PROCEEDINGS

OF THE

THIRTY-FIFTH ANNUAL CONVENTION

OF THE

NATIONAL LEAGUE OF NURSING EDUCATION

HELD AT
Auditorium
Atlantic City, New Jersey
June 17–21, 1929

NATIONAL HEADQUARTERS
370 Seventh Avenue
New York, N. Y.
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Representing the National League of Nursing Education

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Representing the National Organization for Public Health Nursing:

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GERTRUDE E. HODGMAN, R. N.
Supt. of Nurses, The Toledo Hospital, Toledo, Ohio

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Representing The American Hospital Association:

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Superintendent, Peter Bent Brigham Hospital, 721 Huntington Avenue, Boston, 17, Mass.

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Director:

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W. W. CHARTERS, Ph. D.
Professor of Education and Director of Bureau of Educational Research, Ohio State University, Columbus, Ohio.

NATHAN B. VAN ETEN, M. D.
General Practitioner, 300 East Tremont Avenue, New York.
AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

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

Anna L. Alston, President
Louise Darche, Secretary
Lucie 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 McIsaac; 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. Jamme; Secretary, (Mrs.) Alice H. Flash; Treasurer, Ben M. Henderson.

1922 Seattle, Wash., June 25 to July 1.
President, Anna C. Jamme; Secretary, Martha M. Russell; Treasurer, Ben M. Henderson.

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

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

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

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

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

1929 Atlantic City, N. J., June 17 to June 21.  
President, Elizabeth C. Burgess; Secretary, Stella Goosnay; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

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, 18 E. Division Street, Chicago, Ill.
PROCEEDINGS
OF THE
THIRTY-FIFTH ANNUAL CONVENTION
OF THE
NATIONAL LEAGUE OF NURSING EDUCATION
Atlantic City, New Jersey, June 17–21, 1929

Opening Session
Monday, June 17, 3:00 p. m.

Elizabeth C. Burgess, President, presided.

The meeting was opened by an invocation by the Reverend John W. Williams, D. D., Rector of All Saints' Church, Atlantic City.

WELCOME

The Honorable Anthony M. Ruffu, Jr., Mayor of Atlantic City, was represented by Dr. I. N. Griscom, who gave the address of welcome, stressing the fitness of having the League meet in Atlantic City because the city had always been planned for a health resort, though too often advertised as the world's largest amusement park. Dr. Griscom presented the key of the city to the President, hoping that the League members would use it to open all the pleasures and all the health of the resort.

RESPONSE TO ADDRESS OF WELCOME AND ADDRESS

By Elizabeth C. Burgess, R. N.

President, National League of Nursing Education

From the records of the proceedings of the National League of Nursing Education, I find that this is the third time in the history of the League that it has been welcomed by the State of New Jersey and by Atlantic City.

It is well known to those concerned with education that acts which are accompanied and followed by satisfaction are apt to take place again. This explains our repeated visits to this delightful spot. I think I can safely predict that at the end of a profitable week, one in which I hope some relaxation and sociability as well as concentration on our particular problems will take place, we will leave with regret and with such satisfaction with our surroundings that we shall shortly make plans for a future visit.
A large part of our happiness here during the week will be due to the efforts of the members of the New Jersey League of Nursing Education who under the leadership of Miss Jessie M. Murdoch, President of the League, are our hostesses, and who during the arrangements for the convention have never hesitated to assure us that anything we needed was possible.

This meeting will be unique in many ways in the history of the League. It may be that our numbers will be smaller than usual for very many of our members are looking forward to the meetings of the International Council of Nurses and find it impossible to attend both meetings, but there is no lack in the number in Atlantic City of those who are interested in nursing and in many branches of hospital activity.

For the first time in the history of the League, we are meeting at the same place and at the same time as the American Hospital Association and its allied organizations. Just previous to this time the first meeting of the International Hospital Congress has been held here, and many from that organization representing the hospitals of many countries are in the city. We have, too, with us some of the nurses from other countries whom we shall later know better when we meet together in Montreal.

Certainly in this vacation city there are many like ourselves who have left their hospital posts to drink in the breezes of the sea, to bask in the sunshine, to meet old friends and make new, to discuss our special and our joint problems and attempt to get inspiration and a vision for the coming year.

The National League of Nursing Education, the oldest organization of all assembled here, is concerned primarily with the great problem of the education of nurses, in the preparation of women first of all in the knowledges, skills, technique, and qualities needed by everyone who is to give good nursing care and secondly in the further preparation required by those who would enter special forms of nursing service which require special techniques and special knowledges. We are interested in the development of the nurse in service, in making possible for her the advantages of higher education, we are interested in research, and we are interested in the field into which our young graduates enter.

Our object is to determine and to make possible the best education for the workers. We know if we are to do this we must know the field. We must acknowledge that the sole interest of a school of nursing must be the education of its students. It is here that we are sometimes misinterpreted, for our schools are so closely tied to our hospitals, our students are so needed by the hospitals for the care of patients, that to some this statement may seem selfish. Not so if we analyze the situation. We covet proper conditions, good education for our students, both in basic courses and later. We want the best prepared nurse possible—for what purpose? Is it that the nurse may personally benefit from a satisfactory education? Incidentally she may do
so, but our whole object is better nursing service of all types for those who need such service.

No group is more interested in the actual nursing service of the hospital than those who are members of the League. As individuals and as an organization, we are continually torn by our interest and responsibility for the nursing service of our hospitals. Our best teaching is done at the bedside of the patient. An efficient and skilled nursing service is a necessity to a good school of nursing, and no such service can be attained where a school is located unless the teaching of students who give a great share of the care to patients is what it should be.

The exhibit which you will all see among the educational exhibits attempts to show the demands made upon nurses through the growth of knowledge in bacteriology, chemistry, physiology and other sciences and the teaching made necessary through the advancement of medicine.

It was pioneering 50 years ago to clean up those old wards and introduce new ideas and ways and to begin the training of nurses. Every stage in development has called for workers with the spirit of the pioneer, and pioneering is not at an end. I am of the opinion that our situation today is almost more difficult than it was in the early days, for it is simpler to see and overcome the obvious than to move forward after a certain degree of excellence and satisfaction is attained.

Today we have problems which were never dreamed of in the earlier days, and which were not problems to us ten years ago although many of the old ones are as well still with us. Never again will it be as simple to conduct a school, to set up a curriculum, to teach what should be taught, and at the same time provide good nursing care for the patient as it was in "the good old days." In "the good old days" the diets were regular, soft or fluid; research was unknown; complicated treatments had not been devised; cures were effected through drugs; rounds occurred at regular intervals; the world was devoted to working twelve hours a day; and the health of workers was not considered. Young women were more mature when entering our schools and the majority came with home training of a definite helpful type; automobiles were not built; and women did not smoke. We had no particular concern if a student who liked the operating room service remained there for eight or ten months and missed her dietetics and children's training in consequence.

During the past month most of us here have been seriously studying our own schools. We have spent long hours and days, especially if the school has been large, in checking up the experience and the teaching which we give our students, and we are doing it as a first step toward the grading of the schools in this country. Shortly, I presume, we will each be told how our school compares with others in many respects. I suspect that to many
this process of examining our work has been somewhat discouraging for the reason that when we study critically a piece of work we are attempting to do, we see the defects and the largeness of our problems overshadowing our accomplishments. It is never easy to take stock, but it is a very sound way to start constructive work.

Just how the grading will proceed I presume will depend on the developments of the next few months. It is not my intention to discuss the grading of schools, or the program of that committee. I wish, however, to bring forward one phase of our present situation which is involved in the grading of schools and in which I believe this organization should have great concern. I refer to the laws which govern the practice of nursing. Perhaps your reaction to this statement may be that legislation is the concern of the American Nurses' Association and not that of the National League of Nursing Education. Yet we find that at the third annual convention of the Society at its meeting in Philadelphia in 1896 Miss M. E. P. Davis, the president at that time, stated as the association's first and main object "furthering the best interests of the nursing profession by establishing and maintaining a universal standard of training." She further said, speaking of the 221 schools then in existence in Canada and in the United States, "until the qualifications, examinations and percentage of excellence are the same (referring to all types of schools) we can have no uniform curriculum or universal standard of training."

At the fourth annual meeting, Mrs. Hunter Robb presented a paper which was an exposition of the evils arising and in existence from the establishment of so-called schools of nursing in hospitals unable to give a proper course of training, and a condemnation of the practice of the hospital which opens a school distinctly for its own gain, and the sending out from such hospitals of the student nurse to earn for the institution under the lure of "honor" and the diploma.

In the discussion of this paper it was clearly shown that the diploma must be made to mean more than it did at the time, and that there should be a way to distinguish between such documents. Here Miss Dock drove in her point by stating, "that can be effected by a National Association working through state societies to secure state laws." Again at the seventh annual meeting in 1900 the increasing need for protection was emphasized when it became necessary for a memorial to be drawn up and sent to the College of Physicians of Philadelphia and to the Philadelphia County Medical Society protesting against the action of 304 members of the College of Physicians of Philadelphia lending their names to a project under the name of the Philadelphia Nurse Supply Association which had as its object the

1 Third Annual Report, American Society of Superintendents of Training Schools for Nurses.
education of women as nurses during a course of but ten weeks duration. At that meeting Mrs. Robb stated, "the only way to distinguish between such graduates of bogus institutions and graduates from good training schools is to have legalized registration."

I do not intend to go on delving into our history, or to outline the beginnings and progress of State Registration as it later developed through the formation of the Associated Alumnae and the State Societies. I merely wish to remind you that the League in its very early days saw that the way of setting up standards and especially of maintaining them was by the way of legislation.

As individuals and as members of State Nursing Associations, we have all undoubtedly taken part in efforts to secure good laws. This matter of our laws should however come before us as a body, for while twenty-five years (a quarter of a century) has elapsed since the first laws governing the practice of nursing were obtained in this country, certain requirements now set forth in these laws are of as low a grade as they were at that time. You will now enquire "but will not the grading plan tend to standardize," and I will say that it undoubtedly will, but of itself it will do little. Following grading, there must be regrading and the setting up of progressive standards.

The standards of nursing care and of education of the nurse as shown in the old Bellevue wards are not accepted today. Our legal standards of nursing of 1903 should not be those of 1929 or should those of 1929 be unchanged in 1940–50. Education must raise the standards to meet the changing needs, public opinion will demand better nurses, and nursing legislation must be obtained which will help maintain them.

It will be in the future as at present the particular work of the various State Nurses' Associations to secure amendments to the laws, but the State Leagues and the National League must with a united front demand as high standards as can be obtained. No group is more interested in the amount and character of the general education which is demanded of entering students and who later swell the ranks of our graduates than is the League. The laws controlling nursing practice presumably voice our ideas of what the minimum professional education should be which can fittingly prepare women as nurses. However, if one were to judge by these laws it would appear that the needs of the sick must vary in accordance with the state in which they live.

In eight states a girl who has completed 8 grades of the elementary school is considered to have sufficient general education to enter a school of nursing, in 21 states she must have had one year of high school, in 11 states two years of high school and in 5 states 4 years of high school while in 4 states the matter of education is left to the decision of the Board of Nurse Examiners.
We are naturally much interested in the personnel of these Boards of Nurse Examiners. This is the group who in the majority of states set up the standards of training, for it is they or their representatives who inspect the schools, who actually determine what shall be an accredited school, who set the examinations and rate the candidates for the license to practice. An examination of the laws gives us the following information:

In 28 states the Board is composed wholly of nurses.
In 11 states the majority of the members are nurses, the other members are physicians.
In 5 states the majority of the members are physicians and the others are nurses.
In 1 state the Board is composed wholly of physicians.
In 1 state the Board is made up of nurses and one lay member.

The manner of appointment of the members of these boards is of interest as well. We find again by a study of the laws that

In 24 states they are appointed by the Governor or other state official or agency on the recommendation of the State Nurses Association.
In 12 states they are appointed by the Governor without such recommendation.
In 1 state the Governor appoints with the advice of the council.
In 2 states the Governor appoints with the advice of the Senate.
In 2 states the State Board of Health appoints without prescribed advice.
In the District of Columbia the Commissioner of the District appoints.

The professional qualifications of the nurses on these boards as prescribed by law range from the simple qualifications that they shall be graduate nurses to the requirement that they shall have had 5 years of educational work with nurses. In Wisconsin it is prescribed that there be representatives on the Board from the three major fields of nursing. The situation is as follows:

19 states require that members of the board be graduate nurses.
20 states require that members be graduates of schools accredited in the state in which they were graduated.
8 states require that members should have had experience in educational work with nurses.
12 states require that members be actively engaged in nursing immediately preceding appointment.
3 states require that members shall not be connected with a nursing school.
4 states require that members be graduates of different training schools.
35 states require a number of years experience since graduation.

One cannot help wondering what a study of the qualifications of the individual members of these Boards of Nurse Examiners would reveal. Under such meager legal provisions, what qualifications both professional and personal do we accept for these important representatives. We certainly would agree that physicians have no place on our boards of nurse examiners, but since they are members in seventeen states a study of their qualifications would also be enlightening.
We are tremendously concerned with the amount and character of the clinical material we provide for our students, but what we ask for in our laws is indicated by the bed capacity of the hospitals, and also the daily average number of patients accepted.

In 19 states there is no statement.
" 2 " the requirement is 20 beds
" 12 " " 25 "
" 5 " " 30 "
" 4 " " 35 "
" 2 " " 40 "
" 8 " " 50 "
" 1 state " " 75 "

The daily average number of patients required is as follows:

In 1 state 11 patients
" 2 states 12 "
" 6 " 15 "
" 1 state 18 "
" 7 states 20 "
" 6 " 25 "
" 6 " 30 "
" 1 state 35 "
" 1 " 40 "
" 1 " 50 "

In certain of the states no provision is made even for the smallest schools, either in the laws or by the Boards, for required affiliations. As a matter of fact the Red Cross has done quite as much, if not more, to stimulate some of the schools, which may operate legally as accredited schools while providing a clinical service of only twelve, fifteen or eighteen patients, to increase this service through affiliation.

Another curious and very important matter to which we appear to have given little consideration is that of the length of time it should take to give this minimum education which the laws must always represent. Twenty-six states appear to realize that the minimum curriculum outlined should be given in a minimum time, for twenty-two states set this minimum time at two years and four states at two years and four months.

But twenty-five states outline their minimum curricula and require that the students remain in the school the maximum time. In fact some laws require three years in a hospital which makes it impossible to add public health experience or give credit for college work.

Under this three year requirement we find that a school connected with a hospital which has a daily average of but twelve to fifteen patients and which is accredited, required by the law to keep its students three years. Are we not penalizing and exploiting the student when we accept such
conditions? If the education prescribed by the law is minimum, the length of time in which it is given should be minimum.

These are examples only of the situation. The fact that we have no law which requires all those who nurse for hire to be licensed adds to our difficulties. Anyone anywhere may care for the sick as long as she does not practice under certain prescribed titles.

We have taken no definite steps toward a National Examining Board such as the American Medical Association took in 1915. Such a Board would not only assist to clarify the standards of nursing education in this country and help solve the reciprocity question but would also be a first step toward reciprocal relations with other countries. Have you not been astonished in reading the hospital statistics published by the Council on Medical Education and Hospitals of the American Medical Association to discover how many hospitals are conducting schools which are not even accredited under these minimum laws.

There are splendid schools of nursing in this country. The Grading Committee is going to be proud indeed of many of them, but is it strange under these conditions that certain educators do not see why the National League of Nursing Education questions the advisability of the acceptance of Smith-Hughes funds which are intended to aid schools on a secondary level?

Is the matter of legislation one solely for the American Nurses’ Association to solve? Is it not one of the great problems in nursing education in which the American Nurses’ Association, the National Organization for Public Health Nursing and the National League of Nursing Education should join forces in a constructive program for elevation of standards in the states, for compulsory licensing and for a National Examining Board.

ADDRESS

By Mary E. Gladwin, R. N.

President, Minnesota League of Nursing Education

There seems to be a well-founded belief that we are nearing the end of the preliminary period of modern nursing education. The grading project is the ceremony which marks that end. Certainly, no preliminary students could display more anxiety or dread at the inevitable conference with the principal of the school, than do the schools at the outcome of the first grading. They fear, and with reason, that their whole future is at stake. Indeed, certain small schools have gone out of existence rather than face the ordeal.

The dread is easily understood. No matter how confidential the result, low rank means fewer applicants or applicants of inferior quality. Intel-
ligent mothers who have read an account of the grading activities are beginning to ask, "Are there too many nurses? Is there a future of well-paid work for my daughter, if she follows her desire to study nursing?"

The grading of schools is a grave enough issue in itself, but in addition, it is closely related to other questions of equal importance. Hospital authorities are uneasy because of a possible increase in the running expenses of their hospitals. With the increase in competition and specialization, with the insistent demands for more complex and costly equipment, the financial burden is already a very heavy one. No hospital superintendent can face addition to the load without concern.

With the increase in the number of specialties and specialists, the demand for more costly equipment, and the magnificence of today's building plans, has come to the patient and his family a tremendous and crushing increase in the cost of illness. There is nothing harder, in all the world, than to face unrelieved suffering and possible death for one we love because of inability to pay for the best service. We are rather callous about this omnipresent condition. We talk of "the ward purse and the private room aspirations" as though there were no tragedy behind the curtain. We see desperately anxious people, vainly spending every cent they have in the world. Even though life itself is spared, they go back home to what? Weakened health, no nest-egg for the future, no possibility of keeping up life insurance, the provision for another illness or old age swept away, the education of the children restricted, the comfortable future of their anticipation changed to one of dread and anxiety.

In the readjustment, the revolution, which must come in nursing affairs, we can not afford to lose sight of the hospital and the patient or of the truth that what we are doing affects thousands of young women who fear that their livelihood is threatened or at least involved.

Thus we come by slow steps to what is for the League of Nursing Education the crux of the whole matter, the education of the pupil nurse. The words, "The Education of the Nurse" have long been a battle-cry, a signal to gird on one's armor and to sharpen one's weapons. It would be a pity, if after these many years of struggle, we were no longer willing to fight for the faith that is in us, but a still greater pity if we had not learned to fight with broader understanding and greater charity. Our struggle is not against people but against wrong ideals, outworn traditions, misinformation.

The Sunday edition of the Chicago Tribune devoted several columns to Glen Frank and his work as President of the University of Wisconsin; it quoted him as saying "Human history presents unanswerable proof that only through the open and unhamperecl clash of contrary opinions can truth be found." So one may take comfort in remembering that if our struggles were over, if we could expect no more opposition or conflict, if
there were to be no further "unhampered clash of contrary opinions," our work would be finished and we would be on the downward grade that sometimes comes to all human effort.

The logical place to begin preparation for what is before us is an intensive study of the history of modern nursing; not the sort of thing which led an irreverent young thing, at a recent commencement, to whisper to her neighbor just as the orator of the occasion got under full sail, "Good Lord, Florence Nightingale again!", but an analysis of the various steps in our progress, the position we now occupy, and our future possibilities in the light of what has gone before. Before coming to any decision about our future plans, we should know about the origin of the nursing movement, its successive steps, and the reasons underlying its successes and failures. The physical disabilities which the years often bring are not isolated phenomena, having no relation to earlier years and neither are the problems of the nursing world isolated having no connection with the past. They have the most intimate possible relationship with all that makes nursing history.

As our President said a few minutes ago, we are still thinking of nursing education in terms of long ago, at least, many honest people who are discussing nursing education are doing it in that fashion. They are unaware of the great changes that have taken place in even the last five years. We need to show them a comparison of hospital equipment and nursing procedures of the period, let us say, just after the Spanish American War and then those of today.

The method of the amateur detective in the "crime-a-month" books is admirable for our purpose. The treatments and procedures of ten, twenty, and thirty years ago in one column and those of today in the adjoining one; the diets of that day against those of today; the serums, vaccines, solutions given intravenously against those once given. Any typical chart reveals the enormous progress made in medicine and surgery, and the corresponding changes in the work of the nurse. The change in the treatment of medical patients, in even two years, is rather astounding and yet it is hard to convince some of our friends of the necessity for better educated young women whose intellectual and mental faculties have already been fairly well trained.

The distinction between medical and surgical patients seems to be rapidly disappearing or at least these are becoming purely arbitrary terms. The surgical patient is given so many medical tests and so much medical treatment before and after operation that it looks as though the services would soon become interchangeable. These are very significant features of the hospital life of today and prophetic of the conditions of the future. It would be folly not to look forward and make ready for the changes almost upon us.

One of our important tasks is that of making our connection with general
education a little clearer. It is instructive to take a casual glance backward. The Great War is by no means responsible for all the things that have happened but it is a convenient milestone. Since it ended, certain marked stages have been apparent in educational thought and pronouncement. First, educational experts warned us that we were in danger of becoming an eighth-grade nation. As if in answer to these warnings, we were almost immediately treated to the spectacle of youth clamoring by the thousand at the doors of our colleges and universities, until, strange talk for a democracy and savoring of privileged classes, suggestions were made that higher education be restricted.

Now, it appears, it is the content of the curriculum, the methods of instruction, and the preparation and education of the teachers which are the subject of controversy among educators generally. All of this is of importance to us. It means that the concept of education is changing—has changed. Education is that process which enables a man to adapt himself to his environment in such a way as to make the most of his abilities or to make his environment fit his own development.

There is a curious truth about nursing education which should not be allowed to drop out of sight. Nursing schools were not organized, are not now organized, with possibly one or two exceptions, in order to provide fitting, well-paid work for young women. Even though the gracious and kindly women who were instrumental in founding the Bellevue School talked and wrote of their hope of founding a real college of nursing, that was the contributing cause not the primary reason for the organization. The school was founded for the purpose of rescuing the sick poor from the abhorrent and intolerable conditions in which they were found.

Schools were founded and are organized and increased in size today for the same reason, for the purpose of filling the need of the hospital so that its work should be done. No one would venture to assert that with this there has not gone a great deal of kindness and helpful unselfish interest, but the fundamental fact remains. Many of us are in charge of schools. We are enrolling a September class. Do we ask ourselves “Should we admit all those applicants when we are told that there is an oversupply of graduate nurses?” No. The members of the faculty ask each other, “How many pupils do we need?” Somebody calls attention to the fact that a goodly number dropped out of the last preliminary class and “we must be sure to have enough students to see us through next summer’s vacations.”

Of course, the oversupply of nurses is an economic problem which will right itself in time as all questions of supply and demand do but the way in which this may be brought about gives us food for thought. It may mean a serious decrease in the number of applicants or a deterioration in
their quality. In some of our ways, we resemble the proverbial ostrich who buries his head in the sand under the delusion that he is successfully hidden. Our greatest problem isn't the oversupply of nurses but that so many inferior nurses have already been graduated from our schools. There isn't a school in this country which has been in existence ten years which has not given diplomas to students who should never have received them. These students were kept in the school by the stress of circumstances, because the principal did not know how to get her work done without such help as they could give her.

We have arrived at that period when it is essential to our future stability that we exercise much more care in the choice of applicants. During the preliminary period, we should painstakingly weed out the undesirables. The decision should not rest upon the judgment of the principal of the school. It should be the concerted action of the faculty as a whole. After the decision has once been made that the student has no aptitude for nursing or has not the moral qualities to make her desirable, then no pleading on the part of relatives or friends, no begging for another chance, should influence us. It is a waste of time and effort to keep her. In the end she has to go and the school is censured for having retained her so long.

If the League could work out the terms of an agreement whereby superintendents would pledge themselves not to admit a pupil who had been dismissed from another school for good and sufficient reason, it would be of the greatest assistance. Recently a pupil was dismissed because her practical work was poor, her theory worse, patients complained that she neglected them and was unkind in manner and words, and she was caught and confessed to stealing; and yet within two months she was admitted to another school and is now working toward her diploma and ultimate registration. A few nurses of that type in any community do us incalculable harm and lower the moral tone of the whole profession.

