

In one representative children's hospital where a study was made, it was found by actual statistics that by far the greatest number of sick children are under one year of age, and that the number diminishes after the first two years in proportion to the age, or that the smallest number of children ill in hospitals are between the ages of eleven and twelve years. And, while the largest number of patients in children's hospitals are under one year, it is equally true that children of that age require the maximum amount of nursing care.

The acutely ill patient requires much more than twice the amount of
nursing care required by a chronic patient; women require more nursing care than do men, and medical patients require more nursing care than do surgical patients. In fact, almost the entire treatment of medical patients means nursing care.

How is the nursing care at present determined in our hospitals? When given by the graduate special nurse, it is usually of excellent quality and the entire time of one nurse is given to one patient for 12 hours by day and by a second nurse for 12 hours by night. The ratio here would be 1 to 1 throughout the 24 hours. In some hospitals, notably St. Mary's at Rochester, Minnesota, there has been instituted what is known as group nursing. This consists of one nurse for not more than two patients. The ratio here is 1 to 2 throughout the 24 hours. In a small private hospital with student nurse service there might be, and usually is, a ratio of 1 nurse to 4 or 5 patients. What determines this ratio in each hospital?

In large municipal hospitals and in the open wards of general hospitals there is nothing on which to base a ratio excepting the number of nurses on duty and the number of patients requiring nursing care. If a lump sum could be appropriated in the budgets of such hospitals, whereby in times of epidemics or great stress, additional graduate nurses could be assigned to duty, it would help solve some very trying problems connected with this type of hospital.

When the student nurses carry the burden of a nursing service there should be adequate instruction and supervision. This is altogether too frequently not the case. Many schools and hospitals employ three graduate nurses, only: one the superintendent of nurses who is director of the school and instructor; one who is night superintendent of the hospital and supervisor of night nurses and the third is in charge of the operating room. Any hospital that proposes to establish and maintain a school should employ at least half as many graduate nurses as there are students in its school of nursing. This would insure better nursing care and a better educational opportunity for the student nurse. If more maid service were available in hospitals, there would be less of the routine of hospital duty required of students who would profit more by the experience in skilled nursing procedures and better care could be given to the patient.

So far as one is able to discover, little or no consideration has been given to the change that has been and still is taking place. Today, the patient's stay in the hospital is much shorter than it was ten years ago. This means there is a greater nursing load during the patient's stay in the hospital; or, in other words, the nursing care is more intensive during the patient's hospital time. While the nursing load has increased, there has been no proportionate increase in the nursing staff.

Dr. MacEachern has made the statement with which we shall all agree,
that where today there is one nurse to one and one-half patients, there is a greater nursing load than there was in the past when there was one nurse to every six patients. This is due, of course, to the increased number and complexity of treatments prescribed.

It would be fair to believe that in determining the number of nurses required to staff a hospital, more students would be required than graduate nurses for the same amount of nursing service. When students are depended upon for nursing care of patients, the proportion of supervisors to students should be relatively greater. This we do not find to be the case. Hospitals that are conducting the best schools of nursing find that it costs as much and more, in some instances, to conduct a good nursing school than to employ an entire graduate nursing staff.

It is time that scientific methods were applied to nursing distribution. Such methods imply time studies for each service with both a student and a graduate personnel. A few such studies have been made.

In 1920, Elizabeth Greener, Director of the School of Nursing of Mt. Sinai Hospital, New York City, made a study which included seven patients—two men, two women, and three children. The conclusions were very interesting and attracted considerable attention in nursing administration groups. The study showed that the average time consumed per patient in twenty-four hours was 4 hours, 49 minutes. Miss Greener also concluded from her study that the nursing load from 7 a.m. to 3 p.m. was double that from 3 p.m. to 11 p.m. and that the third period, from 11 p.m. to 7 a.m., was a "balance between the two."

In 1927, Dr. P. S. Rawls, Medical Officer in charge of the U. S. Veterans' Hospital at Livermore, California, made a time study to determine the ratio of nurses to patients necessary to provide an adequate nursing service to that hospital. Dr. Rawls' conclusion was that a ratio of one nurse to seven and one-half patients was necessary, in place of the one to ten ratio provided at that time.

Studies by the American College of Surgeons indicate that the peak of the nursing load in hospitals comes between the hours of 7 a.m. and 2 p.m. From 2 p.m. to 11 p.m. the load is about 60 per cent of the morning load. From 11 p.m. to 7 a.m. the load is much lighter. We who are working with the practical situation know this to be true.

Gladys Sellew, formerly associated with the Babies' and Children's Hospital of Cleveland, Ohio, conducted a time study at that institution and found that the total time required in 24 hours for nursing care for the average patient under one year of age was 8 hours 51 minutes. For a child of 5 years, the time required was 7 hours 19 minutes; and for a child of 10 years, 6 hours and 35 minutes.

Undoubtedly, one of the best studies yet undertaken has been done by
Margaret Tracy, Surgical Supervisor at the Yale School of Nursing. Through her study, Miss Tracy has been able to present a chart outlining the average time required per treatment in minutes, for twenty-one procedures common to surgical patients. Each procedure was timed often enough to determine a fair average in all instances as the study extended over a period of eight months.

It was found that in a ward of 25 surgical women patients, an adequate nursing staff comprised: 8.10 graduate nurses whose weekly schedule was 44 hours; or 9.6 affiliating students whose weekly schedule was 44 hours; or 13.2 Yale students whose weekly schedule was 32 hours.

A similar study carried on in a men's general surgical ward which averaged 26 patients daily, required: 7.7 graduate staff nurses; or 9.1 affiliating students; or 12.5 Yale students.

When it is remembered that this is the number of nurses whose time is required to give routine care and carry out the doctor's orders, only (and we must consider the large number of other duties performed by the nursing staff which should properly be done by maid service), we realize how inadequately are the majority of hospitals providing nursing service to their patients.

So far, we have considered alone certain mechanics of nursing procedures which may be measured. But what of the immeasurable, intangible qualities which make of nursing an art and a profession? What of the hours of time spent by nurses in solving personality problems, in catering to the idiosyncrasies of individual patients, in giving moral support to patients who are suffering intense physical pain; and what of the family and relative problem? These factors are not measurable in time studies but are as essential to the comfort and peace of mind of the individual patient as are the treatments ordered by the doctors for his physical well-being. It would seem that the job of administrators in nursing schools might well be that of building up quantitative as well as qualitative standards.

This can only be done by bringing to the attention of hospital authorities, the medical group and all others interested, the need of accurate knowledge of the time needed for the adequate nursing care of the various types of patients cared for in our hospitals.

Then, too, a better correlation is needed of the theory and practice of nursing and more time should be spent in the consideration of the patient as an individual member of society.
DISTRIBUTION OF NURSING SERVICE IN THE COMMUNITY

By Sophie C. Nelson, R. N.

Director, Visiting Nurse Service, John Hancock Mutual Life Insurance Company

Published in The Public Health Nurse, July, 1928

Discussion

The points stressed were,
1. The importance of understanding and cooperation between the lay and nursing groups in any community in order to promote the best nursing service to that community.
2. The importance of knowledge on the part of the individual nurse and the nurses as groups of the sources of nursing service in the community.
3. The importance of knowledge on the part of the community of the official sources rendering nursing service.
4. Changes in nursing service brought about by developments in medicine, public health, and hospital organization and function.
5. The need of time studies, both for student and graduate nurse service, to provide a basis in determining the approximate number of nurses necessary to care for a given number of a particular type of patient.

Meeting adjourned.

Open Session Conducted by the Advisory Council

Tuesday June 5, 2:30 p. m.

Carrie M. Hall, president, presided.

After calling the meeting to order, the Chair stated that ten presidents of State Leagues in addition to the officers of the National League, constituted a quorum of the Advisory Council and asked all presidents of State Leagues present to stand. Sixteen presidents responded. The Chair then proceeded with the business of the session. The president or her representative of the following State Leagues submitted reports of the work covered in her state since the Convention in San Francisco, June, 1927.

California: The California League of Nursing Education consists of 137 paid-up members. Meetings have been held regularly, once a month, both

1 National League of Nursing Education, By-Laws, Article XI, Sec. 2: "A quorum of the Advisory Council shall be ten (10) members other than the officers."
in the north and in the south, each section having a chairman, secretary, treasurer, and standing committees.

Vocational conferences for senior students have been held in Los Angeles, Oakland, and San Francisco. At these meetings, especially qualified speakers, presented the various fields open to nurses upon graduation. The students displayed marked interest in the talks and contributed much by their questions.

Beside the regular programs, each section conducted an institute. The one given under the auspices of the Northern League was primarily of interest to supervisors, instructors, and administrators. It was held in San Francisco, January 3rd to 6th. The forenoons were given over to round-table discussions of such practical problems as the teaching of nursing procedures, grading in schools of nursing, the case method of teaching, and maternity technique.

Each afternoon, an expert educator, Dr. Edna Bailey, associate professor of education and associate director of practice teaching at the University of California, presented valuable material on The Principles of Teaching Applied to Nursing Education. Dr. Bailey has given a great deal of time and thought to our problems, so that the various aspects taken up by her were handled in a most practical manner. She grouped her material under the headings of: 1. The Teaching of the Basic Sciences; 2. The Teaching of Applied Sciences; 3. The Direction of Field and Laboratory Work; 4. Problems of Coordination.

The fact that there was an attendance of 475, many of whom came to all meetings, bears evidence of the popularity of this institute.

The institute in Los Angeles, from April 10th to 12th, was conducted for the student nurses. Some of the outstanding talks given were, The Social Aspect of Nursing, The Normal Diet, Rollier's Sun Treatment of Tuberculosis. These were given by physicians who have attained eminence in their particular fields. All of these meetings had a record attendance of enthusiastic students.

Delano week was also made a League project. Programs in which the senior students themselves took an active part were sponsored both in Los Angeles and San Francisco.

District of Columbia: The District of Columbia League of Nursing Education reports regular monthly meetings held from September to May, in the different hospitals. The League has contributed generously towards the work of the Nurses’ Committee for Financing the Grading Plan, and has also contributed to the Jane A. Delano Rally. A delegate was sent to Philadelphia to represent the League at the Biennial Meeting of the Mid-Atlantic Division of the A. N. A.
The District of Columbia League has also supported the National League in all its projects for the advancement of nursing education, and in the sale of the calendar at Christmas time.

The Central School of Nursing was again sponsored by the League, making the 5th successive year in which the work of the preliminary classes of six schools of nursing in the District of Columbia has been conducted at the George Washington University Medical School. The success of this school of nursing is attributable to the important part our Chairman of the Education Committee, and Director of the School of Nursing, had in arranging the program and putting it thru.

The total number of student nurses enrolled at the Central School of Nursing was 161. It was decidedly interesting to note that 79.5 per cent of that number are high school graduates, thereby being able to matriculate at George Washington University. This year the schedule was arranged on a semester hour basis, making it possible for the students able to matriculate with the university to receive university credits for their work at the Central School of Nursing.

The League sponsored the Baccalaureate Sermon for this year's graduating class, on May 13.

The program for the year was most carefully thought out, and so planned as to meet the needs of all the schools of nursing in the District of Columbia. The subjects were live issues, being both instructive and inspiring, having to do with such questions as How can schools of nursing work out the problem of weeding out poor material; and Are we embracing the most modern educational methods of testing and grading our student nurses? Such prominent educators as Dr. Richmond, Dean Rose of George Washington University, and Dr. Galloway, discussed various problems with the members.

A committee is studying the outline of a course in Social Hygiene prepared by Dr. Galloway, of the American Social Hygiene Association, with a view of submitting the proper recommendation for such a course to be included in the curriculum of the Central School of Nursing.

George Washington University is soon to establish a University School of Nursing. It is hoped that the arrangements will be generous enough to allow the five-year students to go to any registered school in the District of Columbia for the hospital portion of the course. It is believed that the opportunity to establish in Washington a University School of Nursing is golden, for there we have a medical school, and a university hospital, and with the proposed establishment of the department of nursing in the university, the student nurses will have an opportunity to share in the rich educational offerings that the District of Columbia provides.
The Chair: I like the attention which is given by some of our State presidents to the Calendar sale. I like to take every possible opportunity to tell the nurses of the country, whether they are members of the League or members of the American Nurses Association, how much we appreciate their support of the Calendar and how fine we think it is. On the other hand we rather think they owe this support to the National League, but they do give it beautifully.

The last several years have been especially satisfactory from the point of view of Calendar sales. We want you to know that the 1929 Calendar is going to be the most attractive one we have yet had.

We went over the top on Calendar sales in Massachusetts last year. Up to that time the Calendars had been handled in Massachusetts by the State Association because the State League is a smaller organization. But this last year the State League took over the responsibility of the Calendar sale and was just as successful as the State Association had been. We were tremendously pleased.

Georgia: The Georgia League is about eighteen months old, is walking and talking. Our Mother, (the Georgia State Nurses Association) and other relatives seem to think us rather precocious; dare we hope our Grandmother (the National League of Nursing Education) will think so too.

Since our last report we have almost doubled our membership, starting a year and a half ago with six paid up members, transferred from the National League; in six months we had twenty, and now we have thirty-three active members, representing thirteen localities in which the education of the student nurse is being studied.

Our ambition is to be the greatest builders ever known, and we are laying our foundation with numbers, for we know that without representation nothing can be accomplished.

This year, upon the request of the State Board of Nurse Examiners, the Georgia League appointed subcommittees to act with the Education Committee of the League. These subcommittees composed of institutional nurses in the various sections of the state, will report to the general chairman the conditions and needs of their respective sections. The general committee consulting with the board of examiners and executive board of the Georgia League in joint meetings, hope to be able to aid all communities to raise the standard of nursing education in Georgia. In addition to the above the education committee selected for its objectives this year: (1) To increase the advantages in pediatric nursing for the student nurse by obtaining the cooperation of the medical profession and thereby increasing the opportunities in schools of nursing; (2) to endeavor to increase the facilities in the very small schools of nursing; (3) to continue the work of
last year, which was that of giving to the student nurse better instructions and experience in communicable disease nursing.

We are proud to report the building of the Eagleston Memorial Hospital for Children, in Atlanta, which will be ready and working in the early Fall of 1928. The nursing will be done entirely by affiliated students on the group plan of aseptic medical procedures, which, we feel, will fill a very important need in the education of the student nurse throughout the state.

We have printed our constitution and by-laws which were distributed at our 1927 convention. We have prepared and printed League stationery and blanks to be sent by the treasurer notifying members of the date to pay their dues. These blanks are returned with check to the treasurer, receipted by her, and returned to the member as a membership certificate. We have a delegate at this convention whose expenses are partly paid by the League.

We are getting requests, through the subcommittees for advice in regard to textbooks, teaching facilities and other activities, from the schools of nursing in all parts of the state. Although we have not been able to reach our goal in regard to communicable disease nursing, we are encouraged by the general aspect of the work and determined to give to our state and profession the best educational advantages for the student nurse that are to be found anywhere.

After reading the above report Mrs. Eva S. Tupman, president of the Georgia League, presented an invitation from the Georgia League, the Georgia State Nurses Association, the Georgia Organization for Public Health Nursing, and all the Georgia Nurses, to the National League of Nursing Education to hold its 1929 Convention in Atlanta, Georgia. The Chair graciously acknowledged the invitation with the statement that it would be duly considered.

Illinois: The Illinois League of Nursing Education will celebrate its twenty-fifth birthday this year. Birthdays are as important events to organizations as to individuals for they denote growth and stability. From the small Society of Superintendents of Training Schools for Nurses organized in 1903, the association has expanded to include in its membership nurses holding advisory, executive or teaching positions in educational, preventive or government nursing organizations. The closer relationship with the National League through re-organization has had a most stimulating effect upon our membership as shown by the increase from 124 in 1924 to our present number 214. A broader interest has been promoted by sending copies of the National League Bulletin to our members.

As there are no local leagues the meetings of the Illinois League are usually
held in Chicago. Ten regular meetings and ten meetings of the executive board were held during the year. These meetings were well attended and much interest was evinced in the subjects presented, which included: Bedside Nursing—How Shall It Be Taught? Problems of the Central Registry; Factors to be Considered in Organizing a School of Nursing in a University, and The Health Program of the League of Nations.

The work of the League is carried on by committees. The Education committee made a survey of teaching of dental hygiene in the nursing schools of the state. This study was made at the request of the American Dental Association, as this organization is trying to promote a more widespread interest in dental hygiene.

Members of the education committee have visited a number of nursing schools and conferred with the directors in regard to meeting educational standards required for membership in the First District of the Illinois State Association of Graduate Nurses.

The fifth institute for nurses was held under the auspices of the League during the last two weeks in August. The inspiring leadership of the director, Miss May Kennedy, the excellent program and the attractive location in the new building of the Northwestern University Medical School combined to make the institute of 1927 the most successful in every respect. Plans are already under way for an institute this year which promises to be of great assistance to nurses who are unable to take the work at the University.

The fund for the University of Chicago School of Nursing has attained the sum of $10,000.00 including pledges. Added interest has been created by the attractive banks distributed by the committee for the weekly contributions of nurses pledging to the fund. We appreciate fully the educational opportunities offered each summer quarter at the University of Chicago, however we are looking forward to the time when the university will provide the nurses of the Middle West adequate preparation for service in the various types of nursing.

The Calendar Committee promoted the sale of calendars throughout the state, in cooperation with presidents of the Districts of the State Association. The League appreciates the interest and support of the State Association in helping to raise the standard of nursing education in Illinois.

By contributing $250.00 and by giving publicity to its findings the League has helped to promote an intelligent interest in and a sympathetic understanding of the work of the Grading Committee.

Indiana: The Indiana League of Nursing Education has forty-six active members and one associate member.

The League held two general meetings and two board meetings during
the year. Some of the topics considered were: tuberculosis training in the schools of nursing; publicity for schools of nursing; the social, personal, and professional responsibilities of the nurse toward the patient.

A tour of the Irene Barns Sanitorium followed the meeting in Fort Wayne. This trip made the members realize more the need of tuberculosis training in schools of nursing.

There is a balance of $145.53 in the treasury. The Indiana League has pledged $100.00 to the Committee on Grading of Nursing Schools.

Our Education Committee catalogued some articles of special interest to the League members in the American Journal of Nursing for the use of the Indiana State League.

The League members are working hard to increase their membership to fifty by the annual meeting. The Calendar sale was sponsored by the League in this State.

**Iowa:** The Iowa League of Nursing Education held its annual meeting in October 1927 at Fort Dodge, in connection with the State Nurses Association meeting.

Iowa has a membership of thirty-seven (an increase of over 200 per cent from the previous year) and is working earnestly to interest more of our nurses in league activities. Due to the fact that our state has many small cities with only one or two larger hospitals, local leagues are entirely lacking.

We are making a small contribution yearly to the expenses of the Grading Committee: $20.00 for each year of the five year period.

Two studies are being made by committees from the League, one: What type of young woman should we select for success in nursing? the second has to do with an adjustment of the national curriculum for our Iowa schools of nursing, and the working out of a minimum amount of nursing practice in the various specialties.

Together with the State Nurses Association we have formed an Advisory Committee on Nursing Education which meets four times a year with the State Board of Nurse Examiners and the director of Nursing Education.

**Kansas:** The Kansas League reported thirty-five members, plans for a two-day institute to follow the regular meeting of the Kansas State Nurses Association this fall, and revision of by-laws.

**Kentucky:** The Kentucky League of Nursing Education reported that the State League and the State Board of Nurse Examiners worked very closely together. In Kentucky the schools are registered yearly. The superintendents know if they do not meet the requirements that have been given them in November they will lose their registration the next
November. Last November nine schools were notified that unless an affiliation was arranged for pediatrics and other subjects which they needed badly, the certificate of registration could not be issued. Before the first day of February each one of the nine had their registration certificate for the year.

The League has six meetings a year. Its membership is forty-three. The credentials of seven members have just been sent to the National organization, which will bring its membership up to fifty.

For the last three years a two-day institute has been held in February. Different educators are called upon to present subjects helpful to schools of nursing. The education committee and the program committee work very closely together in arranging the institute program. These committees try to find out the problems common to the greatest number of schools during the previous year. All who can possibly reach the institute are required to be there.

Louisiana: The Louisiana League of Nursing Education reported a total membership of 51. Thirteen new members were accepted during the year. One transfer was made to the California League, one withdrawal and we regret to report the death of Mrs. Clara Bloch, one of our most active members.

At the annual meeting the Education Committee was enlarged. The main purpose of this Committee is to serve as a medium of contact between the Louisiana League of Nursing Education and the Louisiana State Nurses’ Board of Examiners, thus leading to better cooperation between the state board and the nursing schools. At the beginning of the year this committee outlined a tentative program which included the following objectives: (1) That schools of nursing with a daily average of less than fifty patients should establish affiliation with a larger school; (2) That a four month preliminary period be insisted upon with employment of a full time instructor, thus necessitating the entrance of organized classes at regular periods throughout the year; (3) This Committee has already outlined and presented for adoption a state curriculum in conformity with the standard. It is now considering the standardization of the practical work of the student nurse.

Ways and means are being considered for introducing a summer course for instructors at one of the universities of New Orleans.

A two days institute was held at two different hospitals in the city of New Orleans. In addition to several scientific numbers and practical demonstrations, a series of lectures was conducted by professors of the departments of education of the leading universities. The outstanding feature was a presentation of the work of the National Committee on Grad-
ing of Nursing Schools, by Dr. H. Kostmayer, one of the very prominent surgeons of New Orleans. An explanation of the work accomplished by this committee was also made at the New Orleans District Nurses meeting, by the President of the League.

It is hoped that the undertakings of the Louisiana League of Nursing Education for the coming year, will be so successful and far-reaching in their results that the products of our schools may be continuously improved.

**Maryland:** The membership of the Maryland League of Nursing Education is 62. At the seven meetings held during the year the following topics were discussed: group nursing, record keeping in schools of nursing, the work of the Grading Committee, and problems in nursing education and school administration. For some time the League has had under consideration the advisability of appointing an educational adviser for the schools of nursing throughout the state.

The organization was fortunate in having Dr. Burgess at one of its fall meetings and Miss Mary Marvin at the annual meeting in January. The June meeting is held in the form of a picnic and we find it conducive to sociability and that it really adds greatly to the spirit of the organization.

**Massachusetts:** The Massachusetts League of Nursing Education consists of 129 paid-up members. During the year there were seven transfers from other states to Massachusetts and eight transfers from Massachusetts to other states.

At the Fall meeting, which was held in conjunction with the meeting of the State Nurses Association, we received the report of our first experiment in sponsoring a summer session for nurses at Simmons College. The attendance and enthusiasm exceeded our expectations, so that we believe we were amply justified in our venture and have voted to sponsor a summer session in 1928.

In the allied fields of education we have given consideration to the Boston public school methods of vocational guidance; to the practical application of physical education in our schools of nursing; to the place of the college graduate in the nursing profession; and to the recent studies of the endocrine glands in their relation to the personality assets and defects in ourselves and of those we aim to lead.

In our own field we have been much interested in the correlation of theory and practice as it is being worked out at the Massachusetts General Hospital by Miss McCrae, Miss Smith, and Miss Dennison.

Our Annual Senior Students' Night, which was inaugurated two years ago, is proving of increasing interest. We have 1283 senior students in the 100 registered schools, and over 700 attended each year, many coming
from the southern and western counties, to meet the leaders of the nursing profession. Our guest of honor this year was Miss Sophie C. Nelson.

*Michigan:* The chief activity of the Michigan League of Nursing Education during the past year was a drive for membership. This was essential as the League had been very inactive the year or so preceding that time due to the fact that illness, absence from the state and other major calamities had deprived the League of its officers and leaders. The drive for membership was very successful in that the Michigan League now has 102 paid up members (between a 25 and 30 per cent increase over the membership of last year). We feel that we now have secured as members nearly all of those nurses who are eligible for League membership.

The League has been editing two pages in "The Michigan Nurse," the monthly magazine which is the official organ of the Michigan State Nurses' Association since that magazine first appeared last February. The League also, is now in charge of the student nurses' page of "The Michigan Nurse" as it was felt that the League could care for such a division perhaps better than any other group. Perhaps the most important part of the League's section of "The Michigan Nurse" will be its "Question Box" column where problems and solutions of problems (if there is a solution of the problem) will be presented by instructors and administrators of the state. The education committee of the League is to be in charge of this "Question Box."

The most important achievement of the League during this year is the agreement it has entered into with and by the request of the Michigan Board of Registration of Nurses to undertake in conjunction with that body the following pieces of work: (1) To outline the content of each subject in the state (minimum) curriculum; (2) To draw up a recommended list of text books for the nursing schools of the state (such a list being drawn up only after the content of each subject is outlined); (3) To study state board examination questions in order to improve form of questions, to make each question relevant to the material to be covered in the state curriculum and to see how far the new form of examination question can be used in state board examinations.

The League, of course, like all other Leagues is very poverty-stricken and it is doubtful whether the foregoing program of work could be entered upon if the Michigan Nurses' Association had not come to the rescue and generously granted $300 toward the expenses of this vitally important piece of work.

The League had a particularly strong program at its annual convention this year—thanks again to the loyal support and generosity of the State Nurses' Association in contributing to the program expense. Miss Mary
Marvin spoke on A Project for Head Nurses and Supervisors, and Miss Adda Eldredge on Weaknesses in Our Schools of Nursing.

The Michigan League would like to express publicly its appreciation of the fine support it has received from the State Nurses' Association. The League feels that one of its greatest blessings is its very generous and loyal sister organization, the Michigan State Nurses' Association.

The League contributed $25 to the Grading Committee this year and pledged itself to give $25 or more during the coming years. This sum is very small but it was all an embarrassed treasury would permit. Michigan nurses are deeply interested in the work of the Grading Committee and it is hoped that the smallness of the League's contribution will not be attributed to lack of interest.

Those who are deeply interested in the welfare of the Michigan League of Nursing Education believe that it has had a sound and healthy growth during the past year and are certain that next year will bring a fine flowering of those seeds which have been sown and cultivated in the last twelve months.

Minnesota: The Minnesota League has completed reorganization. While it was feared that by so doing the association might lose both members and money, the membership has increased and the finances improved.

Through the efforts of Miss Marion Vannier, director of the Central School of Nursing, and Miss Eula Butzerin, director of the Public Health Nursing Department, University of Minnesota, the first summer course at this University in administration and teaching and public health will be inaugurated in the summer of 1928. It is hoped that this six weeks course will be the beginning of something which will develop into a graduate school of nursing at the University of Minnesota.

During the winter under the auspices of the Committee on Education, the League held a dinner meeting to consider the problem of the private duty nurse. Various people were asked to speak informally on behalf of the registry, the institutional and the private duty nurse. Although no policy was evolved and nothing was settled, many opinions were expressed and many things brought forward, and it was felt that the atmosphere had been cleared and a way made for future work.

A meeting was devoted to the reports of the Grading School Committee and fifty dollars was voted to the work of that Committee.

Much concern has been felt in Minnesota because one of the very good small colleges for women which has no connection with either a nursing school or a medical college advertised a five-year course for nurses; the two years in the college could either precede or follow the three years in the hospital and at the end of the five-year course the college would grant the
degree of bachelor of nursing. The State League held several meetings to consider this situation. Very little could be done, but the organization did pass a resolution which was published and which declared that the Minnesota League of Nursing Education disapproved of any such course and any such action.

The Minnesota League would like to recommend that the National League give some study to this problem.

The Minnesota League also believes that dissatisfaction should be expressed, and so recommends to the National League, to college people, public school people, and educators everywhere concerning the educational attainments of the young women who apply for admittance to schools of nursing, with the statement that these young women should know common fractions at least and should have some mastery of the English language.

The Chair stated that the Advisory Council had not the power to act, but the recommendations made by the Minnesota League would be referred to the Board of Directors.

Missouri: The Missouri League of Nursing has 83 members. The outstanding accomplishment of the past year was the five day institute held in connection with the meeting of the State Nurses Association in Kansas City last fall.

The Education Committee is planning an institute this fall, which includes a series of lectures by Miss Carolyn Gray of New York City on supervision, and a series of lectures on psychiatry and psychiatric nursing by Miss May Kennedy of Chicago. The Education Committee also has in mind the development of a course of study for schools of nursing adapted to local facilities and compatible with our state law.

A special committee on mental tests and measurements is making investigations and hopes to standardize student rating in the state of Missouri. Intelligence tests have been given to approximately 1000 students in 15 different schools in the state.

A special joint committee of the State Nurses’ Association and the State League of Nursing Education is studying the problem of hourly nursing in rural communities in the state where skilled nursing service is not now available. The present plan provides that the State Nurses’ Association guarantee the nurse a minimum salary until she is able to support herself. The object of this project is to meet our share of civic responsibility in making skilled nursing service available to all the citizens of our state and to arouse in our own group interest in a field not adequately covered.
The two local Leagues, one in Kansas City and one in St. Louis, have held monthly meetings throughout the year. The St. Louis League has devoted the first part of the year to a presentation of the aims and methods of case studies and the actual presentation of such studies by student nurses from various schools of nursing.

The Kansas City League has continued to sponsor the central teaching work at Junior College in Kansas City for the preliminary course. Lectures for senior students on special subjects were given at Junior College also. The League, as well as other nursing organizations in Kansas City has been much interested in the new club house opened by the nurses of the second district.

One hundred dollars has been contributed by the organization to the work of the Committee on the Grading of Nursing Schools and the calendar sale has likewise been sponsored by the League.

Nebraska: Miss Homer Harris, elected president at the annual meeting left the state, and Lulu F. Abbott was elected February 25th, to fill the vacancy.

The membership consists of 41 members.

There are three local leagues: Omaha, 20 members; District No. 3, 17 members; District No. 1, 4 members.

At the one State League meeting held Miss S. Lillian Clayton was present. We received great inspiration from her address.

Eight local league meetings were held during the year: Three business meetings; one at which Miss Phoebe Kandel gave a report on the Evaluation of Schools of Nursing in Nebraska, and the Growth of the Work in this Office, and Dr. Paul Royal spoke on Attitude of the Nurse in Care of Mental Patients, followed by a demonstration of the application of restraints; another at which Miss Louise Murphy discussed the Shepard Towner Act. The Public Health Section invited the State League to their meeting at which Miss Jane Allen, director of N. O. P. H. N. Headquarters, gave an address. At another meeting, Mr. Freeland, director of the State Vocational Educational Department, spoke. He authorized appointments of teachers in high schools and universities following the recommendations of schools of nursing and the director of Nursing Education for such subjects as bacteriology, anatomy and physiology, psychology, dietetics, chemistry, personal hygiene, elements of sanitation, and drugs and solutions. The outlines of these subjects are taken from the National Curriculum of Nursing Education. Fifty-three classes were taught in the last year, representing an expenditure of about four thousand dollars, ($4,000), which is paid by Smith-Hughes funds. At another meeting, Miss Beulah Wiedman gave an address on Nursing in the Mississippi Flood Area.
The Nebraska League sponsored the Florence Nightingale Memorial Services in both Omaha and Lincoln.

New Jersey: Six regular meetings of the New Jersey League and seven directors’ meetings have been held since January 1927; two annual meetings, one in January 1927 and one January 1928. Speakers of outstanding note in special lines of the profession have been provided, adding much both of interest and pleasure to the meetings.

The League conducted two Institutes, one in January 1927 and one in January 1928, the last being the third held by the New Jersey League. Each institute proved by its attendance and the interest displayed the necessity and desirability of gathering together those concerned with nursing education.

One of the outstanding efforts has been the affiliation with the Vocational School, to enable students to make up credits in order to qualify for entrance to schools of nursing and to help older graduates who lacked credits and had not registered under the waiver, to take state board examinations.

The League in the past year recommended to the State Board of Nurse Examiners, that beginning June this year, examinations be held in two places simultaneously and offered assistance in conducting these examinations.

The By-laws of the New Jersey League have been revised to conform with those of the National Association, and printed and distributed.

Excellent work has been done by the Legislative Committee in conjunction with the State Association Committee. In February a bill was introduced during the Legislative session, which would have been very disastrous in its results had it passed. Owing to the diligent work of the Committee, the bill was defeated thus marking for us another victory in preventing the passage of a bill detrimental to nursing in New Jersey.

At the Annual Convention of the New Jersey Hospital Association meetings in Atlantic City, and at each Round Table of that Association during the year, the League has been invited to take an active part in relation to nursing questions.

The New Jersey League has at present, a paid-up membership of approximately 95 members.

New York: After the turmoil of reorganization and the revision of the constitution which consumed much time and effort a year ago, this present year in the New York League has seemed quiet and uneventful. We have, however, shown a steady growth and our membership now numbers about three hundred fifty (350). A new local league has been organized around the Syracuse district and is called the Central League of Nursing Education.
Not only have the members demonstrated enthusiasm that should put new life into our state organization, but its coming into existence has also added many new names to our state enrollment. This Central League makes the fifth local league within the state. We are now working on the matter of constitution and by-laws which shall be elastic enough to fit the needs of local organizations and definite enough to cause no conflict with our state and national constitutions.

Probably the most constructive work in the state this year has been the work of our committee on education and publicity. For the first four months of the year, the League obtained a field worker to do vocational work in the high schools throughout the state. A year ago this same worker during the spring months had toured the eastern and northern part of the state speaking in high schools and other secondary schools in regard to opportunities in the field of nursing. This year she has completed the tour of the state and has been including in her audiences groups of the Parent-Teachers' Associations as well as groups of students. The response has been most encouraging and a great many high school girls have written to the committee for further information in regard to becoming nurses. The most encouraging feature is not the number of recruits that have been obtained, but the number of young high school pupils who have been brought to realize the necessity of completing their high school course before applying to a school of nursing and of selecting wisely the subjects they should study in high school. Their interest in their own preparation for nursing has stimulated high school teachers to make frequent inquiries of the committee as to how best to advise their students who are interested in preparing themselves to enter the nursing profession. For a week in May, the League loaned this field worker to the Parent's Exposition which was held at the Grand Central Palace in New York. Here in a booth, where we displayed part of the exhibit used in the Sesqui-Centennial in Philadelphia, our field worker explained to both parents and high school girls the opportunities in the field. She was assisted by various nurses around New York City. Through this channel as well as through the regular committee work, a great deal of literature has this year been distributed through the state.

Our annual meeting this past year was held in Rochester. One of the principle subjects discussed at this time was the ideal teaching of psychiatry to student nurses. This was followed by reports of how this teaching is carried out and suggestions for improvement. We generally feel that sufficient attention has not been paid to this subject and it is the hope that the League may be able to arouse interest in this direction among those who are responsible for the teaching program in our schools of nursing. At our annual meeting one entire afternoon was given over to a report and dis-
cussion of the work of the Committee on Grading of Schools of Nursing. A similar amount of space will be allotted to this committee at our meeting next fall with the hope that there will not be a nurse in the State of New York who is not familiar with the plan and program of this important organization.

Two of our local sections have this year held institutes covering a period of several days. These were well attended and have been helpful to those who are concerned with the teaching of student nurses.

Last fall at the time of our annual meeting it was announced that a sum of money which had been given to Miss Lydia Anderson as a mark of appreciation from her many former students was to be turned over to the New York League to be administered by them as a loan fund for nurse instructors who desire assistance in further preparing themselves for their work. Although this loan fund will be used primarily for nurses in New York State, we shall be glad to entertain requests from outside the state whenever the calls from within are not great enough to keep the entire fund in circulation. Miss Minnie Jordan of the New York Hospital has been appointed chairman of the committee to administer this loan fund.

Early in the year we had a request from the House of Delegates of the State Medical society asking us to appoint three nurses to serve on a special committee of doctors, together with a representative from the State Board of Education to discuss the state curriculum as it is now prescribed by the State Board of Education. No conclusions have as yet been reached as a result of the deliberations of this committee, but it is an encouraging fact that when our medical friends decided to take up this matter they invited both nurses and educators to join the committee appointed for consideration of this subject. About the same time, at the request of some of the directors of nursing schools, our executive board met to discuss our state requirements and made some definite recommendations to the Nurses Advisory Council of the State Board of Regents. It is hoped that these various points of contact between doctors, educators and our League will result in a clearer understanding of nursing education and better cooperation among all those who should be concerned.

Probably these last named activities are indicative of the trend of our interest for the coming year.

North Carolina: The North Carolina League reports a year of activity with very little to show for it. The constitution and by-laws have been printed. A committee from the League has been functioning with a similar committee from the hospital association and has secured the unanimous adoption of a plan whereby the North Carolina schools may be graded.
The members of the League sold 250 calendars for the year 1928. Up until this time 50 calendars had been the largest number sold. The membership has increased 30 per cent over last year. The nurses in the state are most interested in nursing education.

Miss E. A. Kelley, president of the North Carolina League of Nursing Education, added to her report an invitation from the North Carolina League to the National League to hold its 1929 Convention in Asheville, North Carolina. Miss Mary P. Laxton, both as president of the North Carolina State Nurses Association and member of the State League, endorsed the invitation presented by Miss Kelley. The Chair expressed the appreciation of the organization for the invitation from North Carolina.

Oklahoma: The Oklahoma League has functioned in a rather routine manner through the year, working in close touch with the State Board of Nurse Examiners. Our program has been: (1) to increase our membership; (2) to arrange for an institute to be held in August; (3) to offer practical help to the schools through our midyear meeting; (4) to urge a League member in every school of nursing in the state.

Oregon: The projects undertaken at the commencement of the year have proved to be both interesting and instructive, and as a result a marked increase in the attendance at the League Meetings has been noted and a degree of enthusiasm for our work reached, which augurs well for the future.

The outstanding accomplishments of the Oregon League for the past year include:
1. A marked increase in membership
2. Joint meetings with Dist. No. 1, O. S. G. N. A. (This is a new departure.)
3. Cooperation with the University of Oregon in collecting reference material for use of student nurses at the institution
4. The preparation of an outline on nursing for the use of clubs in interesting high school students in the nursing profession
5. A survey covering health examinations given to student nurses in schools of nursing
6. Lectures on public health to student nurses in the local hospital
7. In addition to the above activities, a survey has been commenced to ascertain the cost of educating the student nurse in schools of nursing; this study is being continued and will undoubtedly bring forth some very interesting and useful data.
8. Direct affiliation with Social Service Committee of American Association of University Women
9. Talks on Nursing at our high school assemblies
11. Talks to seniors in schools of nursing.

Pennsylvania: The Pennsylvania League of Nursing Education reports 206 members in good standing; an increase of 43 members since our last report in 1927.

The number of Local Leagues in the state remains the same: one in Pittsburgh and one in Philadelphia. Effort is being made to organize a League in either Scranton or Wilkes Barre.

The annual meeting was held in Erie, October 26th, 1927. Much interest was evidenced in the following subjects: The Teaching of Sciences in the Small Hospital School; The Method of Keeping Case Records; Vocational Guidance in Schools of Nursing.

Considerable discussion followed the paper on the Health of the Student Nurse, written by Miss Marian Rottman of Bellevue Hospital, New York. Among other things Miss Rottman said:

"Modern Health trends point to the advisability of yearly health examinations.

"Believing that there is no more important part in a nursing school program than the health of its students, not only the physical but the mental and spiritual as well, our efforts should be toward creating not a theoretical health program but one which enters vitally into the every day life of the group."

The report of the Committee on Allowable Cuts in Lectures and Classes was presented by Mrs. Helene S. Herrmann, Chairman. A questionnaire had been sent by the committee to 32 colleges and universities accredited by the State Council of Education and to 10 State Boards of Examiners for Registration of Nurses. The report contained much clarifying information and received close attention. The committee made the following recommendation which was approved: "That the curriculum required by the Pennsylvania State Board of Nurse Examiners for Registration of Nurses, which has been in use in the accredited schools of nursing in the state of Pennsylvania for the past 7 years, be still regarded as a minimum requirement from which no deductions can be made at this time."

Miss Susan C. Francis discussed the Grading Committee's work and findings to date, and the Pennsylvania League voted to contribute $150.00 toward the expenses of that Committee.

The two and one-half day institute which followed was attended by
sixty-five nurses, enrolled for all sessions. The program was rich in its content; and much appreciation was expressed by the members in attendance for the efforts and successful accomplishments of the chairman, Miss Harriet P. Friend, and her committee.

Miss Mary Marvin, Instructor in Nursing Education, Teachers' College, Columbia University, gave three hours in Supervision Principles—Technique for Supervisors—Technique for Head Nurses.

Miss Alice Russell, Ph. D., Instructor, Temple University, gave two hours in Teaching Bacteriology (Outline Course)—Teaching Bacteriology (Class Demonstration).

There was an exhibition of illustrative material in teaching, and a paper by Miss Anne Wray, Inspector of Schools, on Class Room Equipment and Planning, with an exhibit of equipment.

The Philadelphia League activities for the year included a visit to the new Public Library; a talk by Dr. Willem van de Wall, field representative of the Bureau of Mental Health, on Music in Relation to Patients in Hospitals.

Miss S. Lillian Clayton, president, and Miss Susan C. Francis, secretary, of the American Nurses' Association, presented very full reports from the Interim Conference of the International Council of Nurses.

About 600 League members and student nurses attended a meeting at which Dr. Herman Randall made an address on World Unity, the Spirit of the New Age.

The League continues to sponsor a series of lectures on Public Health and Social Problems for senior students in Philadelphia schools of nursing. Seven hundred and seventy-four students enrolled for this course.

The League also continues to sponsor the School for Teaching Preliminary Courses in Nursing, which has just finished its sixth year; during which time seven hundred and fifty-four students have successfully completed the courses given in the Central School. Thirteen thousand dollars was made in a benefit conducted by the Philadelphia League and was applied to the reduction of the school debt.

The most successful and outstanding bit of educational work, done by the League was to plan a series of five lectures on Supervision given by Carolyn E. Gray, of New York. The subject of the sixth lecture was some Problems of Modern Girls by Professor Sarah Sturtevant, of Teachers' College, Columbia University. Two hundred and twelve head nurses, instructors and directors attended the course. The League is busy planning for a similar course next year.

The Pittsburgh League has also had an interesting winter stimulating interest in securing affiliations for students with the Municipal Hospital for Contagious Diseases. Papers were presented at regular meetings on
Diets in Disease, Physiotherapy by Means of the Alpine Lamp, and Diathermy and Deep X-Ray.

The students of the West Penn School of Nursing entertained the League with a play which they put on entitled Young Doctor Divine.

Questionnaires are being sent to all members asking for advice and cooperation in making next year’s program helpful and stimulating.

The Pennsylvania League of Nursing Education held an institute for graduate nurses in Philadelphia at Temple University from May 28 to June 2, inclusive. A very enthusiastic group of 95 nurses enrolled, coming from all sections of the state. The members of the Temple University Faculty were most interested and gracious in extending the hospitality of the university to our group, and the cooperation of Dean Carnell, who welcomed the students to the university, and of Dean Walk, who gave a five hour course on Principles of Teaching was a large factor in the success of the institute.

The nurses attending the institute were very enthusiastic and are asking for a two weeks’ institute next year.

Congratulations are due Miss Harriet Friend, chairman, and the members of the Institute Committee, who provided a program of unusual merit and one which met the felt need of every nurse who attended, and sent her back to her school refreshed and stimulated.

Because of the splendid cooperation and efforts of its members, the Pennsylvania League of Nursing Education has made some slight contribution to nursing education during the past year and we have been encouraged and stimulated to greater effort.

Rhode Island: The Rhode Island League of Nursing Education held four regular meetings and three executive meetings during the year 1927.

The programs have related to the problems of the education of the student nurse. The holding of an institute has been considered and it is hoped that we may have one in the fall of 1928.

Members of the League have given talks to high school students in the State, setting forth the opportunities in the field of nursing.

The Rhode Island League has pledged $50.00 a year for five years toward financing the grading plan.

The League membership at the close of the year 1927 numbered 40 members.

Texas: The first outstanding accomplishment for the year was the Institute held at Dallas October 4, 5, 6, 1927. Letters concerning the Institute were sent to all nurses who might be interested, including institutional, private duty, school, industrial, and other public health nurses.
The sessions were attended by a representation of schools larger than at any previous meeting. The following towns and cities were represented: Abilene, Austin, Beaumont, Corpus Christie, Denton, Dallas, El Paso, Fort Worth, Forney, Galveston, Greenville, Houston, La Grange, McKinney, Paris, Prairie View, Sherman, San Antonio, and Temple.

The program was planned to embrace all phases of nursing. The Dallas Committee deserves considerable praise for giving the nurses the benefit of such instructive sessions. The social features were much enjoyed, and of such a nature that time was allowed for the visiting nurses to enjoy some leisure with friends, theatre, or otherwise as they might care to do. Collections amounted to $50.00; Expense, $21.50; Balance, $28.50.

The institute voted to send $25.00 to the Joint Committee for the Study of Nursing.

The second outstanding accomplishment of the year was the Calendar Sale. In 1925 one hundred and ten calendars were distributed and sold. In 1928 the number sold doubled the number of 1925.

The third project of the year was our membership campaign. A questionnaire was sent to each accredited school of nursing in the state. Of the eighty schools, we received replies from fifty-four. In the fifty-four schools the least number of members in the Texas League should be three hundred and seventeen. Later a follow-up letter was sent for membership to all old members and to the superintendent of each accredited school.

The results are as follows:

| Renewals last year | 41 |
| Renewals from previous years | 2 |
| New applications approved by National Committee | 9 |
| New application to be reconsidered | 1 |
| Refunds for applications not completed | 3 |
| New application not acted upon | 1 |
| Total new applications received | 14 |
| Total approved membership to date | 52 |

**Analysis of membership**

- Superintendents of hospitals: 10
- Directors of schools of nursing: 27
- Instructors in schools of nursing: 8
- State Educational Secretary: 1
- Registrar: 1
- Director of nurses, public health nursing: 1
- Supervisors in hospitals: 4

From the original membership thirteen (13) did not renew this year.

- Gone to other states: 3
- Married: 2
It is with sorrow that we report the loss by death of one of our most interested and active workers, Miss Arline Macdonald. Last year we missed her from our meetings, but enjoyed many of the hospitalities planned by her from her sick bed, while guests of the city in which she lived. This year her loss will be keenly felt, for we shall miss her presence, her enthusiastic way of putting things across for us, and her plans for our comfort and enjoyment.

The correspondence during the year has been very heavy; in all, about eight hundred letters have been written.

The recommendations for projects for next year are: Institute; Calendar sale; Memberships; Follow-up on previous loan fund project.

Washington: Reorganization of the Washington League of Nursing Education has been its major problem this year. The usual difficulties were experienced but the task is now complete and our state league is ready to function as a unit in the national organization.

The large size of the state makes attendance a difficult feat which is only partly overcome by dividing the territory into eastern and western divisions. The League is now working on organization plans which will provide for quarterly meetings of the main divisions with monthly local meetings as sections, or in cooperation with State Nurses' Association groups.

The Washington League is at work upon the following problems of nursing education affecting schools of the state: Provision for Inspection of Nursing Schools; Suggested Curricula for High School Girls Planning on Entering Training; Cooperative Plans for Affiliations to Provide Complete Practical Experience to Students in Small Schools of Nursing; Application of Mental Tests in Selection of Nursing Students.

The annual meeting and election of officers will be held June 22nd. The program for that meeting includes a round table on the Health of the Student Nurse and a paper and discussion of Laws of the State of Washington Affecting Schools of Nursing.

The Department of Nursing Education of the University of Washington in cooperation with the Washington State Graduate Nurses' Association, the Washington League of Nursing Education and the State Public Health Nursing Organization is offering an institute July 23 to 27.