It seems to be the fashion to deny that there ever was a shortage of nurses; but I remember that in the years just after the Great War I worked in four or five states and that as I went from hospital to hospital, superintendents complained that they needed more pupils, had no waiting list, and were often obliged to keep poor pupils because they had no applicants to fill their places. We are now reaping the result of those years when we were driven by circumstance to retain and then to graduate poor nurses.

I remember that Miss Anna C. Maxwell, whose loss we mourn because she was such a friend and exemplar for all who longed to do good work, told me in 1921 or 1922 that she had always had enough applicants so that she could always supply two or three small schools with those she did not need but that then she had barely enough for her own school. These are some of the conditions with their results that we should study carefully in
making plans for the future. It isn’t any marvel that the quality of our nursing sometimes deteriorated. The evil did not disappear when applicants became more plentiful. We have only to remember how often we hear superintendents say that they would not have certain of their own graduates as special nurses.

At present the grading of schools of nursing is our most absorbing topic. We are conscious that it isn’t just placing the schools in classes or groups that is of importance; it is the grading in the individual school that must follow the work now being done. The value of the various services and their relation one to another needs to be estimated, so that when a senior nurse goes to a floor she does not find herself doing just the same sort of work that she did in that place in the early part of her first year. Our present method is for the most part as absurd as it would be for a college student to plan to take classes anywhere in the four years’ course, so that he would go to a Freshman class, then to one in the Senior year, and follow that by something he liked in the Sophomore course.

We have made many steps forward. First came the demand that heads of schools have better general education and definite preparation for the work they have chosen. Then came adequate laboratories and recitation rooms with qualified instructors. Now we are putting emphasis on better teaching on the floors, more and more bedside demonstration and instruction. In the work of the future, all supervisors must be teachers and as a consequence must be better educated and better prepared.

I was much impressed by what the President said of the little hospital of fifteen beds and the things which happen within its walls, but let us make no mistake, the things which happen in the little place are more easily perceived because of its size. Similar things often go on in the larger hospital. The pupils are moved from pillar to post not to round out their services or to give them the right sequence in their work but to answer the need of the various departments of the hospital. The entire system of practical work should be revolutionized and put on the educational basis which for the most part it now lacks.

In the years to come, there will probably be more than one type of school. It is quite evident that the school should be more independent and in many instances an entirely separate organization. In that same article in the Chicago Tribune about Glenn Frank, to which I alluded a few minutes ago, the statement was made that the President of the Wisconsin University was asking the voters for millions of dollars with which to carry out his plans. The inference was that the millions would be forthcoming not because the voters understand just what it is all about but because they have confidence in the sincerity and integrity of purpose of the man who has the courage of his convictions. When after careful
thought and study, with no ulterior purpose, the necessity of endowing schools of nursing in order to safeguard the welfare of the patient of the future is established, the money will be found.

Upon reaching Chicago Sunday morning, I found myself increasingly nervous at the prospect of addressing you with so little preparation, so to turn the current of my thoughts for a little while, I bought in the station Hackett's *Life of Henry the Eighth*. It is a gorgeous book, an enthralling picture of Tudor days. I couldn’t read fast enough but there was one place that brought me to a full stop. When Henry the Seventh died, he left an endowment so that masses should be said for his soul as long as the world lasted and Christopher Columbus had calculated that the end would come in one hundred and fifty-five years—*as long as the world lasted!*

Many of us have labored hard in this field of nursing education. We have spent years in the work which our hands found to do. We have fought many battles. Sometimes we have lost and again we have been victorious. Now we see that much we thought permanent must be torn away, very soon it will go into the discard. But after all, isn’t that what good and honest work is for, to make better and finer work possible? It is not meant to stand as long as the world lasts. If all our effort means simply that another generation can profit by our mistakes and labor, and go on to the victory which has been denied to us, then it is all worth while and we should rest content. Changes come and go; it is only the spirit that lives.

In that book of Mr. Hackett’s, he describes the deathbed of Henry the Eighth and talks of the succession of the boy king Edward. He ends with, “And the trumpets sound with melody and courage.” Today at the beginning of this new epoch in nursing education marked by the grading of the schools, we hear the silver trumpets of the past, the melody growing fainter but the courage transmitted to those younger people who are to follow us with a new melody as with hope and purpose they move forward. “And the trumpets sound with melody and courage.”

Meeting adjourned.

**Opening Business Session**

*Tuesday, June 18, 9:30 a. m.*

Elizabeth C. Burgess, President, presided.

The roll call indicated representatives from twenty states present, and the Chair announced that since the By-laws¹ required representatives from only

¹ Article XI, Section 3: Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention.
fifteen states for a quorum, the Thirty-fifth Annual Convention of the National League of Nursing Education was in session.

The following reports were read, accepted, and placed on file.

REPORT OF THE SECRETARY

Immediately following the close of the sessions at Louisville your newly-elected Board of Directors met to appoint the standing and special committees for the year. In the report presented to the Convention the Committee on Consultant Service recommended that an effort be made to reach a clearer conception of the functions the League can properly be expected to perform and that this Committee be replaced by another one for that purpose. Accordingly the Board of Directors created a Committee to Study the Functions and Resources of the National League of Nursing Education with Miss Mary M. Roberts as Chairman. To carry out the plan for a Yearbook which will bring together and make available a vast fund of information for nurses, the Publications Committee was asked to appoint a subcommittee on Yearbook and that Miss Nutting be made Chairman. Almost without exception those who were appointed to committees accepted the responsibilities. This is surely an indication of the real interest of our membership.

By vote of the Board, Miss Pfefferkorn was granted a year's leave of absence beginning October 1st. The Board went on record as expressing its deep appreciation of the fine work Miss Pfefferkorn has accomplished during her five years in office. Miss Nina D. Gage was given a temporary appointment as Executive Secretary.

The Board of Directors also met again in New York City during the week of January 15th. All the officers and directors but one were in attendance at the meetings.

The Publications Committee reported on the advisability of preparing school of nursing records for sale, and the Board approved. The Committee on Revision reported that there are still twenty-two states which have no properly organized State League and which have as yet taken no steps toward reorganization.

The Committee on Functions and Resources of the League recommended to the Board, and their recommendation was accepted, that the Committee continue its work—studying accrediting agencies, Personnel Bureau, methods of conducting and financing field work, organizing and financing of a research bureau, and the question of a Bureau of Publications.

The Committee on Indexing Periodical Literature recommended that the name be changed to the Committee on the Use of Library Facilities and that the functions of the Committee be extended to include the dissemination of information on the subject of nursing and nursing education to the general
public and the preparation of special bibliographies and lists of books on nursing for the libraries of schools of nursing and other organizations. The Directors also went on record as believing that it is necessary to evolve some plan whereby the work of the Grading Committee, or some phases of it, may go on after the present program has been completed.

On recommendation of the Eligibility Committee twelve persons were admitted to membership. The Secretary's Report last year called attention to the fact that our membership was about 2,000, stating that as there are over 200 accredited schools of nursing in the country the membership should be from 6,000, to 8,000. We have made a slight increase during this year. The present membership is 2,248.

The library of the League was enriched by the gifts of Miss Nutting of the 1912 Report of the I. C. N. Congress at Cologne, an English translation of the address of Dr. H. Hecker on "The Overstrain of Nurses," and the program of the 1907 Congress of the I. C. N. held in Paris; and the gift from Miss Ada M. Carr of the Report and Proceedings of the Jubilee Congress on District Nursing held in Liverpool in 1909.

In the death of Miss Anna C. Maxwell the National League of Nursing Education has lost one of its charter members and also one of its life members. The Board of Directors passed the following resolution which was spread upon the minutes:

WHEREAS, in the death of Miss Anna C. Maxwell who was generally recognized as one of the most outstanding figures in the history of American nursing, the National League of Nursing Education has lost one of its charter members; and

WHEREAS she was a true pioneer in the establishment of nursing education on a modern basis, and left the impress of her genius for organization on three of our leading schools; and

WHEREAS, through her teaching and the textbook of which she was co-author, and through her pioneer efforts at standardization, she has perpetuated an artistry in the technique of nursing and has helped to raise the level of bedside care of the sick; and

WHEREAS the reports of this organization since 1893 testify, on many pages, to her indefatigable work as chairman and member of boards and committees, and as a leading spirit in many other activities of the League; and

WHEREAS, through the influence of her impressive personality, her social charm, and her indomitable spirit, she has helped to strengthen the professional position of the nurse and to interpret the higher aims and ideals of nursing to many lay people:

THEREFORE, be it resolved that the officers and members of the National League of Nursing Education spread upon its minutes this record
of their sense of personal and professional loss of a valued friend and co-worker and be it further resolved that a copy of these resolutions be sent to her family, to the Alumnae Association of the Presbyterian School of Nursing, New York City, and to the Alumnae Association of the Boston City Hospital.

Mary M. Roberts
Carrie M. Hall
Elsie M. Lawler
Isabel M. Stewart

Committee

We also call to remembrance today these others of our members who have died during the year.

Mrs. Frances D. Campbell
Mrs. Laura Mitchell
Ellen E. Patterson
Mary Margaret Roche
Susan E. Tracy
Louise M. Westermann
Ruth Hermia Bridge
L. Agnes Daspit
Jean B. Giffin
Caroline H. Soellner
Mrs. Kate A. Ewing
Mary Julia Putts
Anna Cotter Davie

Stella Goosray
Secretary

FINANCIAL REPORT OF THE TREASURER

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 books of the Treasurer of the National League of Nursing Education for the year ended December 31, 1928 and present attached hereto the following:
THIRTY-FIFTH ANNUAL CONVENTION

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FOR THE YEAR ENDED DECEMBER 31, 1928

Very truly yours,
Frederick Fischer, Jr.
Member, American Institute of Accountants, New York, N. Y.

January 11, 1929.

Balance, December 31, 1927 .................................................. $6,684.26

Receipts:
Calendars ................................................................. $8,531.50
Dues:
State ................................................................. $6,592.00
Individual ..................................................... 823.25
Applicants ....................................................... 103.00  7,518.25
Dispensary Development Committee ........................................ 1,500.00
Donation .......................................................... 25.00
Exhibit—Convention Year 1928 ........................................ 2,842.98
Interest ........................................................... 229.69
Portraits ............................................................ 570.25
Publications ....................................................... 2,850.01
Royalties ............................................................ 38.86
Slides ............................................................. 1,806.90
Supplies ............................................................ 45.74
Refunds:
Convention expenses—Year 1928 ........................................ 78.90
Half cost of arrow ................................................... 2.92
Exchange ............................................................ .25
Headquarters surplus budget advance—Year 1927 .................. 50.69
Total Receipts ........................................................ 26,091.94
Total ................................................................. $32,776.20

Disbursements:
Annual report ......................................................... $2,069.19
Board of Directors' meetings ........................................... 33.41
Calendar ............................................................ 2,789.18
Committees:
Common Activities .................................................. 35.62
Consultant Service ................................................... 8.35
Dispensary Development ............................................... 1,300.00
Education ............................................................. 52.68
Grading of Nursing Schools .......................................... 1,000.00
Indexing Nursing Literature ......................................... 7.00
Nominating ............................................................ 17.33
University Relations ................................................. 127.91
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In addition to the above cash balance there are funds invested as of December 31, 1928, viz:


**FINANCIAL REPORT OF THE TREASURER**

(January to June 1, 1929)

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Disbursements:

Audit................................................. $50.00
Board of Directors Meetings......................... 58.70
Calendar.............................................. 493.00
Committees:
  Dispensary Development.......................... 800.00
  Study of Nursing Education in Colleges and Universities. 23.66
  Committee on Library Facilities.................. 8.55
  Education Committee............................. 116.86
  Nominating Committee........................... 5.64
Convention expense.................................. 182.85
Directors' expense.................................. 234.98
Dues.................................................. 25.00
Headquarters budget............................... 5,088.22
Officers' expense................................... 15.01
President's expense............................... 37.39
Publications........................................ 48.03
Portraits............................................ 134.75
Slides............................................... 795.55
Miscellaneous...................................... 23.04
Reporting........................................... 35.20
Investment in Plainfield Title and Mortgage Company 5,000.00 $13,176.43

Balance June 1st....................................

Total................................................

$8,518.77 $21,695.20

Marian Rottman
Treasurer

REPORT OF THE EXECUTIVE SECRETARY

Miss Pfefferkorn left the office on September fifteenth, having completed the publication of the 1929 Calendar and begun its sale; and having read the final proofs of the Proceedings for 1928. She spent the last two weeks at Headquarters in initiating the new secretary into her duties.

The 1929 Calendar has sold better than ever before, 13,653 having been sold up to June first, and an occasional request being still received. The Calendar for 1930, Nursing, Ancient and Modern, is still in preparation, and many pictures have been sent in. We are waiting for some special ones which have been promised, and hope soon to get the material off to the printer.

Some of the placement work which is constantly coming in to Headquarters is now being done by the Official Registry, where Miss Whipple is in charge. It is a great relief to have some place where adequate attention can be given to the requests from both institutions and nurses which come to our office almost daily.

Our routine office work since January has covered 1450 educational letters
received, and 1167 publications communications, a total of 2617. We have sent out 1809 educational, 1776 publications, and 3532 form letters, a total of 7117. Besides the letters, the Secretary has had 188 interviews. An increasing number are requests for prevocational information, not all of which is provided in "Opportunities," since a constantly growing number asks for comparative grading of schools of nursing. It will meet a great need when there is something on that line which can be published. It is interesting that so many letters show some knowledge of the fact that there is a National Nursing Headquarters which can give definite information on nursing subjects. Grading Committee facts on the necessity for improved preparation are proving invaluable in answering some of these letters. Many facts which would take considerable study to find are being asked for, quite legitimately, such as the number of schools giving time credit for a college degree, the number of schools teaching psychology, etc. It is unfortunate that we have not enough time to spend in searching for information in preparation for requests of this sort.

Annual dues have been received at Headquarters this year, and we hope that this has relieved the Treasurer. The secretary, Miss Vedder, has spent many entire days on checking up cards, dues, and addresses, and a third assistant in the office has been very busy with the other correspondence. Many members are not yet clear on how to pay dues, and in states where there are State Leagues still send directly to us. Others cannot remember the amount of dues. The majority still wait for a notice from the Treasurer that it is time to pay the dues, thus causing the League considerable extra expense. If the Government analysis by the Bureau of Standards in Washington is correct, that it costs twenty-six cents to send out a letter from an office, counting overhead of rent, time of the typist, etc., Treasurer's due notices become a costly item in the budget which might be entirely eliminated if members realized what thought on their part would mean for the good of the whole association.

On May first we begin typing the membership lists for voting privileges for the annual convention, and dues received after that date cause us much inconvenience, having to be typed in four separate places, as well as entered on the cards. If members only realized what it means to Headquarters, I am sure they would think more about paying dues earlier.

Membership lists are not finally closed for the year until the manuscript for the Proceedings goes to the printer, in the late summer. From these final lists the copy of the Proceedings is sent to each member as then listed. Each year there is confusion because some members have sent dues early to State treasurers, who have been too busy to send them on. The member does not receive her copy of the Proceedings, and of course feels it keenly. There seems no way to avoid this except to show the State Treasurers what happens when Headquarters does not get the notice of membership.
To date our membership is 2248, as compared to 2191 last year. However, after the report of the Eligibility Committee on new members, we shall probably have a greater increase over last year. Much of our small increase this year is because people have forgotten to pay dues, and thus automatically lost their membership. Our roll then suffers.

As directed by the Joint Boards of Directors in January, the three executives at Headquarters organized the Convention Committee for the 1930 Biennial Convention. By a circular vote of the three Boards, the date for the convention has been set for the second week of June, the 9th to the 14th.

The League Secretary was elected Chairman of this Convention Committee, and the N. O. P. H. N. Director, the Secretary. We have drawn up suggestions for Convention procedure, dividing responsibilities of national and local groups, and outlining duties of committees. The representative of the Milwaukee Chamber of Commerce, and the Manager of the Auditorium, have both been in New York and talked with our committee. They have made many of the contacts with hotels, and so on, which we should have otherwise had to do ourselves by an expensive trip to Milwaukee. The Wisconsin nurses have appointed Anna Rice as Chairman of the local Arrangements Committee. She seems to have her subcommittees well in hand, and preparations are apparently well started for a successful convention. The choice of a manager for the exhibit has not yet been definitely made.

In line with the work proposed in January, a partial list of records for Schools of Nursing was studied, and after many consultations was published in the Journal for the benefit of small schools. Larger schools have an office staff, and can handle a more elaborate system. Small schools seemed to need help. Responses and requests for records are coming in, and prospects look good for an eventual sale from Headquarters.

A great proportion of the spring work has been in connection with the Publications Committee, and will be mentioned in the report of that committee. It is hard to separate that report and this, since the work is so closely interwoven. Most of this work, as is stated in the Publications report, is service of the League in preparing and distributing our educational reprints and pamphlets, and is not bringing in much income to the League. Expenses of distribution are so great that the prices we must ask for reprints, in order merely to cover cost, seem high to anyone who does not know what printing expenses amount to. Few schools have adequate library funds from which to send us orders. So that without quantity sale, our income from anything but Calendars is negligible.

From the first establishment of Headquarters, the need for a field secretary and a research bureau have been emphasized in every report of each Executive Secretary. The office gets so many questions in each morning's
mail, covering such a wide range of subjects, that the Secretary feels very keenly the need for a great deal of consultation. The need is becoming more acute as problems from the Grading Committee are referred to us, and other organizations discuss centralization of nursing education. But we have all realized that nothing can be done without a larger budget. And consequently our thought returns always to the great need for the League to earn more money, so that it may have funds not only for its present work, but toward the necessary cooperation when the Grading Committee goes out of existence, and some arrangements must be made for "carrying on," and continuing promotion of educational standards. This matter is under study by several committees, and need not be mentioned further here, but does color much of our thought, as the work at Headquarters goes on. An increase in the sales of all publications, new and old, and a larger membership roll seem to be the quickest methods of bringing in more money, and those depend on the efforts of each one of the present members.

Our immediate future tasks seem to depend on what grows out of the grading as now being analyzed, and on many of the new things which will be asked of us as the schools study their own problems in the light of the findings returned to them by the Grading Committee this summer. Educational questions will certainly become more acute, and we shall have to help in their study. Thus the coming months promise to be very busy and interesting.

Respectfully submitted,
Nina D. Gage
Executive Secretary

REPORT OF THE COMMITTEE ON CONVENATION ARRANGEMENTS

The Committee on Arrangements consisting of Nina Gage, Blanche Pfefferkorn, Jessie Murdoch, Mary Marvin, Elizabeth Burgess, ex-officio, and the chairman, have held five meetings during the past year and hope most sincerely that the result of their efforts will be to insure your comfort—and so far as their responsibility in the matter is concerned, the success of the meeting.

The Committee felt that complete arrangements should be made with some hotel that could provide accommodations for our entire group and for all meetings in the event that the auditorium, still in the process of building, was not completed before the date of our meeting. For this reason and with this understanding, the Hotel Ambassador was selected as official headquarters. It is also official headquarters of the American Hospital Association as it was decided by representatives of both organizations that such an arrangement would be mutually helpful and satisfactory.
It was found necessary to have some method of identification of members and guests of the League so that they might be at all times assured of admission without charge to the auditorium and exhibit. As many members do not care to be constantly labelled with a badge, it was decided to use the brown membership ticket which has been furnished to each of you for that purpose. Members should carry this card of identification at all times.

The Executive Board of the League requested the Committee on Arrangements to plan for a nursing exhibit during the meeting. At their suggestion a subcommittee was appointed for this purpose with Miss Mary Marvin as chairman. Miss Marvin will present a separate report for her committee. The other members of the Committee on Arrangements wish to state that the work done by Miss Marvin and her committee in regard to this exhibit has been enormous and should prove to be a most valuable contribution to this and to future nursing meetings.

The Committee on Arrangements has also been greatly aided in its work by the cordial assistance and cooperation of the New Jersey League of Nursing Education of which Miss Jessie Murdock is President.

The Committee has tried and will continue during the meeting to try to anticipate and overcome all possible needs or difficulties. They will be glad to give any assistance that may be required throughout this week to insure the comfort and happiness of individual members or of the group as a whole.

Elizabeth A. Greener
Chairman

REPORT OF THE SUBCOMMITTEE ON EXHIBIT

The exhibit in Booth 714 downstairs, which you have probably seen, was made possible by several organizations, The American Nurses’ Association; the National League of Nursing Education, which sponsored it; the American Journal of Nursing; and a group of several hospitals. The original committee consisted of seven people. The work began last November, but now there are about 30 people who have contributed a great deal to the exhibit, and the list of names is downstairs in the exhibit if you wish to see it.

The purpose of it is to try to get over the idea that the modern nurse, to do the things she is called upon today to do, has to have a great deal of skill and a very wide fund of knowledge. We hope that point won’t be missed with all the interesting things that there are to look at in the wards. Because the purpose is to bring out the contrast between nursing fifty years ago and nursing now.

We have had excellent cooperation from a very large number of people. There are four units to the exhibit. One is the panels which belong to the American Nurses’ Association. Another unit consists of the statistical
posters. This material was obtained by Miss Tracy at Yale, and it meant a great deal of work to dig back in the medical and nursing records for fifty years to get those facts that are presented on the posters.

The Attractoscope was loaned us by the New York Tuberculosis Association free of charge, and the slides which are shown in it were made by a large group of people, I think probably 12 or 14 people, around the country, who made posters from which the slides were made. The purpose of the Attractoscope slides is to show the need of a nurse's knowing about sixteen of the individual sciences. Each one is a plea for a certain science.

There is a group of five wards. The Psychiatric Department was made entirely at Butler Hospital under the direction of Miss McGibbons, Superintendent of Nurses. Butler Hospital contributed that to the exhibit without any expense to us. The Medical Ward, in which there are communicable disease cases, was contributed by the Jewish Hospital in Brooklyn, and Miss Elizabeth Pillsbury was Chairman of that. The Pediatric Ward came from the Illinois Training School, and the two old wards that represent the ward situation before the schools were established, and two years after they were established, were contributed by Bellevue.

We have spent a good deal of money, and I will just give you the figures. To repair the panels it cost $109.50. The rest of the exhibit cost $473.29, but when I tell you that it cost $50 just to rent the sign, $65 to bring the exhibit from New York, $85 for the exhibitor, and $95 to make the plain boxes, you will have some conception of where the money went and how much we were given by the people who made all the contents of the wards, because that was voluntary effort.

The exhibit is going to Montreal from here.

                                 Mary M. Marvin  
                                      Chairman

REPORT OF THE COMMITTEE ON PROGRAM

Early in October in accordance with the rulings of our association, a circular letter asking for suggestions for the program was sent out to all of the presidents of the State Leagues of Nursing Education as well as to the chairmen of the committees on education of the State Nurses' Associations. Many helpful suggestions were received from which a preliminary program was prepared by the Program Committee at their December meeting. This program was presented to and approved by the President and Board of Directors at their January meeting. The details were worked out by the committee with the kind cooperation of Miss Nina Gage, our Executive Secretary.
The Program Committee wishes to express its sincere appreciation to all who have been helpful in the preparation of this program.