Miss Goodrich, Miss Roberts, and Dr. Jacobs are coming to us and in addition the Institute of International Relations meets on the campus that same week and those attending the Nurses' Institute will be privileged to
attend afternoon and evening sessions of the International Relations Institute. Miss Goodrich is to appear on the evening program of the institute, dealing with the subject of International health problems. Herbert Hoover, William H. Taft and Charles Hughes are other outstanding speakers.

The Washington League of Nursing Education has found the institutes for nurses to be of great value in bringing together workers from the different fields of nursing and in stimulating the educational growth of the profession. We hope through such cooperative effort to solve some of our own perplexing problems and by so doing make a contribution to nursing education throughout the country.

Wisconsin: Wisconsin is represented by four active local leagues comprising a membership of 71.

Each local league holds at least four meetings a year; the Milwaukee League is able to meet monthly. At one meeting the centralized serving of medicines was discussed by Sister Victoria. Another meeting was in the form of a dinner to Miss Anna M. Davis, Ass’t. Superintendent of the Navy Nurse Corps. Present day nursing problems have been discussed at all meetings and much attention is focused on the centralization of nursing activities which is being promulgated by the fourth and fifth districts of the State Nurses Association.

The League took an active part in the Jane A. Delano Memorial Red Cross Rally which was held April twelfth at the Auditorium in Milwaukee. About one thousand nurses in uniform listened to an excellent address by Prof. Potter on The International Nurse and to a very vivid description of the Mississippi disaster by Elizabeth Fox.

The publicity project, that of financing an executive secretary, has not been pushed because it was thought wiser to give it more consideration first.

An institute for supervisors in July will be held at Madison. Some excellent instructors have been secured. Good supervisors are very much in demand and it is hoped that this brief introduction into the requisites of a qualified supervisor will stimulate further study.

At the annual meeting in October, Miss Annie L. Goodrich spoke on Significant Events in Nursing and Nursing Education. The nurses of Wisconsin were delighted to be able to have Miss Goodrich as the chief speaker of the day.

The Wisconsin League of Nursing Education, with the State Nurses Association extends to the National League of Nursing Education a most cordial invitation to hold its 1930 convention in Milwaukee. Milwaukee has a wonderful auditorium, where all meetings can be held under one roof and the housing and hotel facilities are ample. The Wisconsin nurses
are most anxious to have you accept and will be glad to answer any questions which they can about the State.

At the conclusion of the reports from the State Leagues, the Chair asked if there were any representatives present from those states where the educational work was carried on by a section or committee of the State Nurses Association or where State Leagues were contemplated, and if so the meeting would be glad to hear from these representatives. The following report was given for Virginia:

*Virginia*: Virginia has no League of Nursing Education. The educational work is carried on by the Educational Section of the Graduate Nurses Association. At the present time however, there is a good deal of agitation in the state concerning the formation of a State League, and apparently a majority of the nurses are in favor of it. Perhaps next year we will be numbered among you and will have our League representative at the national meeting.

The biggest piece of work recently accomplished along educational lines in our state has been the actual establishment of the department of Nursing Education at the University of Virginia, and we have the pleasure of having Miss Louise Oates our first Professor of Nursing present at this meeting. She has worked out an interesting outline of the course and actual work will begin in her department this fall.

William and Mary College at Williamsburg, Va. one of the oldest colleges in America has established a five year combined academic and nursing course, and is also offering a two years' pre-nursing course. In addition to these opportunities many of the schools in Richmond, Va. are sending their preliminary students to a central school where they are being taught by the teaching faculty of the Medical College of Virginia. We are planning to hold an institute this fall and money has been appropriated by the Graduate Nurses Association for this purpose.

The standards for all of our accredited schools are being steadily raised. Over 70% of the students now in training in the schools of Virginia are high school graduates, a majority of the schools having voluntarily raised their entrance requirements to high school graduation, although our state law does not require more than two years. We have a live inspector of training schools who makes one or two visits annually to every school in the state, and to whom much credit for improved educational standards is due.

In our 41 accredited schools we now have 35 full time instructors. When the first analysis was made 37 of the 41 schools were urged to extend their students' experience by affiliation, and today there are only 4 of this
number which have not had this recommendation. There are 1456 students in the training schools of Virginia, 337 nurses were graduated last year, 545 took the state examination and 438 passed, an average of over 80 per cent. Ninety-six blue seals were awarded which showed that about 22 per cent of those who passed made a general average of over 90 per cent on the examinations. There were so many making blue seals that the board of examiners has decided to give a gold seal to those making a general average of 95 per cent or over this year.

The Chair asked if any one wished to ask a question or discuss any point which had been made in the reports submitted. She referred to the fact that many of the aspects emphasized at this meeting were emphasized last year in San Francisco: notably the activities of State Leagues in sponsoring institutes and summer courses. These two movements seemed to have come to stay and to have rather far reaching influences and results.

Membership Transfer of Nurses Moving from One State to Another State

The Chair reported that the question of transfer of members from one State League to another State League had been referred by the National League Board of Directors to the Advisory Council in order that the routine connected therewith might be discussed and better understood. Following is the procedure for transfer of members who change their state residence.

1. Member who moves from a state where a State League exists to another state where a State League also exists. In such instances

   (a) The secretary of the State League of the state which the nurse is leaving sends to the secretary of the State League to which she is going the nurse’s membership card accompanied by transfer card (See National League of Nursing Education By-Laws Article I, 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.”)

   (b) The secretary of the State League of the state from which the nurse is withdrawing notifies the executive secretary of the National League of Nursing Education of the nurses’s change of residence and State League membership, and new address.
2. Member who moves from a state where a State League exists to a state where there is no State League.

In such instances the secretary of the State League of the state which the nurse is leaving notifies National Headquarters and adjustments are made in that office. The nurse's membership card is sent to Headquarters with a statement of the year for which dues have been paid. The nurse becomes an individual member of the National League since she now resides in a state where there is not a State League.

3. Member who moves from a state in which no State League exists to a state in which there is a State League.

In such instances the nurse should notify National Headquarters of her change of address. Headquarters will then send her membership card to the secretary of the State League in the state where the nurse is locating.

If the nurse informs the secretary of the State League in the state in which she is locating of her residence in that state, the State League secretary then writes to Headquarters requesting a membership card for that nurse and the date of her last payment of dues.

Membership Cards and Transfer Cards—Where Obtained

Both transfer cards and membership cards may be obtained from the Headquarters, National League of Nursing Education, one cent each.

Dues of Members Who Are Transferred from One State League to Another State League

The treasurer referred to the ruling concerning the dues of members transferred from one State League to another State League as given in the By-Laws of the National League of Nursing Education, Article I, 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."

Dues of Individual National League Members Who Move to a State Where There is a State League

In the case of a nurse who has been an individual member of the National League of Nursing Education and has paid her National League dues for the current year, moving to a state where there is a State League, she may continue her individual membership in the National League to the expira-
tion of that year, after which she may be a League member only through the State League. See Constitution and By-Laws for State Leagues, By-Laws, Article I, Sec. 9: “Any active or associate individual member of the National League of Nursing Education who changes her residence to (name of state) may continue her individual membership in the National League to the expiration of that year, at which time she may continue her membership only through the (name of state) League of Nursing Education.

**Payment of Dues**

The treasurer further called attention to the date on which dues should be paid as fixed in the By-Laws and said that a number of states had been late in forwarding dues, some of them making their first payments in May. Obviously, it is extremely difficult to check and properly record dues on the membership cards for registration use at the Convention under such conditions. Because of reorganization and the readjustments involved much leniency had been practiced in the last several years. Now that practically all the State Leagues had completed the revision of their By-Laws and were operating under the adopted form of organization the treasurer urgently requested that greater effort be made on the part of the State Leagues in fulfilling regulations for payment of dues as prescribed in the By-Laws of the National League of Nursing Education, Article VIII, Sec. 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.”

*Each check for dues should be accompanied by list of members, with name and address, whose dues are covered in check.*

**Membership Cards for New Members**

The Chair announced that the Board of Directors had voted during the Convention to transfer the treasurer’s files to Headquarters. Up to the present time both the treasurer and the secretary of the National League had kept a file of League members, and an alphabetic file of names and addresses was also kept at Headquarters. In the future the membership file will be kept in one place only, at National Headquarters. Heretofore the states were requested to make three membership cards from the application. One of these cards they kept, the other two and the application they forwarded to Headquarters. Under the new system it will be necessary for the States to send only one membership card with the application to National Headquarters.
Appeal for Contributions for the Work of the Committee on the Grading of Nursing Schools

In closing the meeting, the Chairman, Miss Hall, referred to the work of the Grading Committee and the urgency of contributions from both organizations and individual nurses. Miss Hall said:

I note that my little agitation on the topic of sale of calendars has been productive of results. I sometimes think that I have become, in the last three years, the champion beggar of the National League. Thousands of letters over my signature have gone out from Headquarters during that time asking for money, three times for the sale of calendars, and then those thousands of letters last Fall urging contributions for financing the Grading Committee's work.

The Committee for Financing the Grading Plan is anxious to seize every possible opportunity to tell the nurses of the country that we still want money. I am taking this opportunity to say to you right now that although the nurses have responded splendidly to the Committee's appeal, the work of the Grading Committee is going on for at least three more years and we shall need to exert every effort to reach our one hundred thousand dollar goal. Many of your organizations have pledged over a period of five years. Those which have not we are sure will do so at their Fall meetings.

The request which went out originally to the individual nurses of the country was for an immediate response of one dollar. There are something over 70,000 nurses in the American Nurses Association, but we did not begin to get fifty per cent response, or even twenty-five per cent. To May 15, 1928 $6791 had been contributed by individual nurses. We did not ask a one dollar pledge for five years. Perhaps we should have made such a request, but in any event we want you all to know, and we would like to have you take the word back home, that we do still want individual contributions and we will be glad to have any or all of you contribute one dollar now and the same amount for each of the next three years.

Meeting adjourned.

General Session
Tuesday, June 5, 4:30 p. m.

Carrie M. Hall, president, presided.

In opening the meeting Miss Hall said: The session this afternoon is under the auspices of the Committee to Study the Relation of Nursing to Maternal Care. This is a joint committee of the three National Nursing Associations. The Committee was created in Minneapolis three years
ago at a Convention of the League when it was meeting alone, and it originally bore the rather complicated name of Committee to Study the Question of the Need of the Study of Midwifery by Nurses in Postgraduate Courses. The committee functioned under that name until last January when at our board meeting the name was changed to the Committee to Study the Relation of Nursing to Maternal Care.

Much work has been done by that committee during these three years. Some of it perhaps has not been so very effective but at least we have stimulated a good deal of interest in the problem among our own organization members.

At Atlantic City two years ago, a meeting held under the auspices of the Committee filled a room nearly as large as this one at the Strand Hotel and considerable interest was manifested in the subject. A good deal of impetus has been given the movement in other ways and last year it was one of the topics on the program at the meeting of the League in San Francisco. A year ago last January when our board meeting was being held in New York and we were having a meeting of this committee, it seemed to the committee that it would be impossible to go ahead with any very constructive work unless we had the backing and the support of the medical profession in any movement which might be undertaken to prepare nurses as midwives.

An approach was made to the American Medical Association asking that body appoint a committee to confer with our committee on the subject. We received word during our sessions in San Francisco last June that the American Medical Association had accepted our invitation and would appoint such a committee, which they did. During the next few months, however, both of the appointees on that committee resigned. To date no appointments have been made to fill these vacancies so that as yet it has not been possible to have a joint conference of the American Medical Association committee and the committee of the nursing organizations.

Miss Florence Patterson, who is chairman of the nursing organizations' committee, is not able to be here this afternoon. I am taking her place as well as I can and have the privilege of presenting the speaker who will address you on "Relation of Nursing to Maternal Care." I have very great pleasure in introducing Dr. Stephen Rushmore of Boston.

**NURSING AND MATERNAL WELFARE**

*By Stephen Rushmore, M. D.*

*Boston, Mass.*

As we look back over the past sixty or seventy years in the history of nursing, it seems hardly an exaggeration to say that a new profession has
been created. Think of the changes that have taken place since the Crimean War. I was going to say think of how Florence Nightingale would feel if she were translated to America in 1928, but she lived long enough to see great changes in nursing, and she looked far enough into the future to see things which had not come to pass at the time of her death. I might say, think of how one of her first nurses would feel, who had seen only the early work of Florence Nightingale and who did not live to see it grow. But it will be better for our purpose to think of some lay person, because we can easily attribute to the Victorian lay person of 1850, for example, any amount of ignorance necessary to make our illustration effective. Picture, then, to yourselves, the astonishment, even the consternation of such a lay person, well meaning and well endowed and well entrenched in tradition whose motto is "Woman's place is in the Home," if confronted with what the trained nurse does in the United States today. There is bedside nursing of the acutely sick, in the hospital and in the home, with all the changes made necessary by seventy-five years of progress in medicine. There is nursing of the chronic sick, with all the complicated procedures demanded by the special conditions which have evolved, resulting almost in specialities in nursing: as in the care of mental deviations from normal, in arthritis, tuberculosis, in the after care of poliomyelitis.

Then there is public health nursing in home and school, in factory and business, in urban and suburban and rural communities. Progress in public health is so much a matter of public enlightenment, of the development of hygiene, of health habits, of education, that we naturally resort to the methods of mass education of which we are so proud, as the radio and the newspaper and the health demonstration. But experience has taught us that the most effective way of teaching is also the most primitive, one teacher, one pupil,—the public health nurse in the home, sitting down and talking with the mother of the family. In fact nothing else can be compared with this method for effectiveness.

Now those who nurse must be taught their profession and the whole scheme must be administered. The two fields of administration and education give opportunity for the highest talents and we have training schools of many sorts culminating in what we are pleased to call University Schools of Nursing.

If one regards nursing as a work of architecture, the building is far from complete today. But in value it is indispensable in our modern civilization. It has also much beauty in construction and detail: It is imposing in its magnitude. You will find it described in far better words than I can hope to repeat, in the writings of some of those who have helped to lay the foundation and have participated in the building. But are the foundations sure? Will they support the enormous superstructure that is still rising before our eyes?
I am convinced that the foundation is adequate, but as I read about nursing and as I listen to discussion, I miss reference to one of the essential stones in the foundation, the very cornerstone in fact, on which the whole structure rests. The cornerstone is there, it was placed there in the building and it will remain there, and it must not be forgotten in our thinking. This cornerstone is the proper relation of the nursing profession to the medical profession. What this is I shall note in a moment. But there has been desired by some students of nursing, an independent school of nursing in the university, on the same basis as the school of medicine, and the school of law. This ambition may be praiseworthy, in so far as it aims at financial independence, but it is important to remember that the work of the nurse is not independent of the physician as it is independent of the lawyer. In fact, the work of the nurse, in so far as she is nurse, is done explicitly or implicitly under the direction of the physician, and it is the physician who carries the chief responsibility. Of course, in the day's work, the nurse may act as purveyor for the family, disciplinarian for the children, nutritionist, visiting housekeeper, social worker, mental healer, in fact be like Kim, a friend of all the world. And outside her nursing hours she may stuff the ballot box, bootleg, put in practice her own ideas as to the proper length or brevity of her hair and her skirts, and for these the physician does not have to bear responsibility. But does the nurse actually do anything the physician might not appropriately do? For the nurse, though not practicing medicine under the law, in performing, at the direction of the physician, certain specific acts which would be illegal if performed not under his direction, is just as truly, though in a limited way, practicing the art of healing. The fact that in the division of labor, the nurse can do her work very much better than the physician could do it for her, and that we might well smile to see the ordinary physician trying to do some routine nursing for twenty four hours does not alter the principle.

And it is this that gives the peculiar relation of nursing to medicine. For nursing is a profession and though the nurse works for a wage, the exchange does not partake of the nature of a trade. For the spirit of trade is to get all you can and give as little as you have to, and the nature of barter is to deceive. But the spirit of a profession is to give for the recompense, whatever that may be agreed upon to be, the best you are able to give, according to the demands of the situation.

I have dwelt at length on this point, because I think I have noticed in some quarters a little feeling of resentment between the two professions, almost as though there were rivalry. But as I see it, in the future the nurse will become more and more important, and especially in the field of maternal welfare of which I shall speak in a few minutes, physicians may look for more assistance in caring for patients.
So that my first word is a word of caution, that while we may think of a school of nursing in a university as having a share in the university funds, that does not vary inversely with the demands of the medical school, or any other department, on the funds of the university, and while we may thus speak of financial independence for the school of nursing, we must not think of the function of the nurse as being independent of the function of the physician.

Who shall become a nurse fitted to take advantage of these opportunities and how shall the nurse be trained? I shall say nothing of the selection of candidates, but pass at once to the problem of the training. What kind of procedure is the training of the nurse? Is it education? Is it vocational training? Is it a form of hospital economy? If I were to ask is it merely education, whatever that may mean, or merely vocational training, or merely a form of hospital administrative economy, it might serve to bring out some of our absurdities in practice. And yet we cannot get away from the fact, that whatever else it may be, it is undoubtedly a form of hospital administrative economy. What has disturbed us in the past and still disturbs us in the present is that this interest has undue influence in control.

Certainly the procedure is vocational training, for the nurse is to earn her living by practicing what she is taught, and is to work for a wage. But the view is becoming more widespread that mere vocational training in any field is an unjustifiable limitation and that it always involves wider implications; it should be educational in scope and character.

What is education and what does it imply? Education is an adventure of the whole individual, an adventure and discipline of the human spirit, as well as training of the mind and of the body; and this is why we cannot have mere vocational training, no matter how hard we may try; so-called mere vocational training is in fact an educational procedure which is perverted, and warped and deformed.

The only aspect of education that I desire to emphasize at this time, is but one among many, I acknowledge, but it is one we are inclined to neglect or to ignore intentionally for reasons it is not necessary to discuss now. But among all the other things that education may be, we must not forget that it is essentially religious. For religion involves two fundamental ideas—it springs from the feeling of awe and reverence; and it finds its completeness in adding to reverence, duty. For how can one spend two years in the hospital nursing the sick, in the midst of pain and suffering and familiar with death, in contact with sordidness and evil, every day seeing diseased bodies and broken lives, handling these very fragments as it were, of human beings, and, in spite of it all, not become aware of what it is that gives dignity and worth to humanity. And duty, the responsibility of each one
of us for doing the best that we can, takes on a new meaning with the consciousness of growth of power that education gives.

There is emphasized here again the old contrast and comparison between the life of contemplation and the life of action, which combined make the perfect life. You may remember the Rule of St. Benedict, which added to the older monastic rules this injunction, that one should labor with one's hands seven hours a day. The time for his Rule, as he gave it, has long gone by, but with that which was temporary and has passed away, he combined the enduring principles of practicality and prayer.

If the training school is an educational institution, does its maintenance fall within the proper function of the hospital? Is this what hospital funds are for? In practice that is just what hospitals have to do, and I shall not discuss this aspect of the question further than to say that every training school ought to have on its committee of management at least the following representatives. There should be a trustee of the hospital to view the situation as a whole. There should be other representatives whose major interests are respectively hospital administration, practice of medicine, nursing and education. Cooperation in such a group would help to solve the problems confronting the hospital training school.

Another question we may ask of the training school, recognizing it as an educational institution with all that implies, which in actuality we find in a condition of transition with the deplorable but necessary amount of confusion incident to moving day, is what is the training school to become? Of late we have heard that the university school of nursing is the goal. But of course no one imagines that it is the goal for all schools. There are and always will be too many schools, widely separated, and not enough universities. But what is a university school of nursing?

Well, what is a university? On this point we are not quite clear in America today. In Baltimore in 1876, there was founded Johns Hopkins University. It was a new embodiment of certain ideas and ideals of university life which proved a great stimulus to university education in this country. In accomplishment it may well be that other institutions have since surpassed the first American model of 1876. But the ideals have not been outgrown. Even at Johns Hopkins there must have been a feeling that they had fallen away from their original plan, for in recent years, a strong effort has been made to rid the institution of some of the impediments to university life, and now actual procedures are in operation directed to this end. We are coming to realize that investigation and research and education in and for this field, constitute the prime object of university existence.

If this view is sound, the university school of nursing has its place; for research in nursing is needed as in any other field of human interest. But it should be a graduate school for those who are qualified and desire to
study nursing with the scientific method of controlled experiment. At the present time the aggregate mass of nursing is enormous, and the relief to the sick is correspondingly great, but how much of it is carried on under conditions such that the student of nursing, I do not mean the pupil in the training school, the student of nursing, can say: "Here is an experiment carried on under such conditions of control as may reasonably be expected in a social experiment, these are the results, and the following trustworthy conclusions may be drawn." At present we are just wasting wonderful opportunities in this field.

From what I have said it ought also to be clear that the university school of nursing should be the goal of no school that gives a basic course in training pupil nurses, for that is strictly speaking not university work, any more than it is university work to maintain a junior college, except as a defense mechanism.

There is another question to which I shall not try to give an answer now, as to whether experience in practical nursing should entitle one to academic credits. It is not a question of the educational value of the experience. It may prove a liberal education of far greater value than the experience with books for which academic credits are usually given. But is this experience of the intellectual nature that academic credits are supposed to represent?

Maternal welfare has always been a matter of great importance for the welfare of the human race but it aroused new interest during the Great War. For then it became evident that when nations fight one against another, it is not simply the armies that fight but whole peoples. And so every individual in the state becomes of potential value for the survival of the state. The war proved in many ways to be a powerful socializing agency, bringing into cooperation for the good of the state, elements otherwise discordant, organizing social activities all over the country, and tending to suppress individual variations from the commonly accepted standards. But it ruthlessly destroyed multitudes of individuals in the interest of the state, and powerfully increased and stimulated many forces in society which are antisocial and which especially tend to undermine the fundamental social unit, the family, and tend to destroy the home.

These individualistic tendencies, we all feel strongly within ourselves. We will lead our own lives. We will not be bound by the customs of the past, nor by the opinions of the present. We will not be shut in by the obtrusive personalities around us. We will not brook interference. We will be ourselves and strive for and attain the thing we ourselves want.

There has come down to us through the centuries an influence tending to make us have regard for the infinite worth of the individual, but instead of working out to an intolerable egotism, it has brought society to make
greater and greater effort to salvage, “at infinite cost, which is infinite loss,” the handicapped in life’s battle. And this is done, not for reasons of state, but because of some strange worth of each individual. So we no longer expose on the hillside to the hostile elements the infant that does not happen to meet some external standard of efficiency.

We have not as yet reached a satisfactory practical reconciliation of these two antagonistic forces of individualism and socialism, and never shall, I suppose, for they represent permanent tendencies in human nature, and each new generation and each new individual must strive to find its own reconciliation. But the beginning of the reconciliation is in the home, for we dimly apprehend that the individual must find his highest good in the welfare of the group and the group its highest good in the welfare of the individuals in that group.

Do not think that I have an unduly exalted idea of the part the nurse is to play because I have related her work to this larger social movement. By no means. But I speak of it in this way, to indicate to you, if I may, something of the significance of what the nurse may be doing. For however little may be that which each one of us does, or even all of us together, by way of accomplishment, it does help us if we can see what we are doing in relation to larger issues, to the greater movements in the society in which we live. And our civilization today in America, needs a new vision of the true value of the home. For we are to look upon it not as a convenient social institution but as the nursery for souls.

From the point of view of health, maternal welfare is best conserved and promoted if the patient consults a physician as soon as she suspects conception has occurred. The physician should see the patient (a normal case for example) at appropriate intervals and make examination adequate to determine as well as may be the condition of the patient. If any deviation from normal occurs he should take steps to bring the patient into a normal condition, and appropriate remedial measures should supplement this supervision and care throughout pregnancy.

I will not take the time to attempt to describe now what is considered a standard procedure in caring for the patient in the prenatal period, at confinement, and in the puerperium. For formal prenatal care is even to the medical profession relatively new, and it represents a relatively unexplored field which we confidently expect will yield rich returns when it is cultivated systematically. I realize that as yet adequate proof is not forthcoming that prenatal care will materially decrease maternal and infant mortality. But the argument is sound and carries the conviction of great probability, and such statistical evidence as is available confirms this conviction. When one sees in relatively small groups of cases in certain clinics a marked diminution of the number and especially in the severity of the toxaemias
of pregnancy, and in controlled groups, the almost complete elimination of the dread disease, eclampsia, one cannot escape the conviction that prenatal care ought to be given a greater opportunity to show what it can do.