Elsa Schmidt
Chairman

REPORT OF THE COMMITTEE ON ELIGIBILITY

The Eligibility Committee submits its report for the past year as follows:

Applications received and endorsed by the Committee are:

Carlotta Helen Agerter, 2064 E. 89 St., Cleveland, Ohio; Leona Cling Balke, Lakeside Hospital, Cleveland, Ohio; Olga Benderoff, Lakeside Hospital, Cleveland, Ohio; Ione Orr Brimmer, General Hospital, Mansfield, Ohio; Julia Marie Browning, People's Hospital, Akron, Ohio; Rachel Elizabeth Buffalo, St. Joseph's Hospital, Hot Springs, Ark.; Nettie Burkholder, 1404 W. 6 St., Topeka, Kans.; Rhoda K. Carroll, Columbus, Ohio; Celia Cranz, City Hospital, Akron, Ohio; Katherine L. Cromer, City Hospital, Massillon, Ohio; Irene Alice Dixon, Roper Hospital, Charleston, S. C.; Lila Mann DuPre, 14 & Lakeside Ave., Cleveland, Ohio; Myer Engelberg, Roper Hospital, Charleston, S. C.; Ruth Evans, Lakeside Hospital, Cleveland, Ohio; Beulah Gardner, State Hospital, Columbia, S. C.; Helen Isabel Greene, People's Hospital, Akron, Ohio; Kathryn Helm, 701 Parkwood Drive, Cleveland, Ohio; Agnes V. Henessy, Rumford Community Hospital, Rumford, Maine; Olga Esther Holl, Lakeside Hospital, Cleveland, Ohio; Katharine Metzgar Horner, Mt. Sinai Hospital, Cleveland, Ohio; Violet Davis Israel, Levi Memorial Hospital, Hot Springs, Ark.; Martha J. Jehle, 1235 Lakeside Avenue, Cleveland, Ohio; Loretta Louise Lange, 17701 Riverway Drive, Lakewood, Ohio; Bessie Lawrence, Lakeside Hospital, Cleveland, Ohio; Helen Mildred McDonel, Babies and Children's Hospital, Cleveland, Ohio; Priscilla Jean Peabody, Lakeside Hospital, Cleveland, Ohio; C. Bernice Scheid, Lakeside Hospital, Cleveland, Ohio; Agnes O. Schubert, Babies and Children's Hospital, Cleveland, Ohio; Mabel Selin, Grant Hospital, Columbus, Ohio; Olive Ellen Shale, Presbyterian Hospital, San Juan, Porto Rico; Helen Shank, 527 N. Light St., Springfield, Ohio; Sister Florine DeCary, St. Vincent's Hospital, Toledo, Ohio; Sister M. Aloysius Phelan, St. Joseph's Hospital, Phoenix, Ariz.; Sister M. Berchmans, St. Joseph's Hospital, Phoenix, Ariz.; Sister M. Carmella, St. Thomas Hospital, Akron, Ohio; Sister M. Dolores, St. Joseph's Hospital, Lorain, Ohio; Sister M. Hilda, 224 E. Matthews Ave., Jonesboro, Ark.; Sister M. Pia, 224 E. Matthews Ave., Jonesboro, Ark.; Sister M. Ursula, Mercy Hospital, Canton, Ohio; Mary Ona Stilwell, Roanoke Hospital, Roanoke, Va.; Clara E. Vangader, Bethesda Hospital Ass'n, Zanesville, Ohio; Lena Dixon Walker, Aultman Hospital, Canton,
Ohio; Eleanor Louise Waterman, Lakeside Hospital, Cleveland, Ohio; Doris Whiteman, Toledo Hospital, Toledo, Ohio; Flora Marie Wolpert, Grant Hospital, Columbus, Ohio; Marie Adeline Wooders, Francis St., Youngstown, Ohio; Harriet Wyandt, Western Reserve University, Cleveland, Ohio.

Requests for interpretation of the by-laws on the question of the requirements for membership have come from the New Jersey, New Hampshire and California Leagues as follows:

1. Are registrars of Nurses’ Registries and supervisors in private hospitals where only graduate staffs are employed eligible for membership under Article 1, Section 2e, providing they qualify in other respects?

2. Are graduates of hospitals with less than a daily average of thirty patients eligible for membership under Article 1, Section 2a, providing their course in nursing has been supplemented either by affiliation or by postgraduate courses?

Since these questions undoubtedly present problems to states other than those from which these came, this Committee feels that they should be referred to this body or a committee designated by it for further consideration.

Helene Herrmann
Elizabeth Melby
Laura M. Grant, Chairman

Chair: Miss Grant has raised certain questions in this report which were referred to the Board of Directors and were considered by them yesterday morning. It seems the proper place now to reply to these questions raised by the Eligibility Committee, and I will ask the Secretary to read that action.

Miss Goosby: At a meeting of the Board of Directors, held in January, 1928, a resolution was passed stating 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.

On the second question a resolution was passed yesterday that such cases be referred individually to the Board of Directors with full information regarding the previous preparation of the applicant and the details of her supplementary experience, together with the recommendation of the Eligibility Committee.
REPORT OF THE COMMITTEE ON FINANCE

The finances of the League have perhaps never been in better condition than at the present. This is in a very large measure due to the efficient centralization of its organization, and the hard work and untiring efforts of the various committees. It may be well to point out here, that aside from the great educational value derived from the various publications and calendars, they are also the greatest source of revenue. This revenue could, however, be greatly increased if every member of the League and all nurses interested, would make greater use of these publications.

Ten thousand dollars of the League’s resources, are invested in Plainfield Title and Mortgage Guarantee Company’s First Participating Certificates, yielding 5\(\frac{1}{2}\) per cent per year.

The Budget for 1929 approved by the Board of Directors, estimates receipts amounting to $29,754.24, and expenses amounting to $26,054.90—which leaves a balance to carry over of $3,699.34.

### NATIONAL LEAGUE OF NURSING EDUCATION
### 1929 BUDGET

#### Estimated Receipts

<table>
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<tr>
<td>Curriculum</td>
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<td>Dues: Individuals</td>
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<td>Portraits</td>
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<td>Publications</td>
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<tr>
<td>Refunds, Headquarters</td>
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<tr>
<td>Royalties</td>
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<tr>
<td>Slides</td>
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<td>Supplies, State League</td>
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<td>Registration—Convention</td>
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<td><strong>Total Estimated Receipts</strong></td>
<td><strong>$29,754.24</strong></td>
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#### Estimated Expenses

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<td>Board of Directors’ meeting (rent)</td>
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<td>(a) Common activities</td>
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<td>(b) Functions and Resources of League</td>
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<td>(c) Dispensary</td>
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<td>(d) Education</td>
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<td>(e) Eligibility</td>
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<tr>
<td>Description</td>
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<td>-------------------------------------------------------</td>
<td>----------</td>
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<tr>
<td>(f) Indexing</td>
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<tr>
<td>(g) Midwifery</td>
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<tr>
<td>(h) Nominating</td>
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<tr>
<td>(i) Revision</td>
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<tr>
<td>(j) University relations</td>
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<td>(a) Miscellaneous</td>
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<tr>
<td>(b) Officers' expenses</td>
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<td>(c) Program and speakers</td>
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<td>(d) Reporting</td>
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<td>Curriculum</td>
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<td>(b) Am. Conf. on Hospital Service</td>
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<td>Publications</td>
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<tr>
<td>Refunds</td>
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<td>Slides</td>
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<td><strong>Total</strong></td>
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Following is the budget of Headquarters submitted by the Executive Secretary to the Finance Committee:

**HEADQUARTERS BUDGET FOR 1929**

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<td>Postage</td>
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<tr>
<td>Telegrams</td>
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<tr>
<td>Multigraphing and Mimeographing</td>
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</tr>
<tr>
<td>Extra Stenographic Service</td>
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<tr>
<td>Express Charges</td>
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<tr>
<td>Emergency Fund</td>
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<tr>
<td>Miscellaneous (includes auditing books, bonding</td>
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<tr>
<td>Headquarters disbursing officer, repairing, and other</td>
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<tr>
<td>incidental expenses not listed in above headings)</td>
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</tr>
<tr>
<td>National Health Library Service</td>
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</table>
Calendar on basis of 1928:
Postage (includes mailing and publicity)............. $387.00
Multigraphing and Mimeographing.................. 46.00
Packing Service....................................... 25.00
                                                                 $458.00
New Equipment:
Typewriter............................................. 100.00
File Cabinet............................................. 20.00
                                                                 120.00
                                                                 $11,375.40

Marie Louise
Chairman

REPORT OF THE COMMITTEE ON NOMINATIONS

The Nominating Committee beg to submit the following report; on the 29th of September a letter was sent to the twenty-seven State Leagues asking that a ticket be prepared and sent in no later than December 1st. A special instruction blank was enclosed as well as a list of the present officers and directors, with the length of time each one had served; also a copy of the Certificate of Incorporation and By-laws.

On December 30th several of the states had not been heard from, and another letter was written urging that a ticket be sent at once. By the 9th of January, all the states except Minnesota, Oregon and North Carolina had submitted tickets from which the present ticket was prepared.

The nominations were unanimous for the present officers and out-going directors. There were three other names which appeared three times for the nomination of director; one of them being a present director. Six names appeared twice. In no other case was there more than one name suggested for an office and in several cases one name appeared under the list of both directors and officers.

The summary of these nominations were sent to the members of the Nominating Committee and from it the final ticket was prepared. Several people refused to serve and when it was finally boiled down, there was only one name to submit for each office, with the usual eight names for the Board of Directors.

The Committee therefore, has the honor to present the following ticket:

President: Elizabeth Burgess, New York, N. Y.
First Vice President: Shirley Titus, Ann Arbor, Mich.
Second Vice President: E. M. Lawler, Baltimore, Md.
Secretary: Stella Goosetray, Boston, Mass.
Treasurer: Marian Rottman, New York, N. Y.

Respectfully submitted,
Mary C. Eden
Stella Ackley
Anna Wolf
Carrie Eppley
Claribel A. Wheeler, Chairman

Chair: There is now opportunity, and you are invited to make nominations for these various officers from the floor.

The chair then called for nominations from the floor for each officer in succession. There being no nominations, Miss Greener moved that nominations be closed, Miss Hasenjaeger seconded the motion, and it was carried.

REPORT OF THE COMMITTEE ON PUBLICATIONS

The major work of the spring has been the reprinting of the Curriculum, carried out after a few changes in the text had been made by the Education Committee. The bibliography has been brought up to date, but there have been practically no alterations in subject outlines. The completed copies have been promised by the press for the end of June, and possibly by the time of the Convention. The price when the final figures arrive will probably be about as before.

The 1929 Calendar has continued to sell during the last few months, and comparative figures with other years up to June first are as follows:

1925—Leaders of Nursing ........................................ 11,145 sold
1926—The Nurse in Poetry ........................................ 12,676 “
1927—The Hospital in Poetry ...................................... 12,160 “
1928—Calendar of Quotations ..................................... 10,181 “
1929—Historic Hospitals ........................................... 13,653 “

The 1930 Calendar is still under discussion by the Committee. Some very attractive pictures have been sent in, and from them we should be able to compile a calendar which will sell well. However, there are indications that other methods of raising money must be found soon, since in some places people seem weary of calendars, and want some new way to work for the League. The National Tuberculosis Association finances itself entirely from the sale of Christmas seals. Other organizations have similar methods—like the Red Cross membership drive each November. Surely nurses should be able to pay $.75 or $1.00 toward the support of the
educational program of their profession each year. The League receives approximately $6,000 from the annual sale of calendars, so that it is an important item in our receipts.

The Yearbook work has been begun. To our great regret Miss Nutting found herself unable to undertake the Chairmanship, and so did some others who were asked. Consequently, finally the few people who could begin to work met with Miss Nutting, who has consented to help with the editing, and made a tentative outline of subjects to be covered. This outline was sent to each member of the Board of Directors, and a few other people whom we thought might help in the writing. Several people have already taken certain parts of the plan to work up, and in the fall we hope to be able to push the work more vigorously.

Other publications are selling slowly, but do not add much to League income, and must be regarded rather as a means of service. We have added two new reprints since we published our last list in the Journal:

- Staff Education for the Institutional Nurse by M. Cordelia Cowan.
- The Out-patient Department as a Teaching Field for Student Nurses by Gertrude Banfield.

Slides have sold rather better this spring, 1583 having been sold in five months, as against 2500 for all of last year.

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<th>Name</th>
<th>Quantity</th>
<th>Rented</th>
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<td>384</td>
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<td>Florence Nightingale</td>
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<tr>
<td></td>
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Respectfully submitted,

Nina D. Gage
Chairman

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

The following report gives an account of the work of the Committee for the Study of Nursing Education in Colleges and Universities since last June.

Three questionnaire studies were undertaken during the year. The object of the first was to bring up to date the list of schools of nursing with any form of college and university connections. To this end a letter and blank were sent to the Nurses’ Examining Boards in each state asking for the required information. According to the revised list, 107 such schools, of which 105 are in the United States, exist. A later study disclosed that less than half of these schools offer a course leading to a degree. It would appear that many of the connections reported represent arrangements for
one or more courses in some part of the University, without any close relationship.

The second project sought to find out the number of nursing schools applying the Smith-Hughes funds to nursing education. Five states reported the use of such funds by their nursing schools, either directly or indirectly. The Committee is of the opinion that arrangements which provide for Smith-Hughes funds for nursing education establish an undesirable precedent, although it realizes that the practical situation at this time is such that in certain instances teaching by this means will probably be better than the school could otherwise secure. The Committee voted to recommend to the Board of Directors that the broad question of the use of the Smith-Hughes funds be referred to the Education Committee.

The purpose of the third questionnaire study aimed to ascertain the following five facts:

1. Number of students in nursing schools enrolled for the degree course (so-called four or five year program).
2. Number of students enrolled in the first, second, third, and fourth years each.
3. Number of students graduated from the degree course.
4. The sequence of the course with respect to academic and hospital portions.
5. The extent to which students follow a uniform program in the different schools.

Questionnaires were sent to 107 schools reported to have some form of college or university connection. Sixty of the questionnaires were returned. All schools replying did not answer all questions. Following is a summary of the information received:

1. Eight schools offering degree (?) courses have no students in these courses.
2. Thirty-two schools have an average of 18.2 degree students with a range from 1 to 70 such students.
3. Twenty schools have graduated an average of 12.3 degree students with a range from 1 to 45 such students.
4. In 15 schools all students follow the same program; in 8 schools all students do not.
5. The curriculum which seems to predominate with respect to sequence in college and hospital portion is that with first, second and fifth year college, and third and fourth in hospital.
6. Approximately between 35 and 40 nursing schools offer a course leading to some form of degree.

It is the opinion of this Committee that in a five year collegiate nursing program, at least two of the academic years should precede the professional nursing course.
The need for working out a plan for the content of each nursing course, in order to have some basis for judging the nursing practice opportunities offered in university nursing schools received considerable attention by the committee during the year. At the April meeting of the Committee it was agreed that before establishing such criteria it would be necessary to undertake a study relating to disease incidence in order to make any assumptions as to the types of patients and number which a student’s experience might reasonably be expected to include. At the present time, the Committee has such a study under consideration.

The standards of education in the professional school and trade school were clearly outlined in a statement prepared by Miss I. M. Stewart at the April meeting. The Committee was of the opinion that Miss Stewart’s material should be presented at the League Convention and later be published in the League Proceedings and American Journal of Nursing.

Two meetings were held by the Committee during the year, one in November and one in April.

Carolyn E. Gray, Chairman
Blanche Pfefferkorn, Secretary

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

The report of the Isabel Hampton Robb Memorial Fund Committee as here presented is but a repetition of the reports of previous years and shows a slow but steady increase in the fund and a corresponding increase in the number and amount of the scholarships.

This Committee has suffered a great loss in the death of Miss Maxwell, who has been a member of the Committee since its creation and for many years a member of the Executive Committee. She was always present at the meetings, her advice was always excellent and her presence an inspiration.

The annual meeting was held in New York in January, at which time Miss Laura M. Grant of Cleveland and herself a former Robb scholar was appointed to fill the vacancy on the Committee. The Executive Committee appointed at that time was as follows—Miss Riddle, Miss DeWitt, Mrs. Eden, Miss Dines and Miss Lawler. The officers reelected were: Secretary, Miss DeWitt; Treasurer, Miss Riddle; Chairman, Miss Lawler.

It was decided to award this year seven scholarships of $300 each and the Secretary has sent out the usual scholarship announcements. That these were widely distributed is evidenced by the fact that thirty-five applications were received from nurses graduated from schools in the following states: Massachusetts, 4; New York, 4; Illinois, 4; Maryland, 3; Wisconsin, 3;
Minneapolis, 2; Ohio, 2; Connecticut, 2; California, 2; Michigan, 2; Pennsylvania, 1; Kansas, 1; Tennessee, 1; Missouri, 1; Louisiana, 1; Georgia, 1; Washington, D. C., 1.

It was the opinion of the members of the Committee that the applicants were unusually good, which made it extremely difficult to make a decision. The scholarships were won by the following candidates: Katharine G. Amberson, Waynesboro, Penn., Graduate of Johns Hopkins Hospital School for Nurses; Grace Gummo, St. Johnsbury, Vt., Graduate of Massachusetts General Hospital School for Nurses; Mary Delia Burr, Plainfield, N. H., Graduate of Peter Bent Brigham Hospital School for Nurses; Dorothy Rood, Washington, D. C., Graduate of Presbyterian Hospital, New York; Helen Shank, Columbus, Ohio, Graduate of City Hospital, Springfield, Ohio; Gladys S. Benz, Northfield, Minn., Graduate of Central School, Minneapolis, Minn.; Justine E. Granner, Bismarck, N. D., Graduate of Illinois Training School, Chicago, Ill.

Of the applicants, seven wished public health courses, sixteen wished to prepare for teaching and twelve for administration, of the successful candidates, four wished to prepare for administration, two for teaching and one for public health.

Twenty-four of the candidates had selected Teachers College, New York as the place of study; three, the University of California; and one each of the following: Marquette University, Peabody College, Teachers College or Western Reserve, University of Minnesota, Michigan State College, College of St. Teresa, Winona, Boston Lying-In Hospital, and School of Social and Health Work, Philadelphia. The successful candidates are to study: five at Teachers College, New York, one at University of Minnesota and one at either Teachers College, New York or the Western Reserve University.

The Treasurer reports that on January 1, 1929 there had been collected and deposited $33,853.62. Since January 1st, the sum of $406.50 has been added to this.

The McIsaac Loan Fund increased slowly. Contributions to this fund during 1928 amounted to $1643.37. The first loan from this fund was made ten years ago, June 1919. Since that time we have made 47 loans in all. Fifteen have been repaid; one partly repaid and cancelled; two are due this year and the rest are not yet due. Seven loans have been made this year and several are pending.

At our annual meeting there was discussion as to whether loans are proving of greater value than scholarships. A committee has been appointed to study the question and we hope to be able to present the results of their study in our next report.

Respectfully submitted,
Elsie M. Lawler
Chairman
REPORT OF THE COMMITTEE TO STUDY THE HARMON ASSOCIATION ANNUITY PLAN

The Harmon Association requested that two nurse members be added to their Board of Directors. This was done. Those two members have attended all of the meetings of the Board, and Miss Carrie Hall will make a full report to you this afternoon as to the plans that have been set forth by that Board.

Following the appointment of these two members it seemed unnecessary for your advisory committee to continue meeting during the year. Therefore, there have been practically no meetings. The Committee, however, did send to all its members a statement of the plan as prepared by the Harmon Association. The members of the Committee acknowledged the new plan and the Committee was very much pleased to have the business men on that Committee send back to us very strong letters of approval of the plan.

We have nothing further to report except to say that your advisory committee continues to function whenever it is called upon.

S. Lillian Clayton
Chairman

REPORT OF THE COMMITTEE ON USE OF LIBRARY FACILITIES

Since the meeting of the Board of Directors in New York City in January when the name of the Committee was changed and its functions expanded to include the preparation of lists of books for nurses in hospitals and training schools the Committee as a whole has not met. The subcommittee of it, however, has had frequent meetings. This Committee, composed of the Chairman, Miss Mary Schick, Librarian of the Walter Reed Hospital Library and two local nurse advisers, Miss J. Beatrice Bowman, Superintendent of the Navy Nurse Corps, and Miss Mary Tobin, Commandant of the Army School of Nursing, has had five or six meetings. Moreover, a great deal of work has been done in the office of the Chairman for the Committee. Letters were sent to about sixty schools of nursing from all over the United States. These schools were chosen from the list of accredited schools. In this letter it was said that:

"The Committee on the Use of Library Facilities of the League of Nursing Education is very anxious to secure your cooperation in one of its duties, which is to prepare lists of text and reference books for libraries of schools of nursing. The Committee has been asked to prepare bibliographies for institutions of various sizes and at various costs.

In order to make up a list of text and reference books which can be considered in any way standard it is necessary to secure names of such books which are in common use by a number of the schools of nursing of the country which are of the highest standing."
The school was asked to have prepared for us a list of text and reference books which are used commonly in its school.

Forty-six lists were sent in. From these lists cards were made for every book mentioned and key letters were prepared for the schools, and to the card also was added the key letter for every school using this particular book.

The Committee has in hand approximately 2,000 titles. Its task is now to classify and sub-classify and also to separate in each classification the titles of books which have the most votes. This task is under way. It has already been found that in each classification there are one or two or possibly a few more outstanding books. Naturally there is a considerable difference of opinion about books from schools which are so widely separated. This is probably due to the fact that many schools use books by authors who are locally known and respected. It would appear to the Committee that has been doing this work that the result of the task will be a standardizing of literature for schools of nursing. We shall, at any rate, have a list of books which are approved and used by a large number of the best schools of the country. The question naturally arises whether these most popular books can be used as a standard. It is the opinion of the small group that has been working that this is the case but the opinion of the Committee as a whole is desired. The Committee has met with considerable difficulty in its effort to classify the books. For instance on the subject of Psychology we are endeavoring to have subdivisions for Psychiatry and Mental Hygiene; and under Mental Hygiene it is probable that we shall group all books on Social Hygiene and Sex Education. This classification may not be approved but it seems to the members of the subcommittee that this is in line with the most modern teaching. It is hoped that the classification of these books, the counting of votes for the most used ones, the arrangement of the latter as textbooks and those receiving only one or a few votes as references will be completed before the end of the summer and that some method may be found whereby the lists can be published.

Suggestions are desired as to whether the lists should be annotated and also ideas about publishing and distribution are desired.

At the meeting in January it was reported that plans for cooperation with the American Library Association were under way. This resulted in the publishing in the February number of The Booklist, which is a guide to new books, sent out to all its member libraries by the American Library Association, a little more than a page of printed matter on the subject of books on nursing. This paragraph in The Booklist read as follows:

“A concerted effort is being made to raise the standards of nursing in the United States, and libraries, even the smallest, can assist by directing inquiries to a reliable source for either general or technical information—The National League of Nursing Education, 370 Seventh Avenue, New York City. The
League will supply on request a list of recommended books on nursing, and vocational guidance material, such as the booklet, Opportunities in the Field of Nursing. A great deal of technical information is also available to inquirers concerning organization of nursing schools, supervision, staff, examinations, budgets, scholarships, health programs, salary schedules, personnel classification, and many related subjects. Two leading periodicals are recommended—The American Journal of Nursing and The Public Health Nurse, each three dollars a year and both published at the League’s address. A committee which is now making an Index of nursing periodical literature in connection with the Library Index of the National Health Council, has prepared, under the direction of Chairman, Julia C. Stimson, Major, Army Nurse Corps, Washington, D. C., the following brief list of books recommended for purchase by public libraries:


Cook, Sir Edward. Short Life of Florence Nightingale. N. Y. Macmillan, 1925. $3.50.

Interesting account of the life of the woman who revolutionized the care of the sick and wounded in the British Army, during the Crimean war. The first school of nursing was founded by her in 1860, at St. Thomas hospital, London, with the funds given her by a grateful public.

Dock, Lavinia L. and Stewart, Isabel M. A Short History of Nursing. N. Y. Putnam, 1925.

Best short history, from earliest days to present. Good for a textbook as well as for general reading. Bibliography very complete.

Goldmark, Josephine. Nursing and Nursing Education in the U. S. N. Y. Macmillan, 1923. $3.

First survey of the entire problem of nursing and of nursing education, relating to the care of the sick and prevention of disease. Various systems of nurses’ training are fully discussed and described.


These classic notes written seventy-five years ago have never been superseded for practical wisdom. Everyday knowledge in simple English for every woman who at any time has the care of a sick person.


The author was the nurse pioneer in the field of settlement work and the organizer of the famous Henry Street Visiting Nurse Service. It is a fascinating and readable story of the one of the most noted social workers and her accomplishments.

The executive secretary of the League announced later that since the publication of this paragraph in The Booklist the office received 29 requests for bibliographical material. This request embarrassed the office somewhat but was an indication that the paragraph attracted attention. The office was able to send the bibliography which was a reprint from the Curriculum, but it was a question whether this bibliography was what was really desired.

When the new lists as prepared by our Committee are ready it is hoped they will be in various forms to meet various needs. When such lists are
ready it is probable that The Booklist will be asked to publish additional
information about them.

Respectfully submitted,

Julia C. Stimson
Chairman

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

The Committee on Problems of Education in Nursing Schools connected
with Small Hospitals, believing that its only method of procedure lay within
a questionnaire, compiled a list of questions relating to the personnel,
clinical material and teaching equipment. We anticipated sending this
list to two hundred hospitals having less than seventy-five beds. There
are about six hundred hospitals in the United States conducting accredited
schools of nursing and having less than this number of beds. The questions
were submitted for approval at the January meeting of the League Com-
mittees. However, we learned that the Grading Committee was about to
cover this procedure more fully and with the possibility of greater effect.
We, therefore, decided to withhold the questionnaire in Committee for the
present. We were, however, able to obtain some interesting data from
notes taken by travelling teachers covering a period of five years in fourteen
schools and answering the following questions:

1. Did you notice a willingness to hand over the teaching responsibility
entirely, or did the Principal keep in touch with the work?
"Principal kept very much in touch with the work, teaching some herself
and very anxious to secure correlation between classes;" "Principal
kept in touch with the work, cooperation between teaching personnel;"
"Principal who was also Superintendent did not keep in touch with and
rarely seemed to know the activities of the school;" "Principal of school
kept in touch with the work but did not seem to know how to handle it;"
"Principal keeps in touch with the school, arranges classes, attends
classes, arranges clinics and teaches herself;" "The Principal was only
too glad to get rid of teaching responsibility."

2. Was there a general lack of interest toward teaching displayed by other
personnel of the hospital?
"Tendency to relegate all responsibility. Supervisors seemed to think
the demands made upon them to send students to class were too great;"
"Personnel of institution except Principal was interested. Principal
was also Superintendent, did not interfere but did not bother;" "Personnel
of institution considered classroom work unnecessary and burdensome.
Not much cooperation;" "Personnel of institution seemed interested in anything that made for better nurses. Superintendent a Minister encouraged education;" "There was a general lack of interest in the personnel of the hospital. Supervisors considered class work a burden. Hospital Superintendent a registered nurse did not interfere but not particularly interested."

3. Were you asked to discontinue class when the ward work became heavy? "Classes were not discontinued at any time;" "On one occasion—also due to illness of students;" "Classes were discontinued whenever a possible excuse;" "Classes were not discontinued but students did not have much time for study and recreation."

4. Did the Medical staff have an interest in the school, and were they able to meet appointments for lectures? "Medical staff apparently interested—as a whole kept appointments;" "Medical staff seemed interested and those that taught kept their appointments fairly well. Certain members of the staff interfered;" "Medical staff did not keep appointments if there was any possible excuse. However, they were anxious to hold clinics at the bedside and did much bedside teaching;" "Medical staff apparently interested and kept appointments pretty well."

5. What supervision did the students have on the wards? "Very little. Even in the better schools there was little effort made to correlate what was taught in the class room with the material found in the ward;" "Supervision on the wards was very poor. Graduate nurses employed as general duty nurses—no bedside teaching—general lack of management and efficiency."

6. What were the economic conditions in the institution as you saw them? "In the poor and struggling institution, the school was just as poor. Where the economic situation was better the school was better, though the staff very often had a meager preparation;" "Hospital presented a well ordered appearance—no extravagance. Economy, but not stinginess;" "Plenty of supplies and equipment—to the point of extravagance. Luxuries provided for both patients and nurses. Nurses did not have to economize;" "Hospital not very well equipped. Supplies, particularly teaching supplies, limited;" "Economic condition—Hospital seemed pressed. Few supplies and little equipment;" "Hospital seemed to be continually pressed. Poorly equipped, though supplies were wasted."

7. What was the major entertainment of the students when off duty? "Students enjoyed music, hiking, mingled to some extent with college students;" "Glee club organized by students. Students like to visit Y. W. C. A. for swimming. Classes entertained each other with stunt parties;" "Students usually went out either on the streets or their homes.
Nurses home was not properly heated and students had very little incentive to stay in—some were interested in music. Principal of nurses attempted to have a few social hours and employed a physical director to guide students in games, etc.;” “Major entertainment of students—tennis, swimming, hiking, boy friends, automobiles, movies.”

8. Did the graduates of this school remain in the community to care for sick, or did they go elsewhere?

“The graduates—about one-third remained in the community, several holding positions in other hospitals;” “A fairly large number remained in the community engaged in private duty;” “Quite a number of the graduates remained in the community to care for the sick. Very little tendency to go elsewhere for further work.”

9. Do you believe that the affiliation required to make up clinical material did make up for the deficiencies and that the graduates of these schools are an asset to the community and profession?

“Affiliation of six months. I do not think was sufficient as clinical material was very limited. Graduates seemed to be pretty good calibre and I believe were an asset to the community;” “I think the students received a fairly good clinical experience in this school and that the affiliation made up their deficiencies. As a rule the students were pretty well trained and should be an asset to the community;” “I do not believe the affiliation of 3 months Pediatrics made up for the deficiencies in this school and that the graduates of this school as a whole are not an asset to the community or the profession.”

Conclusion—

1. That the problems of small hospitals are not unlike problems in other schools.
2. That the principal of the school is the important factor.
3. That the medical staff seem to be the principal teaching personnel of many small schools.
4. That some nurse supervisors were not interested in teaching student nurses.
5. That supplies and teaching equipment are not always considered important.
6. That only a small percentage of these graduates remained in the community to care for the sick.

Respectfully submitted,

Caroline V. McKee
Chairman
REPORT OF THE COMMITTEE TO STUDY THE FUNCTIONS AND RESOURCES OF THE NATIONAL LEAGUE OF NURSING EDUCATION

Three meetings of the Committee have been held in New York, but a full meeting of the Committee has not been possible at any time. The following is presented as a report of progress only.

At the November meeting it was agreed that the work of the Committee should fall into two rather definite pieces of work:
1. A study of the work of the National League of Nursing Education and of its various committees based on their own analyses of their functions.
2. A study of other organizations having somewhat comparable programs.

The Committee reports were very suggestive. For example: the Committee for the Study of Nursing Education in Colleges and Universities reported that future work of the Committee "might lead to its becoming an accrediting agency to pass on so-called university schools of nursing."

The Chairman of the Education Committee outlined a continuation of work centering upon the curriculum with the possibility, in future, of working out postgraduate curricula.

The report of the Executive Secretary to the Board at its January meeting pointed to the need of further consideration of
1. A placement bureau
2. Better library facilities
3. Direct contact with the schools

A graphic presentation of an analysis of headquarters mail, showing that more than fifty per cent of it is concerned with the administration of the organization, seemed to indicate a very real need for expanding the services of the organization. At the January meeting the Chairman presented some preliminary data on accrediting agencies. The Committee voted to subdivide the Committee into Subcommittees to study: 1) Accrediting agencies; 2) Personnel bureaus; 3) Methods of conducting and financing field work; 4) The organization and financing of a research bureau; 5) The whole question of a bureau of publications.

Since this Committee came into being there have been some striking changes in the general trend of thought regarding the work of the professional organizations.

(1) Dr. Burgess has reminded the organization that the life of the Grading Committee, as at present constituted, is short, and that it may not accomplish more than a first published grading.

(2) The consolidation of the Journal offices has made it possible to conduct conferences between the two professional magazines, the American Journal of Nursing and The Public Health Nurse. These conferences
have not even broached the subject of a bureau of publications but it is conceivable that they might do so in a constructive fashion.

(3) The National Organization for Public Health Nursing, in the June issue of The Public Health Nurse, discusses a report of its Committee on "Program and Policies" which contains some extremely forward looking suggestions. It is to be remembered here that they are still suggestions only, but the two following should be considered:

1. Considering the American Nurses' Association as the professional body of and for nurses, eventually and as rapidly as possible, the distinctly professional aspects of the N. O. P. H. N. program should be turned over to the A. N. A.
2. As the N. L. N. E. is concerned with nursing education, the question arises whether all phases of the problem of the education of nurses—postgraduate as well as undergraduate—should be pooled in this organization.

With all of these things, which are as yet thoughts rather than developments, in mind, the Chairman of this Committee has delayed action on all of its projects except the study of accrediting agencies.

The Chairman has reviewed the literature of some, and the members of the subcommittee (Miss Hawkinson and Miss Wolf) of others, of the following accrediting agencies:

Academic:
- North Central Association of Colleges and Universities
- Association of Colleges and Secondary Schools in the Middle States and Maryland
- Association of Colleges and Secondary Schools in the Southern States
- Northwest Association of Secondary Schools and Schools of Higher Education
- American Association of University Women

Professional:
- American Medical Association (Council on Medical Education)
- Federation of State Boards of Medical Examiners (to be studied further)
- National Board of Medical Examiners (to be studied further)
- American College of Surgeons
- American Pharmaceutical Association
- American Library Association
- American Bar Association
- American Psychiatric Association (Accredits schools of nursing in psychiatric institutions)

A few points in organization stand out in a striking fashion from a review of the mass of material.

1. The work of accrediting and of research seem to go hand in hand.
2. The accrediting machine, whether it be called a Council, Commission, or Committee, tends to serve as a clearing house for information of a professional nature.
3. Definite organization is necessary. Most of the reports, both professional and academic, stress the importance of working through the state groups.
4. The academic agencies studied charge an initial fee and an additional charge if re-inspection or survey is necessary. It seems clear that practically all accrediting agencies utilize field workers.
5. Membership. Opinion seems to favor voluntary membership. Quoting:

"In my opinion part of the strength of our organization (North Central Association of Colleges and Secondary Schools) arises from the fact that schools elect to accept the standards for approval rather than accepting them because they are compulsory. In turn, our Association enjoys a freedom in dealing with schools because of the voluntary character of its membership. When schools elect to join our Association, they oblige themselves to observe the standards of the Association or to forfeit recognition. It is, therefore, difficult for a school to justify protesting against dismissal from membership when the cause of its dismissal arises from a failure to observe the standards which the school elected to observe when it sought membership."

6. Significance of an accrediting program.

"To institutions of higher education a list of accredited undergraduate schools is invaluable, relieving them of the burden of evaluating each school for themselves."

Some of the points for further discussion and consideration of the committee are:

1. Warnings from the literature of both educational and professional groups about setting up too many standardizing agencies.
2. A distinct tendency to develop cooperative programs, ex.: the American Medical Association with Federation of State Boards of Medical Licensure and the National Board of Medical Examiners. The National Education Association "works with existing agencies as much as possible" such as state departments; so also does the American Bar Association.
3. Bureaus of research, as already pointed out, are necessary concomitants of accrediting agencies.
4. Budgets must be large.
5. Financing: by endowment (ex.: American Library Association), by dues, by fees for surveys, and by publications.

This Committee begs to make three suggestions to the Board:

1. That this be considered a report of progress only.
2. That this Committee act in some advisory capacity to or in conjunction with the Committee of the Joint Boards which is now studying the question of how to carry on the work started by the Grading Committee when the present Grading Committee concludes its work.
3. That a joint board meeting of the three boards be called for the Autumn. As the American Nurses' Association and the National Organization for Public Health Nursing normally meet in the Autumn, it is felt by this Committee, in the light of the present status of the work of the Joint Committee on the Future of Grading, that it is dangerous to defer action on the important matters before it, by so much as the three months elapsing between the probable dates of the American Nurses' Association and National Organization for Public Health Nursing meetings and that of the Joint Boards in January.

Respectfully submitted,

Mary M. Roberts

Chairman
REPORT OF THE JOINT COMMITTEE ON THE FUTURE OF THE GRADING COMMITTEE

The Wednesday afternoon, January 16, 1929, session of the joint Boards of Directors of the three National Nursing Organizations was devoted to a discussion of the responsibility of the nursing profession to the future of grading. This discussion terminated with the following resolutions:

a. That this body go on record as believing that it is necessary to evolve some plan whereby the work of the Grading Committee, or some phases of it may go on after the present program has been completed.

b. That we recommend to the individual Boards that a joint Committee be created to study the definite recommendations contained in Dr. Burgess’ report (although the study need not be limited to these recommendations) and to report as soon as possible, and that the nurses now on the Grading Committee form the nucleus of this Committee.

c. That it be recommended to the individual Boards that a conference of this Committee, of the legislative section of the A. N. A., and of the joint Boards be held in Atlantic City in June for a discussion of this subject.

Following the meeting of the Grading Committee in New York City on Tuesday, April 23, a meeting of the Special Committee was held on Wednesday, April 24, at Teachers College. The following were present:

Representing the N. L. N. E.—Miss Mary Roberts, Miss Laura Logan
Representing the A. N. A.—Miss Helen Wood, Miss Nellie Hawkinson, Miss Susan C. Francis
Representing the N. O. P. H. N.—Miss Katharine Tucker, Miss Gertrude Hodgman

Elizabeth C. Burgess was nominated as Chairman of this Special Committee, and Susan C. Francis as Secretary.

The Committee was unanimously agreed that the function of the Grading Committee as it is today is primarily research—a gathering of facts—and that the responsibility of putting into effect the findings of the Committee should be that of the three National Nursing Organizations. The following resolutions were adopted:

1. That it is the opinion of this Special Committee that the Grading Committee be continued under some suitable name, and with its function limited as at the present time to research.

2. That this Committee approach the A. N. A. for a grant to provide a field worker who will function under the advice of the N. L. N. E. as the group concerned in Nursing Education, and to work on education problems submitted by the Committee.

The following suggestions were made as to a name for this Special Committee, but no decision was reached: Joint Committee on Professional Progress; Joint Committee on the Future of the Grading Committee;
Joint Committee on Future Nursing Problems; Joint Committee on the Utilization of Grading Findings; Joint Committee on a Comprehensive Nursing Program.

The President, the Secretary, and the Director at Headquarters of the A. N. A., have discussed informally the Resolution that the A. N. A. provide funds for the field worker recommended in Resolution 2; and the A. N. A. Director at Headquarters was instructed to approach Dr. Burgess informally to know when, in her opinion, this worker would be needed.

It is hoped that it may be possible to hold a meeting of members of the A. N. A. Board attending the League Convention in Atlantic City June 17-21. If so, this matter will be presented for discussion at that time.

Susan C. Francis
Secretary

REPORT OF THE COMMITTEE ON REVISION

There have been very few calls upon the Revisions Committee for the past year. Although several states are anxious to complete their reorganization, in each case there are certain difficulties or complications to be overcome before this can be satisfactorily accomplished.

One question that has arisen is in relation to the appointment of honorary members in State Leagues. Your Revision Committee would recommend that in order to make such appointments in any state the by-laws shall be changed so as to include the one in use by the National League in regard to this matter. This reads as follows:

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

Another state wrote to ask for instructions as to modifying their by-laws, stating that the League mentioned did not have a Committee on Revisions, therefore the matter could not be taken care of. Our Committee calls attention to the fact that neither the National nor State Leagues have included a Revisions Committee as one of the standing committees. It is a special committee to be appointed if desired. The Revisions Committee of the National League, however, would recommend that each State League appoint a State Committee on Revisions to whom all matters from Local Leagues can be referred, so that they pass through the regular channels of the State in each case before being referred to the National Revisions Committee.

The Revisions Committee has been requested by the Executive Board
of the National League to consider some change in the by-laws relating to the duties of the Nominating Committee in making up their annual official ticket for the election of officers. It appears that during the past two years the Nominating Committee has experienced much difficulty because under existing arrangements their choice is limited to names submitted by the State Leagues. Out of all the names presented by the State Leagues there is so much duplication that there are not enough nominees to fill the ticket, meeting the requirement of two names for each position to be filled. In order to relieve this situation the Revisions Committee recommends the adoption of the amendment which has already been presented to each individual member of the League by being mailed to her together with the notice of this meeting. Article VII, Section 6 now reads:

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

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

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

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

The proposed change would make this section read as follows: Article VII, Sec. 6.

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

"The Committee on Nominations shall also prepare in advance a similar list of two nominees for each office.

"From the forms returned by the State Leagues and their own approved list
the Committee on Nominations shall prepare a ticket consisting of two names of the nominees receiving the highest number of votes for the office of President, First Vice-President, Second Vice-President, Secretary, Treasurer, and eight names for the office of Director. No names shall be presented to the Board of Directors or to a convention either by the Nominating Committee or from the floor, unless the nominee has consented to serve if elected. The report shall be signed by each member of the Committee and shall be in the hands of the Secretary by January 1.

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

Respectfully submitted,

Elizabeth A. Greener  
Chairman

Discussion brought out the fact that the ticket drawn up in advance by the Committee on Nominations was to supplement the tickets by the States when they did not give sufficient names for an office to allow two or more candidates to be nominated. This ticket of the Nominations Committee was not planned to supplant State tickets, but to enable a complete ticket to be handed to the Board of Directors in January, and published in the March issue of the American Journal of Nursing as directed in the By-laws.

When put to vote, the amendment as proposed by the Revisions Committee was carried.

No new business being brought forward, the Chair appointed the Committee on Resolutions: Bessie Baker, Minneapolis, Chairman; Marian Faber, Chicago; Mabel McVicker, Boston; Mildred Shellenburger, Philadelphia; Jane Holden, New York.

Tellers appointed by the Chair were: Mabel Huntly, Philadelphia, Chairman; Irene Murchison, Denver; Blanche Blackman, Springfield; Ethel LeChard, Brooklyn. (At a later meeting the name of Mrs. How of New Jersey was substituted for that of Miss Blackman, as Miss Blackman had to leave before the Convention was over).

The Chair appointed as Inspectors of Election: Ellen Daly, Boston, Chairman; Julie C. Tebo, New Orleans; Annie Grass, Pittsburgh; Anne Kelty, Baltimore.

Announcement was made of the first International Congress on Mental Hygiene to be held at Washington, D. C., May 5–10, 1930.

Chair: There is one further thing which should be reported here, and that is that at the meeting of the Board of Directors yesterday Miss Pfefferkorn’s resignation as Executive Secretary was received. Last year she was granted
a leave of absence, but she has now asked to withdraw from the position; and at that meeting Miss Gage was made our permanent Executive Secretary. I am sure you will be glad to hear that.

Meeting adjourned.

**General Session**

*Tuesday, June 18, 2:45 p.m.*

Elizabeth C. Burgess, President, presided.

The Chairman introduced the speaker of the afternoon, Mrs. L. Gilbreth, Consulting Engineer, Montclair, New Jersey.

**PRINCIPLES AND PRACTICE OF WASTE ELIMINATION**

By Lillian W. Gilbreth, Ph. D.

*Consulting Engineer, Montclair, New Jersey*

*Members and Guests:* It is a great pleasure to be here with you this afternoon. It is a specially great pleasure because I see so many of you from over seas, and I am glad to be able to pay, in a small way, a debt of gratitude which I owe to many of your profession on both sides of the water.

An engineer is a person who believes in measurement, who perhaps knows a bit about measuring, and who tries to have the courage to abide by his results whether they agree with his preconceived findings or not. That means, of course, that the only thing he has to suggest in any field is, measure your problem.

Now, if the engineering group has anything to offer which may be useful in solving your problems, it should be, of course, its pleasure and pride to offer its service. After all, different as the problems of different fields are, there are fundamental likenesses running through them all.

Every problem has to do with one or more of five factors: the handling of materials, the handling of money, the handling of machines or tools, the handling of papers or forms, and the handling of men. The nurse, whether she be with a private patient, in public health work, in teaching or administration, must concern herself with these five factors in varying degrees. So that the engineer would say, first, are you recognizing your likenesses to other activities as well as your differences, and is there perhaps something in efficient practice in other lines which might be transferred over and be useful to yours?

The phase which I am asked to talk about this afternoon has to do largely with the handling of men, because your Program Chairman asked
me to talk on Waste Elimination Practice and Theory as it has to do with personnel work in the hospital and nursing field. I am glad to do this, because in every field we are increasingly finding that the handling of the human element is of utmost importance. The engineer has at times been thought to disregard the human element. There may have been something in this thought years ago, when the engineer had not had so much experience as he has had lately, both in the study of the sciences that have to do with handling the human element and in the actual handling of men out in the plant and in the office, the home, the hospital or the school or wherever he may be at work. Today the engineer recognizes the importance of the science and the art of handling men.

The studies which Mr. Gilbreth made in the hospital field here and abroad included studies in hospitals administration as well as studies in operating room procedure. He analyzed the exact function of the surgeon in charge and the assistant surgeons, the anaesthetizers, and the nurses, trying through job analysis to work out signals for instruments, etc. This is work which I am hoping some day to continue. As I stood the other day in an operating room and watched the patient under the new type of anaesthesia observing every step of the operation, I decided that some of Mr. Gilbreth's plans for saving minutes under anaesthesia by signalling for instruments, etc., which seemed a bit ahead of their times, were more than ever needed now, when it is so necessary, psychologically, to keep the patient in the right attitude toward the whole procedure.

I wondered also, if a new type of appreciation of personnel work might not be necessary when the patient, as well as the nurse, could hear the doctor and all that he had to say. It seemed to me that now is the time to get at this whole problem of the application of what scientific management has to offer, in order that we may make the most of this opportunity of having the patient not only present in the operating room bodily, but consciously as well.

But to turn to my subject of today, the question of personnel work, when it is analyzed, comes down finally to a matter of job analysis. Which means that we must know what the job is. So I ask you, "How do you define a nurse?"

Now I have been watching your procedure, I have been studying you individually and as a group, I have been reading your literature assiduously for many years, and the more I watch and read and study, the more I feel that this word "nurse" is one of the most extensive terms I have ever heard. Yet, before we can begin on job analysis and try to give even tentative advice which you might discard, or adopt, or use as you found best, we must know exactly how you define a nurse. What is a nurse? What are her duties and responsibilities? What is her relationship to all the other people in the health field?
If I had a blackboard and some chalk here and could ask you for information, could I go up to this board and draw an organization chart such as I could draw in a factory, or in an office, or in a department store, or possibly in a progressive educational institution, which would show the relationship of all the various types of nurses to one another? So that I could see whether the planning is separated from the performing, and exactly how? So that I could know who does the supervising? I don't mean who is the superintendent, but who actually has charge of the supervising function. So that I could know who is in the charge of determining exactly what is to be done? So that I might know who has the decision as to who is to do it, and whether that person is actually the person best fitted to do the thing? So that I might know how it is to be done and how much is to be paid for it, in time, in money, and in effort? So that I might know how the disciplining is done—let's not call it disciplining, let's call it adjusting, let's call it anything you please—who is the person who sees that the thing is actually carried through in the way that results in the least amount of friction and the greatest amount of satisfaction?

That would carry me through my planning function, and then I'd get down below the line into my performing, and I'd say, who is doing the teaching? I don't mean always the formal teaching as it is done in a school or even in the hospital, but what is the teacher-pupil relationship on this job; so that I might know who is in charge of keeping up all the equipment, the "gang boss," as we call it, as we go through the functional chart; and who is to see that the proper speed is maintained, that everything is so in order that the tempo can be just what you want it to be?

And so on through the whole list, so that I could draw and we could discuss together, this whole set-up of your profession, from the functional side. That would be the first thing we'd want to know, because unless I could know exactly what is to be done, where the responsibilities come, up and down the line, how the teaching is done and the responsibilities there, it will be impossible to give even the simplest sort of advice as to how the selection, the training, the promotion and the other things which fall within the personnel field, should be handled.

Let us suppose for a moment that we could have all this information and have it in such a form that we could discuss it at length, and that we were all agreed. I am supposing, I think, a big thing, from my standpoint as well as yours. If we could get together, not in such a large group as this, not in such a formal way as this, but in a small group, from all over the world, representing the people who really care most to put this thing on a systematic basis, and we could have, not a talk with attentive listeners, but a real conference, where we could thresh the thing through, we might have then, after a day or two of sitting in constantly, something which would give us the fundamentals upon which we could work.
Of course, one of the things you are most anxious to do is to set down some specifications for people who are going into this nursing work in its multitude of branches. If you were out in industry, we'd say let's have a real job specification, let's take each one of these jobs, big and small, and put down against it exactly the qualifications which we feel a person going into that type of work should have. We might begin, as we do in industry, by putting underneath the name of a job these various functions which it should include.