But if one goes over in one's mind all that the physician may do, and all that a competent nurse may do, in cooperation, in visiting the patient at her home, sitting down and talking with her, seeing her in the environment in which she lives; counselling and advising the patient, making certain routine examinations and reporting the results to the physician, one sees that the educational opportunities in teaching the personal hygiene of pregnancy in preparation for childbirth and the responsibilities of motherhood are far greater for the nurse than for the physician. I am making now no reference to the treatment of actual deviations from normal. And the whole teaching of the nurse is given special point in the presence of pregnancy, because to the normal woman anything that affects her unborn baby is of the utmost importance. Of these great opportunities we have scarcely begun to take advantage. Here indeed the primitive method of one pupil and one teacher sitting down together and talking it over surpasses in effectiveness anything devised in later times.

And what shall the nurse teach? I do not mean simply by word of mouth, repeating what she has read in a pamphlet of directions to expectant mothers, but I mean what shall she teach sympathetically and with sincerity and with conviction?

First, that childbearing is for most women a normal physiological function, and that the reasonable expectation is that the particular patient whom the nurse is counselling, and her baby, will be all right.

Second, that what happens in normal pregnancy, from the point of view of health, is that the mother's reserve strength is partly used up. I think this is as good a way as any to express what happens.

Third, that because of this partial using up of her strength the patient may expect to have during pregnancy many unusual sensations and some discomfort, and that these unusual sensations and the discomfort may be, but generally are not, early signs of her using up too much strength.

Fourth, that most of the troubles connected with pregnancy are preventable.

Fifth, the patient ought to consult a physician regularly because he is in a better position that any one else to find out if those feelings really mean the beginning of some trouble, and if they do, he is in the best position to check the trouble before it becomes serious.

Sixth, that if she takes good care of herself she will be doing the best thing for the baby.

Seventh, that while the relation of mother to child contains the possi-
bility of physical, mental and spiritual anguish beyond any other human relationship it contains also the possibility of abiding satisfaction and deepest joy. As one of the men of our Southland has said, "perhaps the supreme distinction of all life is motherhood."

I do not mean, of course, that you should use the words that I have used, but these ideas should be the background of your ministrations whatever specific form they may take, and I look forward to the time when in every stratum of society the nurse will have a very much larger place than at present in assisting the physician in promoting maternal welfare.

I must say a word about the midwife, but only a word. We should regard the midwife as a compromise, perhaps necessary under certain existing conditions, but still a compromise, and so a temporary expedient. So important is the life of each individual, that every confinement should be supervised and attended by a qualified physician. And while we should, I think, do everything possible to eliminate the midwife, it should not be by mere legal enactments, but by removing also those other conditions under which the midwife maintains herself.

The so called nursing-midwife is another compromise. I am aware of the excellent, even beautiful work, done by the nursing-midwife in this state. But the best that can be said for the system is that it meets certain situations better than any other scheme available. But its limitations also are apparent, and the situations though acute and widespread are not numerically of such magnitude as to warrant its general adoption.

In what I have said I have so far as possible avoided the discussion of specific procedures and considered chiefly point of view. But there is one practical scheme I would like to suggest for the better training of nurses in obstetrics. It was worked out in Boston under the stress of wartime conditions and had as its main object the better care of women at confinement in their homes. The better training of the nurse was incidental to this purpose. The emergency passed before the scheme was put into operation and it has not been employed elsewhere so far as I know.

The scheme involves a hospital with in-patient maternity service, interne, and visiting physician; and a district in which patients are cared for at confinement in their homes. There is implied also the usual prenatal and postpartum care. The scheme was devised after experience with that employed in training medical students and which with proper supervision has proved so successful.

When the call comes to the hospital saying that the patient is in labor, two nurses, one relatively experienced in obstetrical nursing, preferably a graduate, the other relatively inexperienced, go at once to the patient's home. The necessary external examinations are made and word is sent to the hospital, and the patient and her home are prepared for the delivery.
The interne comes from the hospital for the delivery and at least one nurse is with the patient constantly until she is finally left after delivery.

The scheme is applicable in certain communities and has the following advantages. It increases the amount of obstetrical experience available for nurses and thereby improves their training. It gives them supervised experience in the home very desirable and now generally lacking. Delivery of patients by the nurse under the supervision of the physician might occasionally prove practicable. It vastly improves the care at confinement for certain women in the community.

The cost, as estimated originally, even allowing liberally for prompt transportation of nurses and physician, was not excessive and was very much less than the cost of caring for the patient by hospitalization. By improving the care in the home, the expensive hospital beds may be utilized more economically for patients in urgent need of hospital care, the cost of which proves a burden. Combined with a system of district nursing in the puerperium, the number of patients who need hospitalization may be greatly reduced. I have omitted, for the sake of brevity, a number of details to which careful attention must be given to make the working out of the scheme a success but the proper development of which will suggest itself immediately to anyone familiar with the problems involved in the care of patients confined at their homes.

I have indicated that the problems of nursing are not for the nurse alone; they involve hospital administrator and physician as well; and the preparation of the nurse for her work is an educational procedure with its implications as to understanding and capacity and character, not forgetting the essentially religious nature of education.

I have pointed out that there is need for the university school of nursing but that such a school should be a graduate school, rather than a development of the school giving the basic education in nursing.

I have sketched briefly and somewhat hastily the part the nurse should take in maternal welfare, which is one of our great social concerns.

I have pointed out that we may expect a great development of nursing in the field of maternal welfare.

I have suggested a practical scheme for improving the training of the nurse in certain fields of maternal welfare, which also improves the care of the patients confined in their homes.

I have passed over very lightly certain practical difficulties ignoring for the present their existence; for example, the money cost of education. Education is costly. But it is less costly, in the long run, than uneducation or the lack of education.

And so in the matter of nursing and maternal welfare I have presented nothing new. The facts I have discussed are known to you all; and the
interpretation to which I have called your attention has been made by others before me. But I have desired to emphasize certain points in that interpretation and to remind you of some of the ancient landmarks which it is the part of wisdom not to pull down, so that in the rapid change but slow progress of contemporary life we may not walk in circles, nor even perhaps walk backwards, but step by step may draw closer to the goal of all our social endeavor, which is, that every human being should have the fullest opportunity to become that which he was created to be.

Meeting adjourned.

**Joint Session**

*American Nurses Association*

*National League of Nursing Education*

*National Organization for Public Health Nursing*

**Wednesday, June 6, 9:00 a.m.**

Elnora Thomson, Director, Public Health Nursing, Portland School of Social Work, presided.

Subject: Mental Hygiene.

**THE PLACE OF THE NURSE IN MENTAL HYGIENE**

By Dr. William L. Russell

*General Psychiatric Director, Bloomingdale Hospital, White Plains, New York*

Published in the *American Journal of Nursing*, September, 1928.

**THE CHILD GUIDANCE CLINIC**

By Dr. Ralph P. Truitt

*Director, Baltimore Clinic, Mental Hygiene Society of Maryland*


**WHAT A MENTAL HYGIENE CLINIC HAS TO OFFER A PUBLIC HEALTH NURSE**

By Dr. Frank J. O’Brien

*Director, Psychiatric Clinic, Louisville Mental Hygiene Society*

MENTAL HYGIENE IN A GENERALIZED PROGRAM

By Grace Allen, R. N.

Supervisor, Mental Hygiene, East Harlem Nursing and Health Service,
New York, N. Y.

Published in part in The Public Health Nurse, July, 1928.

Meeting adjourned.

Adjourned Business Session

Wednesday, June 6, 11:00 a. m.

The meeting was called to order at 11:00 a. m., Carrie M. Hall, president, in the chair.

REPORT OF THE COMMITTEE ON EDUCATION

In the report of 1927, a review was given of this committee’s activities for the last ten years or more and of the projects on which we are now engaged. You will remember that the curriculum revision which took us two or three years was finished in 1926, leaving us free to take up another large project dealing with the duties and preparation of the nursing school staff.

You may be interesting in knowing that the first edition of 3,000 copies of the revised curriculum is now nearly exhausted, and we are inviting our friendly critics to send us in all their suggestions and corrections so that these may be considered in getting out the next edition. It is hoped that we may then have some additional material from the sub-committee on extra-curricular activities to round out the outline on this subject in the last issue. Miss Titus is chairman of this sub-committee which has been divided into a number of groups working on different activities, such as those relating to health, athletics, religious and social activities, etc. The health group has charge of the round table which follows the Education Committee session of the League program on Wednesday afternoon.

In this report, we are trying to present some of the results of our work during the past year. It has been very difficult to carry on such detailed studies through voluntary committees, especially since we have no funds to pay for traveling expenses, and can get our members together only in small groups for short periods at a time. We have had two fairly representative meetings this year, one in January in New York City and one in Louisville this week, but what we would really need to do would be to sit
down for an uninterrupted week or two of hard concentrated work and thresh out these problems step by step and item by item.

The National League of Nursing Education will probably not be able to afford the services of a paid research staff at Headquarters for some time, but if voluntary groups of members could give a few days to a week even once a year, for such studies, a great deal more work could be accomplished for the League in a much shorter time. We would urge that a special fund should be made available for such research work which would seem to be as essential to the life and growth of the League, as our yearly meetings, our publications and other major activities.

The four sub-committees now at work on the duties, qualifications and training of staff members are as follows:

1. Superintendents of nurses, assistants, and night superintendents. Miss Effie Taylor, Chairman.
2. Instructors and supervisors of instruction. Miss Stella Goostray, Chairman.
3. Head nurses and supervisors of nursing in wards. Miss Mary Marvin, Chairman.
4. Clinic nurses and supervisors of nursing in out-patient departments. Miss Amelia Grant, Chairman.

The general plan of all these committees is similar: 

First. To analyze the duties and responsibilities of the people filling these different positions with the purpose of defining the positions more clearly and indicating which duties should be considered as integral and central, and which marginal or irrelevant for the position in question; also which duties are readily picked up and which require a systematic training program.

Second. To study the qualifications required for such positions, indicating which are essential and which less important though desirable, also which personal factors make for success or failure in the field in question.

Third. To study the conditions of work, in each position, especially those that make for special satisfaction or dissatisfaction in the workers, for efficiency or inefficiency in the service, and for permanency or instability in employment.

On the basis of these studies and such experimental work as we are able to carry on, we hope to be able to make some practical suggestions for improving the positions themselves, for selecting better qualified workers for each type of position and for preparing these workers in a more systematic and effective way, thus helping to secure not only better service but a happier and more stable body of executives and teachers for hospitals and nursing schools.

Training programs for such workers will undoubtedly take different
forms, depending on the leadership, resources and time available. Some will be carried on within individual institutions, as a thread of conference work and study, running along with full-time or nearly full time employment. This is what is usually meant by a staff education program. Some programs will be organized on a wider basis, as cooperative projects including theoretical work in academic institutions and organized field work in hospitals and out-patient departments. Some will be in the form of fairly concentrated blocks of university work, supplementing blocks of independent professional experience. All of these different types of training programs can be built up from the materials gained in a careful analysis of the job itself, its requirements and the conditions under which it should be carried on.

Last year a beginning was made in the collection of these materials. This year definite progress has been made both in methods of work and in the volume of materials available. The Education Committee is greatly indebted to all those good friends in the field who have so cheerfully contributed to the materials, from their own rich experience. It has also been fortunate again in engaging the interest of some advanced students who have selected certain units for intensive study and have turned over the results to the committee. We make no apology for utilizing the efforts of students where we can, because we believe that this kind of cooperation between educational institutions and nursing organizations is fundamentally as sound as it is stimulating; and we hope to see a further development of such cooperation when we have more advanced students with the training necessary for investigations of this kind.

The same thing might be said about the interlocking system of representation which has been worked out with the League Committee for the Study of Nursing Education in Colleges and Universities, the Education Committee of the National Organization for Public Health Nursing, and one or two other committees. These contacts not only prevent much overlapping of committee programs but they give us an opportunity to compare philosophies, methods and results and to integrate the body of materials collected so that they may be of greater use to all those working on such problems.

In order that the members of this organization may be better able to follow current developments in relation to the construction of professional curricula, training programs for staff officers and other subjects on which the Education Committee is working, it would seem to be a part of our function to draw together a few of these threads in our annual report and to note some of the outstanding publications whether they belong in our own field of nursing education or in related fields of vocational education. In this connection it is interesting to follow the reports of the various studies on professional education which have been proceeding recently.
The engineering, medical, dental and pharmacy groups have all been submitting their systems of education and especially their curricula, to searching analysis and criticism. Among the reports recently issued, nursing educators will probably find Dr. Wm. J. Gies report on Dental Education, and Dr. W. W. Charter's on the Pharmaceutical Curriculum and on Secretarial Training of greatest interest.

Many of the old problems which have been studied by the Education Committee, questions of curriculum aims, patterns, content, methods of organization, etc. came up for discussion in the conference on Nursing Schools Connected with Colleges and Universities held last January under the auspices of the Nursing Education Department, Teachers College and the Committee for the Study of Nursing Education in Colleges and Universities of the League. The League has published the results of this conference and the pamphlet is now available. I think you will all agree that it carries us quite a step ahead in our thinking on many educational questions.

It may not be out of place to call attention also to the proceedings of another conference on education which was held this spring on the occasion of Dean William Russell's inauguration at Teachers College. Addresses were given by many educators of national reputation, among whom a nurse, Dean Annie W. Goodrich of Yale University, had an honored place. A highly suggestive and inspiring address on the Curriculum of the Professional School, was given as a part of the nursing education program of the conference by Chancellor Samuel P. Capen of Buffalo University. This address which will be published in the American Journal of Nursing as well as in the conference proceedings, is of special interest in connection with curriculum studies.

The rest of the nursing education program at this conference centered around the preparation of teachers, supervisors and administrators for nursing schools and for public health work. A number of criticisms and suggestions were brought out which have a very definite bearing on the training program now being studied by this committee. Those interested will find a summary of the discussion in the July issue of the Nursing Education Bulletin, a new publication issued twice yearly by the staff, alumnae and students of the Nursing Education Department of Teachers College.

Another conference, much smaller and more informal but nevertheless highly suggestive to the members of the Education Committee who attended, was held quite recently with a representative of the Federal Board of Vocational Education with whom we had been in correspondence for some time. Dr. Charles R. Allen is an advisor to the Federal Board, especially on matters relating to teacher training programs. He is in close touch with the work which is being carried on in the various states for the training of
directors and teachers for the industrial, commercial, agricultural and home economics schools which come under the jurisdiction of the Federal Board of Vocational Education. Dr. Allen is the author also of numerous books and pamphlets dealing with vocational education and was one of the earliest leaders to emphasize the use of the job analysis technique as a basis for curriculum construction and training programs generally.

It was most interesting to our Education Committee members to see how quickly Dr. Allen identified our problems and paralleled them with examples from the field of commercial or industrial or agricultural education. They are a good deal farther ahead than we are, in giving systematic preparation to their leaders and managers, teachers and foremen to assist them in the better training of workers. While it is true that there are many differences between these fields of work and our own, the general principles and methods used in the training of executives and teachers are much the same, and it is rather astonishing to find that the actual duties of the foreman, the teacher and coordinator in such systems have so much in common with the duties of the head nurse and supervisor and teacher of nursing practice.

Many of the educational pamphlets published by the Federal Board of Vocational Education could be used very well in head nurses' and supervisors' conferences, with modifications to suit their special needs. A few of these references will be noted at the end of this report and I suggest that we experiment a little with some of them next year and see what we might be able to learn from the experience of educators in other vocational fields.

Dr. Allen encouraged us much by his cordial endorsement of the plans of the Education Committee and the work done up to date on our staff education project. He was so much interested in what we are doing that he has secured the approval of the Federal Board for further conferences with us and assures us that he will respond to other requests for advice and assistance on training programs for teachers and staff workers, so far as his time allows. Requests for such conferences must come from organizations such as Leagues of Nursing Education or from recognized educational institutions genuinely interested in promoting well organized programs of staff education. Applications should be made officially to Dr. J. C. Wright, Director of the Federal Board of Vocational Education, Washington, D. C.

To avoid any misunderstandings, it may be well to repeat what has been said before in this organization, that we are not in favor of nursing schools applying to the Federal Board of Vocational Education for teaching grants to carry on their work, because of the fact that it automatically places such schools on a secondary school basis along with the trade and lower technical schools, rather than with professional schools. We do approve
of securing any advice or assistance we can from the Federal Board on a program for the training of our teachers, head nurses, supervisors, etc., which is quite a different proposition.

It is unnecessary to refer to the recent report of the Committee on the Grading of Nursing Schools, or to point out the relationship of this study to the subjects under discussion here. The projected program for next year's work on job analysis and nursing school standards will be still closer to our problem. Altogether we feel that the year has been a fruitful one, and that we are making definite progress even though we may not always see the results of our labors in concrete practical returns.

No attempt will be made here to summarize the reports of the various sub-committees, since the chairmen have all prepared individual reports to be presented at the special session conducted by the Education Committee on Wednesday afternoon. We have just one request to make of the members of the League and that is that they should use the materials we have collected so far, as a basis for discussion in staff meetings, League meetings, institutes and college courses and let us have their criticisms and suggestions. The whole study is still in a tentative and fluid form, and we want to incorporate in the final publication all the constructive ideas we can gather from the experience and experimentation of all our members and from anyone else who has worthwhile ideas to contribute.

A few suggestive references are given below for those who are interested in following this subject more closely:


Strong, E. K., and Uhrbrock, R. S.: Job Analysis and the Curriculum (with reference to the training of printing executives), 1923.


Proceedings of Conference on Nursing Schools Connected with Colleges and Universities. Pub. by the National League of Nursing Education, 1928.


Allen, C. R.: The Instructor, the Man, and the Job, 1919.

The following pamphlets published by the Federal Bureau of Vocational Education:

Bulletin 87: Apprentice Education, and Bulletins 74, 88, 92, and 95, as examples of teaching programs in special occupations.

Isabel M. Stewart
Chairman
The Chair: It has been indicated by the report that there are no funds in the League at present for a research worker for the League. While this is true, you have heard the treasurer's report and you know that the League is in better condition financially than perhaps it has ever been. There are two reasons for this: First, the organization is realizing more money from publications; and second, it has lived entirely within its budget for the last two years, and its budget has been carefully prepared. Each committee has had a small sum assigned to it in the budget for its work. That has not been sufficient to cover traveling expenses of members to committee meetings.

The League has been a little behind each of the other two organizations in its ability to pay expenses of directors and committees. For a number of years the League has paid expenses of officers, and by officers I mean the president, secretary, treasurer, and executive secretary, to conventions and to board meetings. Only within the last two years has the League paid part of the expenses of directors to board meetings and conventions. The members of your board of directors do not have their expenses paid in full to conventions and to meetings of the board of directors which occur each January.

Without sufficient funds to pay expenses of directors it has not seemed fair to pay all the traveling expenses of committees to meetings. There have been a few members of committees who have had some traveling expenses allowed during the last year, but the budget for committee expenses has included only such items as postage, telegrams, stationery and stenographic service, and that has been a pretty large item in some instances.

You will recall that the Finance Committee recommended the investment of some of the funds in hand at the present time and that your board of directors has voted to recommend to the new board of directors, after the coming election, that $5,000 of this surplus be invested. With some capital behind us, some funds invested assuring some steady income, it is hoped the time will come when we will have the resources for a research worker, or investigator, to go out and study special problems or to do the other things which we all know the League needs so much to do.

I give this explanation in this intimate kind of way in order that you may understand just exactly what the financial situation is in your organization.
The Sub-committee of the Education Committee of the National League of Nursing Education to study the duties, qualifications and preparation of superintendents of nurses and assistants last year, presented its preliminary report on the activities of the superintendent of nurses as analyzed from thirteen clock diaries received. From these and seventeen other diaries received, a check list was compiled from which it is expected much valuable data will be obtained when a complete analysis is made.

During the present year the sub-committee has limited itself to a study of the functions of the superintendent of nurses and in doing so has been faced with several distinct problems. To definitely know what are the functions of a superintendent of nurses one must find out what are the various activities in which the superintendent of nurses is now engaged. How much time she spends in each type of activity? Are these activities all essential to her position? What must she know in order to perform effectively these functions?

From the accompanying report¹ which deals with one question of great importance in making the complete study, "What proportion of the superintendent of nurses' time is spent in the various activities in which she is now engaged" a picture of many working hours, extended over almost the entire day and night is vividly portrayed. The variety of activities is appalling. One indeed must be a resourceful and versatile being to qualify adequately to meet the diversified demands upon time and ability. At one moment the superintendent of nurses is a policy maker. At another she is a teacher; at another, a housekeeper; at another a statistician and at another a judge and jury. She has broad and varied relationships which require the tact of a diplomat, the skill of an artisan, the reasoning of a philosopher, the wisdom of a sage and the charity of a saint. She must be vigorous, vigilant and judicious in discharging her executive duties and tactful and untiring in meeting her social obligations.

In thinking the matter through and in meditating on what can be accomplished one is convinced that this is no work for a novice, no position for an amateur.

The members of the sub-committee are: R. Louise Metcalfe, Daisy D. Urch, June Ramsey and Anna D. Wolf.

Effie J. Taylor
Chairman Sub-committee

¹ Analysis of Time Study made by Miss R. L. Metcalfe, member Sub-committee.
A TIME STUDY OF THE ACTIVITIES OF SUPERINTENDENTS OF NURSES WHO ARE ALSO PRINCIPALS OF SCHOOLS OF NURSING

The Education Committee of the National League of Nursing Education has had under study the functions of the various members of the staff of the school of nursing. The sub-committee of the Education Committee that has been studying the functions of the superintendents of nurses was faced with several distinct problems. What are the activities in which the superintendent of nurses is now engaged? How much time does she spend in each type of activity? Are all these activities essential to her position? What must she know in order to perform these functions effectively?

This report deals with a partial answer to the second question, namely:

“What proportion of the superintendent of nurses' time is spent in the various activities in which she is now engaged?”

The data for this study has been secured through actual diaries. Clock diary forms were sent to 46 superintendents of nurses who had previously signified their willingness to assist in this study. Of this number 30 diaries for one full week were returned to the chairman of the sub-committee. Because of lack of detail, non-differentiation of duties, etc. or because they represented very unusual situations some of those returned could not be used in this study. This study therefore, represents an analysis of diaries of 25 superintendents of nurses who are also principals of schools of nursing, covering a period of 170 days.

These superintendents of nurses were connected with hospitals ranging from 110 to 2000 beds, averaging 319 beds. Four hospitals were connected with universities in some way. They represented hospitals in eleven states and two provinces in Canada as follows:

Canada ................................................. 2
Connecticut ........................................... 2
Michigan .............................................. 1
Minnesota ............................................. 3
Massachusetts ....................................... 2
Missouri .............................................. 4
New Jersey .......................................... 3
New York ............................................ 2
Ohio .................................................... 3
Pennsylvania ........................................ 1
Rhode Island ....................................... 1
Texas .................................................. 1

The data was tabulated in minutes under logical headings chosen after a preliminary study of activities aside from the time element. A regrouping of some of the differentiated activities became necessary later, as not all diaries indicated the activity in sufficient detail to permit such classification. For example, about one-half the diaries had “office work” subdivided into “dictating letters to alumnae,” “dictating letters to firms
regarding supplies for school of nursing," "planning new records and forms," etc. However, the other half just recorded "office work" which could mean any type at all. Therefore, for the sake of uniformity all such activities were summed up under the general heading of "office work."

The proportion of time spent in such activities as "writing to applicants" would probably be increased and that for the general office work decreased in proportion, if more definite data were at hand.