Has it to do with the handling of materials, and of what sorts, etc.? Do you know, I sometimes have thought, during the many years when I have watched all the different types of nurses at their work, that if we could have such a job specification, telling just exactly what they had to do with the handling of materials, let us say, or with manual labor, or with handling of machines (or lack of adequate machines to handle); with handling of money (or no money to do the jobs where money was required); with handling of forms (and a real expert opinion as to whether anybody ever read those forms, whether they were as simple as possible; whether it is possible to expect a person with a brilliant capability for handling people and especially sick people, to have also a qualification for making out an idiotically detailed report which nobody every cared to read), and so on down the line,—I have sometimes felt if we could have that information we could effect a real transformation in this whole field.

I went out the other day into a hospital and saw a most beautiful record. It looked to me as if it had been done by a handwriting expert or one of those monks who used to illuminate manuscripts. What was it? It was the report of what had happened to each patient during the day and night. And I said, "What is the object of this report, doesn't everything on it appear on the bedside record?" They said, "Yes, it is a copy of the bedside record." And I said, "Why is it copied?" "Well," they said, "the bedside record looks so untidy because it is done in a hurry by two or three different nurses, so we copied it up beautifully in order to have it in good form." And I said, "When was it looked at last?" And after a long consultation nobody could remember.

Now, that didn't trouble me at all. I thought perhaps the dear girl who made this got a much needed rest period while she sat down and filled it out. Who knows? The thing that bothered me was that somewhere there is still somebody who starts out making requirements having not the least idea whether the thing, when it is all done, is to be needed or used by anybody. I questioned standards all along the line, I wondered how many more wastes there were out in the field which I don't know, which I couldn't find, which I shouldn't recognize, but which every one of you here in this room knows very well—if you are not too busy or too tired to notice them—but perhaps has not the courage or the opportunity or the urge to make public.
It is a wonderful thing to be a person like myself, interested in your work, but detached, able to say anything. I don’t suppose there will be one remark made here today that any one of you couldn’t make. I doubt very much whether there will be one remark which many of you wouldn’t make if it were your job to come up here and make it, but perhaps it is a bit easier for you to have somebody like myself, a bit detached, a bit out of the circle, come in and say it for you.

The pity of it is, as of course is usually the case, that the wrong people are hearing what I say. You don’t need this at all. I ought to have the people who make these ridiculous requirements here to listen to what I say about the wastes to which you are subjected and which, of course, many of you can do nothing to affect. If we could make a job description, a job specification and could put under each job that we expect this person to do the following things: to fold gauze, for example, which can be bought for almost no more already folded, a kind of busy work which may keep her from getting the idea she has time on her hands. We give her little money to handle, yet we have certain specifications about ability in purchasing.

We demand knowledge of machines, we expect all sorts of accomplishments in supervising, in teaching, in handling of the human element, difficult doctors, difficult surgeons, difficult boards of directors, impossible patients, and worse than impossible families. That is what we actually and truly do require, that is the actual job description of what we want done. But all we present is a much simpler, much more general one, of requirements of physical strength, mental ability, emotional stability, which look so simple and easy that every girl feels she can go right out and become a nurse and go into any line with the least amount of expenditure of effort.

The engineers ask from you nurses a real job specification covering the mental, physical, emotional qualifications involved. That means that you are going to devise for us tests to determine whether people have these things. What are the physical requirements for a successful nurse? Who can give them to me? Must she be of a certain size and a certain weight, with a certain grip and a certain amount of strength, and this, that, and the other thing, or is the job so diversified that one has to have different kinds of specifications for different types of nurses?

As I remember the various times that I have seen you in action in my own family situations, where I have been watching very closely, it seems to me sometimes the nurse must be enormously tall and strong and quick motioned, and at other times it would be a very great asset if perhaps she were not quite so tall nor quite so strong, and especially not quite so quick motioned. Being myself one of those excess energy people who not only move rapidly but hang constantly, and having had irate rheumatic patients rail at me many times, I have often wondered if, in certain cases, a person
who was, perhaps, very much less energetic and was able to move softly and quietly and keep a peaceful atmosphere, might not be much more desirable on certain jobs than exactly the other type.

If we had accurate information, when we came to our actual selection and placement we would have a much simpler task. It isn't enough, either, to go out and get possible applicants and check them up. You must know what they are going to be like at the end of the course which you prescribe for them. Are you going to take them in a little bit under normal, perhaps, physically, and turn them out better than they went in? That, I hear, is very often the case.

You must also be able to predict what a person is going to be like at the end of a certain number of years in her profession. Is she going to have those positive health attributes that give her a resistance which will carry her through, or are you "killing them off" at a certain time and age, in different lines of your profession? Do you know? I don't know! But I would like to know, if I were going to make an adequate job specification.

Against that and next to it, I would want to have some idea of the psychological requirements of the job. What I. Q. is necessary for doing each type of nursing? In industry we think that it is bad to have a person with too low an I. Q., not only because she may not be able to do the job satisfactorily, but because it is very fatiguing to keep constantly straining to fill one's job properly.

On the other hand, if one gets a person whose intelligence matches with the job, she is apt to get bored with it, and there is a problem in keeping her properly stimulated. The very worst waste we can have is to put someone with too high a I. Q. into a job. That person is bored from the start, and of course there is soon a problem of turnover involved.

Now far be it from me to say that your profession does not offer opportunities for women with the highest type of intelligence, but I sometimes question whether the whole sweep of the work which you are required to do offers opportunities for that type of intelligence. When I have a nurse say to me that the hardest job she has to do is to listen to the patients discuss the plots of the novels they have been reading or the moving pictures they saw before they came in, I wonder if that isn't one of dozens of hard jobs which she probably has to do, which keep her work from being as stimulating as it might be.

If we could take every job, every sub-job which is a part of your profession and analyze it as to the amount of intelligence it actually demands, we would have there something which would be interesting and significant.

And along with that I want definite information as to the emotional demands of all these various types of work you are being called upon to do, and as to just the type of emotional equipment which you feel fits best into the
situation. I want to know the amount of stability through this, that, and the other more or less shattering experience. I want to know interests, I want to know types of satisfactions. I want everything I can possibly get which will help me to select people who will fit into the work best, jobs which will fit the people best.

If I could get job specifications like this, if I could actually know what the physical, mental, and emotional requirements are for each one of these various jobs, I would have a very much better chance to go out and select the right kind of women to go into each one of these, and it would be an enormous asset when it came to planning training.

The problem of teaching is one which is exercising us very much in industry. We used to have a notion that if we provided teaching which would fit a person comfortably into a job we had more or less finished the task. We are now beginning to realize that that is only the beginning of our problem. Teaching must go on continuously, if we are going to have people improving, and developing, and interested in their work. There isn’t any kind of work out in industry which isn’t changing all the time, so that if people are doing an admirable job and doing it in the same way they did only a few years ago, they are far behind the methods of the progressive people in that kind of work. Gradually we are trying to get opportunities for the people who are doing well to go out and get more training, or have more training coming in to them, in order that they may feel that they are having a real opportunity to keep up, and that the industry into which they have come is getting the best that that person has to offer.

That is something which we would want to know for your profession, too. Not only what kind of training is available to give a woman a start, to get her in, but how does the training go on, how much free time does she actually have when she is out on her job to keep up with her own job, to see how other people are doing their jobs, to fit herself into other different kinds of situations, to feel out to see if she could do one of the newer diversified jobs with a greater amount of interest?

We are finding, too, that it isn’t enough to have our people consult with and work with people in their own fields. If we take our people in “sales” and group them all together, they may come back with some new knowledge on selling but they won’t get the big things in the other fields, which, perhaps, they could transfer to theirs.

Now, isn’t the same thing true with your profession? It is a fine thing, it is a wonderful thing for you to have your Leagues and Associations, and meet together and discuss your common problems. It is a fine thing for you to meet with the other people in your field in health work. But you ought to have a chance to go to other types of meetings to see how other people in entirely different fields are facing problems which, after all, except
for their vocabularies, aren't so very different. Of course, it isn't only what you could get there, it is also what you could give there, because these people in other fields are beginning to realize, all of a sudden, that they need your help very badly, not only when they get into difficulties and come to you as they have to, to be hauled out, but to prevent their difficulties.

We need people in industry not only to patch us up when we get broken, and to teach us health rules, but to work through problems of life for us right out in the factory, and through the twenty-four hour day. I don't want to forget to say a word, either, about your own twenty-four hour day. We are finding out in industry that we can't think only of the working day of the people in our plants. We must think through the complete sweep of the total situation and the twenty-four hour day. What do they do on the job, what do they do before and after the job, and how are the two related? What skills do they need to get along in their work? What satisfactions are they getting out of it?

I wonder how much you have done in that sort of thing, how much in your thinking of selection and training and promotion you are thinking not only of work opportunities but of leisure opportunities? And just exactly what the whole swing of their life means to the women who go into your profession?

These job classifications of ours would not only help in selection and in teaching, but in promotion also. In industry we find we have been very remiss in promotion. If we get people in and doing pretty well, we just sit back more or less satisfied, until they come to complain. We haven't realized that if a person has more capabilities than her job demands, there is a great waste. I am wondering what you have done about that. I am wondering what the opportunities are for promotion, up and out, in the various types of work which you cover. I am wondering, if a person finds she has ability in a different line, if she can switch from one branch to another easily and quickly, and if you have training for her and if you have opportunities for her.

I am wondering how much you have tied up with other fields, so that if people out in other fields show aptitude for nursing you can say, "Aha! I have located somebody we want out here, and we will bring her in, give her a chance, give her training and try her," or, "We have someone here who seems to have covered what we have and has an aptitude in some other field. Now here are our contacts. Let us send her out into industry, into teaching, into any sort of field where her aptitudes can find free play!"

You see if we really know what the various jobs need, and the types of people who are filling them adequately, we can perhaps get ourselves ultimately a great sort of graph or table which will show different lines of promotion on and up, some up in a direct line, some over in another line, some perhaps way out into another field.
The chief thing that I would plead for, as the main objective of a study like this, is making it big enough so that it takes in all the opportunities in the world; making it intensive enough so that each individual woman, as she subjects herself to this sort of study, feels that she is having not only her likenesses to other people, but her own individual differences considered, the big likenesses in the job that she wants and the individual differences which make that job different from any other.

I would ask your cooperation, too, in something we are trying out in industry in this type of work, and that is in a real fundamental investigation of skills and satisfactions. We have a feeling that certain types of skills are needed in each kind of work and that a person who has these skills or has aptitude for them, or desire to get them, gets with them an ability to go into many types of things. We want tests, and we want training which will mean that if one has great manual dexterity, for example, one can go into the nursing field, where manual dexterity is an asset, and if one wants to leave nursing one can say, "Well, I have a fine record on manual dexterity. Where can you put me where that is an asset?"

Or we want to and training, teaching ability and a real liking and aptitude for transferring skill so that that can be used in any one of your fields or carried into industry where we need that sort of thing. And we want to get with it a real appreciation of different types of satisfactions. Do you like to handle people? If you do, you ought to be in a job where you are handling people, and no matter what your job is named, no matter what people think about it, if it isn't a job that gives you a chance to handle people you ought to be in a job where that is the main thing. Do you like to handle materials or machines or anything else—then you ought to be in a job where that sort of thing is an asset and where you can have a chance at it.

If we could find out the big general skills and the satisfactions that go with them, if also we could get these small, complete, detailed job classifications, then I think we should have the material with which to work in the personnel field. And I am sure that I speak for the engineers not only here but internationally, when I say that if the engineer can in any way be of service, it will be a very proud task and responsibility.

It is to be my pleasure to go to the Engineering Congress in Japan this fall. I should be glad to carry word there that it was the consensus of opinion in a group like this that the engineering profession might perhaps be of service, not in the way of giving counsel and advice as pretending to a superior attack on the problem, but simply as a group in a different field, with a different method of attack, who owe a very great debt to your profession and would be glad to pay that debt in any way that it knows. Thank you.

The meeting was adjourned.
Conference on Postgraduate Courses
Tuesday, June 18, 3:30 p. m.

See summary, Closing Business Session.

Conference on Opportunities Offered by the Harmon Association
Tuesday, June 18, 4:30 p. m.

See summary, Closing Business Session.

Joint Meeting of the American Hospital Association and the National League of Nursing Education
Tuesday, June 18, 8:00 p. m.

L. H. Burlingham, M. D., President, American Hospital Association, presided.
General subject: Nursing Education.

NURSING EDUCATION FROM THE VIEWPOINT OF THE HOSPITAL TRUSTEE

By Richard P. Borden

President, Board of Trustees, Union Hospital, Fall River, Massachusetts

Published in the Proceedings of the American Hospital Association.

NURSING EDUCATION FROM THE VIEWPOINT OF THE HOSPITAL SUPERINTENDENT

By B. W. Black, M. D.

Director, Highland Hospital, Oakland, California

Published in the Proceedings of the American Hospital Association.
NURSING EDUCATION FROM THE VIEWPOINT OF THE PRINCIPAL OF A SCHOOL OF NURSING

By Carrie M. Hall, R. N.

Principal of the School of Nursing, Peter Bent Brigham Hospital, Boston, Massachusetts

As I face the task of crystallizing my thoughts on this subject I am fully aware that all that is known of nursing education has been stated over and over again, from every angle, by those much better qualified than I. It is upon twenty-five years of graduate nurse experience, twenty-three years as a superintendent of nurses and Principal of a School of Nursing that I venture to address you tonight.

I could enter into a review of the very wonderful progress made in this quarter of a century. I could tell you my personal experiences, for my career as student nurse began at a time when formal teaching beyond a few lectures was little known in schools of nursing. But it is not necessary to repeat again the story of the growth of modern nursing. All of you know the asset which the student nurse has been to hospitals. All are more or less familiar with the system of instruction which has developed around and upon this ward service, which we call "nursing education." When I became President of the National League of Nursing Education, four years ago, I felt that the term "nursing education" had become a hackneyed expression. I had listened to addresses in which the phrase had occurred as many as twenty-five times. I was tired of it. For three years I tried to find substitutes and spoke of "nurse preparation," "experience," "training," etc., but none of these terms seemed to fit the case and I succumbed to the use of the term "nursing education."

That seems to be exactly what is meant. Training which produces skills, and experiences which form habits, are good if rightly directed. Back of them must be that sound preparation, which implies a good cultural background, includes fundamental sciences, an understanding of human relationships and the ideals and principles of a profession, which is education.

Probably Principals of Schools of Nursing understand better than anyone else how unsatisfactory and incomplete the whole system has become. And when I speak of the Principal of the School of Nursing I mean that officer who holds the dual position of Superintendent of Nurses and Principal of the School for there are but few instances where these responsibilities have been divided. In what I have to say I shall refer only to those schools which are integral departments of hospitals, as those with college and university connections constitute only about 2% of all the schools.

In the United States there are schools in 2,155 hospitals ranging in size
from 5 to 4,000 beds. These hospitals are of every kind, public, private, general and special. There is no uniformity in clinical material and no criteria or restrictions for determining what hospitals may conduct schools. Student nurses are present because fifty years ago hospitals found that a training school provided an economical method of nursing the patients.

Candidates are admitted from seventeen to thirty-seven years of age. Their fundamental education ranges from eight grades of public school to the possession of a master's degree. Frequent attempts have been made to make graduation from high school a minimum entrance requirement. The average candidate at entrance is below this and the level seems to be falling rather than rising. It is apparent that those schools requiring high school graduates must catch them as they come out of high school, hence the youth of the students. Not all these variations in age and fundamental education are found in one school but they are varied enough even in a single school so that there is no common background for teaching. In so mixed a group instruction must be pitched to the level of the average. Satisfactory professional education cannot be built upon eight grades of grammar school work or on one or two years of high school.

Some nursing schools have teachers and some have none. The evolution of the instructor has been an interesting development. It has occurred during this quarter century. In the school which I represent the nurse instructor in sciences teaches seven subjects. There are plenty of schools in which the instructor is required to teach seventeen subjects or more. This type of teaching cannot be considered suitable for schools of higher education.

Service to the patients and to the hospitals is the thing on which the whole system hangs. Students perform nursing tasks and others over and over again until they have no bearing whatever on education.

The eternal conflict between the two functions, service and education, is a constant nightmare to every principal. It is not only that the needs of education and of service to the hospital may not coincide but that they usually do not and the problem of the superintendent is not to prevent injustice to a few students but to distribute it evenly among all students.

In the American Hospital Association report for last year occur statements by one of the speakers as follows: "I believe that the supreme need of nursing service, is nursing service, attending patients. I know of no way in which nurses can become familiar with human needs except through constant contact with humanity. . . . I know of no way of teaching the nurse her responsibility toward the patient except by a study of the patient." It is doubtless true that constant repeated care of patients tends to form certain nursing habits on the part of student nurses but it does not constitute "study of the patient." Study implies research or at least thoughtful
consideration directed by teachers. If all the routine nursing care given by students meant "study of the patient," his physical, mental and social aspects, nursing education might not present the problems that are before us. Care of hospital patients by student nurses always means a volume of work to be done in a given time. It is the rare student who gets very much below the surface of things unless she is directed.

The variety of clinical experience is as different as the size and the character of the hospitals. Affiliations cannot always be provided to guarantee teaching and experience in the basic subjects. Subjects taught and methods of teaching are quite as varied and uncertain as the clinical material. In a three-year course with an eight-hour day and five and one-half day week in a fairly good school one may find the following division of time: Class hours, including lectures, recitations, laboratory, 830 hours; hospital service in wards, operating rooms and other departments, 6830 hours; in other words, more than eight times as much service as formal instruction.

A much wider difference is to be found in hundreds of other even less fortunate schools.

Each year about 20,000 nurse students are graduated from these courses. The number is increasing annually. There are no national standards for admission or for graduation and the state standards are nearly as varied as the number of states. As graduates, nurses vary in ability and acceptability just as widely as they differed on admission in age, cultural background, and educational preparation. The ambitious ones too often find they are not qualified by education and professional training to enter the fields and the positions to which they aspire. The indifferent ones discover that the demand for their services is irregular and periods of employment are short. Their earnings are small. The demand for the graduate in the community is not as great as the supply. Yet training schools continue to increase in numbers and in size without apparent regard for the future of these women. Some managers have frankly stated that they feel no responsibility for their future just so the hospital's work is covered.

In the literature on nursing education one need not go back of those studies which have pictured the problem so graphically, Nursing and Nursing Education in the United States published in 1923 and Nurses, Patients and Pocket Books in 1928. These two volumes expose all the weaknesses and disadvantages of the system. The first gives conclusions based on an intensive study in a limited number of schools in several types of hospitals. The second is the result of an intensive study of the graduate nurse in the field, in each of the major types of service. Both stress the need for quality in nursing service. Both suggest autonomy of the school and each advocates endowments for nursing education.

It is now a full year since we have had the book Nurses, Patients and
Pockets Books with its facts and its implications. We know that this is a preliminary study and that the first actual grading of schools is taking place this year. But what have we done with the preliminary report? Nothing! The directors of our three national nursing organizations spent an entire session last January trying to determine how we nurses might take the steps implied in the report.

Actual returns from the first grading which has just taken place will help tremendously and may point the way to future developments. The first implied task “to reduce and improve the supply” is dependent on the second, which is to “replace students with graduates.” This in turn is dependent on the third, to “help hospitals meet costs of graduate service.” And this seems to be the crux of the whole matter—that hospital boards shall recognize and meet the need for a paid graduate nursing service. The fourth recommendation,” to get public support for nursing education,” has already happened in a few instances. Other support is sure to follow.

I believe that nursing education has progressed just as far as it can under hospital control. In these indicated reforms our hands are tied and our way is completely blocked by the system under which we operate. If apprenticeship as a means of education is unsound let us abandon it, as every other group has done. In all fairness to the employers of graduate nurses who have every right to require expert nursing service, and all fairness to the students who knock at the doors of nursing schools, we should be in a position to offer sound educational programs by expert teachers under conditions which make study possible and experiences of true educational value.

I believe as did the founder of modern nursing that the place to teach nursing is in hospitals where the sick are assembled. It is highly desirable that the best of our bedside experiences should be retained, as of precious value, and that the bedside teaching should be vastly improved. But good nursing cannot be taught where good nursing is not being performed. With an all-student service even with graduate nurse direction, one cannot guarantee the quality of nursing. Much of the nurse’s education can be better secured outside of hospitals, in institutions of learning. I think I can speak for my colleagues as well as myself when I say that to produce the best results, nursing schools should be limited in number, should be separate organizations, and that the teaching should be directed from the point of view of education and not of service. Such a policy presupposes two fundamental changes. First is the substitution of graduate nurses for student nurses in a great many hospitals which, on account of size, lack of clinical material, limited number of services and for other reasons, ought not to attempt a training school, and in those hospitals which do present adequate clinical material and teaching facilities, the employment of enough graduate
nurses to insure a basic nursing service. Student nurses in such hospitals would only supplement the service, securing experiences necessary for a rounded education.

I am of the opinion that the public resents student nurse service as a basic service in hospitals. The employment of graduate specials by private and semi-private patients is an astonishing development of the last few years. Much is heard of the inability of patients to meet these costs. But the demand is extravagant, out of proportion to the seriousness of the illnesses, and these patients always find a way to pay. In a hospital which has within a few years changed from a graduate to a student service the demand for graduate special duty nurses has increased markedly. I doubt if a change from student service to graduate service, now, would be any greater step than the change fifty-six years ago from untrained service to student nurses. It will come. It has already begun.

Second, endowments for nursing education are inevitable. In every other field this has been the solution of expense of education and it must come in nursing. This is not a new thought. It was stressed by the report of the Rockefeller Committee in 1923, and again last year by the Committee on Grading of Nursing Schools.

As principals of schools it is our aim to give nurse students an education which will fit them as graduate nurses to give intelligent and skilled nursing service to all kinds of persons, in all sorts of places and under every condition. The next groups, from whom sympathy, support and cooperation must come are represented in this audience, the trustee group and the hospital superintendents group. Understanding is coming. If all the interested groups come together often enough, pull together strongly enough and keep the goal in sight, we shall soon be on the way toward: "Reducing and improving the supply of graduates; replacing students with graduates; finding a way for hospitals to meet costs of graduate service, and securing public support for nursing education."

"Attempt the end and never stand in doubt. Nothing so hard but search will find it out."

"OUR PROBLEM IS DIFFERENT"

By Leonard P. Ayres, Ph. D.

Vice President, The Cleveland Trust Company, Cleveland, Ohio

About thirty years ago, Dr. Joseph M. Rice, who was then editor of the Forum, started a revolution in public education in this country. He drew up tests in spelling, and travelled from city to city and gave his tests to the school children. He then published an article in the Forum in which he
showed that the children in some of our city school systems spent twice as much time as did the children in other systems in the study of spelling. He went on to show that when the children had completed the elementary grades, those who had spent the greatest amount of time on the study of spelling could not spell any better than those who had spent only half as much time on it.

Dr. Rice went ahead and gave similar standard tests to the children of city school systems in such subjects as history, geography, and arithmetic and discovered other astonishing conditions with regard to the lack of effectiveness of much of the work being done in the public schools. He wrote articles about his researches, he lectured before educational associations, and brought down upon himself a veritable storm of denial and denunciation. He did not make himself popular with the educators, but he started an educational revolution.

When Dr. Rice did his pioneer work, public education in this country was an occupation rather than a profession. Many states had no state departments of education; salaries were low; the teachers were mainly young girls without professional training who taught for two or three years and then left to get married. One of the early school surveys described the teachers as a mobile mob of maidens meditating matrimony. A good many of the school superintendents were brokendown ministers, or retired real-estate dealers.