Overlapping between the various activities was frequently unavoidable because of the nature of the activities themselves. The superintendent of nurses frequently does several things simultaneously. When she makes "rounds" she observes the work of student nurses, talks with the head nurse or supervisor, sees and talks with patients and observes many housekeeping details all at one time. It would be impossible to differentiate much of this without finer means of measuring and therefore we find most of the time spent in this manner listed as "rounds." However, some were able to give the definite time spent in observing the ward work of the student nurse as such.

It must be remembered that the group studied is a very small group and rather highly selected. Were it possible to obtain and analyze diaries for several hundred superintendents of nurses, more accurate data would be obtained. However, the data we have gives us a picture of the range of activities and something of the proportion of time spent in each.

Data secured

1. Hours on duty per week, average of 56 hours and 3 minutes.
2. Hours of work, average of 9 hours and 15 minutes per day exclusive of meal time and rest periods.
3. Worked on Sunday 14, or 56 per cent average 5 hours and 35 minutes.
4. Had a free afternoon during the week (not Sunday) 10, or 40 per cent.
5. Worked after 7 p. m., 14, or 56 per cent.

1 worked 1 evening
5 worked 2 evenings
3 worked 3 evenings
1 worked 4 evenings
2 worked 5 evenings
1 worked 6 evenings
1 worked all of 2 nights in addition to full day duty

(In addition two stated that all her class work preparation, correcting papers, etc., was done in the evening)

6. Average hour of going on duty 7:30 a.m. although average was from 5:30 a.m. to 8:45 a.m.
7. Eight, or 32 per cent conducted chapel exercises.
8. Sixteen, or 64 per cent taught a class, averaging 1½ class periods per week.
9. Classes taught varied from Ethics, History of Nursing, Personal Hygiene, Materia Medica, Obstetrical Nursing, Anatomy and Physiology, Practical Nursing, Professional problems.

Proportion of time and average number of minutes spent in each activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>PER CENT</th>
<th>MINUTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conferring with training school committee regarding policies of the school of nursing; making reports to the committee, etc.</td>
<td>1.3</td>
<td>7</td>
</tr>
<tr>
<td>Conferring with the board of trustees inspecting hospital with individual members, etc.</td>
<td>0.4</td>
<td>2</td>
</tr>
<tr>
<td>Conducting staff conferences, head nurses meetings, etc.</td>
<td>4.6</td>
<td>26</td>
</tr>
<tr>
<td>Hiring, firing and interviewing members of the school of nursing staff</td>
<td>1.4</td>
<td>8</td>
</tr>
<tr>
<td>Personal conferences and interviews assistant, supervisors and head nurses</td>
<td>4.0</td>
<td>22</td>
</tr>
<tr>
<td>Personal conferences with instructors</td>
<td>1.1</td>
<td>6</td>
</tr>
<tr>
<td>Duties pertaining to class room teaching including preparing lessons, teaching, correcting papers, supervising class room instruction...</td>
<td>6.0</td>
<td>33</td>
</tr>
<tr>
<td>Planning and arranging for ward experience of students</td>
<td>1.0</td>
<td>5</td>
</tr>
<tr>
<td>Personal supervision of ward work of students</td>
<td>0.7</td>
<td>4</td>
</tr>
<tr>
<td>Individual conferences with student nurses</td>
<td>2.8</td>
<td>16</td>
</tr>
<tr>
<td>Conference with students for disciplinary purposes</td>
<td>1.6</td>
<td>9</td>
</tr>
<tr>
<td>Conference with students regarding school of nursing activities, late passes, etc.</td>
<td>1.5</td>
<td>8</td>
</tr>
<tr>
<td>Interviewing families of students, answering inquiries concerning them, etc.</td>
<td>0.2</td>
<td>1</td>
</tr>
<tr>
<td>Working on school of nursing records</td>
<td>2.7</td>
<td>15</td>
</tr>
<tr>
<td>Conducting morning prayers for student group</td>
<td>0.3</td>
<td>2</td>
</tr>
<tr>
<td>Conferring with social director of school of nursing</td>
<td>0.3</td>
<td>2</td>
</tr>
<tr>
<td>Conferring with post-graduate and affiliated students</td>
<td>0.3</td>
<td>1</td>
</tr>
<tr>
<td>Arranging for and attending graduation exercises of the school of nursing</td>
<td>0.16</td>
<td>1</td>
</tr>
<tr>
<td>Writing to or interviewing applicants for the school of nursing</td>
<td>3.3</td>
<td>18</td>
</tr>
<tr>
<td>School of nursing publicity; writing advertisement, compiling prospectus, speaking at high school etc</td>
<td>0.9</td>
<td>5</td>
</tr>
<tr>
<td>Activities regarding alumnae of school, their sick cases, procuring positions for them, etc. (not including registry duties)</td>
<td>1.3</td>
<td>7</td>
</tr>
<tr>
<td>General professional obligations, attending nurses' meetings, committee work, etc.</td>
<td>4.0</td>
<td>22</td>
</tr>
<tr>
<td>Attending or conducting professional social activities, banquets, teas, etc. of nursing groups</td>
<td>4.3</td>
<td>24</td>
</tr>
<tr>
<td>Showing visitors through hospital, conferring with professional visitors</td>
<td>1.0</td>
<td>5</td>
</tr>
<tr>
<td>Interviewing visitors and friends of patients regarding patients, arranging for patients' care, etc.</td>
<td>1.3</td>
<td>7</td>
</tr>
<tr>
<td>Personally supervising patient's care as supervising a dressing, giving emergency care as administering ether in delivery room, etc.</td>
<td>1.6</td>
<td>9</td>
</tr>
<tr>
<td>Rounds to see patients, inspect hospital etc. (everything designated as &quot;rounds&quot; unqualified was included here)</td>
<td>9.5</td>
<td>53</td>
</tr>
</tbody>
</table>
Proportion of time and average number of minutes spent in each activity—Continued

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<thead>
<tr>
<th>Activity</th>
<th>PER CENT</th>
<th>MINUTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting other departments of hospital as laundry</td>
<td>1.2</td>
<td>7</td>
</tr>
<tr>
<td>Receiving and giving day and night reports of patients</td>
<td>5.4</td>
<td>30</td>
</tr>
<tr>
<td>Personally performing housekeeping duties issuing of supplies and drugs, tending to requisitions, etc.</td>
<td>3.1</td>
<td>17</td>
</tr>
<tr>
<td>Conferring with doctors</td>
<td>1.1</td>
<td>6</td>
</tr>
<tr>
<td>Conferring with superintendent of hospital and assistant</td>
<td>4.5</td>
<td>25</td>
</tr>
<tr>
<td>Conferring with heads of other departments in hospital</td>
<td>1.0</td>
<td>6</td>
</tr>
<tr>
<td>Interviewing and employing special nurses</td>
<td>1.7</td>
<td>9</td>
</tr>
<tr>
<td>Employing and directing employees</td>
<td>0.3</td>
<td>2</td>
</tr>
<tr>
<td>Employing and directing orderlies</td>
<td>0.2</td>
<td>1</td>
</tr>
<tr>
<td>Inspecting and planning for nurses home</td>
<td>4.2</td>
<td>23</td>
</tr>
<tr>
<td>Office desk work, reading mail, typing letters, dictating letters, etc.</td>
<td>13.5</td>
<td>75</td>
</tr>
<tr>
<td>Looking over time slips</td>
<td>0.9</td>
<td>5</td>
</tr>
<tr>
<td>Planning vacations</td>
<td>0.7</td>
<td>4</td>
</tr>
<tr>
<td>Making out the payroll for graduate staff student group, employees, etc.</td>
<td>0.6</td>
<td>3</td>
</tr>
<tr>
<td>Making out bills, checking over accounts of students, patients and hospital bills</td>
<td>0.6</td>
<td>3</td>
</tr>
<tr>
<td>Planning publicity for the hospital</td>
<td>0.3</td>
<td>2</td>
</tr>
<tr>
<td>Interviewing agents, ordering supplies, school of nursing and hospital uniform material, hospital linen, etc.</td>
<td>0.7</td>
<td>4</td>
</tr>
<tr>
<td>Miscellaneous conferences, as with gardner, unspecified telephone calls, etc.</td>
<td>0.9</td>
<td>5</td>
</tr>
<tr>
<td>Personal social activities, writing personal letters, etc.</td>
<td>0.3</td>
<td>2</td>
</tr>
</tbody>
</table>

R. Louise Metcalfe
Member of the Education Committee Sub-committee on Duties, Qualifications and Preparation of Superintendents of Nurses, Assistants and Night Superintendents

REPORT OF THE EDUCATION COMMITTEE SUB-COMMITTEE ON DUTIES, QUALIFICATIONS AND PREPARATION OF INSTRUCTORS

The work of the sub-committee on instructors falls into two sections.
1. A study of the preparation, qualifications and conditions of work of instructors in schools of nursing.
2. A study of the duties and responsibilities of instructors in schools of nursing.
Information for the first part of our study was obtained by sending a questionnaire to 85 instructors in different parts of the country, of whom 47 returned the information. Information was also sought from 89 superintendents of nurses of whom 48 replied. No attempt was made to seek information except from superintendents of nurses in the schools in which the instructors, who answered the questionnaire, were working.

The material from the questionnaire has now been summarized but the committee as yet has made no interpretation of its findings. Much of the material was reported on at the last convention.

Some of the findings are:

1. General education:
   Out of 47 replies
   Had degrees ............................................ 32
   Had some college work but no degree .................. 10
   Of the 47
   Had taught school before entering the nursing school .. 19
   Had varied experience before teaching ................ 39

2. Age:
   Average was ............................................. 36.6
   Median .................................................. 35

3. Experience:
   Median .................................................. 4–6 years
   Present position ........................................ 2 years

4. Average number of hours on duty ....................... 48.8
   No Sunday duty ......................................... 25

In a number of cases it was specified that preparation and the correction of papers were done after hours.

Median salary for the group of 47 was $140 with maintenance.

The greatest mental strains reported were due to students' poor preparation, and long days with too much teaching.

Twenty-seven reported that they were remaining in the teaching field. "Teaching too many subjects" and "too much teaching to get a good result," were the reasons in most instances for not continuing in the teaching field.

The second part of our study on duties and responsibilities has just been started. The list of activities was compiled by analyzing diaries which 30 instructors kept for one week. This list is now ready to go out to instructors to be checked.

Members of Sub-committee in addition to the chairman are Blanche Pfefferkorn, Caroline V. McKee, Elizabeth Odell, Sister Domitilla. The
Committee in addition had help from Mary Norcross, while she was a student at Teachers College, and Ella Rafuse also a student at Teachers College.

Stella Goostray
Chairman

REPORT OF EDUCATION COMMITTEE SUB-COMMITTEE ON DUTIES, QUALIFICATIONS AND PREPARATION OF SUPERVISORS AND HEAD NURSES

The members of the sub-committee on supervisors and head nurses are Nellie Hawkinson, Katherine J. Densford, Nellie Brown, and Mary M. Marvin, chairman. Perhaps it will be remembered that a report was made last year on the first part of the study in relation to the qualifications, conditions of work and living of these two groups of the staff. This year efforts have been concentrated on the functions of the groups. The sub-committee is indebted to the members of the staffs of the nursing schools all over the country that have contributed so generously of time and effort in checking the lists. Altogether, about sixty-five per cent of the group of head nurses and supervisors have responded by checking lists of functions sent out this spring. The results the sub-committee hopes to get, and the good which will come of it, are dependent upon that response. The work of this sub-committee will continue next year. A detailed account of the work of the past year will be presented at the Education Committee session Wednesday afternoon.

Mary Marvin
Chairman

REPORT OF THE EDUCATION COMMITTEE SUB-COMMITTEE ON DISPENSARY NURSING

Your Education Committee Sub-committee on Dispensary Nursing has been able, during the past year, to interest the Presbyterian Hospital and its School of Nursing in assisting the Committee to carry on an experimental program of nursing in the Out-patient Department. For this work the Committee on Dispensary Development had, as you know, subscribed $4500, and the Alumni of the Presbyterian School, and Trustees of the Hospital have agreed to supplement this sum, so that it is possible to employ a well qualified public health nurse, who has had teaching experience to direct the experiment for a term of three years.

It is the plan to develop the out-patient nursing service in such a way that there may be a satisfactory teaching field for student nurses and an opportunity for graduate nurses who have special experience in out-patient
nursing, including methods of teaching the students. This experimental work is to be begun in June, 1928.

The Sub-committee will keep in close touch with its development, and assist the director of the school in directing the program of activities.

We are hopeful that a real contribution to out-patient nursing and student teaching may be made.

Amelia Grant
Chairman

REPORT OF EDUCATION COMMITTEE SUB-COMMITTEE ON EXTRA-CURRICULAR ACTIVITIES

At the January, 1928 meeting of the Committee on Education of the National League of Nursing Education, the Sub-committee on Extra-curricular Activities indicated that they were prepared to go forward with a detailed study of the six major extra-curricular activities as outlined in the Curriculum for Schools of Nursing. The sub-committee at this time presented a detailed evaluation sheet which was to be used as a suggestive outline for the various members who were covering the actual analysis of each major activity (values contained therein, relative value when considered with the total six major activities, cost, manner of production, etc.).

This program has been temporarily set aside for the following reasons:

First, because Professor Sarah Sturtevant of Teachers College who is acting as chief advisor to the committee in this work, recommended that

a) the "ground be harrowed" by the issuance of a series of articles on extra-curricular activities in the official organ of the organization (American Journal of Nursing). These contemplated articles (one has already appeared) are as follows: The Value of Extra-curricular Activities in Relation to the New Theory of Education; Orientation of Student Nurses, (causes for discipline cases); Special Function and Technique of Social Director; How to Organize Extra-curricular Activities in Nursing Schools, etc.

b) that the chairman not attempt to press the analysis of the six major activities until she could meet with various members of the Sub-committee and confer with them regarding the special piece of work they were undertaking. Not only did this recommendation seem wise, but, as the problem of health of student nurses was to be pushed, it seemed wiser to allow the original program as outlined by the Sub-committee to be set aside until after the Louisville Meeting.

The chairman begs to report that a questionnaire regarding the qualifications and function of the social director in schools of nursing was sent out by the sub-committee. These questionnaires have been returned but not tabulated.
Miss Effie Taylor wished to resign from the sub-committee due to the fact that she felt that she was too busy to do any real work on the sub-committee. The chairman of the sub-committee took the liberty of requesting Miss Taylor to remain on the Sub-committee on an advisory capacity. Miss Taylor is still a member, therefore, of the sub-committee, but only as an advisor.

With the resignation of Miss Hawkinson and the inability of Miss Taylor to serve in any other but an advisory capacity, the total number of active members of the sub-committee is very much depleted. Miss June Ramsey is the other member of the Committee. The Chairman, therefore, requests that at least two more members of the Committee on Education be assigned to this piece of work.

The report of the work that has already been done by Miss Florence K. Wilson of Lakeside Hospital who is in charge of the Health Study will be given in part at the Round Table on Health of Student Nurses which will be held from 4:00-5:00 on Wednesday, June 6th.

Shirley C. Titus
Chairman, Sub-committee on Extra-curricular Activities

Dental Hygiene in the Nursing Curriculum

The Chair announced that another question would be presented at this session, which, while it was not part of the Education Committee's program, had been brought to the attention of that committee.

Miss Evelyn Wood: The Secretary of the American Dental Association called a conference of representatives of that organization and three representatives from the Illinois League of Nursing Education to discuss the teaching of Dental Hygiene in Schools of Nursing. Miss Edna Foley and Miss Elizabeth Odell were appointed with the president to represent the Illinois League at the conference in February.

The representatives of the American Dental Association stated the conference had been called because of frequent requests for material suitable for an outline for lectures in dental hygiene for students in schools of nursing, received from dentists.

They were informed of the content on this subject in “A Curriculum for Schools of Nursing” prepared and published by the National League of Nursing Education.

The American Dental Association is willing to prepare an outline for a number of lectures on this subject, and also a set of slides which will be made available to dentists in different parts of the country. However
they do not wish to send out this material before they are sure it will meet with the approval of this organization.

In order to find out what is being done in regard to teaching Dental Hygiene we sent a questionnaire to the schools of nursing in Illinois. The following table is based on the replies received from sixty-five schools:

Dental Hygiene As Given in 65 Nursing Schools in Illinois

<table>
<thead>
<tr>
<th>Number of schools</th>
<th>Hours of lecture</th>
<th>Number of schools</th>
<th>Hours of lecture</th>
<th>Number of schools</th>
<th>Year</th>
<th>Number of schools</th>
<th>Lecturer</th>
<th>Number of schools</th>
<th>Replies</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>None</td>
<td>15</td>
<td>No answer</td>
<td>20</td>
<td>Second</td>
<td>31</td>
<td>Dentist</td>
<td>43</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>10</td>
<td>6</td>
<td>15</td>
<td>No answer</td>
<td>19</td>
<td>No lecturer or no answer</td>
<td>13</td>
<td>No answer</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>5</td>
<td>10</td>
<td>12</td>
<td>Third</td>
<td>10</td>
<td>Physician</td>
<td>7</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>Included in other subjects</td>
<td>5</td>
<td>Number necessary to complete course</td>
<td>11</td>
<td>First</td>
<td>4</td>
<td>Dentist and physician</td>
<td>2</td>
<td>Lecturer now a member</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>2nd and 3rd</td>
<td>1</td>
<td>Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2nd or 3rd</td>
<td>1</td>
<td>1st and 3rd</td>
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<tr>
<td>4</td>
<td>5</td>
<td>3</td>
<td>12</td>
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<tr>
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<td>8</td>
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<tr>
<td>3</td>
<td>3</td>
<td>2</td>
<td>4</td>
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<td></td>
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<tr>
<td>2</td>
<td>Going to include</td>
<td>2</td>
<td>3-4</td>
<td></td>
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<tr>
<td>1</td>
<td>20</td>
<td>2</td>
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<td>1</td>
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<td>9</td>
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<td>1</td>
<td>7</td>
<td>1</td>
<td>5-10</td>
<td>1</td>
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<td>5-6</td>
<td>1</td>
<td>5-6</td>
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<td>1</td>
<td>3-5</td>
<td>1</td>
<td>4-5</td>
<td>1</td>
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</table>

Remarks: Of the 65 schools replying to the questionnaire only 1 school (of those not already giving dental hygiene) is able to include lectures on this subject.

Several schools include dental hygiene in other courses in addition to their regular hours of lecture.

Many schools inquire concerning the cost of the lectures by members of the Dental Society.
At the conclusion of Miss Wood’s report the Chair stated there were registered dental nurses in Minnesota. In Massachusetts dental hygienists are registered and a definite course is outlined for them. That project, however, is different from the one under discussion, which is concerned with dental hygiene as a part of the nurses’ curriculum for the sake of the health of the student and what she may be able to do after graduation as a school nurse and in other forms of public health work.

Representatives from several states reported on the practice in their own particular school: one reported a course of ten lectures on dental hygiene by a dentist, and another five lectures on the subject, also by a dentist. The Chair asked if anyone recalled the place given in the new League Curriculum to dental hygiene. Miss Pfefferkorn replied that dental hygiene was included in the outline on Personal Hygiene in the League Curriculum for Schools of Nursing; that it would undoubtedly be treated in Anatomy and Physiology under the digestive system, and again in the subject outline on Diseases of the Eye, Ear, Nose and Throat. She raised the question of the desirability of teaching dental hygiene as a separate course since good dental hygiene is so intimately related to the hygiene of the body as a whole.

Miss Shirley C. Titus explained that when the subject of dental hygiene as developed in Illinois had been brought to the attention of the Committee on Education of the National League of Nursing Education that Committee had referred it to the subcommittee on Extra-curricular Activities which is also concerning itself with health measures. The Chairman of the Subcommittee, who happened to be likewise Chairman of the Program Committee, after being informed of the nature of the report, requested it to be presented at this session. In view of this explanation the Chair was of the opinion that the matter might be referred back, through the Subcommittee on Extra-curricular Activities, to the Committee on Education, to determine whether any change should be made in the present League Curriculum in the treatment of dental hygiene; whether it should be presented as a separate subject or remain as a part of the Personal Hygiene outline. The Chair requested that Miss Titus, as Chairman of the Subcommittee on Extra-curricular Activities, report accordingly to the Education Committee. There being no objection, the discussion was concluded.

REPORT OF COMMITTEE TO STUDY THE RELATION OF NURSING TO MATERNAL CARE

The Committee to Study the Relation of Nursing to Maternal Care had only two meetings during the year. At the first meeting held in October the committee planned to focus on an effort to get the committee
appointed by the American Medical Association to agree on a plan of procedure. Your committee hoped that it might be possible for the medical and nursing professions to clearly and definitely define the part of the nurse in maternal care, and to have recommendations to suggest at this biennial meeting of the National League of Nursing Education and the National Organization for Public Health Nursing.

Our plans, however, were very much upset by the fact that the American Medical Association Committee existed only on paper. Dr. William Darrach and Dr. Nathan B. Van Etten, appointed at the A. M. A. meeting, found it impossible to serve on this committee because of the pressure of other duties. The secretary of the American Medical Association stated that no other appointments could be made until the June meeting of the A. M. A.

On what seemed to be excellent advice from members of the medical profession, it has seemed much wiser for the committee to remain comparatively inactive until the committee of the American Medical Association is appointed.

The action taken by the joint boards in changing the name of the committee seems to have broadened the scope of its work. An effort has been made by your chairman to secure the interest of the president-elect of the American Medical Association in this committee. Because of his absence from this country it has not been possible to have a personal interview.

There are indications that it would not be difficult to secure a school of midwifery for nurses in New York. While your committee believes that such an effort in training midwives might be very valuable, it also believes that it would be a mistake for the National League of Nursing Education and the National Organization for Public Health Nursing to officially endorse such a plan until the American Medical Association committee can secure sufficient approval of that body.

Therefore, assuming that the next steps in the work of the committee hinged upon the cooperation of the A. M. A. which it was impossible to secure this year, your Committee is forced to report a comparatively inactive year.

Florence M. Patterson  
Chairman

Meeting adjourned.

**Open Session Conducted by the Committee on Education**

*Wednesday, June 6, 2:30 p. m.*

Stella Goosby, member of the Committee on Education, presided.  
Subject: Staff Education.
The improvement of the nurse in service, in its broad implications is as old as is nursing. Nursing and its preparation, whether related to the undergraduate or graduate, is, in most of its phases, inseparable from service. But the improvement of the graduate nurse as a deliberate pursuit, either for professional or cultural growth, is yet in its infancy. It is not the purpose of this paper to deal so much with the more deep-rooted causes of the present situation as to set forth the actual historical expressions with their underlying philosophy; and to point out that improvement has been achieved in two distinct ways: improvement while doing the job, which to the present time has been more or less incidental and unorganized; improvement away from the job in periods of time devoted to study on a highly organized scheme. One needs to know what has happened in these past fifty years for a just evaluation of the present and for any constructive prediction and plan for the future.

An epoch-making event in the history of American nursing and probably in the world's nursing history, was the gathering of nurses at the World’s Fair in the city of Chicago, in the year 1893. The first national nursing association, the American Society of Superintendents of Training Schools for Nurses, dates its birth from that occasion. From the time of its origin the declared purpose of this organization has been “to further the best interests of the nursing profession . . . . by promoting fellowship among its members by meetings, papers and discussions of nursing subjects and by interchange of opinion.” Here indeed was the beginning of a great tidal movement which gathered force and spread its influence with an amazing rapidity. Annual meetings were instituted, programs were carefully mapped out, and practically every issue related to better nursing schools and a more expert nursing corps was considered in the first ten years of the Association’s life. Registries, alumnae associations, teachers’ courses and other postgraduate work are found among the subjects studied. One is profoundly moved in reading over those early reports by the prophet-like vision, the breadth of concern, and the extent of activities of that early nurse-leader group. How well they moulded the future, how carefully they included in their thinking and acting opportunities for improvement of the graduate nurse, is evident in the further paragraphs of this paper.

Among the first studies projected by the American Society of Superintendents of Training Schools as essential to the growth of the graduate
nurse was that of the alumnae association. A paper presented by Sophia F. Palmer, at the second annual convention (1895), records the existence of 124 training schools in the United States, of which 25 report societies of some form. Miss Palmer in her paper urged the organization of alumnae associations as speedily as possible, even though there should be so few as three eligible members. There are no immediate data on the present existing number of alumnae associations. We do know that the last List of Accredited Nursing Schools, published by the American Nurses' Association in 1926, lists 1,806 schools, and while the newer institutions may not have yet organized their alumnae, a conservative estimate would fix the present number of such associations as at least three-quarters, or 1,354, of the number of accredited schools. Between 1,354 alumnae and 29 alumnae there is a difference of 1,335, an astounding development in thirty-two years. Many of these associations hold monthly meetings; in some instances definite courses of study have been adopted; others have founded scholarships and loan funds in addition to sponsoring special activities. The alumnae associations provide a measure of great potential power for devising ways and means in graduate nurse advancement.

Inasmuch as the function of the American Society of Superintendents of Training Schools for Nurses has always been of a specialized type and the membership restricted, that body early realized the need of a national association to which every nurse graduated from a reputable school would be eligible. In accordance with this belief, L. L. Dock prepared a masterly thesis on "A National Association for Nurses and Its Legal Organization" for the third annual convention. Following the reading of this paper, a committee was appointed to draft a constitution and to call a meeting, and the result of this action was the Nurses' Associated Alumnae of the United States and Canada, which first met on September 2, 1896, at Manhattan Beach. The American Nurses' Association is the organization successor in the United States to the American contingent of the Nurses' Associated Alumnae. Of the activities further recounted for graduate nurse improvement, many were and still are joint enterprises of the American Society of Superintendents of Training Schools for Nurses, the Nurses' Associated Alumnae, and the third national nursing association, the National Organization for Public Health Nursing, created in 1912. Little has been done which has not had its origin in the idea of some member of these three national nursing associations and their respective developing state units. The annual and biennial conventions, both of national and state associations with their often carefully-thought-out technical discussions and later publications have been inestimably important as contributing factors in the professional development of the nurse.

According to the report of the Committee on Periodicals, Nurses' Asso-
ciated Alumnae, "No sooner had the Society of Superintendents been formed ... than the need of a journal managed, edited, and owned by the women of the profession began to make itself felt." The American Journal of Nursing, which became the official organ of the Superintendents' Society and the Associated Alumnae, was established through the work of this committee. Five hundred and eighty-one is the number of subscriptions recorded for the first issue published, October 1, 1900. Today the Journal's circulation is over 23,000.

The history of the Public Health Nurse is linked with the Visiting Nurse Quarterly of Cleveland, first published by the Cleveland Visiting Nurse Association "in the familiar blue cover" in 1909. In 1912 the Cleveland Visiting Nurse Association gave its young Quarterly as a "christening present" to the infant National Organization for Public Health Nursing.

Many alumnae associations publish their own periodicals, and in late years a number of professional magazines and bulletins have been issued by state organizations and other geographical groups. An editorial in the American Journal of Nursing, April, 1906, refers to the increasing "literary excellence" of the Nurses' Journal of the Pacific Coast and also makes note of the Johns Hopkins Alumnae Magazine and the Illinois Quarterly. In December of the same year, another Journal editorial announces "A very creditable alumnae magazine" published by the U. B. A. Hospital, Grand Rapids, Michigan, and that the "Presbyterian Alumnae of New York City have also started a Journal, and the Alumnae of the Hospital of the Good Shepherd, Syracuse, are considering ways and means of doing the same." The editorial further pronounces "all such magazines, as being great forces in the education of nurses."

The extent a periodical becomes "a great force in the education of nurses" will depend primarily upon two factors: the discriminate selection of material as to content and literary excellence, and the liberal use to which the magazine is put. The nursing profession is fortunate in the educational opportunity offered by the high standards of its two national magazines, the American Journal of Nursing and the Public Health Nurse. By the same token, it is much to be lamented that their circulations are not larger: 23,000 is far too low for the Journal, as is 5,000 for the Public Health Nurse. Professional growth for the individual as well as for the group cannot go forward lacking current professional information.

In discussing periodicals as one agency for improvement of the graduate nurse, there are stages and special departments of the Journal which claim one's attention as revealing the thought of the time and which are of special interest in an historical treatment. The early issues were plainly concerned with the individual nurse. Group action was in its infancy; state associations, club houses, pension funds,
do not occupy the space in the early years of the Journal's life as in those succeeding. The graduate nurse quite obviously looked to her new magazine as an instrument to give her personal, practical help and there is abundance of evidence that her expectations were well met. One finds under "Book Reviews" the greater part of 1902, a section on "Books To Read to Patients" conducted by Lavinia L. Dock. Says Miss Dock in the February issue,

When the days of convalescence begin and the patient, ceasing to be a "case," becomes once more a human being and demands something to read, it is often difficult to suggest the right thing

and then in her characteristic, inimitable style she suggests with a brief review "the right thing." In "Book Reviews" in the following year there appears under the caption "For Recreation Reading," an analysis of current fiction, and among the books recommended is that one which, once read, is forever gratefully remembered, "Mrs. Wiggs of the Cabbage Patch." Then, for some years, the Journal abandoned the policy of publishing lists of popular readings until, in the March, 1909, number an editorial appears on "Current Literature of Interest to Nurses" in response to the request of a Journal reader "to suggest articles appearing in current literature which it would be of interest or benefit to nurses to read." From that date until June, 1911, such a list was published almost monthly. One thinks there must have been some good prohibitionists in our early group. Among the articles cited for reading are: "America Sober," Outlook, February; "Evidence against Alcohol," McClure's, March; and "The Story of an Alcohol Slave," McClure's, August. How recent, too, are those postulates and discoveries which have so profoundly affected medicine and nursing, is strikingly evident by a paper found in this section on "A Brief Consideration of the Contagious Theory of Tuberculosis," New York Medical Journal, September 4, 1909.

With the January, 1906, Journal, a column on "Practical Points," later changed in name to "Practical Suggestions," was begun and continued with some interruptions to February, 1910. Subsequently it became incorporated in the "Letters to Editor" section. Certainly the suggestions made in this page were practical and must have been very directly helpful, to the private duty nurse. Again through it we are reminded that we live in a history-making age and that the need for versatility of abilities is historically as true of the nurse as it is today. In October, 1907, there appears in this page the following notation:

1 In January, 1928, the Journal again began a series of reviews of current literature called "Other Books Worth Reading."
A new device called the thermos bottle will keep liquids placed in it an even temperature, hot or cold, for a long time. If a nurse has no gas of easy access, she can keep sterile water sufficiently warm all night for use in doing dressings. It comes in pint and quart sizes and is too expensive for general use.

Another suggestion is from a nurse who was quarantined in a home with deaf mutes. She writes:

When having some time off a case, it would be a good idea to get a printed alphabet and learn it (method of talking with fingers of both hands) as the knowledge may sometime prove valuable.

One cannot close this Journal account without mention of the many useful papers written for and addressed directly to the graduate nurse, some rich in content of new principles and methods, others urging graduate work on the part of the nurse, both professional and cultural. Quoting from “Specialities in Nursing” by Katharine DeWitt, October, 1900:

There are dangers besetting all paths, and the best of nurses must beware of that familiarity with her work which breeds carelessness, and of the narrowing of her interest, which can best be avoided by occasionally taking up postgraduate work along other lines than her own.

Dr. A. Worcester in an address, “Is Nursing Really a Profession?” published in 1902, gives as one of the five deciding tests, “Acknowledging the need of continuous study.” There are few pages of the Journal which do not directly or indirectly make the urge for more and better graduate study.

One of the early committees appointed by the Nurses’ Associated Alumnae of the United States was a “Committee on Course of Study.” From the reports on record, the purpose of this committee was to suggest courses of study for alumnae associations and to follow up its suggestions by surveys in order to ascertain the extent to which they were actually put to use. Evidently the committee was created sometime in 1898 or 1899, as the report submitted by it at the fifth annual convention of the Associated Alumnae, May, 1902, includes a “Résumé of work done since its formation,” which goes back to 1899.

The influence of this committee’s work can be definitely traced, not only in its own reports, but also in the numerous announcements made by the individual alumnae of their particular programs. The movement, transitory though it was, represents one of the most serious attempts recorded on the part of alumnae to better the preparation of their members. In the “Editor’s Miscellany” of March, 1902, comment is made on the excellence of the lectures in sociology of the New York Associated Alumnae course. A joint winter study course of the Associated Alumnae of New York City (Bellevue, Presbyterian, St. Luke’s, Roosevelt, and Postgraduate) is
reported for the winters of 1901 and 1902, the 1902 program covering a
course of lectures given by the League of Political Education. Boston,
in 1904, announced a course of lectures arranged for the nurses and their
friends at the Boston Medical Library; the Rhode Island Nurses' Club, in
1905, a series of twenty lectures on "Philanthropic Movements in the
United States That Have Awakened and Promoted the Nursing Profession."
This particular form of intensive study began to wane about 1907, and while
doubtless here and there are still to be found alumnæ with carefully-
worked-out programs, the period of its height was the first decade of the
nineteenth century.

As all the nursing world knows, the first course in universities for graduate
nurses was established in 1899, Teachers College, Columbia University,
under the title of Course in Hospital Economics. The mother of this
course was the American Society of Superintendents of Training Schools
for Nurses, and the story of its birth, fostering, and development, is truly a
story of ideals and devotion. One is tempted to pause and trace step by
step the history of this course. But since in this study it represents one
type of movement, even though that movement be predominantly impor-
tant, only the barest outlines are here given.

It is a matter of keen historical interest, perhaps not very well known,
that the idea of the course at Teachers College first appears in a paper to
consider the qualifications desirable for membership in the American
Society for Superintendents of Training Schools for Nurses, given at the
fifth annual convention of this Society, in February, 1898, by Mrs. Isabel H.
Robb. Said Mrs. Robb:

It is generally conceded by instructors in other kinds of schools, that in addi-
tion to the diploma secured it is necessary for those who intend to teach to have a
further course in a school of pedagogy or in a normal school. . . . Why should
not this hold equally well with a woman who elects to become a teacher in a school
for nurses? . . . There are already training schools for teachers established
in this country, notably one just recently affiliated with Columbia University,
New York. Why should we not take advantage of them?

As a result of this paper, a committee was appointed (the League Educa-
tion Committee) "to study the whole subject," and at the next convention,
in 1899, Mrs. Robb, as chairman of the committee, reported an interview
with the Dean of Teachers College, Columbia University, and a proposed
course of study for eight months, the average cost of which would be $400,
including board, laundry, and tuition. Four nurses applied and two
actually registered for the course the first year, in the fall of 1899. The
gradual development of programs for teachers, supervisors, and directors
in institutional and public health nursing work, the struggle to finance the
course through the treasury of the Superintendents' Society and contribu-
tions of its individual members, until endowed in 1910 by Mrs. Helen Hartley Jenkins, make a glowing record in the nursing education history of this country. Into this record is written indelibly the name of M. Adelaide Nutting.

Except for Columbia and the program, offered at the Western Reserve University School of Nursing, and the University of Cincinnati, the development in universities and colleges for graduate nurse study has taken chiefly the form of summer sessions. In 1912, the University of North Dakota, a state university, reported in the American Journal of Nursing a "course in nursing which was offered for the first time this year." The announcement goes on to say:

The work of the students was most satisfactory from every standpoint. They are most enthusiastic concerning this opportunity for graduate nurses in North Dakota. They hope to return next year and matriculate for other studies of benefit to the nurse.

The same year, 1912, the Hospital Economics Course, Columbia, now the Department of Nursing Education, announced a summer session, and the next year it reported a summer enrollment of thirteen students with the statement:

The weather was unusually favorable, and though the summer session is not to be recommended as an ideal vacation for a tired worker, the students this year have seemed none the worse for their six weeks of study.

While the Department of Nursing and Health did not itself provide for summer sessions until 1912, one finds as early as 1904 an announcement in the Journal of the Summer School of Columbia University (fifth in number) which calls attention to the courses of special interest and attraction to nurses: domestic science, physical education, and chemistry. The announcement is repeated in 1905, 1906 and 1908.

Courses for public health nurses have sprung up and rapidly multiplied. In 1917 Boston University College of Business advertised a special summer course in industrial nursing; the Chicago School of Civics and Philanthropy announced its special courses for public health nurses, to cover a half and full academic year; and in 1918 public health nursing summer sessions were published for five different institutions, and in 1927 for twenty-three.

Courses for nursing-school teachers and administrators have been less rapid in development. The University of Washington announced a summer course for Training School Administrators in 1921, Stanford University in 1922, and since 1922 a number of other universities, widely scattered, have reported summer sessions. In 1927 summer courses were given for directors, supervisors, and teachers in nursing schools in ten universities.
A nursing section was conducted in connection with the Iowa State Teachers' Convention in 1922. It is interesting to record that the New Mexico State Nurses' Association held its third semi-annual meeting coincident with the New Mexico Teachers' Educational Institute (1923). Conferences covering a period from one to several days have been instituted by state public health nursing organizations, and here and there state and city boards of health have arranged special programs for their graduate nurse staffs.

Not until 1920 did the so-called institute movement take hold in nursing and since that time the popularity of institutes is attested by the increasingly large number announced each year. The time of these institutes varies from one day to two weeks, the program may be concentrated on one particular topic or cover a wide range of subjects. A nominal fee is usually charged—just sufficient to cover the expenses entailed. Generally these institutes have been held under the auspices of one or a combination of the state organizations, although such sessions for public health nurses have also been sponsored by state and city health departments and state and county tuberculosis associations. Several excellent articles have been published on the nursing institute: one by Isabel M. Stewart, another by Helen Wood, and one by Carolyn E. Gray.

The caption, Postgraduate Courses in Hospitals, is here employed for this movement not because it is correct, but because it has acquired popular usage. The courses offered in hospitals to graduate nurses have not been postgraduate in the academic sense; neither their organization, content, nor instruction has warranted the application of this term. Supplementary courses for graduate nurses would more adequately express the type of work given to date. The explanation is historical and part of the hospital economic problem. Not education, but service and the training incidental to it, furnishes pretty generally the underlying motive and conditions of the postgraduate courses in hospitals.

The psychology of the whole situation is profoundly thought-provoking; the persistence with which nurses seek opportunities to supplement and enrich their undergraduate nursing preparation and the consistence with which a majority of these courses continue a service-training program. Nurses themselves have long recognized that nursing as a scientific, progressive occupation requires almost constant refreshing, not only on the

If Nursing is to become a profession . . . . there must be provided means by which the women may keep in touch with new lines of research in medicine and methods in nursing.

The editorial goes on to say that

Much may be done by reading, but nursing is a work peculiarly dependent upon manual dexterity and only the actual practical demonstration of a change in technic can give a nurse the necessary skill.

Technics change, new treatments develop, and with them new nursing methods, so that a system whereby the graduate nurse may "brush up" and secure clinical instruction and practice becomes a practical, professional necessity.

One of the first courses announced for graduate nurses was that offered by the Woman's Hospital and Infant's Home, Detroit, 1902, described in a paper on "Postgraduate Work" by Maude McClaskie. This course seems to have been instituted on a reasonably sound basis; at least it included lectures by the specialists of the medical staff and classroom work with practical demonstration by the supervising nurse once a week and further, through the courtesy of Mrs. Lystra Gretter, "nurses . . . . were allowed to attend the Farrand Training School lecture course." Following is an excerpt from a paper on "My Impressions as a Postgraduate" published in the Journal in 1904:

There were classes and clinics both medical and surgical that we were privileged to attend. I went to a good many and liked going, but very often was too tired even when I had the time. . . . Could it not be possible to shorten the hours of graduates giving them more time for study and making it compulsory to attend certain classes and clinics? To partly cover the expenses I would suggest that an entrance fee be charged.

At the annual convention of the Superintendents' Society, May, 1905, Clara D. Noyes read a paper on "Postgraduate Study for Nurses." This paper presented the results of a survey covering 114 general hospitals and 20 special hospitals. Some of the characteristic findings are as follows: Of the general hospitals of 100 beds or more, 26 give a "supplementary postgraduate course," only three of which

Make any provision for a regular course of lectures and class work. The others permit the graduates to attend the lectures and classes of the pupil nurses but as many of the schools admit graduate nurses only during the vacation season, there

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are no lectures and classes to attend. . . . In one a fee is charged of one
dollar per day, while in others we find allowances given of varying amounts to
as much as twenty dollars a month.

A better report is given for the special hospitals. Of the twenty which
returned the schedules, "fourteen provide lectures and classes, the majority
give no allowances, while others give from six to fifteen dollars per month."

In the discussion following Miss Noyes' paper, the Massachusetts General
Hospital was reported as offering a two months' course to its graduates,
the New York Hospital from one to two months, the Polyclinic of Phila-
delphia a six months' course, the Boston Eye and Ear Infirmary four
months, and Bellevue a course for its own graduates. Others early institut-
ing this work were the Presbyterian Hospital, Chicago, the Manhattan
Eye and Ear Hospital, New York City, the Boston Floating Hospital,
Boston, the Memorial Hospital, Richmond, Virginia, and the Free Hospital
for Women, Brookline, Massachusetts. The announcement of the Man-
hattan Eye and Ear Hospital states that instruction is given by the house
surgeon and others. A postgraduate nursing course was advertised by the
Woman's Hospital in the State of New York in 1907, with the statement
that "a course of lectures is given by the attending physicians and surgeons,
and classes and demonstrations are conducted by the principal of the training
school and her head nurses."

An early endeavor, in 1908, to better prepare head nurses is found in an
announcement of "a six-months' course in institutional management to a
few graduates of its own school" by the Massachusetts General Hospital,
Boston.

At a round table conference on postgraduate hospital work at the biennial
convention in Seattle, 1922, the conclusions included the following statement:

Postgraduate courses are not at all well developed. The consensus of opinion
is that we deplore postgraduate courses being given merely to increase the work-
ing force of the hospital.

It would seem that the conduct of hospital postgraduate nursing work is
not very different now from what it was in 1902. In the study published by
the American Medical Association in March, 1927, 167 hospitals in the
United States are recorded as providing instruction for graduate nurses in
21 different subjects. No data are included to indicate the exact content
and character of these courses, nor how worthy they are to be labelled
postgraduate courses in nursing.

Closely allied to hospital postgraduate courses in nursing are the oppor-
tunities for improvement provided for the staff nurse (often termed the
general duty or floor nurse) either within or without the institution. Cer-
tainly not much has been done within the institution and little more for
encouraging and creating easy contacts for growth without. One outstanding case is that at the new University Hospital of the University of Chicago, where the superintendent of nurses has announced a policy which provides that the staff nurse, along with others, shall have the privilege of the campus benefits. Is it not reasonable to assume that gracing and dignifying this position, so that it offers the same considerations for a freer, fuller life as do other offices in the institution, may be in large part the solution of the staff-nurse problems in the hospital.

Search the annals of nursing history as one will, and nowhere can one find any reference to measures for conserving and promoting the personal health of the graduate nurse. The idea that her service and achievement are interrelated with her physical upkeep is amazingly absent. Not only is there omission of positive concern, but there is an almost alarming evidence of negative conditions, and this evidence is not restricted to the nineties and early part of this century. We need to revive the old Greek concept that the physical, intellectual, and the spiritual are inseparably interwoven.

The field of supervision and staff education as it relates to the graduate nurse, particularly in institutions, is relatively undeveloped. True, there have been supervisors in nursing schools for a number of years, but their efforts have been directed more toward the student nurse than the head nurse or the graduate in other capacities. Then too their function seems to have been largely interpreted as administrative, so much so that the opportunities for a constructive advisory and teaching program have been often lost sight of. There is evidence in the last four or five years that the tide is reversing. A number of the universities offering summer sessions in nursing education in 1926 included in their schedules courses in supervision, and Teachers College, Department of Nursing Education, has given such a program since 1910. Institutes, too, have adopted for their central topic, supervision.

No printed record has been found of definite programs of staff education for the hospital and nursing-school staff, but that such programs do exist, we know. Many institutions hold regular faculty conferences and in a number of instances a program is carefully worked out. At the present time, several interesting experiments, an outstanding one at Bellevue, providing for an improved type of instruction and supervision of head nurses are in operation in New York City and undoubtedly much more will be done in this field in the near future.

The Education Committee of the National League of Nursing Education began, in the autumn of 1926, a study on the duties, qualifications, and preparation of the various members of the nursing-school staff. It is reasonable to assume that a study of this type will include in the final report, recommendations not only for preliminary preparation but for a continuous form of improvement while in service as well.
Practically no legislative measures have been adopted which specifically define educational schedules for the graduate nurse in the nursing school and hospital and control her employment through compulsory observation of such schedules. The University of the State of New York in its Special Rules Relating to Nursing Schools makes the following specifications with reference to the nursing school faculty:

The faculty must include a director or superintendent and three or more assistants, one of whom shall be qualified as a teacher. The director of the school must be a registered nurse qualified by general and professional education and thorough executive experience or postgraduate instruction in training school method and management.

Several other states have made similar provisions.

Before closing, it might be pointed out that practically every activity recorded in this paper for the improvement of the nurse in service has its parallel in the movement for the improvement of the teacher in service in the public school system. No less valiant than the teacher group have been the efforts of the nurse group to add to their professional capital, intellectually, technically, and spiritually. A sheet with an outline of the present-day agencies for the improvement of the teacher in service has been mimeographed for distribution at this session. Many of the agencies so listed are similar to those described in this paper for the improvement of the nurse. Differences too are obvious, differences which are profoundly significant as related to public interest and participation, and ways and means to kindle desire, and to give practical assistance to the individual seeking opportunity.

But for all of our endeavors, the history of the improvement of the nurse in service is still in the making. In the various movements enumerated, some transitory, others persistent, is evident a consistent determination on the part of the individual and the group to find ways to become better qualified nurses and more intelligent and useful citizens. With the increase of adult educational opportunities and the present emphasis on group conference and sympathetic supervision, it is probable that the next few years will see some of the old activities refined and a more intensive, widespread effort for systematic, progressive programs in staff education.\(^6\)

\(^6\) From the "Improvement of the City Elementary School Teacher in Service" by Charles Russell (1922).

\(^7\) In assembling the material for this paper the following original sources have been employed. Because of space limitations, it is not possible to here publish the name of source, with date, volume and page number for each historical reference. Annual Reports of American Society of Superintendents of Nurses for Training Schools, later renamed National League of Nursing Education, 1894–1927, The American Journal of Nursing, Vol. 1, 1900–Vol. 27, 1927, The Public Health Nurse, Vol. 15, Nov., 1923, Journal of the American Medical Association, March, 1927, pp. 789–812, University of the State of New York Bulletin, No. 832, 1925, p. 23.
DISCUSSION

By Carrie M. Hall R. N.
President National League of Nursing Education

It has not been my privilege to have read Miss Pfefferkorn’s paper for this meeting. I have heard it, as you have, for the first time. I am impressed, as I expect you are, with the amount of information which is packed into the confines of that paper. Much of the material is familiar to many of us. It has, however, been brought to us in very graphic fashion.

I feel that Miss Pfefferkorn has touched upon the high spots in the history of our profession in a very illuminating fashion. Some of it sounds a bit discouraging but after all the paper shows a steady march of progress, and when we realize that all of this has taken place within the lifetime of many of us in the room this afternoon, I think we need not feel discouraged.

I know that Miss Pfefferkorn’s interest in this subject is profound. I know that much of her interest has come from her close contact with headquarters during the last five years, and that a good deal of it is the result of the questions which have been put to her day after day and week after week from you and others from all parts of the country. Because that is so, I expect your interest in it is equally great, and I hope you will find special points in it which you will want to bring out now for discussion.

THE POSITION AND PREPARATION OF THE SUPERVISOR AND THE HEAD NURSE

PART I

By Mary M. Marvin, R. N.
Director of Supervision, Bellevue Hospital, New York City

The chief aim of the subcommittee on supervisors and head nurses was to make as extensive and detailed a study of the positions of these two groups of hospital workers as possible so that if necessary two recommendations might be made: one, for a reorganization of their present duties; the other, for the building up of a good program of study which would help to prepare them for their positions.