Within a few years, these conditions began to change. At first scores, and then hundreds of school people began to analyze the classroom work and the administrative problems of education, and to write books and articles about them. Soon almost every important university in the country established a school of education; laws were enacted to enforce professional standards; salaries were increased until today school teachers are by far the best paid large group of employed women in the country. Public expenditures for education have been multiplied by five in the past fifteen years, and now amount to more than two thousand million dollars a year.

The chief cause of this astonishing change is that, during the past twenty-five years, volunteer leaders among the school people have been persistently studying their own jobs, and writing about the things they found out. Not much of this studying and writing has been of the critical and fault-finding sort; most of it has been directly constructive in nature. The guiding purpose of the new scientific movement in public education has been to find out how to do the best and most in the shortest time and the easiest way. The purpose of the writing and publishing has been to make the advances of each available for the use of all.

About twenty-five years ago, banking in this country was in only limited degree a profession. We had always had a few distinguished bankers,
although even they had no professional education for their work. Most bank presidents and vice presidents were business men who carried on other businesses, and hired experienced subordinates, who were commonly cashiers, to look out for the technical features of the bank work.

Gradually it became apparent that these methods were inadequate to meet the needs of modern complex business, and the banks brought into existence a national organization known as the American Institute of Banking. The Institute is a cooperative arrangement by which banks all over the country offer their employees the opportunity to secure a professional education in banking. It has grown with remarkable rapidity. Tens of thousands of students are enrolled in its classes. It has a large endowment for graduate work in the universities. Its methods are being constantly improved by the introduction of new books and courses of study.

Banking, like public education, is becoming a profession, and the states are beginning to enact legislation prescribing the qualifications of bank officers. The methods which have brought these changes about are similar to those which were effective in the case of public education. It has been done, in the main, by volunteer leaders who have been analyzing their jobs, and making the results of their studies effective by writing about them.

In 1910, only four years before the outbreak of the World War, Dr. Abraham Flexner published his report on "Medical Education in the United States and Canada." At that time there were 147 medical schools in this country. The report showed that less than one in ten among them required that the students who entered them should have any college training. A somewhat larger proportion required some high school education. The large majority required only whatever the student might remember of such grammar school education as he might have had.

Most of the schools were supported entirely by the fees paid by the students, and a good many of them were stock companies operated for the financial profit of the faculty. Professorships in such schools were bought and sold. Many of them had no libraries and no laboratories, and an astonishingly large number of them had no connection with any hospital or dispensary. Such institutions were cramming schools in which students paid large fees to a group of local doctors who taught them the answers to the questions they were likely to be asked by the state examining boards.

The studies made at that time started a revolution in medical education that has resulted in a profound change in the medical profession. Schools of medicine are utterly different institutions from what they were twenty years ago. Legal requirements have been advanced all over the country; the literature of medical education has been multiplied; hospital standards have been improved; scientific research has greatly increased medical knowledge. The fundamental causes of these changes have been much the same
as those which have been operative in public education and in banking. Volunteer leaders have been analyzing their own jobs and writing down the results of their studies so as to make them available for others to use.

Nursing education appears to be facing at the present time some of the problems that these other professions confronted two or three decades ago. Nevertheless, in some notable respects the situation is distinctly favorable. Perhaps the most important of these is that the position of nursing as a respected profession is firmly established. The American people have high regard for nurses and for nursing. The struggle for professional status and recognition was waged and won long ago.

On the less favorable side there are some serious problems. Chief among these is the fact that nurses as a group are not adequately paid. Moreover, opportunities for advancement are inadequate. The number of positions of high salaries and large influence, to which nurses may hope to advance is inadequate for a profession of the size of nursing. The literature of nursing education is small. There are few good textbooks for students, hardly any graded courses of study in printed form, and almost no books about the educational methods that have proved most successful in this field.

I have now reached a point in this discussion where I am entirely unhindered by facts. I have never made a study of nursing education, and do not really know anything about it. I can only suggest to you how some of its aspects appear to a business man who also happens to be an educator.

I think we may accept as fundamentally valid the proposition that the development of any profession depends on the ability of its members to control and improve the education and training of the young people who enter it. Now by far the greatest part of the schools for nursing in this country are attached to hospitals, and the pupils in the schools get a large part of their professional training by acting as student nurses in the hospitals. Thus nursing education is in large measure a process of apprenticeship training, in which the pupils are taught partly by classroom instruction, but largely by contact and participation.

Experiments will be made with other forms of nursing education, such, for example, as the establishment of schools in universities, or of independent colleges. Such experiments should be welcomed and encouraged, but it seems probable that the greatest progress of the near future will be made through improving existing schools rather than through founding new ones.

Probably the greatest obstacle in the way of the improvement of these schools lies in the circumstance that most of them were not founded for the exclusive purpose of training skilled nurses. They are maintained in part for that purpose, and in part to furnish student nursing service for the hospitals to which they are attached. The typical school is not an end in itself;
it is in part a means to another end. In this respect schools for nursing are unique in American education. Similar conditions do not exist in connection with any other important groups of educational institutions.

Hospitals exist to care for sick people. The problems relating to them have to deal with patients, doctors, medical students, nurses, student nurses, and business administration. The hospital is administered by a board of trustees and its executive officer is the superintendent of the hospital. The problem of nursing education is to develop a constantly advancing grade of applied pedagogy in an institution that exists primarily for another purpose, and which is administered by a superintendent, and controlled by a board of trustees, to whom the improvement of the education of nurses is a secondary interest rather than a controlling purpose.

We may be confident that important advances in the education of nurses are going to be made in the not far distant future. The basis for that confidence is the fact that the profession is now undertaking to study its educational problem. Its members have contributed the large amounts of money that are being devoted to the work of the Committee on the Grading of Nursing Schools, and they are cooperating energetically in the work of that committee. Now the history of other professions shows that when the members of such a group begin a self-study of their educational problems, important steps in progress shortly get under way. It was by just such methods that the great forward movements began in public education, in banking, and in medicine.

It is not possible to prophesy what directions the next steps will take. To an outsider like myself it would seem that most of the problems relating to the overcrowding of the profession and the underpayment of its members would eventually be solved by raising the educational standards. If this is true, it follows that the place where standards must be raised first is in the classroom work of the nursing schools rather than in the bedside and ward service. With the purpose of bringing about fundamental changes in the classroom requirements of the nursing schools, it might be wise to seek three grants of money from one of the great educational foundations for the purpose of making three studies. If I were to draw up such requests I should suggest that the first grant be asked for the purpose of making a study and report on the methods now used in the classroom teaching in a limited number of typical schools of nursing. This would be a report on what is now being taught, and how it is being taught, and the study would be made by people trained and experienced in the art and science of teaching.

I should ask for a second grant to enable some of the schools to employ as teachers, for a year or more, several well-trained educators who have demonstrated their ability in the writing of successful textbooks, and in the preparation of courses of study. I should hope by that means to make a beginning
in the improvement of the teaching materials available for teachers and students in nursing schools, and I should be confident that if a few successful books should result, the teachers and superintendents in the schools would soon produce more and better ones.

I should ask for a third grant to carry through a study and report on what hospital boards of trustees know about their schools of nursing, and what they are doing about them. I do not think this study would be long or costly, and I do not believe that the report would be a large book, but I do think it would be a good thing to ask a large number of trustees to tell what they are doing to improve nursing education.

During the war General Goethals had some difficulties with the United States Shipping Board, and he made the comment one day that apparently all boards, whether human or wooden, have in common the characteristics of being long, rigid, and narrow. Probably this is not true of boards of trustees of hospitals, but it does seem that steps should be taken to bring about closer and more cordial relationships between these boards and the schools for nurses.

Another step which I suspect ought to be taken is for the nursing profession to take over the job of supplying from its own membership a majority of the superintendents of hospitals. There are now about 7,500 hospitals in this country, and their annual expenditures are in the neighborhood of a billion dollars. It seems to me doubtful if any other development would so surely and rapidly tend toward the improvement of nursing education as would the general appointment of nurses as administrators of hospitals.

This would bridge the gap that now exists between the school for nursing and the board of trustees. It would at once make available to nurses a large number of more highly paid positions of important status and responsibility. A large number of the state superintendents of education are women, and the city superintendencies with salaries running up to $25,000 a year are open to them, and some of the most important have been occupied by them. Surely large numbers of nurses are competent to be the administrators of hospitals.

To an outsider it would appear that the position of hospital superintendent is likely to prove almost the key position in the movement to improve the quality of nursing education. Better schools are going to cost more money, and the money must be provided by the votes of the trustees. The officer having the direct access to the trustees is the superintendent of the hospital. Good strategy would seem to indicate that the superintendent ought to be a nurse.

I have just tried to read up on the duties of the hospital superintendent in order to find out what the profession thinks he ought to do about nursing education. I found two recent works on the subject, one book and one
booklet. Probably you are familiar with them both. I gather from them that nursing education is one of the things that the hospital superintendent need not bother about. I think the way to remedy that situation is to have the jobs taken over by the nurses who want to bother about education.

The success of such undertakings as I have been discussing will depend on the amount and quality of volunteer leadership that the profession is able to develop. That was true in the cases of public education, and banking, and medicine, and we well be confident that it will be true in the case of nursing. Fortunately the profession of nursing has always been able to produce distinguished leaders in time of need, and certainly it is able to do so now. I hope you will bear with me for a little while to consider briefly this matter of leadership, for it is not so mysterious as it seems.

I served as chief statistician in the army, and while on this side, part of my job was to deliver five lectures a week, all on the same subject which was: "The Progress of Our Military Effort." These lectures were given in the secret room of the General Staff in the State, War, and Navy Building in Washington. Each talk consisted of an explanation of a set of statistical charts showing such things as the orders and deliveries of rifles, artillery, ammunition, and airplanes, the transportation of men and supplies to France, the battle losses on the other side, and scores more of similar series of information.

The audiences were small but select. On Monday the talk was given before the members of the War Council; on Tuesday to the generals in command of the supply branches of the Army; on Wednesday to a group known as the Maritime Conference; on Thursday to the Senate Committee on Military Affairs, and on Friday to the House Committee. There were two classifications of information in these lectures, known as A and B. The War Council got all A and all the A there was. The generals got A but not all of it. The members of the Maritime Conference got most of A with a little of B. The senators got some A and a good deal of B. The members of the House Committee got mostly B.

Now my job was to give the lecture bringing all the facts up to date and calling attention to any important new developments, and then to stay there and wait, sometimes for hours, while these men discussed them and decided what action ought to be taken next. That was when I got an opportunity to watch considerable numbers of important leaders in action, and tonight I want to talk to you about how they seemed to do it.

Now the first thing that impressed me when I began my long series of lecture was that there is no way to identify a leader by his appearance or his manner. Some of these men were large, others small. Some were talkative, others taciturn. Some were jovial, and others solemn. They had no characteristics in common so far as appearances went.
My next impression about them was one of disappointment, and it was quite a while before I could analyze the feeling clearly enough to know just why I was disappointed. Finally I realized that it was because, even among the dozens of distinguished men who attended the lectures each week, there was not one who lived up to my mental picture of what a real leader ought to be like.

You know the kind of a leader I mean—the kind described to us in novels, and acted for us on the stage, and portrayed in the columns of the Saturday Evening Post. Such a man is the big, selfpossessed, forceful man with firm jaw and piercing eye, who always knows what to do and how to do it, and who dominates every situation by the incisive quality of his intellect, and the sheer power of his personality.

That man was not present in Washington. I do not think he is here tonight. I do not believe he exists. I found out later that he was not at our General Headquarters in France, or at the Supreme War Council at Versailles. He was not in evidence at the British War Office in London. After the Armistice, most of the important countries of the world sent the pick of their ablest men to the Commission to Negotiate Peace in Paris, but that typical leader picture to us in history and literature was not among them. He was not a member of the Dawes Commission, five years ago.

The fact is that in many respects even the most distinguished leaders are very much like the rest of us. I have sat, for hours on end, in that secret room in the War Department listening to some of the ablest men in America arguing, questioning, hesitating, deciding, modifying, compromising, and then doing it all over again. And yet, of course, the profound fact is that they do have qualities that make them leaders.

Through watching such men as I have been talking about, I gradually came to the conclusion that there are four qualities that all real leaders possess in common. The first of these is knowledge of the field in which they work. I do not mean that it is necessarily the broad fundamental knowledge of the scholar, or the detailed knowledge of the man who writes textbooks. I mean rather the practical working knowledge of his own field that enables a person to face with confidence the unending succession of ordinary problems that come along from day to day in the regular course of business. I think we may feel sure that one of the essentials of leadership is an adequate foundation of knowledge about our own work. Successful leadership cannot be based on ignorance.

The second quality is partly based on knowledge. It is courage. All the men I have been talking about had courage. They were willing to take a chance. They accepted responsibility. A good part of the time they were not sure what was the best thing to do, but they did not tell other people about it. They acted as though they were sure, and because they
acted that way other people had confidence in them. We shall make no mistake in accepting as a second principle the proposition that leadership requires courage. It cannot be based on timidity.

The third quality is activity, and it is partly based on courage, just as courage depends in part on knowledge. When these men did not know what to do, they did something anyway. They kept working away at their jobs all the time. By always doing something, and being right most of the time they accomplished a great deal. Persistent activity is one of the essentials. Leadership is never won by inertia.

The fourth quality is one for which we have no single word or term in English. It is the ability to influence the actions of other people. The Spaniards think of it as being just as definite a quality as courage, or vivacity, or cheerfulness. They call it the Don de Gentes, which means the gift of people. It is an effectiveness in contact with others. It might be called a talent for human relationships. It is a special social skill. Fundamentally it appears to be the ability to see things from the other person’s point of view, and by use of that ability the power to make him see things from your point of view.

General Leonard Wood had that ability. A colonel in the regular army once told me of his first meeting with General Wood during the Cuban occupation. My friend was at the time a lieutenant, and he delivered some important dispatches to General Wood at his headquarters. In telling me about it he said: “Ayres, I came out of that room feeling that General Wood was the greatest man in the world,—and that I was the next greatest.”

The nursing profession has never lacked for leaders from the days of Florence Nightingale on down to our own time. When I was in educational work I used to go up to Columbia from time to time to seek the counsel of Miss Nutting, who always seemed to me to be an extraordinarily wise woman. I had the same sort of regard for the opinions of Miss Goodrich and Miss Maxwell.

The profession is right in trying to live up to the ideals, and to emulate the examples, of its leaders, and in holding in reverence the memory of those that are gone. But there is one thing about the leaders that should never be forgotten, and that is that all of them were pioneers, and innovators, and in some degree iconoclasts and rebels. They became leaders through their success in bringing about changes in the conditions under which they worked. They cultivated qualities that all of us possess, and which each one of us can increase and improve if we try. They cultivated those four qualities of knowledge of their jobs, courage, energy, and the ability to influence the actions of others. That is how they cultivated the habit of success.

Meeting adjourned.
Open Session Conducted by the Committee on Education
Wednesday, June 20, 9:40 a. m.

Isabel M. Stewart, Chairman, Committee on Education, presided.
Subject: Staff Education.

REPORT OF THE EDUCATION COMMITTEE, 1928–29: WITH
SPECIAL REFERENCE TO PERSONNEL STUDY DEALING
WITH THE EDUCATIONAL STAFF OF THE NURSING
SCHOOL

By Isabel M. Stewart, R. N.

Chairman

For some years the Committee on Education of the N. L. N. E. has been
concentrating most of its attention on the curriculum of the nursing school
and the conditions and resources necessary for putting the curriculum into
effective operation. Although much has been accomplished through a
better selection and organization of curriculum materials, a wider range of
clinical resources and more adequate classrooms and equipment, we all know
perfectly well that these things in themselves will not bring about educa-
tional progress. In this as in many other enterprises it is the human element
which counts most. We must first have the right kind of student material
to work with and then we must be able to secure well-qualified people on the
nursing school staff, who will be ready and able to put on the kind of edu-
cational program which will give us not only better schools but better nurs-
ing service inside and outside the hospital.

The weakest spot at present in our whole educational system is probably
not our curriculum nor our material resources, but our personnel. It is
because of this belief that the Education Committee has turned its attention
to the study of the educational staff, hoping to be able to find out a little
more definitely what are the duties of the different workers of the staff—how
they spend most of their time, what qualifications they have for their work,
how they get into it and how they can be better selected and better prepared
for their important responsibilities.

Such information would seem to be of value in several ways:

1. To help the nursing school in building up a better staff and in organizing its work
   on a better basis.
2. To help the individual members of the nursing school staff to study their own
   work more critically and to prepare themselves more adequately for their present
   and their probable future positions in nursing school work.
3. To interest some of the more promising graduates of nursing schools in the
   vocational opportunities found in such administrative and educational positions
   as are here described, and to guide them in preparing themselves for such positions.
4. To help in organizing better courses of study for such workers, on the "in-service" as well as the "pre-service" plan and to suggest practical ways in which such preparation may be extended to all those who need it.

Since the Committee is a voluntary one, composed of widely scattered members, and since it has had very limited financial resources to draw upon, it has been impossible to undertake any very extensive or closely coordinated study at this time. The work has been divided among several subcommittees the chairmen of which are Miss Effie J. Taylor (Administrators and Assistants), Miss Stella Goostrey (Instructors), Miss Mary M. Marvin (Head Nurses and Supervisors), and Miss Amelia Grant (Supervisors for O. P. D. and Clinic Nurses). These committees have in some cases had the assistance of college students who have selected portions of the study as course projects.

So far as approach and method are concerned the Committee has tried to avoid the subjective type of vocational study which is based largely on the opinions or the personal experience of one or two individuals. It has been much interested in experimenting with some of the newer techniques for accumulating materials of this kind, particularly with the diary and time study, the job analysis and the vocational history. Conclusions have been based largely on the objective facts which have been gathered from the field itself or from the records of professional workers. Where opinions have been included, they are the result of questionnaire studies covering a fairly representative group of reliable people or of interviews or group discussions, where an effort has been made to draw out different viewpoints and to pool the experience of workers in various specialties and from different types of institutions.

The Committee is fully conscious of the limitations of this study. In some cases the samplings have been rather too small to justify any very reliable conclusions. In other cases, the individuals answering the questions have not been entirely typical. The trouble is that the "average" individual does not seem to be sufficiently interested to fill out and return the questionnaire or the diary sent to her. The greatest possible appreciation should be expressed to those who did cooperate so willingly and so capably in filling out the various documents sent to them or in joining in various group discussions.

The study does not cover quite as wide a territory as the Committee originally mapped out, but it seems best to put the material into circulation in its present form rather than to wait for the more complete survey which would take possibly two or more years to cover. The hope is that this introduction will stimulate nursing school faculties to study their own functions and qualifications and perhaps to experiment with new methods of personnel organization and staff education.
Some of them may be interested in looking up the kind of personnel studies which are now being made in various fields somewhat similar to our own. It will be remembered that most of these studies are the work of experts in personnel research or of investigators with ample time and resources. A few examples are listed here:

A Personnel Study of Deans of Women in Teachers Colleges and Normal Schools—Sturtevant and Strang.
A Personnel Study of Women Deans in Colleges and Universities—Jones.
The Principal Studies His Job—National Education Association (pamphlet).
The Commonwealth Teacher-Training Study—Charters and Waples.
Report on Analysis of Secretarial Duties and Traits—Charters and Whitely.
Basic Material for a Pharmaceutical Curriculum—Charters, W. W. and others.

Some New Additions to the Study of the Educational Personnel of Nursing Schools

The following short studies have been contributed this year by members of the staff and student body at Teachers College. They have helped substantially in rounding out our materials on the work of head nurses, instructors and assistants.

3. Vocational Histories of Fifty Superintendents of Nurses (and some additional work on the whole study)—Blanche Pfeifferkorn.
4. The Function and Status of the Educational Director—Ethel J. Odegard.
5. Outline of Course and Bibliography for Head Nurses, to Be Used in Staff Education Programs for Head Nurses in Service—Cordella Cowan.

Much of this material will be incorporated into the personnel pamphlet now in preparation. It is hoped that this may be ready before the next meeting of the League.

Experiments in Staff Education

In addition to the studies listed above, attention should be called to several experiments in both the "in-service" and the "pre-service" types of staff education program. Some of these will be described in the papers presented during this session. It may be noted here that the League of Nursing Education in some cities has been the leading influence in organizing educational programs of the "in-service" type for staff nurses in hospitals. The Philadelphia League has been one of the most active in this work. The New York City League is planning such a program next year with the cooperation of practically all the schools whose members are represented in the League. Anyone interested in this program may secure information
and outlines of study materials from the Secretary, Miss Lillian Hanford, New York Post Graduate Hospital, New York City.

The "pre-service" type of course (perhaps more accurately described as the "between-service" type) is developing rapidly through the addition of several courses given during summer sessions at various colleges and universities and sometimes at other periods in the year. Such courses have been started during the past year in the Colorado State College for Teachers, the College of Saint Theresa in Minnesota, and Creighton University in Nebraska. The University of Virginia has opened up a Department of Nursing Education as a regular part of the University and is offering a complete program of training, to teachers, supervisors, and other workers in nursing schools.

It is interesting to note that this movement, which started thirty years ago to give definite preparation to those responsible for the conduct of nursing schools, began at the top and has gradually extended until it has finally reached the head nurse group. Until recently this group has remained almost untouched by our organized educational efforts, either in the form of college courses or in the form of our various League activities. This is particularly unfortunate, especially since we all agree that the real influence of this group on the education of the student nurse is probably greater than that of any other single group in the school. It is urgently necessary, therefore, that some definite effort should be made to bring the head nurses into closer touch with the currents of educational thought in nursing, and to get them interested especially in improving their own preparation.

An experiment in the training of head nurses has been worked out during the past year by the Department of Nursing Education at Teachers College in cooperation with six hospitals in or near New York. Some phases of this experiment will be presented by Miss Treiber. Those who are interested in securing a fuller outline of the course and the opportunities for residence scholarships offered in New York hospitals next year, should write to the Department of Nursing Education, Teachers College.

Another interesting phase of Staff Education is the working out of field work for supervisors interested in the various hospital specialties and also in the work with student nurses in Out Patient Departments. Miss Kelley and Miss Knapp will give an account of some of the newer developments in these fields. We are particularly interested in the Out Patient experiment because we believe that it is an important step in bridging over the gap between the hospital and the community and between bedside nursing and what we have been calling public health nursing. If we can show that a great many of the elements found to be of value in undergraduate public health nursing experience, can be brought out in the O. P. D. experience, with good teaching and supervision, it will not seem to be so difficult to get such experience for all the students in our nursing schools.
Several inquiries have been received from schools interested in securing trained supervisors to develop their Out Patient Department teaching. There are very few ready at this moment, but a program of training will be available next fall and there will be an opportunity for two well qualified applicants to take the associated field work course with Miss Knapp at Vanderbilt Clinic. Inquiries should be made to the Department of Nursing Education at Teachers College.

**Extra-Curricular Activities**

Miss Shirley Titus, chairman of this sub-committee, reports that the work has been divided up among various groups representing social activities, literary activities, music and art, athletics, religion, forensic and civic activities and health. Additional members have been secured to assist in working out these programs. Miss Florence Wilson, chairman of the health group, has been particularly active and has prepared some very valuable material on the health of student nurses which is to be presented at a special round table during this conference.

**Pediatric Affiliations with Visiting Nurse Associations**

This question of affiliations between schools of nursing and visiting nurse associations has been referred to the Education Committee. Such affiliations have been tried out in Brooklyn, Rochester and Providence and the request has come from Miss Mary Gardner of the Providence Instructive Visiting Nursing Association, through the N. O. P. H. N., asking that the whole subject should be studied and a definite evaluation made of the contribution which the Visiting Nurse Association can make to the teaching of subjects as pediatric and obstetric nursing. A sub-committee composed of Miss Stella Goostray (chairman), Miss Helen Wood, Miss Amelia Grant and Miss Maud Kelley has been appointed to study this question and to outline also the essential content of a good pediatric nursing experience for undergraduate students.

**Nursing Schools and Vocational Education on a Secondary Level**

This is another question which has been referred to the Education Committee for study. It is not a new problem, however. Back in 1919, in the Twenty-fifth Annual Report of the N. L. N. E. will be found (on pp. 83–91) a report of a Committee on Part-Time Teaching, which goes rather fully into this whole subject. In this report the possible advantages to be gained from these affiliations are pointed out and also the possible dangers to nursing education.