Last year this subcommittee made its first report which consisted of a summary of the more significant results of the first part of the study dealing with the head nurses’ and supervisors’ qualifications, conditions of work and living. This year efforts have been concentrated on the second step which
is related to the functions of these two groups. This work was begun by analyzing twenty-three diaries kept by as many supervisors and head nurses, representing six different services and about fifteen hospitals in different parts of the country.

The workers in the hospital fields made a splendid contribution to the project by keeping diaries on which they jotted down almost everything they did for one whole week while on duty. This gave the subcommittee some conception of the work of two hundred and fifty-three days which altogether amounted to almost eight months time. Added to this were many more activities suggested by observations made by visits to hospitals. The clock form diaries suggested by Miss R. Louise Metcalfe were a great help because they not only gave a good account of the activities in the day's work but also the time it took to do them.

Much credit is due Mrs. Helen Munson of Teachers College who assisted in analyzing the content of the twenty-three diaries. All the activities listed in the diaries were copied on small slips of paper which were later put into a series of envelopes labelled according to definite headings. From these envelopes evolved better headings and subheadings under which the first check list was compiled. This first list was tried out by volunteers from a group of college students of the supervision class, after which Miss Cowan worked them over into the present form. She will describe the results of the check list herself.

PART II

By M. Cordelia Cowan, R. N.

Instructor, Woman's Hospital, New York City

The work of this part of the job analysis of the positions of supervisor and head nurse was to continue the study already begun, starting with Miss Marvin's and Mrs. Munson's analysis of the positions.

As many such analyses have been and are now being made in other fields it was thought that the experience of these workers might prove helpful in suggesting the procedure for this part of the study. To this end a bibliography of such studies and covering the various methods of research was compiled before beginning the actual work of the problem. A thorough search through the literature of these studies and that on methods of research in
reference to this kind of problem gave a great deal of help in selecting the following procedure for this study:

1. To define as far as possible the type of position or positions to be analyzed, in this case, the positions of head nurse and supervisor, including both because of their similarity and the great amount of over-lapping between them.

2. To set up a list of activities as gathered through the experience of people acting in such positions and by those who have observed them at work.

3. To have this list checked up by a representative group of workers in the fields in question to aid in supplementing the material and in evaluating it.

4. To have the list checked by another group of somewhat wider experience and preparation to serve as a control.

5. From the assembled results of the check lists to make a corrected list of the duties commonly regarded as essential to the positions of head nurse and supervisor and have these evaluated in such a way that we shall have a fair idea of their relative importance and also a list of those duties which must be considered in evolving a scheme of training for these two types of workers. (This part of the study with the outlining of a plan of training is to be continued next year.)

The definitions taken for supervisor and head nurse were those used by this subcommittee in its report of 1927, namely, a supervisor is a graduate nurse responsible for two or more wards in care of charge nurses, while the head nurse is a graduate nurse in charge of a smaller unit than two wards.

The first tentative list had been prepared from the diaries sent in by head nurses, as already described. In this list had been gathered together some 204 duties under five main heads with many subdivisions, the five main heads being:

I. Ward management
II. Teaching and supervision
III. Nursing functions relating to the actual care of patients
IV. Duties and functions in relation to the organization as a whole
V. Professional relations and advancement.

Ten copies of this first check list were checked by Teachers College students and members of the subcommittee to test for clearness of statements, completeness of listed duties, and to try out the form of the check list as set up. With these check lists as a guide the whole material was carefully studied and an attempt was made:

1. To state more clearly certain headings and duties
2. To reorganize the material in order to simplify the list and eliminate repetition where possible
3. To add other duties and so organize another check list to provide space for further additions.
4. To alter the form in order to provide the space for further additional duties that might be suggested and to make the work easier for those checking the list.

Using the revised and supplemented material, a second check list was set up under the same five main heads but leaving out many of the subdivisions. This second check list was next tested out on ten individuals (evidently too few) and, finding no difficulties, it was then mimeographed for distribution.

These mimeographed check lists were given out to two groups (five members each) of carefully selected Teachers College students who were asked to cooperate in the study by checking the lists that would be used as controls and 200 lists were sent out to a selected list of supervisors and head nurses in the field who had agreed to cooperate with the subcommittee by checking the lists. In this mailing list of supervisors and head nurses were represented some 61 institutions of various types and sizes, in different parts of the country, and covering the services of admitting department, general medical diseases, psychiatry, neurology, communicable diseases, tuberculosis, dermatology, eye diseases, ear, nose and throat diseases, operating room, general surgery, orthopedics, pediatrics, milk kitchen, urology, gynecology, obstetrics, and delivery room.

Of the 200 check lists sent out to the workers in the field 135 were returned, 58 from supervisors, 63 from head nurses, and 14 unclassified.

Using the intended meaning of the directions as a basis for sorting, the check lists were put into 3 classes, those checked differently from that which was intended, those incompletely checked, and those which seemed to follow more closely the intended meaning of the directions. Of the 58 check lists returned from supervisors 21 were checked differently, 17 incompletely checked, and 20 selected for compiling data. Of the 63 check lists returned from head nurses 26 were checked differently, 13 incompletely checked, and 20 selected for compiling data.

These figures give evidence of a number of things in regard to this method and this particular check list. The return of 65 per cent of these check lists as compared with the expected average good return of 50 per cent of questionnaires certainly showed interest. Added to this evidence of interest were letters. Some stated that they were using these lists for discussions in conferences of supervisors and head nurses and, in one instance, the entire 13 pages of the check list had been copied so that each supervisor and head nurse might have a copy of her own for future reference and discussion. Therefore, if the workers themselves are becoming more vitally interested in the improvement of their work through the influence of these lists, may not this...
method be more fruitful than indicated by its comparatively low average rate of efficiency?

The large number of check lists which were checked differently from that intended in the directions denotes any one or more of several things: the great difficulty in formulating directions which will convey the same meaning to all who read them, lack of clearness of the terms used, insufficient checking for clearness of directions, lack of clearness of statements, and too complex a form of check list. If the directions and statements were not clear this might have been remedied by additional attention to the rewording. Testing out both the directions and statements on a greater number of co-workers might have brought to light many more needed changes. For help in formulating clear concise directions we might take some of the rules laid down for test directions given in McCall's How to Experiment in Education. The form of the check list, also, might have been somewhat simplified by having three questions asked about each duty and having the space at the right divided into three instead of six divisions. These three larger spaces would give ample room for writing in the answers to the three questions:

1. Who carries out this duty?
2. By whom do you think this duty should be performed?
3. In your opinion is directed training needed for this duty?

The suggested form would, undoubtedly, entail more work in compiling the data, but if it simplifies the work of those doing the checking, then that must receive first consideration.

After the material was assembled on large work sheets from the check lists of the two control groups and from the selected check lists checked by the supervisors and head nurses in the field, comparisons were made between the results from the control groups and those in the field. The findings from these comparisons may be summarized as follows:

1. A striking similarity in the essential duties of the two positions, suggesting that the supervisor's position is simply a more advanced stage of the head nurse's position.

2. A greater number of essential duties checked by head nurses than by supervisors, indicating that the two positions also differ and that not all duties are necessarily carried by the supervisor but many are of a nature that can be relegated to the head nurse.

3. About the same checking by supervisors and head nurses of the duties relating to the responsibilities toward the patient with the exception that more duties concerned with the actual nursing care of patients were checked by head nurses than by supervisors.

4. A fairly equal checking of the teaching duties in relation to the student but more checking of teaching duties in relation to other workers as attendants, orderlies, maids, etc., checked by head nurses than by supervisors.
5. Much greater agreement upon irrelevant duties between the supervisor control group and the field group than the head nurse control group with its field group, perhaps suggesting that the groups with more experience in the field or with greater preparation for the work have a better understanding of the duties of the positions in question.

6. Greater agreement upon irrelevant duties between the two field groups than each field group with its own control group, showing that there is a certain danger when away from the actual situation of being idealistic rather than practical in our opinions and suggestions and, for that very reason, the study of these problems of nursing practice should be conducted in the field itself, so far as possible.

7. A checking by head nurses of a greater number of the teaching duties in relation to the student, which are now being done by head nurses, as irrelevant to the job of head nurses and a relegation of these duties by them to the jobs of supervisor and instructor.

8. A greater felt need of directed training by the supervisor groups than by the head nurse groups, raising the question of the supervisor's work being so much more difficult than the work of the head nurse or indicating that supervisors, because of their greater experience, are a bit more keenly aware of the responsibilities in their work than are the head nurses.

9. Directed training needed for more of the teaching and administrative duties performed by supervisors than by head nurses.

10. Need of directed training felt by head nurses for the actual nursing duties carried on by them.

Putting these various findings together it appears that:

1. Supervisors and head nurses both seem to feel that they have about the same duties in relation to patients but that head nurses feel more responsibility in the actual nursing care of patients.

2. Supervisors assume the more important teaching duties in relation to students while head nurses assume less of the teaching of students and more of the teaching of other workers than supervisors do.

3. Head nurses carry more of the essential ward activities as a whole but supervisors take the greater share of those duties that require directed training.

4. Head nurses feel the need of directed training in the special or advanced nursing procedures which they have to do themselves.

5. Head nurses are now performing many teaching duties in relation to students which they feel should be done by supervisors and instructors.

From this study as set forth may the following recommendations be offered:

1. That a further study be made to determine the relative importance of the duties of both positions.
2. That a list then be made of these activities and duties of both the position of supervisor and of head nurse and that this be made available for further use and study by those in the field as it has already been done in the instances cited where the check lists which were sent out were used for discussions in supervisors' and head nurses' conferences.

3. That by reorganization of duties there be an elimination of irrelevant activities from the work of both groups, especially the activities of the errand type and routine care of supplies that could be carried on by less skilled workers as errand girls, ward helpers, maids, porters, etc.

4. That an investigation be made of the cause of this apparent opinion of head nurses that they are performing teaching duties that should be done by supervisors and instructors. Is this because of their overcrowded program or is it because instructors have been employed for class room instruction and in some instances for an hour or two of ward teaching and that head nurses, therefore, feel that the teaching of students is no longer their responsibility?

5. That a curriculum which is to be built up to give directed training for supervisors and head nurses provide for the following:
   a. Theoretical instruction based upon the needs of the work
   b. Practice with an opportunity of learning under supervision the essential duties requiring only experience in the work
   c. Advanced theoretical and clinical work in the particular specialities in question
   d. Increased opportunities for growth and advancement

The next step in the study is that of further investigation of the relative importance of the duties of both positions before a final decision can be made by the subcommittee regarding the essential duties that are to be used in evolving a curriculum.

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Bibliography:

Falls, J. D., Job Analysis of State High School Supervision in the United States.
George Peabody College for Teachers, Contributions to Education Number 25, Nashville, Tenn., 1926.


McCall, William A., How to Experiment in Education. Macmillan, New York City, 1926.

McCall, William A., How to Measure in Education. Macmillan, New York City, 1922.


* A copy of a page from the Second Check List.

Page 7 from the check list of thirteen pages, showing the checking by a supervisor of a medical service in the field group.

### III. Teaching and Supervision:

#### A. Patients:

1. Making routine rounds for inspecting and ascertaining the general conditions of patients and inspecting for cleanliness and order of the patients' immediate surroundings, as beds, bedside stands, etc.

2. Making frequent rounds to see sickest patients

3. Inspecting patients' wounds, dressings, etc.

4. Inspecting the care given to patients (binders, dressings, mouths, backs, nails, etc.)

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<tr>
<th>ESSENTIAL</th>
<th>LESS IMPORTANT</th>
<th>RELEVANT</th>
<th>EARLY PICKED UP</th>
<th>DIRECTED TRAINING</th>
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## THIRTY-FOURTH ANNUAL CONVENTION

### 5. Visiting newly admitted patients to greet and identify them and determine their general conditions
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Head nurse and supervisor**

### 6. Investigating the complaints made by patients
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Head nurse and supervisor**

### 7. Checking up on conditions of patients being sent to other departments for treatments
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Head nurse**

### 8. Conferring with patients about hospital rules
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Head nurse**

### 9. Teaching patients various treatment procedures such as bathing the newborn infant, making of formulas, etc.
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Head nurse, supervisor and student**

### 10. Teaching patients about personal hygiene and normal diets
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Head nurse, supervisor and student**

### 11. Checking up to see if patients understand about follow-up clinic visits, etc.
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Head nurse, supervisor and student**

### B. Visitors:

#### 1. Conferring with visitors about ward regulations, as visiting hours, food restrictions, etc.
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Head nurse and supervisor**

#### 2. Consoling visitors
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Head nurse and supervisor**

#### 3. Explaining conditions of patients
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Medical staff**

#### 4. Directing visitors to patients
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Head nurse, student and ward helper**

#### 5. Explaining to visitors certain present and discharge needs of patients
- **Essential:** ✔
- **Least Important:** ✔
- **Easily Picked Up:** ✔
- **Instructed Training Needed:** ?
  - **Should Be Done By: Head nurse and student**

### Form for Simplified Check List:

<table>
<thead>
<tr>
<th>IS NOW DONE BY WHOM?</th>
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<th>IS DIRECTED TRAINING NEEDED?</th>
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One of the main purposes of this study was to find out how much directed teaching needs to be given to prepare a head nurse or supervisor for her position, and what that instruction should consist of in theory and in practice. This study has shown that many supervisors and head nurses who are now in service feel that they must have further preparation if they are to carry on successfully the responsibilities which go with their positions. To be sure, there are some who have not reached and may never arrive at the uncomfortable state of appreciating how big their jobs really are and how much they lack in the way of adequate preparation. Indications seem to show that it is the superior individuals and those with the most education who realize the need of more instruction. This is significant.

If we recall a few of the multitudinous activities going on in a busy hospital ward, it will not be hard to understand why some head nurses are eager to have special preparation for their work. Indeed, the wonder is how in the face of the present situation they are able to get on without it. For example, a head nurse is often expected to assist the physician with very special diagnostic measures, like the encephalogram or to help with difficult therapeutic treatments such as, a pneumothorax or a spinal irrigation. Besides helping with these treatments she must always be alert to see that every other treatment is carried out. This is no small task when one considers that in many cases life or death may depend upon having the knowledge or skill required to do some special procedure, such as administering the nasal drip to the dehydrated child, setting up the proper tubing connections for chest drainage of a lung condition, or regulating the flow of Dakin’s solution over the forehead of a patient with a frontal sinus abscess. In every instance mentioned one slip in technique might end disastrously yet these treatments do not belong to the whole group of emergency treatments which require a great deal of initiative, and superior judgment as well as the knowledge and skill of the specialty. Moreover, we usually turn to this same head nurse to teach new or difficult treatments which for certain reasons can never adequately be explained or demonstrated in the classroom, as, for example, lavaging or gavaging the infant; observing the effects of the Alpine light treatment; guarding the patient who has radium implanted; regulating the Harris drip into an open abdominal cavity; or giving the tepid pack to the maniacal patient. Students never should be expected to give treatments of this kind on the strength of a classroom discussion or demonstration, and the head nurse is the most logical person we have to depend upon.

Another responsibility of the head nurse is related to the housekeeping. The supervision of present day help, of the ward itself, the floors and walls, the furniture, the care of expensive up-to-date equipment and other supplies
like blankets, linen, rubber goods, are dependent upon a knowledge of the scientific principles of good housekeeping.

When all is said and done, just what kinds of knowledge and skill does an analysis of all these duties indicate? A great deal is involved, with one qualification almost as essential as another. Of primary importance is a broad knowledge of her clinical specialty, such as medical or surgical diseases, in order that she will be able to think and act intelligently in relation to her patients' needs. Identifying and reporting symptoms, assisting the physician satisfactorily, recognizing and interpreting the effects of all therapeutic treatments which she herself may sometimes have to give and always have to supervise,—these all require a background of up-to-date, scientific knowledge of the diseases represented and the sciences on which they rest. Assisting the physician with treatments or demonstrating them to students each requires an expert knowledge of the nursing procedures, as well as a high degree of skill in giving them. Even with these skills she may still fail if she cannot plan and manage the work of the ward as a whole, getting the work done in the least time in the best interests of all concerned. This has always been one of the criteria of a good head nurse. Add to these, success in managing people, the ability to teach and develop students who are dependent upon her to connect the rest of their educational program in the school with this particular practice, and then perhaps, we may have some conception of what the job of the head nurse involves.

In the same way the supervisor who is in charge of the head nurses must know all these things and more. She must be ready at any time to impart any of this information, or to do all these procedures, as well as to make and to carry out a definite, well thought out plan of supervision for her whole division. She ought to provide for a broad content of experience for every student who comes to her service, and to be able to make adequate preparation for teaching the classes such as those following the physician's lectures in her specialty. To develop the head nurses in her division, to plan appropriate action to be taken in any emergency, and to create new and test out old techniques in nursing practice are some of the responsibilities of the supervisor.

Many of our good supervisors and head nurses in the field tell us that it takes directed training to assume the obligations of the positions they find themselves in. Our problem is to help supply this need. A few, brief suggestions will be made in connection with this one of which is staff education that might be defined as a "tentative program for developing workers on the job in which they are engaged as full time workers."

During the last two years, an experiment in staff education in relation to supervisors and head nurses was carried on in the Bellevue School of Nursing in New York City. As it was my privilege to have the opportunity of joining in this experiment, I shall try to discuss it in some detail and tell you some
of the results. With the exception of an occasional joint meeting the super-
visors and head nurses met separately. The head nurse body was a group of
about fifty graduate nurses representing many schools. While attendance
at classes was not compulsory everyone was urged to be present, and the
roll was always taken. Altogether over thirty meetings, quite informal,
were held in the Nurses Residence, from six-thirty to seven-thirty in the
evening, once per week, with attendance ranging from twenty-eight to forty-
five, the average for the year being thirty-two.

The subjects for discussion varied considerably as it was expected that they
would develop in accordance with the needs of the group. To impress the
head nurses with the importance of the educational program in the whole
school classes began with a discussion of a few principles of teaching. These
were immediately applied to concrete kinds of ward teaching already in exis-
tence such as the morning and evening reports, the introduction of the new
student to the service, or the technique of giving a nursing clinic. After the
purposes, and methods of each kind of a class were talked over in class, each
was demonstrated by groups of head nurses, some acting as though they were
students in the class. Immediately after each demonstration, there was
criticism and discussion until it seemed as though every person present ought
to have been able to work out some kind of a similar plan which she could
put into operation in her own ward.

One series of classes dealt with the subject of housekeeping problems which
at times were conducted by the supervisors most concerned with these activi-
ties. The instructor of nursing practice gave three evenings of valuable
demonstrations which the head nurses asked for in order that they might learn
some of the new procedures and discuss old ones about which there was con-
trovery. The plan of special supervision of younger students, principles
underlying the grading system used in the school, explanation and discussion
of the newly adopted efficiency slips, some principles of scientific manage-
ment applied to ward administration were taken up, terminating with a brisk
discussion on their part of the qualifications of a good head nurse.

These meetings did not take the place of the small departmental meetings
which each supervisor was expected to have with her own head nurses. It
was thought that discussions of the whole group of head nurses on general
ward management problems would be stimulating and helpful and at the
same time not in any way interfere with the good relationship which each
supervisor had with her own head nurses.

While it is impossible to measure results from that kind of an experiment
there were some noticeable changes in attitude and work. These meetings
helped to make the head nurses feel that they had a definite obligation of
keeping well informed about the clinical material in their own wards because
they were expected to share this with their students. Perhaps it made them
appreciate still more the rich material they had to draw from. Of course,
some ward teaching had always been done, and in many cases exceedingly well, but generally speaking, as a whole, it began to take a more definite and a better organized form. Some head nurses who had previously felt no responsibility toward teaching reacted enthusiastically, showing marked teaching ability. While it was never expected that fifty trained head nurse teachers would result, it is true that the amount of teaching was multiplied many, many times. This not only represents a development of head nurse, and a gain for the student, but better care for the patient. One unlooked for and very helpful result of these free and informal discussions was the precipitation of many problems affecting ward management which were straightened out by the director of the school. Many misunderstandings were thus cleared up in a very satisfactory way. In the second year, another significant change was noticed in relation to the stability of the head nurse group. It would be impossible to say just how much the development of the educational program contributed to this, but the fact remains that there were comparatively few resignations in some of the larger departments. The head nurses realized where the supervision was best in the school so was the nursing. When they were able to see this relationship, most of them, not all, were moved to contribute their part to the whole program.

The plan of the supervisors was quite different. There were about twenty-five members and they organized, elected officers, appointed a social committee, and an energetic program committee that planned the weekly meetings of the year. These meetings were held Thursday mornings from eleven to twelve excepting every third week when the meeting was postponed for the benefit of the night supervisors. A supervisor in almost every department in the hospital volunteered to help plan the program for one meeting and in this way each felt some responsibility toward making the meetings a success. The subjects for discussion varied. In some cases, the supervision of a department was explained by those in charge, while other times techniques and methods of the supervisory plan or problems related to it, were described or discussed. Occasionally outside speakers were invited to come in, or physicians were asked to explain new trends or experiments of their specialties. It is hard to say just what was accomplished through these meetings of the supervisors excepting that there was every indication that they felt benefited by getting together to exchange new ideas which they tried to adapt to their own individual situations.

There are many ways of developing staff education in relation to supervisors and head nurses. If there were no one on the staff who was qualified or had the time, a small group of schools could secure a special person on full time to go from one school to another to help build up a program in each place, through observations, conferences and classes. In some cases, groups of schools have gotten together and secured a specialist to give classes in supervision to the staff. Why could not several schools get together for a
series of nursing classes in some of the clinical subjects, like surgical nursing? Led by a capable person, the surgical nursing staff in each school could contribute to the discussions and demonstrations after having made a special study of the topics for which each was responsible. Comparing techniques of the several schools with the possibility of working out new and better methods might stimulate much thought and interest. A pathologist, a technician, and a surgical specialist might help in this series by contributing new knowledge in regard to certain discoveries, new laboratory methods of finding out these facts, and the more recent trends in surgical treatment. New nursing methods to be adopted would have to be based on these facts. Such an experiment through study, conference and the discussion of many specialists in the same branch of nursing ought to result not only in the building up of a very good course in surgical disease nursing, but in the personal growth of the nurses who made the effort to participate in it.

These are but a few suggestions for developing staff education in the nursing school. Undoubtedly many schools in the country have been carrying on just such programs, and if they have been, it would be very helpful to all of us if we could know something about them.

Staff education, as interpreted here, is but one of several methods of improving those in service. Another way, and the one perhaps most frequently used is that of taking courses at outside educational institutions. There are so many subjects which would enrich the lives and work of the staff! The biological sciences, especially physiology, pathology, psychology and the physical and social sciences all have direct bearing on the clinical work. It is most always easy to get general courses in teaching or supervisory methods and at present many universities and colleges are offering these courses applied directly to nursing. In connection with this we all realize that it is one thing to urge the staff to take outside courses of study, and quite another to provide time so they can do it. In one large institution nearly one-half of the supervisory staff studied at various outside educational institutions at one time. In most cases the stimulation and help which these people received from the outside was reflected in their work in the nursing school most creditably.

A third method of interesting supervisors and head nurses in advancing professionally is by offering them courses in combined theory and practice. This plan has already been worked out for supervisors in some of the colleges of the country. At Teachers College in New York an experiment will be tried next year in developing a combined program for the head nurse. Six hospitals in or near New York have cooperated by offering certain wards as fields where the students under the joint supervision of hospital and college will secure their practice. Three afternoons a week will be reserved for these students to go to the College for class work which will consist of courses in psychology, comparative nursing methods, hospital housekeeping, ward
management, and elements of public health, all of which will be carefully coordinated with their field experience. The course will extend throughout the eight months of the college year and will represent from sixteen to twenty points of credit which may be applied to the supervision major should the student wish to return for future work.