A recent questionnaire sent by the Committee on the Study of Nursing Education in Colleges and Universities to all State Boards, revealed an in-
creasing tendency, especially in some of the Western states, to include some of the teaching in nursing schools with the teaching in trade and industrial schools under the supervision of the State Division of Vocational Education. The main reasons for this movement are obviously economic. Under the provisions of the Smith-Hughes Act, financial assistance may be secured for the training of employed workers in industrial, agricultural and domestic vocations. It is stipulated, however, that this educational work, must be definitely on a level of less than college grade (which means a secondary level), and that it must be under the supervision and control of the State Department of Vocational Education. It is easy to see how nursing schools without adequate resources may be strongly tempted to apply for such aid specially since many of the schools giving such instruction have excellent equipment and well prepared teachers, and so may be able to provide better instruction than the poorer type of nursing school can afford. This is true particularly in the teaching of subjects like the sciences and dietetics, where good laboratory facilities are so important.

The arrangement of a few affiliations of this kind on an individual and a temporary basis need not give us any concern, especially if the subjects taught can be restricted to those usually included in the preliminary or pre-professional period. But it is quite a different question when we find a definite plan sponsored by a State Department of Vocational Education, outlining and urging a combined course leading to a high school diploma and a professional diploma in nursing. Under the Wyoming plan this course, including the whole period of professional training and two years of high school work is under the joint auspices of the Hospital Board of Trustees, the Local School Board and the State Division of Vocational Education. The Supervisor for Trade and Industrial Education is evidently directly responsible for the working out of this cooperative plan.

There is not much question that nursing educators can learn a great deal from those in other fields of vocational education and especially from those who have been connected with the Federal Board of Vocational Education and its progressive and far-reaching educational policies. Some of us have already gained many very valuable suggestions from Dr. Wright, Dr. Allen and others associated with them in relation particularly to the training of teachers and supervisors for vocational schools. Mr. Klinefelter is representing the Federal Board of Vocational Education on our program this morning and we are particularly anxious to hear all he has to tell us about the methods his group has found most useful in supervising the field work of vocational students.

However, this should not lead us to the conclusion that vocational schools for the training of industrial workers have the same problems or should be conducted in the same way as nursing schools. The question is
one which calls for clear thinking and for a broad survey of the whole field. We must try to foresee the probable effects of such affiliations as have been described here, not only on the individual school but on the whole group of nursing schools and we must try to map out a consistent educational policy for the present and also for the future. In order to help in clarifying our ideas on this question I have been requested to give a brief discussion which was prepared for another occasion, on the difference between a professional school and a trade school.

Respectfully submitted,
Isabel M. Stewart
Chairman

PRINCIPLES OF EFFICIENCY IN SUPERVISING TRAINING PROGRAMS

By C. F. Klinefelter

Federal Board for Vocational Education, Washington, D. C.

I am not particularly noted as a public speaker. What advantage I may have is usually in working informally on a service basis in discussing problems around a table with a small group of people. While I have prepared a few remarks, it is quite evident from the questions that Miss Stewart has raised, that if time is available I can perhaps be of more assistance by discussing certain questions that may be raised with reference to this matter.

In appearing on the program before the National League of Nursing Education, I personally feel that an apology is due the audience. In so far as the work of vocational education under the National Vocational Education Act (popularly known as the Smith-Hughes Act) affects the field of nursing, this occupation for technical purposes is classed in our own office as a woman’s trade. Hence the person best qualified to address such a gathering as this, primarily interested in this one field, is our Special Agent in Trade and Industrial Education for Girls and Women, Mrs. Anna Lalor Burdick, who is unable to be present owing to engagements elsewhere.

Mrs. Burdick is in very close touch with all phases of the development of training programs for registered nurses in training, practical nurses, junior nurses and midwives, and has taken an active hand in assisting State and local authorities in outlining and setting into operation programs of this type.

However, it is true that the speaker in his connection with the Federal Board for Vocational Education has visited practically all types of trade and industrial work receiving aid under the Vocational Education Act, in over half of the States of the Union. In this activity a number of training pro-
grams for various types of nurses have been visited. Among such programs for nurses which the Agent has personally inspected may be mentioned work in: Detroit, Michigan, in connection with the Cass Technical High School; programs in a number of cities in Texas; several cities in Iowa, Nebraska, Florida, Tennessee, and Illinois.

It should be understood in referring to training programs for nurses under the Vocational Act that such work is restricted to instruction of less than college grade, in accordance with the requirements of the Act itself. Consequently, where a training program is in operation on a full collegiate level, no financial cooperation is possible under the terms of the National Act. In all of the cases cited, however, as well as others which the Agent has not personally visited, the training programs are offered on a basis of being of less than college grade and active cooperation and financial assistance is maintained between the hospitals and the public school authorities.

When I say on a full collegiate level, it would be a requirement that all persons entering the course must possess a four year high school diploma. Where a training program of that type is in operation the Vocational Funds cannot be used in aiding it. However, in a number of states, the requirement to enter training programs for nursing is not high school graduation. Some of the states—quite a few of them as I understand it—only require, say, two years high school work and so long as the instruction is designed for people of less than high school graduation, it may be aided.

The Federal Board has no official policy with reference to whether the occupation of nursing ought to be on a full professional college basis or not. That is left entirely with the workers in that occupation. Our attitude is merely one of service where service can be rendered to good advantage in the public interest. Consequently, where nursing programs of less than college grade are in operation and it is felt that the service can be of some assistance, we are glad to cooperate.

For example, when, some years ago, a state supervisor in one of the Middle Western states, who had developed quite a little nursing education in cooperation with the hospitals of that state, changed to a neighboring state and started his work there, he naturally was interested in developing some of the same type of work that he had done in the preceding state. He found there was no cooperation on the whole program of training nurses. He made inquiry before the state association and was told that training programs were operating very satisfactorily and there was no need to worry about that field.

However, June came around, and the papers published a very small per cent of the nurses in training, who came up for state examinations, as passing—something like only 30 per cent, I believe, who had served their standard time were able to pass the state examinations. Following that,
quite a program of nursing education in cooperation with the public school authorities was developed. Since then the percentage of nurses passing the state examinations has been materially raised.

Considering the technical interpretation of the Federal Board whereby instruction for nurses is classed as a woman’s trade for purposes of reimbursement from Federal funds, it may be pointed out that the same fundamental principles of efficient training apply as in the case of offering training for any other skilled trade. Not only must there be a sufficient amount of training in the actual manipulative working operations of the trade but in an occupation such as nursing, there is much specialized technical knowledge and information which must be given in connection with the manipulative work in order to have a well-rounded and efficient training program. Since certain fundamental principles of training affect instruction in nursing just as much as they do in training machinists, carpenters or plumbers, a person who is skilled in supervising such trade work has but little difficulty in checking against the efficiency of the training program regardless of the exact occupation for which training is given.

In considering the application of principles of efficiency to any program of training, several points must be borne in mind. The speaker in using the term “efficiency” uses it in the sense of not how much or how little money is used in a given program but what specific results are obtained from the amount of money actually expended. Further, in checking on any program offered in training one should bear in mind that there are two fundamental phases which must be considered:

First: The theoretical operating efficiency. This means that the physical conditions for offering the training must be sufficiently good to enable a thoroughly satisfactory type of training to be conducted.

Second: The actual operating efficiency. This means that after ascertaining whether the physical conditions are properly set up so as to permit a good job of training to be done, the next step is to find out whether such a satisfactory job is really being carried on.

The two phases are not necessarily identical. Instances might be cited where every physical condition was right for a first-class training program but, due to general inefficiency or laziness on the part of those offering the training, a very poor job was actually being carried out. The one phase, in one sense of the word, might be designated as checking on the mechanics of supervision while the other phase might well be designated as the art of maintaining efficient supervision.

A great deal of study has been developed with reference to the whole field of supervising subordinates, not only in educational programs but in the field of industrial management as well. So far as I am personally aware, no real book has ever been written as yet on the actual art of supervising sub-
ordinates. There have been plenty of books on the mechanics of it dealing with line staff organizations, authority, responsibilities and discipline, and all the rest, the mere mechanics of it, but the art which lies back of the man who is recognized as a successful leader, who is able to secure high grade work from subordinates without resorting to any of the machinery of discipline—that art has not yet been put in a text book.

We have touched upon it in the work of the Federal Board quite a bit in connection with developing programs for the improvement of foremanship. In that connection we perhaps have a somewhat analogous situation, Miss Stewart, to your problem of in-service and pre-service training programs for supervisors. Industry is interested in improving the foremen, their supervisors, if you please, who are already on the job; and they are also interested in attempting to develop certain plans for training young people for such positions.

No really satisfactory plan has yet been worked out for the pre-service type so far as industry is concerned. A great deal of worth while work has, however, been done in connection with training the in-service type of industrial supervisor primarily on one fundamental line. The real art back of supervising subordinates lies in the supervisor’s ability to think intelligently in matters involving judgment where there is no standard procedure to follow. It is the type of thing that was alluded to by Professor Free of New York University this winter at a meeting of the American Society of Mechanical Engineers. His statement received wide publicity throughout the country, and I note that some of the high educational authorities have laboriously attempted to answer his point, although not on a common definition, unfortunately.

Professor Free stated that the nation’s most intelligent class was of the high grade mechanic type, defining intelligence only in the sense of being able to make reasonably accurate and correct decisions on the basis of ascertainable facts. That is quite a different definition for intelligence than the one ordinarily used in educational work.

Now that is the type of thing that can be improved by certain training procedure with people who have a background of experience in the actual supervising of men. And there may be some points that will be of interest to the institutions which are developing special training for the in-service type of supervisors in this field that can well be drawn from the other fields of industry. I do not have time to touch on it further at this point.

As a result of supervising and administering training programs in a wide variety of occupational fields a book has recently appeared on the market under the authorship of Dr. J. C. Wright and Dr. C. R. Allen, bearing the title *Efficiency in Vocational Education*. In this book certain fundamental factors are set up which would apply equally well in administering and super-
vising a program of nurses' education as well as one for training mechanics of any type. It is out of the question at this time to cite all of these factors, but a few may be in order.

A fundamental factor states that "Instruction in order to be effective . . . must be given to properly selected groups." The application of this to nursing education would seem to be obvious, in view of experience possessed by all persons active in training nurses, with reference to the great need for selecting applicants with care in order to make certain that they are the proper type both physically and mentally, that they will be able to profit by the instruction and will expect to use it after the training is completed.

Another factor, the importance of which is sometimes not fully realized, states that "The subject matter to be taught must be such as directly functions in the work for which the pupil is being vocationally trained." It is still all too common a conception in the minds of many people associated with training programs that good instruction consists in giving general courses in fundamental principles with little or no attempt to make them apply specifically to the type of technical knowledge and information which will be actually needed and used by the persons receiving training.

To illustrate this point, in talking with a Public Health nurse a few days ago, a reference was made to the program for training negro midwives in the City of Norfolk, Virginia. The State of Virginia a few years ago passed a drastic licensing law which threw a large number of experienced negro midwives out of work. Recognizing the situation, the City of Norfolk established a training program to give these midwives the technical training which they had not had a sufficient opportunity to acquire, although they were highly experienced so far as the manipulative features of the work were concerned. The Public Health Nurse in commenting on the program stated that she would not have supposed that the negro midwives possessed a sufficient background of general education to profit by the technical instruction given.

In answering this objection, the Agent pointed out that it was not at all necessary for a midwife to have had a training in chemistry, through the theory of ionization as modified by the recent electronic conceptions, in order to know that it is essential to place a few drops of silver nitrate of a given strength in a new born baby's eyes in order to ward off possible blindness. The illustration may seem ridiculous, yet many instances are encountered in connection with training programs for all types of occupations, where a purely formal course in fundamental principles is organized and taught, with the idea that the person receiving the training will be able to make his own specific application whenever needed. To be sure, this idea violates every principle of modern pedagogy and psychology, yet, since it is traditional, it persists very strongly with great resulting inefficiency.
Another fundamental factor holds that "Instructors must have been occupationally trained in the trade or occupation," which they are to teach. This likewise seems obvious and essential, yet many cases might be cited in different fields where those in charge of training programs have made use of teachers who were entirely technically trained and without practical experience in the occupation. As applied to programs for teaching various technical subjects in connection with a nurses' program, this would mean that the instructors must be competent doctors or nurses with practical experience in the special unit which they are to offer.

I objected, in talking to Miss Stewart, to the term "high school education" which she was using, of course in the sense of secondary education, because of the fact that in these cooperative plans of training which receive aid under our Fund, regular high school teachers are not eligible to teach the special units in dietetics, in psychology of patients, in gynecology, and all the rest of those special units that are given.

In order to receive aid under the Fund, the teachers of those special units must show occupational experience, which automatically bars out the average high school teacher, and, for that matter, general education subjects of a high school character such as go into a high school curriculum, are not aidable under the Act, either.

One factor which may be of some interest to consider holds that "Each individual member of the group should be permitted to progress as rapidly as his or her ability will permit and promotion should be made at any time on the basis of ability to do the work required." It is the Agent's general observation that all standard programs for training nurses completely disregard this principle and hence are inefficient to that extent. In other words, the standard program seems to be entirely on the basis of what might be termed a standard time exposure or so much time-serving. There are, of course, a number of reasons why this situation is true in spite of its inefficiency, some of the factors probably having no concern with the efficiency of the training. For one thing, a standard time of exposure—so many years in length—is based roughly on the idea of the time required for the so-called average person to go through the course. It is traditional in a great many types of training, yet there is no doubt that, were it possible to operate a training course so as to permit individuals of superior ability to progress at their own speed rather than to hold them back to a level usually set by the slower members of a group, the efficiency of the training program would be materially improved.

Another factor of some importance holds that "The Instruction and Training should be based upon prevailing occupational standards." This may strike some as being entirely obvious when applied to the field of training nurses, yet owing to the formal courses of study oftentimes adhered to,
dealing merely with fundamental principles as devised by a committee of educational authorities, an evidence of a real need for an appreciation of this factor may be noted on occasion, even in this field.

Still another factor which is oftentimes disregarded in elementary courses in various phases of nursing is that "Effective Training for Work can best be given on a real job." That reference is primarily to the manipulative side of the work. The Agent has visited courses in child care where the students in the training were taught the various manipulative operations with the aid of a doll by an instructor who was fresh from a technical college course and with no guarantee that she had ever been called upon to take care of a child for an hour in her life.

In contradistinction to this illustration, which is by no means as rare as it may seem, a case might be cited in one of the Middle Western states where an elementary course in child care was established in connection with a Girls' Continuation School, the instructor in charge being a high grade woman doctor. The training "material" provided for the girls in the course consisted of actual babies brought to the school, which had established a day nursery for working mothers of the community. The day nursery was under the direct charge of the woman doctor who instructed, and the students learned a great many things from taking care of the children during the day, both directly and indirectly.

In fact, some time later, following the establishment of the course, a woman Assistant Superintendent of Schools in the city met a little Italian girl at the Board of Education offices who was looking for the proper place to get her work permit renewed. In talking with the girl the Assistant Superintendent learned that she attended this continuation school, and upon asking her what course she was studying the girl informed her that she was learning to be a midwife. Interested by the answer the Assistant Superintendent visited the school and as a result of the type of training she saw given, she made a recommendation to the Board of Education that similar work be put in every high school in the city and all girls be required to take the work.

Unfortunately, that recommendation was pigeonholed. It, I might say, was organized not with the idea of training nurses at all, but more as a unit in child care for foreign girls, many of whom have to take care of a large number of younger brothers and sisters in their own families, really as a matter of general education for them.

Still another fundamental factor which is far more noted in the breach than in the observance is to the effect that "efficient use is made of educational procedures, methods and devices." All principles of modern psychology and pedagogy establish the fact that the human mind thinks in terms of specific concrete applications and only acquires the power to gener-
alize or recognize a fundamental underlying principle with great difficulty. Yet even our best colleges deliberately disregard these principles in their teaching by proceeding to teach formal courses of fundamental principles with the expectation that each individual will then be able to recognize a specific application every time he meets it. This is in spite of the fact that every student of the laws of learning knows that this policy of imparting instruction is fundamentally inefficient and wrong. Anyone, who has ever had even a speaking acquaintance with studies made with reference to the laws of learning and forgetting, should know better than to stand up before a group for an hour and deliver a formal lecture covering fifty or one hundred distinctly new points. Yet this is a common practice in practically every educational institution, almost every day in the year.

Pedagogy has not changed since the days that the famous Frenchman Compayre brought out his pedagogy. As a matter of fact every great educator from the days of Socrates, Plato, and Aristotle down, have all emphasized efficient educational procedure. And yet the universal disregarding of all those features by our educational institutions makes one sometimes wonder if what the witty Frenchman said was not true, namely, that we only study history in order to find out that we can learn nothing from history. Anyone who has ever studied some of the history of education can’t help but be struck by the fact that a great many of these principles that are talked of today as being brand new things, were all laid out by the early Greek philosophers, and every noted educator from that day down, and yet they haven’t taken firm root.

Now one more point with reference to that one factor. It perhaps doesn’t make a great deal of difference in giving courses in general appreciation. There is no way to check, and it doesn’t matter particularly so far as the teacher is concerned, outside of the ability of the student to answer a few questions on examination, whether each student really gets what is being taught to him or not, in a good many of the types of general education courses.

However, when you come to training people in actual doing ability where they will go right out on the job and proceed to show up the educational institution if they are not able to do what they have been trained to do, some real emphasis must be placed on better methods of instruction. Everyone knows that the lecture method is the most inefficient, while practical demonstration is very much more satisfactory where it is possible to give it. And yet we all know how prevalent the use of the inefficient method is as contrasted with the other. However, anybody engaged in training people with an actual ability to do something, is faced with that test, and it is accordingly essential to keep the better methods of instruction in mind at all times.
Owing to the limited time at the Agent's disposal in discussing this topic it is not possible to enumerate a large number of other equally interesting and valuable factors upon which not only the program of training itself may be checked but the quality of supervision being given as well. Yet it is entirely safe to say that every fundamental factor listed in the book referred to previously can be made to apply to the entire program for training nurses just as much as for training for any skilled trade or occupation.

In proportion as administrators and supervisors in charge of training recognize the fact that it is becoming increasingly important to apply engineering principles to analyze and check not only the quantity but the quality of the training work against the expenses for such training, more and more satisfactory results will be secured, not only on the part of those officially interested in offering the training but on the part of those receiving the training as well. An inefficient program of training not only reflects discredit upon the institution offering it but is unfair to the person receiving the training and to the public at large as well. It is well stated that the public bears the financial cost of all inefficient training, directly or indirectly, and this is especially true in training for an occupation embodying such tremendous responsibilities for the service of human health and happiness as the nursing occupation.

"PRE-SERVICE" TRAINING FOR HEAD NURSES

By Marjery Treiber, R. N.

Pediatrics Department Bellevue Hospital, New York, New York

We had in our Pediatric Department this last year, five students who were taking the head nurse course. Because of our participation in the program, I have been asked to describe the pre-service course.

In order to make it perfectly clear just what is meant by the terms head nurse, supervisor, in-service and pre-service training, let us distinguish between them. "A head nurse is a graduate nurse who is in charge of a ward or of a similar unit." By pre-service is meant the training given in preparation for a position before the individual is actually employed on salary. The service includes practice in the duties of a head nurse only in as much as it is a definite part of the course. Pre-service differs from in-service in the fact that the preparation precedes the actual service, whereas in-service preparation may be conducted while the nurse is employed as a head nurse in an institution. Classes given especially for the head nurse group by physicians or by supervisors of departments while the head nurses are on the job are examples of in-service training.

Why do head nurses require pre-service training? In the past most head
nurse training has been acquired through experience on the job. Provided the nurse has good ability, this method produces some excellent head nurses. It takes a long time and there is always the chance that she may fail to learn what a good standard of head nurse work includes.

The exhibits here at the convention emphasize the fact that all nursing is more complex than it was fifty years ago and therefore if it is to be done adequately, it requires a wider knowledge and a higher degree of technical skill. Scientific advancement has revolutionized medical practice and all the work done in a hospital. In application of these principles to the actual care of the patients, such great responsibilities have been delegated to the head nurse, that it would seem to indicate that she needs preparation to assume them all efficiently.

The head nurse is one of the most important persons in the hospital. She is responsible to the patient for his care. It is the head nurse who is finally responsible for seeing that the patient gets the good from the vast machinery of modern hospital service. She is responsible to the hospital for seeing that its resources placed at her disposal are used in the most effective way for the good of the patients in her ward. She is responsible to the doctor who must be able to depend upon her cooperation at all times and upon her skill and wise judgment in the many crises which occur during his absence.

The head nurse is a hostess of her ward. To the patients and visitors of her ward she represents the service and spirit of the hospital and to this extent she interprets the hospital to the community. Upon her sympathetic and intelligent exercise of this function, the reputation of the hospital is largely built.

The head nurse is, or ought to be, a teacher. Instructions as to the method of preparing a formula which the head nurse gives to the mother who is taking her baby home from the hospital is only one example of the kind of teaching which the public has a right to expect of her. It is, however, the student nurse who falls most constantly and directly under the influence of head nurse teaching. What this influence upon the student is to be depends upon the natural ability of the head nurse, the time she has to give, and her preparation for this responsibility. The young graduate assuming head nurse responsibilities without specific preparation naturally follows the examples set for her by the head nurses of her student days. The effect upon our future head nurses of working under good head nurses is so great that it cannot be measured.

The place of the head nurse is a key position in regard to the development of future executives of all grades. Most of our executives and many of our teachers have been head nurses first. It seems logical to believe, therefore, that training of head nurses is basic and will work toward the elevation of
general nursing standards. When so much depends upon the preparation of the head nurse, it would seem very important that her training be of the right kind and not be left to chance.

In an attempt to meet the need for trained head nurses, a cooperative course for head nurses was planned last year by a joint committee consisting of superintendents of several nursing schools and of the staff of the Nursing Education Department of Teachers College at Columbia University. It was clear that head nurses cannot be adequately trained by sending them to college only. The course, therefore, consisted in a program of correlated theory and practice, the former being given at Teachers College and the latter in hospital wards under the joint supervision of a member of the College staff and the supervisor of the department in the hospital in which the student was having her practice. Six hospitals entered into this program: Bloomingdale, Bellevue, Englewood, N. J., Presbyterian, Willard Parker and the Woman's Hospital. This meant that in nearly every case the applicant was able to choose two services for her practical experience.

The college subjects consisted of Educational Psychology, Hospital Economics, Comparative Methods of Practical Nursing, Mental Hygiene, and Public Health. This meant eight hours of class weekly with about twelve additional hours for study. The field work consisted of twenty-eight to thirty-six hours of practical work per week. The three main phases were as follows: First, that related to nursing technique; second, that concerned with increasing knowledge of the subject matter of the specialty; and third, that pertaining to housekeeping. It was expected that the student make a definite contribution to the ward in the form of improved nursing care, more efficient housekeeping, and better ward teaching. At the end of the term the student was given a series of tests to determine her proficiency in each of these three phases of her practical work.

The program of work for the second term extended that of the first. Here again the student had to acquaint herself with the routines of the new service, broaden her knowledge of the subject matter of the specialty, and indicate to the head nurse her ability to take expert care of all types of patients in the new service. The student gained experience in conduct of nursing clinics, in development of experience, efficiency, and self rating systems, and in the various types of ward teaching.

Experience which the committee has gained during the past year seems to indicate at least three very essential requirements for successful training of head nurses: First, promising young women as applicants, second, a good field, third, cooperative personnel in the hospitals.

The course is planned especially for the inexperienced graduate and it appears unwise to include, with these students people of considerable experience, unless the program is adaptable enough to provide what they have not
had. On the other hand the strain of adapting to a new and strange hospital environment was apparent to those who came in daily contact with these young women. Good physical condition is necessary and a vacation before beginning the course is desirable. Some provision should be made whereby the hours of ward duty might be shortened during the first weeks when the student is concentrating her efforts upon principles and upon the subject matter of the specialty. This adaptation would not only be advisable from a health standpoint, but it would also contribute to effective performance of the increased teaching function in the second term.