As a result of the part of the study already made, we know better what the supervisors and head nurses in the hospitals in this country are doing; some of more significant differences between the functions of each; and that some of the better prepared members feel the need of having more directed teaching to carry their present responsibilities. In this connection it is safe to predict that where this part of the group enters into a program of further study, many of the others will feel the need of it, too. We know that there are many ways of helping these people develop professionally, some new, others old, some incidental, others more definite and better organized. A school does not necessarily have to have a college affiliation, nor even be near a university, to organize a good plan of study to help its own people. Experimentation with various kinds of programs must continue, and the next step will be the construction of many more types of sound courses of study for the hospital supervisors and head nurses, the largest group on our staff, and one of the most influential.

DISCUSSION

By Clara Quereau, R. N.

Assistant Superintendent of Nurses, Harper Hospital Detroit, Mich.

I have been asked to discuss the check-lists from the standpoint of my personal experience in the work done on them with our own group of head nurses. I am glad to do so because considerable interest was shown and I felt that the discussion of these questions was very stimulating to those who took part in it.

Four questionnaires were sent to us and they were distributed to head nurses of typical units with the direction that they were to think them over carefully and check according to their own decisions. Later, we met to discuss the questions listed, particularly those where there was a difference of opinion. The interest displayed was so great that it was necessary to hold several sessions in order to cover the whole material. The four persons who did the work on them felt that they were privileged to have the opportunity and that the rest of the group should also have the same advantage. We are, therefore, using them for other group discussions.

By holding the group discussion it was possible to give those of more limited background the benefit of the opinions of those better prepared. It was also possible to stress the educational point of view, which is so often neglected.
by the busy head nurse who is engrossed with the administrative details of the ward.

In answering many of the questions it was often necessary to ask the question, “Are you considering the educational need of the student,” and the response was too often, “no, I believe I am not.” No one could have said that the attitude was that of impatience toward another questionnaire.

The criticisms of the questionnaire made by our group were that it might have been shorter, as there was some overlapping of questions as well as repetition.

The six divisions or ways of answering each question made the questionnaire rather complicated and it was necessary to remind the members of the group rather frequently of the rules outlined. If the checking could have been done under three headings instead of six, the work would have been much simpler.

There were a few ambiguous statements where the idea was not clear but these are minor details in comparison with the amount of interest aroused in the general discussion.

We felt that the questionnaires were of value in stimulating interest and clarifying the thought of the group, and if the other thirty-five per cent who did not respond could have foreseen the interest that might have been aroused, the committee would surely have received one hundred per cent returns instead of sixty-five per cent.

DISCUSSION

By Dora C. Saunby, R. N.

Superintendent of Nurses, Michael Reese Hospital, Chicago, Illinois

It is encouraging to learn that our supervisors throughout the country are desirous of obtaining advanced education. A time existed when it was necessary to definitely stimulate this desire. Apparently we are securing some result. It has also been our experience that many head nurses feel a definite need for further education and instruction. The question has been much discussed as to who should do the teaching in our schools of nursing. A number of years ago we felt that our problem would be largely solved by the full time instructor. She has been a very great aid to us. Difficulties, however, arose with the development of the tendency for the head nurse and the supervisor to relegate as much teaching as possible to the instructor. We recognize two distinct types of teaching in our work, the theoretical or class room instruction, and the clinical instruction. As we are able to combine these two types of teaching in the one individual, may we not obtain a better result in the care of the patient and the education of the student? Thus the question arises regarding the head nurse as a clinical instructor.
The head nurse is in closer continuous contact with the student than any other member of the staff.

Should we not stimulate, develop and maintain the interest of the head nurse in the educational work in her ward, watching continuously for methods through which this may be accomplished?

An interesting situation developed in the beginning of our work with case studies. Due to the feeling of the majority of the head nurses that their program was already overcrowded and that they did not wish to take over the assignment and discussion of case studies with the individual students, it was decided by the staff that one of its number who was doing both classroom instruction and clinical instruction should take charge of the case study work for the institution. This method was continued for three months with comparatively little success. At the end of that time the head nurses asked to be allowed to take over case study work with the individual student, also the correction and grading of the studies. The result of their work during the past eight or ten months has been most satisfactory. There has been evidence of definite stimulation to the head nurses' interest in their clinical teaching. In a number of instances it has been possible to keep the head nurses in close contact with the classroom instruction through their relief by the supervisors who attend physicians' lectures in their own speciality.

In two instances we have head nurses with normal school preparation for teaching and with summer courses in nursing education. These two young women are located as head nurses in special departments in which we accept affiliated students, necessitating the repetition of the instruction in those courses a number of times during the year. These young women, under the supervision of the supervisor, have shown great interest in developing a course of classroom instruction to be presented to the students, and are doing better clinical teaching because they have been able to participate in the classroom instruction. This, of course, is not feasible at present with the large majority of our head nurses because of the lack of previous preparation. We are hoping with the development of the course at Teachers College we may be able to develop this work still further.

Another means of assistance in maintaining the head nurses' interest in the education of the student, and in teaching, has been the assignment of the patient to the students by the head nurse. If the head nurse is to consider the needs of the student, it is necessary that she know the previous clinical experience of the student, and also know thoroughly the clinical material on her division to attempt to meet the needs of the student and give her well rounded experience.

It is evident that we will need to use all possible methods of staff instruction for many years to come. Dr. Burgess has stated in one of her ad-
dresses, that during the past year in the state of New York seventy hospitals applied to the state department for the development of schools of nursing in their hospitals. When we stop to think what it will mean to staff those nursing schools with adequately prepared women it gives cause for much thought.

A STUDY OF THE POSITION AND PREPARATION OF DIRECTOR OF NURSING SCHOOLS

By D. Dean Urch, R. N.

Director Highland Hospital School of Nursing, Oakland, Cal.

One of the many nursing problems which the Committee on Education has set for itself to solve is that of the conditions under which the educational staff of nursing schools work: their duties, qualifications and preparation. You have all heard or read the reports given at San Francisco last year. As a member of the sub-committee to study the position of directors of schools, assistants and night supervisors, I have confined my investigation to the first named, director, and have concerned myself with these five questions:

1. In general what is included in the duties of the director of a nursing school and under what conditions does she work and live?
2. Are the directors finding satisfaction in their work and what is the source of this satisfaction?
3. What special difficulties do they encounter?
4. Thru what education and experience have they come to their position?
5. What qualifications, education and experience do they believe a woman should have in order to successfully carry such a position?

Two hundred questionnaires were sent to as many superintendents of nurses. The list included a group of 60 who had agreed to answer questionnaires from the committee on education of the National League of Nursing Education and was supplemented by directors of schools on the accredited list. An attempt was made to get all types of schools from all parts of the country. Seventy answers were tabulated. They came from:

North Atlantic States .................................................. 20
North Central States .................................................. 27
South Atlantic and Central States .................................. 11
Western States ......................................................... 9
Unclassified ............................................................. 3

Not as many of the smaller schools as we hoped would answer responded. However, five of the seventy schools represented have less than twenty students. The largest has 475.
Working Conditions: (You will recall Miss Taylor's interesting data from the clock diaries.)

Fourteen per cent of the directors are superintendent of the hospital (business manager) as well as director of the school. Only 83 per cent have an assistant. Nine per cent have no instructor. Two have neither instructor nor assistant. One third of them have one instructor and one third two instructors. One states that she "runs" the operating rooms, does all the bookkeeping and collections. Eighty per cent have a private office, 26 per cent share this office with another nurse and 23 per cent with a secretary. Seventy-three per cent say that they have enough clerical assistance. Ninety-three per cent are free to select the members of the nursing staff. Ninety-nine per cent are free to select their students. Eighty-four per cent have enough nurses to give good care to the patients. Seventy-seven per cent must depend wholly on students to do this work excepting for the cases who have specials. Seventy-one per cent have a nursing school committee but only 54 per cent have direct official contact with the board.

The directors are on duty from 36 to 86 hours per week; average 54 hours. Seventeen per cent are not free from responsibility while "off duty." Only 54 per cent are free every week end.

Ninety per cent of the directors teach in the classroom. Two of these teach the entire course. One of these two has no assistant, only two supervisors, no other graduates, one maid, one-half an orderly, 12 students and 60 patients!

1.5 per cent teach 8 subjects
1.5 per cent teach 6 subjects
6.0 per cent teach 4 subjects
26.0 per cent teach 3 subjects
36.0 per cent teach 2 subjects
17.0 per cent teach 1 subject
Ethics is taught by 81 per cent of the directors:
Professional Problems by 50 per cent
History of Nursing by 34 per cent
Psychology by 7 per cent
Hygiene by 7 per cent
Nursing Procedures by 6 per cent
Anatomy and Physiology by 4 per cent
Drugs and Solutions by 4 per cent
Ward Administration by 3 per cent
Mental Nursing by 3 per cent
POSITION OF DIRECTOR OF NURSING SCHOOLS

Professional Life:

97 per cent are members of the A. N. A.
84 per cent are members of the N. L. N. E.
74 per cent are members of the Red Cross
83 per cent hold office in a nursing organization
96 per cent read the American Journal of Nursing
69 per cent attend nursing conventions
66 per cent have all expenses to such meetings paid by the hospital.

Living Conditions:

Ninety-four per cent say that their living conditions are satisfactory.

Recreation:

Fifty-six per cent belong to a woman’s club. Forty-six per cent mention some recreation which they enjoy. The kinds in the order of the frequency mentioned are: auto riding, bridge, theater, music, golf, swimming, tennis, church, camping, reading, horseback riding, visiting friends, and hiking. Many mentioned the fact that they find themselves too tired from long hours and strain to enjoy any kind of play.

Attractive Features in Directing a School.

To the question: “Do you enjoy your work?” 99 per cent answered “yes.” A few “buts” follow the “yes.” Among the reasons why they enjoy their work are: “Freedom to develop my school,” “a cooperative and appreciative board,” “a cooperative and appreciative superintendent of the hospital,” “cooperative physicians,” “attractive surroundings,” “contact with congenial people including staff,” “enjoy helping students to develop themselves,” “contact with a university,” and “a generous budget.” (Sad to say only four of the seventy made the last statement.) “Helping the individual student develop her ability is a pleasant task. I enjoy the constant holding up of the standards of the school and the improvements made in the better care given the patients” says the superintendent of nurses of a large school in the east. Others say: “I don’t think my work could be made more attractive. We are progressing steadily toward a fine school. A beautiful new nurses’ residence with an ideal teaching unit will be built in the near future. Plans are completed. I am really very contented in my present position”; “I enjoy the congeniality of working associates including board, doctors, and nurses. I feel that my standing in the community is very good”; “I would rather be doing just the thing I am doing in this place and have the honor and good fortune to occupy than anything else”; “I enjoy a very satisfactory life—teaching
young people and assisting in spreading the gospel of public health. Also educating people with whom I come in contact with regard to the importance of improving the opportunities of the student nurse clinically and theoretically’; “I love my present work and really have freedom of action and speech and the privilege of actually directing my school.” (It is interesting to note that while 99 per cent like their “jobs” only 70 per cent feel that their salaries are large enough.)

**Special Difficulties Encountered.**

“Not enough time and energy to do my multitudinous duties,” “not enough adequately prepared assistants,” and “small budget” are the most frequently given discouragements. One fourth of them stated that they do not have enough clerical assistance. Over one half of them mentioned the difficulty “in securing well prepared graduate nurses who would stay on the job.” Many believed that the reason for this is the “low salaries offered to these nurses” and the “arduous duties coupled with the great responsibility.” Some typical comments regarding discouragements are:

The constant change of supervisors, some of them illly prepared, some of them splendid supervisors, but unwilling to register in the state, therefore resign their positions and go elsewhere. The only place open to most schools for supervisors is the commercial registry and many of their applicants are not prepared for positions—this is my chief source of worry—the inability to secure competent well trained supervisors, the kind that would be the example we so sorely need for the students today.

Unprepared assistants; salary too low to attract well prepared women. Not one of our graduates can meet the educational requirements for elementary teachers in the public schools. Still students meet college entrance requirements.

Keeping all positions filled in the nursing ranks of so large an organization as ours is very difficult at times. Difficulty in establishing routine technic because of doctors’ varied opinions on details and their persistence in wanting their orders, regardless, carried out.

Many of the staff of physicians are old fashioned and do not take kindly to new teaching methods of students.

Long hours on duty—do not have energy enough to attend meetings, conventions and go other places as I could when teaching public schools.

The duties and responsibilities of such a position are many and are very wearing. Keeping everything running along smoothly and happily in every department and giving just the right amount of help and encouragement to others is a heavy physical and mental strain.

The responsibility, personal, educational, and moral, for so large a group of young women is a great mental and nervous strain.

The lack of understanding of professional problems by the people who administer the budget. Interference and dictation by non-professional people, who happen to be in authority, as to the educational standards that should be
maintained in the school and as to numbers needed to properly teach and supervise students.

I must refer so many details to the hospital superintendent who is too busy to give them attention and often quite overlooks them. This means some matters are lost sight of or I have to bring them up so often that they become veritable "red rags."

I feel our nursing faculty recommendations are not supported always—by hospital superintendent—who seems to think we are "biased," too critical, are too strict with our students, favoring them rather than supporting us.

So many of our institutional people do not speak our language. Some of them are of opinion that our students are being over educated. General objection to students being off wards at classes.

We know of so many opportunities here that should be available to our students, but as yet, not.

The longer I remain in institutional work the more I am impressed with the amount of work and responsibility the department of nursing (administration particularly) has thrust upon it in comparison with other divisions. The assistant directors, supervisors, head nurses, all work more hours per week than other individuals of similar ranking in other divisions of the hospital. The woman administrator's pay is not to be compared with that of men administrator's, either. Hope the day will come when nurses like all other semi-professional of professional workers in institutions will have every other Sunday off.

I recognize that nursing is not the only field of work where women, although more responsible and hard working than men, receive less recognition of good work done (monetary and otherwise).

And still 99 per cent of these women state that they enjoy their work! And they list attractions two and one third times as often as discouragements.

Vocational Experience of Directors.

About 40 per cent of the directors had been teachers before they studied nursing, 10 per cent had had business experience of some kind, while the remaining 50 per cent had gone directly from high schools into nursing schools. As graduate nurses 63 per cent had done private nursing, 51 per cent had been supervisors or head nurses, 43 per cent assistant superintendents of nurses, and 40 per cent instructors, and only 13 per cent had done public health nursing.

Preparation in Education.

I hesitate to give the general education which the study shows since it so obviously is not typical of the actual people in the positions. It ranges from some work in an ungraded country school to college degrees. The number who have gone to normal schools is large. It is significant and hopeful to note that every one claimed to have taken some sort of post graduate work, if institutes can be so classed. Thirty-eight per cent had
gone to college for more than summer school or extension, of these 24 per cent of the whole had earned degrees since graduation from nursing schools.

The directors were asked “If a young woman came to you for advice as to how to prepare herself to hold a position like yours what educational preparation would you want her to take?”

Following are the results of the 70 directors replying:

- 57 per cent—A college education.
- 40 per cent—Special college preparation for the position after training.
- 33 per cent—Graduation from a good school of nursing.
- 13 per cent—Graduation from a school with many services.
- 6 per cent—A business course.
- 5 per cent—Travel.
- 3 per cent—Training in public speaking.
- 3 per cent—Learn to keep house.
- 3 per cent—Courses in sociology and psychology.
- 1 per cent—Teachers training.

43 per cent—Believe a young woman who expects to direct a school of nursing should have graduated from college before she enters her nursing school.

40 per cent—Believe that she should have a special college course in administration after graduation.

One said: “I recommend all the educational background possible not only professional but cultural as well. While many young women might object to the time spent—the experience in teaching has been of great value to me. Not only because it made me carry responsibility but I was compelled to meet people and make adaptations also. I learned to find diversion and amusements for myself. A couple of years in some responsible position outside of nursing I consider most valuable.”

Another, “A good sound preliminary educational background and the intention of taking a college degree either before or after training.

“To have faith in herself and in others whom she believed worthy.

“To be willing to work hard and to develop the faculty of working happily and helpfully with others.

“To set a high standard for herself and not to stop until she had reached her goal.

“To get the best advice and judgment she can possibly obtain in deciding which of the many excellent schools of nursing would give her the best training—the best and most helpful background—the happiest home life and the greatest inspiration and stimulation.”

“I would by all means advise any young woman to take the university course if possible, if not then the summer course at least.

“In my opinion every director of a small school in these small cities and
towns should at least, every three years take some special work, or else will, I am sure, stand still and stagnate."

"Finish high school and college if possible. If only high school and nursing school then get enough institutional experience to understand some of the problems, then take the course at Columbia University in Administration and Teaching. Do some teaching to get the experience and gain poise and confidence in herself, and learn the art of dealing with students and people in general. Be content to begin at the bottom and work up. It is my opinion that no one can be a good administrator, excepting they have a vision of the work, those under them are attempting to do."

"I should advise her to secure positions following her training which would give her experience as a head nurse, supervisor, instructor and as assistant superintendent of nurses—so that she would understand the problems of people working under her.

"After she has had some experience as a head nurse and supervisor perhaps in her own school, if it is a good school, I think that a year or two at a college such as the Department of Nursing Education at Teachers College is advisable. I think that graduation from high school and if possible from college, before nursing education is a great asset. The more cultural background a person in such a position as this possesses, the greater influence she may have."

"First of all I would impress upon her the advisability of becoming a good housekeeper; part of this training she might get in her home before she entered the school. Education, not a superficial one, but real values, many not to be secured in schools or colleges, but in the world outside, should be secured. When she enters the school, she should endeavor to get more than is taught in the classrooms; after she has graduated, she should do private duty for at least one year; then if she has an opportunity, affiliate herself with a hospital that has a good school (not only educationally, but ideally), accept a position of head nurse, then supervisor or assistant to the instructor, then assistant to the superintendent of nurses, and finally the superintendent of nurses."

A typical answer is: "If a young woman came to me for advice as to how to prepare herself for my position I should advise her to secure positions following her training which would give her experience as a head nurse, supervisor, instructor and assistant superintendent of nurses, so that she would understand the problems of people working under her." Personally, I would advise some private duty and at least a good look-in on the field of public health in order that students in the schools she expects to prepare for these types of nursing might receive more consideration than they get in many cases.

As one reads the answers to the questionnaires one is impressed with the
frankness and openmindedness with which the problems are faced. The general tone of fully 95 per cent is that of hopefulness. There are many "I plan to—" paragraphs. Love of the work, joy in seeing the students develop and the patients well nursed are apparently sources of pleasure. One feels that these directors are finding much satisfaction in their work and are not afraid to tackle the difficulties which confront them.

Meeting adjourned.

PROCEEDINGS

Session Conducted by Instructors' Section

Thursday, June 7, 9:00 a. m.

Maude B. Muse, chairman of the section, presided.

The Chair: As many of you are aware, at the last meeting of the Instructors' Section in San Francisco two subjects were suggested as promising lines of investigation for this year: First, the development of "Vocational Aptitudes and Abilities Tests" for use in schools of nursing; second, improved methods of teaching which should insure against loss of interest during the senior year.

It was pointed out that the former should be a series of tests to measure at various levels. Probably first a pre-vocational test which should furnish more objective estimates of personality trends, emotional stability and motor efficiency; then a series of comprehensive examinations which should serve to determine vocational fitness at higher levels, say at the first and second years and finally upon graduation.

These two topics might be briefly and rather euphoniously designated as "Measurement and Methods," and certainly the study of measurements and methods would furnish work for the Instructors' Section for several years to come.

Obviously the first move is to discover how great is the need of specially devised measurements to estimate nursing aptitudes and abilities. What is the consensus of opinion of nursing educators where mental tests have been given for years? How do the mental test scores of the students compare with their other ratings?

To secure this essential data two interesting studies have been made this year and will be reported upon here today. Miss Marion Faber, Illinois Training School, Chicago, will report upon "The Present Use and Future Possibilities of Mental Tests in Schools of Nursing."
THE PRESENT USE AND FUTURE POSSIBILITIES OF MENTAL TESTS IN SCHOOLS OF NURSING

By Marion J. Faber, R. N.
Assistant to the Dean and Superintendent of Psychiatric Nursing, and Instructor in Psychology, Illinois Training School for Nurses, Chicago, Ill.

In order to gather the data for this topic approximately 135 questionnaires were sent to schools of nursing with a four year high school requirement. About 100 of these questionnaires were returned, most of them answered with evident interest and all of them certainly with a spirit of cooperation. In view of this fact I wish to thank the heads of all schools for their generous aid in the gathering of this material.

This group of data showed in the main certain definite uses of mental tests. These were:

(1) To eliminate more decisively a student whom poor scholastic attainment in class work and poor ward practice during the early months of training had already virtually eliminated,

(2) To ascertain whether poor scholarship was due to lack of intellectual ability or lack of application on the part of the student. If the student made a good intelligence score, then failure in class work might be due to lack of interest or to some cause other than lack of intelligence,

(3) Intelligence tests were often given to student nurses by psychologists as a part of an experimental problem.

Before venturing any prognosis as to the future use of tests or an analysis of their present use, it might be well to enumerate the kinds of tests used and their frequencies:

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Number of years used</th>
<th>Used in how many schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Otis Higher Form A</td>
<td>5 years in one school</td>
<td>6 schools</td>
</tr>
<tr>
<td></td>
<td>4 years in one school</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 years in three schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 length of time not named</td>
<td></td>
</tr>
<tr>
<td>Alpha Army Test</td>
<td>7 years in one school</td>
<td>5 schools</td>
</tr>
<tr>
<td></td>
<td>5 years in one school</td>
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<td>3 years in one school</td>
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<tr>
<td></td>
<td>2 years in one school</td>
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<tr>
<td></td>
<td>1 year in one school</td>
<td></td>
</tr>
<tr>
<td>Terman Group Test</td>
<td>2 years in each of the 3 Schools of Nursing</td>
<td>3 schools</td>
</tr>
<tr>
<td>Detroit Advanced Intelligence</td>
<td>8 years in one school; also used in 3 other schools but the length of time was not stated</td>
<td>2 schools</td>
</tr>
</tbody>
</table>
The general conclusion, I think, to be reached from the variety of tests used is that each locality seems to have its favorite test for no particular reason as far as being adapted to nursing. The psychologist who does the testing adopts a particular type of test either because his university work had made him more familiar with one type than another, or because he was interested in working out experimental data along certain lines which required a certain test. In few instances it seemed to me had the suitability of the test for nursing been considered. The question of whether any of the standard psychometric tests now in use are adequate for testing the complex type of skills required in nursing is, to my mind, far from being a settled question.

Another item of interest gleaned from this group of data was the number of schools in which no tests had ever been used and the great difference in attitude expressed by this group toward intelligence testing. In 30 schools in which no tests were used there was no expression of opinion whatsoever. In 30 other schools in which no tests were used, the directors of the schools stated the tests were distinctly valuable although the degrees of value were qualified for widely differing reasons. A few of these reasons might be of interest to us. One director states that the tests were valuable in a general way, but that occasionally an intellectually capable student might be found poor in practice. Another thinks that if these tests are efficacious in determining fitness in other lines, they might also be an aid to the nursing profession. Another feels that tests would be time-savers for school and student, and still another expressed the opinion that their value depended upon the preparation of the tester. Five heads of schools who had not used tests frankly admitted their interest in the opinions of others who had used tests and proclaimed themselves of open mind.

The opinions of the second group have the greatest weight, since in this group of about 55 schools were found those directors who had used intelligence tests over periods of time varying from less than one year to eight years, which is the longest period over which tests have been used in any of the nursing schools which had responded to the questionnaires. There seemed to be a pretty general agreement that the tests were to be given sometime during the first months of probation.

The advantages cited by this group of directors also varied widely but the opinions of this group should be of distinct value because they are based on actual experience. Not all of this group of data was by any means favorable to the use of the intelligence tests. Of the 55 schools which had used intelligence ratings, 5 were unfavorable as to their value—and about 45 were distinctively favorable. Some of the reasons favorable to the use of tests might be cited:

(1) Elimination by testing gives a higher type of woman,