It was found that there are certain definite qualifications which a hospital should possess in order to provide the most valuable experience for field students. For example, the hospital should be near enough to minimize the cost of travelling as well as to save the student's time and energy. The opportunity to make good use of the college library is dependent upon this factor. The nursing education staff of the hospital should have accepted the plan and be in hearty sympathy with it. They should have sufficient faith in the undertaking to be willing to allow the student to experiment a little and to delegate some responsibilities to her. Nurses whose student experience was gained in a small hospital might profit by experience in a larger institution. The graduate of a large school might receive benefit from work in a smaller hospital. The size of the hospital selected is of less importance than the activity of the service chosen, that is, there should be 16 to 20 admissions per bed per year. This is necessary to insure opportunity for the student's review and for increasing her knowledge of the specialty. It appears desirable that the student not be assigned to the hospital from which she graduated. The new situation is challenging. Practices which the young graduate would take for granted in her own hospital arouse her interest and stimulate questioning and openmindedness which are wholesome antidotes for narrowness and provincialism. Because of the intensity and variety of these new impressions, the sum total of learning is likely to be greater in a new field.

Another method of enriching the experience is to offer two services per year, preferably in related subjects such as pediatrics and communicable or obstetrics and gynecology. The service should be sufficiently large to permit one or two changes of wards during the term. Such changes should be made if necessary to secure variety of experience or to promote harmony if personality conflicts occur.

Wards to which students are assigned should be adequately staffed. It must be possible for good care to be given if the student is to improve her own nursing. Her conception of head nurse responsibilities should not be formed by the one-sided picture presented by the ward in which "mass production" is the chief aim of nursing. The ward should contain a suffi-
cient number of student nurses to give the field student experience in working with them.

Careful study of ward personnel is advisable before definite assignment to a ward is made. A head nurse who is eager to conduct all her own teaching, one who expects mature judgment and experience and is therefore unduly critical, or the head nurse who is frankly indifferent, can mean failure for the student assigned to her unit. On the other hand, an appreciation of the contribution which the student can make will help the head nurse to welcome her presence. Knowing that such a contribution is expected encourages the student and stimulates her best efforts. The supervisor can do much to prepare the way for mutually friendly relations by a conference with the staff nurses before the arrival of the field students. In this conference the purpose and plan of the course might be explained and the advantages to the department and its responsibilities discussed.

Pre-service head nurse training is a new venture in nursing education. The group responsible for it commenced it entirely from an experimental point of view, and in the light of this experience the plan for next year has been considerably changed. It is recognized that the plan followed is only one of many ways in which courses can be developed in other parts of the country.

It has been suggested that any group of hospitals having access to a college or university could offer a pre-service head nurse course. A centralized school of nursing might secure an expert person who, with the assistance of the participating schools, could arrange for desired college courses, assign students for their practical experience, and teach the principles of ward management. On the other hand, one school might give some type of pre-service training provided a suitable college or university is available for giving part of the instruction. In this instance, the director of the course should have had a rich and varied experience in order to bring to her group the best practices of many different schools of nursing.

After this year of immediate contact with the students assigned to our Pediatric department, our personal reaction to the course is one of pleasure in the stimulation which contact with these young women gave to us and to our head nurses. We believe that the experience has been mutually helpful. The faith of the hospitals in the success of the course has been shown by their desire to secure these students as head nurses and to continue the field work in their own schools next year.
FIELD COURSE FOR STUDENT SUPERVISORS

By Maud C. Kelley, R. N.

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I do not remember when I first heard of the plan for field work in supervision, nor who first told me about it, but I remember that I felt sure that it was work for which our Pediatric Department at Bellevue could furnish a good field. We have so many active wards that those who wished to become pediatric supervisors could find good clinical material to round out their knowledge in this respect. This would also furnish excellent material for teaching the bedside nursing peculiar to all the principal children's diseases. While I felt that what we had to offer was exceptional, I was just as sure that such students would be of great benefit to us. They have been of much greater help than even I anticipated and we are very anxious to do our part to develop the course so that it may be of the greatest possible value to the student supervisor.

As it is a new venture, it must be expected that its value will increase gradually through a series of developments and adjustments. Members of the college staff; supervisors and head nurses of the department; and field students in head nursing and supervision, will all need to work together, each contribution as many helpful suggestions as she can in order to round out the course so that it may reach a high standard. My contact with the work has been limited to the Pediatric Department at Bellevue and I am confining my report to the department with which I am familiar. There seem to be three important phases to describe, the prerequisites of students in supervision, the prerequisites of a field for training students in supervision, and a description of the course as given.

Prerequisites of Students.

Before the students come to us, they have completed a year's successful experience as head nurses and have finished a year's preparation at Teachers College. This preparation consists of a basic course in—Nursing Supervision, Curriculum Making, Teaching in Nursing Schools, Teaching of Principles of Nursing Practice, History of Nursing, Elements of Public Health, Mental Hygiene, Hospital Economics and an Introduction to Sociology.

With this foundation, their field experience is really laboratory work in which they try out the methods taught and the various experiments suggested by the interaction of their own experience as head nurses, their year's study at college, and the hospital situation which forms their field. It furnishes an opportunity to test their own ability to materialize a plan
and to carry it through, as well as to test their personal adjustments with people.

The field course in supervision was begun two years before that in head nursing. The supervisory course brought out the need for the course for head nurses. The student supervisors always expressed regret that as head nurses they had failed to see at all so many of the opportunities which they had had for good management and good teaching when they were in charge of wards. Thus they not only deprived the students of much possible teaching but themselves of the benefit derived from teaching experience and the pleasure attendant on efficient ward management. From this it would seem that the student supervisor would be fortunate if she could take the head nurse's course before she had her year's experience as a charge nurse. Of course, few can afford to take both, but the supervisory course often includes work which would be unnecessary had her year's head nurse experience been more profitable. The time spent in filling in deficiencies in such experience might profitably be spent on more strictly supervisory training.

This applies particularly to the student supervisor who is not thoroughly familiar with the field in which she wishes to supervise. For the supervisor, as we understand the term today, is a teacher, and teaching makes desirable as expert a knowledge of the subject matter as possible. This means knowledge of all the principal children's diseases as to cause, symptoms, nursing care, prevention, public health aspects, etc. Her knowledge needs to be much broader than that of the student who has just completed her hospital course. (Besides this, the supervisor's direction of her department includes the housekeeping, management of wards, teaching of students and staff education.)

Field Requirements.

In order for the student to have adequate opportunity for practice and experiment in all the phases of the work, the field must meet certain requirements. The most important requirements for the field are:

a. The service must be active
b. There must be a good variety of cases
c. The field must be large enough
d. There must be a definite piece of work to be done in developing the head nurses, increasing the ward teaching, and improving the program already going on
e. The field should afford the student supervisor an opportunity to test
   1. Her initiative.
   2. Her ability to adapt herself to a situation and at the same time make it better. (The situation should be sufficiently complex to need analysis and planning.)
   3. The field should give her an opportunity to put her plan into operation and test the results.
4. It should give her an opportunity to observe the supervision of others, such supervision to include as wide a variety of types as possible so that she may be able through comparisons to determine the points of strength and weakness in each and discuss with her field supervisors their applicability to her situation.

f. The field must have an adequate personnel. This would include—student nurses, postgraduate nurses, general duty nurses. The most important factor is that the staff of the department be willing to delegate some responsibility to the student and allow her to use her own initiative and to experiment.

A field with an unchangeable program, organized very definitely, is primarily good for observation purposes rather than for the regular field work of the student herself.

g. It is a great asset to the student when a staff educational program is in progress, in which she is included.

Description of Course.

When the student supervisors come to Bellevue, the greater part of the first two weeks consists of observation, according to a general plan worked out by the field supervisor from the college with the concurrence of the regular staff of the department.

The student's first day is planned so as to give her an idea of the history of the hospital, the number and position of the various departments, and the organization of the nursing staff.

Next the students are sent to the first department in which they are to work. That the student may obtain a richer experience, the time, with a few exceptions, is divided between two services. This gives a better opportunity to observe the varied methods of supervision.

The first days in the actual work are spent with the nurse in charge of the building and the nurse in charge of the housekeeping. This experience gives the student an opportunity to observe the organization of the building as a whole,—the number of wards, various ward routines as linen exchange, serving of diets, etc.

The next few days are spent with the nurse in charge of the department who tries to give the student supervisor a general idea of the geography of the department, the various systems which we have developed, with the intent of giving our students careful personal supervision, teaching, and help, as needed. This includes the ward routines as posted, procedure books, treatment books, the library content and system of checking up on distribution of books, general plans for ward and classroom teaching, general plans of office administration and method of rotating the students through the service. The case studies and nursing care books are explained. The student attends the clinics, demonstrations, doctor's lectures and nursing classes. This superficial acquaintance with the work as a whole enables her to place her contribution in its relation to the entire service and to utilize all the facilities available.
With this foundation laid, she gradually assumes a position of responsibility, studying little by little the details of teaching and administration, with the purpose always in mind of devising better ways of meeting the difficulties peculiar to her field, and contributing finally a well-thought-out plan which, after conference with her field supervisor and the nurse in charge of the department, she may try out, changing it and adapting it during the remainder of her time on the service, as her experience indicates.

With this knowledge of the general situation, she is given one or two wards for her special field and an opportunity to study this field intensively, becoming thoroughly familiar with the clinical material on these wards, their routines and the personality of the medical staff and the nursing staff. Conferences are held with the field supervisor in which the situation, as revealed, is discussed.

As a part of her work she discusses with head nurses the assignment of patients to students, helps students with case studies, and nursing care books, suggests appropriate library references, good cases to study, etc. She corrects and grades the work of students, both written and practical. Emphasis is laid on the essentially experimental aspect of the work and the importance of ever trying to work out more satisfactory solutions and of encouraging the student to have the same attitude. Her supervision of her own special wards includes also individual conferences with her head nurses for the purpose of helping them to become more efficient in their field and for the purpose of securing their cooperation in working out better methods of conducting morning circle, giving ward demonstrations and bedside clinics, and correlating class room and ward teaching.

During this time she continues to attend classes etc., gradually assuming responsibility for giving demonstrations, assisting at clinics, proctoring doctor's lectures, and occasionally giving the nursing class following them. After attending such a lecture, she works out with the other supervisors appropriate methods of drill, short type examination questions, etc., to clinch the material taught by the doctor and to supplement it with appropriate nursing care.

At the same time she takes part in the supervision of the whole service by making rounds at intervals on all the wards and by occasionally making census rounds in the evening, reporting to the night supervisor of the department and sometimes receiving her report in the morning.

Short conferences of the supervisors of the department are held daily and longer conferences weekly. In the weekly conferences the class and ward work of the student nurses is discussed and average grades determined. There is also discussion of class and ward problems.

Weekly joint conferences of head nurses and supervisors of the department are held. These the student supervisor attends and contributes to
the discussion and suggestions. As a definite part of their work the student supervisors are asked to make suitable plans for such conferences introducing points which their experience suggests would be helpful.

As a final means of obtaining a grasp of the department as a whole and all the work it carries, the student supervisor spends a few days in the office. Here she goes over the daily time schedules of the head nurses, seeing that the wards are properly staffed when the head nurse has her afternoon, during the hours when work is heaviest, etc. When she finds schedules not well balanced, she makes suggestions to the head nurse for revision. She makes out weekly programs of class and office work, assists in the care of the library. She gains familiarity with the routine of the office secretary and prepares digests of lectures, makes out tests, etc. for her to photographe. She learns the system of rotation more thoroughly and with her knowledge of the student and graduate personnel, makes out the weekly changes of nurses from day duty to night duty and from one ward to another. This necessitates a knowledge of the personality of each of the 50 to 70 students and of the stage of their pediatric experience. She must provide for the needs of the milk laboratory and of the wards to which they are to be distributed. It means going over the record cards of the students to check up on deficiencies in their work and conferring with them regarding such deficiencies.

To Summarize:

The aim of the training from the field standpoint is to place the student supervisor in a position where she will understand all the workings of the department. It attempts to give her the experience which will help her to organize and carry forward a good program of hospital management, housekeeping and teaching. This teaching includes the instruction of students, head nurses and supervisors through personal interviews, group conferences, lectures, classes and clinics.

AN "IN-SERVICE" PROGRAM OF STAFF EDUCATION

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The aim of the present paper is to present the program of "In-Service" Staff education as carried out during recent years in The Illinois Training School for Nurses under the direction of Miss Laura R. Logan, Dean of the School. In doing this it aims also to indicate certain types of staff education which would seem to be desirable in schools of nursing at the present time. Our thought deals with the education of nurses on duty, or
so-called staff education. For our present purpose we may accept Miss Marvin’s definition of staff education as being “a tentative program for developing workers on the job in which they are engaged as full-time workers.”

We do not assume that this program has within it all that is new. For many years—as a matter of fact since nursing schools began—there has been staff education, perhaps under a different name or no name at all, but wherever there were earnest women responsible for the care of sick people and for the preparation of the students, there, in frequent instances, could we have found some form of staff education. Many of the older members of our profession here today will recall, I am sure, very worth while plans which were carried out in their own schools or which they themselves initiated. It is also true that in many parts of the country today many good programs of staff education are being promulgated quietly and unostentatiously, about which we know nothing because circumstances have not been such as to bring them to public notice.

The program at The Illinois Training School for Nurses has been made to include all members of the staff—faculty, supervisors, head nurses, general duty nurses, and attendants, taking in, in fact, a program for everyone. This has varied at different times and for different groups though a major portion has been carried out consistently from year to year.

There are in the main two types of staff education. They are, first, that which improves the technical skill and ability of the workers, and second, that which enriches their general background and understanding.

Of the first or technical type, perhaps the most effective form of staff education is the informal sort—the kind of education which the worker assimilates in the actual performance of her duties from her daily contact with patients, doctors, nurses, and others. In a large county hospital for acute disease (3300 beds) which is used as a teaching laboratory for student nurses, graduate nurses, medical students, interns, and practicing physicians, the amount of practical knowledge and skill acquired from observation and daily experience is exceedingly great. Particularly is this true of the general duty nurse, who is constantly having the advantage of working in units in which definite teaching programs are being given to other groups than those employed as full-time workers. The worker in such units cannot help but learn if she be even half alert. Nor does this apply only to the general duty nurse—it applies to every one of us. We learn constantly on duty in the performance of our regular day’s work. It is of course necessary, if we expect this informal type of education to be of great value, that we assure a proper laboratory in which the worker shall perform her duties. We learn by doing, but we may learn poor as well as good methods; so that those of us responsible for schools of nursing should see that the daily
performance of duties is well done if we are to expect good results from such informal education. Personally, I cannot stress this phase of our staff program too much; for I feel that the best education we can offer those in our employ is to see that the nursing in the different departments is well done. Not until we have proper care, properly given, in our hospital units can we expect our staff education program to attain maximum, or even moderate efficiency.

Another way in which nursing service can be improved is through the routine reports, particularly those given at morning assembly. No better opportunity exists in any hospital for instruction and correlation of theory and practice than is found in well conducted morning and evening assemblies. Here it is that clear, accurate reports of observation and care of patients are, or should be, given; and here, if anywhere, is an unsurpassed opportunity in the daily routine of actual care to stress for an entire group the proper care of each patient with each type of disease. If these reports could be prolonged even a few minutes I believe they could be made of much more value from the point of view of teaching. We are so prone to think of such reports as of a routine nature and of little value, and so they may easily be without careful handling, whereas in reality they can and should be made of infinite worth. An assembly carefully planned and carefully conducted with group participation can be productive of a very much improved nursing service. Several supervisors and head nurses have developed such assemblies, making rich the educational gains to the workers in their individual units. They have stressed not only the unusual and interesting case, the unusual and interesting and new treatments, the care of particular types of patients, the good and the unusual case studies of students and graduates, but also they have stressed equally the typical and less striking case, the typical and less striking or old forms of treatment, the routine care of the average patient, and sometimes the less perfect case study. This emphasis on the usual, as distinguished from the exceptional, should be productive of much good to thousands of patients, the majority of whom are ordinary cases.

In addition to the material presented from the hospital it is customary with some supervisors and head nurses to have local, state, and national meetings reported to the entire ward group by the nurses of their divisions who have been privileged to attend such meetings. For example, several nurses attending the Mid-West Division of the American Nurses’ Association reported the outstanding programs of this meeting at morning assemblies.

Then there is the more definite assignment of case studies to the graduate personnel—the study of individual patients with such diseases as pneumonia and typhoid. An effort has been made within the past year to have each of our 200 general duty graduate nurses make one or more such studies. Not all have done this, but those who have, have been benefited.
An even more interesting procedure has been that tried out in several departments, of having the entire group of the particular department meet together for discussion and study of particular diseases or treatments. This is being done rather generally and informally at the present time, though we have had very definite programs for the departmental conferences. These were perhaps as helpful as any conferences we have had, as definite departments were responsible for making out the programs and for posting the programs and bibliography several days in advance, so that when the conference was held those attending were ready for appreciation and discussion, not only on the basis of their experience, but also on the basis of recent and up-to-date reading on the subject.

In this discussion of staff education would come also the meetings and conferences of the different nursing school groups, executive, faculty, supervisor, head nurse, and general duty nurse. While the purpose of these meetings is mainly otherwise than educational, being, in fact, chiefly administrative and executive, there is also a very large element of education in them, depending upon the ability and qualities of those responsible for the conduct of the meetings. Though it is difficult to evaluate in terms of education meetings and conferences held primarily to get a certain work accomplished rather than a certain educational program effected, that value exists in such meetings is evidenced by the interest and understanding which have evolved from them.

In this connection it is well to mention, in so far as the faculty is concerned, the building up of the present curriculum and the publication of our catalogue and bulletins. Attempted for the purpose of getting certain tasks done, they yet afforded unlimited opportunity to each faculty member to assist in arranging these publications. No one member was responsible. Effort was made to see that each person had as much experience in their preparation as possible, and learned as much from the performance as possible. All of this required time, much time, but it was time well spent. Perhaps one result of such work has been to make most members of the faculty see the school in terms of the whole rather than in terms of their own particular department.

A more definite and formal type of staff education for general duty nurses has been tried, that of having one of the faculty responsible for meeting all new graduate nurses and spending the first two days in teaching them our methods of procedure in the fundamental care of patients. Such a plan necessitated grouping new employees as to entrance dates. This was not always feasible either from the point of view of the hospital, which may need one nurse one day and no more for several, or from the point of view of the nurse who may not feel financially that she can wait until the next group of graduates enters. So that while this method has been helpful
in many ways, particularly that of making the new graduate feel more at home in her new position, we have found it more practicable to have the department to which the graduate is going responsible for giving her this teaching within the department.

Another bit of teaching for general duty nurses was done some time ago when regular classes and demonstrations were given to these nurses by the instructor in introductory nursing. The purpose was of course to familiarize all graduates representing many different states, and at one time indeed seventeen different countries, with the methods used in the school and to bring them new and changed means of care.

All departments have been recently revising nursing procedures. This work is in the hands of a committee but department heads and assistants as well as many general duty nurses in the departments have been helping in the process. While printed procedures make for more definite and accurate work, it is well to guard against rigidity. Procedures to be of most value should be plastic.

Then there is the rotation of the general duty nurse in the various services. While it is true that in a teaching hospital students must be given priority in assignment, it is also true that graduate nurses do move from ward to ward and from assignment to assignment in the same ward. Functional assignments are made to the graduate, such as senior duty, or acting as assistant to the head nurse. Or she may be given a case assignment, as for example certain patients with pneumonia or typhoid. I believe we should do much more in the matter of rotating graduates and teaching them on each service and assignment. This is relatively easy in a hospital with an entire graduate staff, but perhaps more can be done in the hospitals with schools of nursing. Those nurses desiring to remain on one service may be permitted to do so.

There are also the ward demonstrations which are being given constantly. New methods of medical and nursing care are observed and carried out. For example, a new method of transfusion was carried out in our postoperative ward. The doctor on the service demonstrated the procedure with the assistance of certain nurses to the entire staff on that service.

The departmental conferences for supervisors and head nurses have also been helpful. These are held in some departments monthly and have for discussion, among other things, such subjects as the sterilization of glucose and methods of applying hot dressings, for the surgical group; proper care of the cardiac, for the medical group. In other departments the conferences are held weekly. In one department the grading of the student’s nursing practice is done by the entire group of head nurses at these conferences with the assistant dean in that department presiding.

Many supervisors and head nurses have also taken advantage, during
this past year, of certain field trips which were planned for them in the city and neighboring communities.

It goes without saying that an effort is being made to stimulate all staff members to more regular use of the nursing journals. Articles are frequently referred to on the wards, and nurses are encouraged to bring items of interest in nursing care of patients to the division groups.

In one department in which the carrying out of certain nursing treatments requires a highly specialized type of knowledge not usually included in a general nursing curriculum, lectures have been given on the theory and proper administration of such treatments, with demonstrations by the supervisor specially trained for this work and return demonstrations by the members of the head nurse staff. This enabled the head nurses to direct the work of the student nurses in giving these same treatments much more intelligently and with much greater confidence.

For head nurses, the most definite program has been the class in Ward Administration, open to head nurses and general duty nurses who may wish to prepare for the position ahead. Many supervisors have also attended these classes, which have been repeated three times during the year and which constitute a minor credit. In connection with this course has come much that has been helpful, not only better administration but better methods and attitudes of approach. Especially may be mentioned the spirit of research, the spirit of scientific approach to the problem of nursing care, evidenced in several ways, two of which are an attempt to find what adequate nursing care is for certain types of patients, and to work out the time studies which indicate the actual length of time it takes at different hours of the day to give such care to the different types of patients. Some of these studies have appeared in the American Journal of Nursing.

Not all departments have arranged definite teaching programs for the attendant group, but in one department a definite course of talks and demonstrations, sixteen in all, are given to all attendants in the department. These talks and demonstrations stress the duties of this group, and the group in turn is expected to demonstrate all procedures taught it. Another department has ward conferences for its attendants which, while less formal in plan, also aim to stress the duties of this group in giving good bedside nursing care. Much individual attention and teaching are also given in all departments to this group, particularly to the new members.

An arrangement familiar in university circles is that making possible exchange professors or instructors. When we consider the many outstanding women in the nursing profession today and the work they are doing, I always covet the opportunity to work with these leaders for more than the limited few now having contact with them. Would it not be possible to arrange a system by which (in the better schools at least) there might be
an occasional exchange of an assistant, instructor, supervisor, or head nurse? Certainly such a plan would bring untold advantage to the individual, and I believe most schools could make such an arrangement, at least for a limited and select few of their staff, in the long run benefiting notably the nurses, the schools, and the profession.

A further and last plan for staff education of this type, at least for certain members of our staff, should, I believe, be that which provides, (after required qualifications have been met), a sabbatical year for certain members, or, as is granted in certain universities having the quarter system, a leave of absence with pay each eleventh quarter, this latter being given in addition to the usual yearly month’s vacation. Such periods of study on salary would return these individuals to their work refreshed, enthusiastic, and with a vision and understanding that would carry them far in the happy furthering of their individual work and that of the profession.

The second phase of staff education which I wish to stress is that which enriches the background of the nurse and helps her to a better understanding of life in general and of her function as a nurse in the community in particular. To me this education is quite as important though the returns may be less tangible and require longer time for fruition. They may be of value in the length of the race if not in the perfection of the moment. And while we perhaps cannot expect the hospital to consider them of immediate economic value, I believe we should stress them equally. Any influence which improves the general cultural background of a professional woman should also improve her attitude and efficiency in the profession. Such influences might include travel, reading, art, music, the concert, drama, and formal or informal class work of a specific or general nature.

First among these I should list the class given in Problems in Nursing by the Dean of the School which is open to faculty and supervisor members and to head nurses who have not registered for the classes in Ward Administration. In this class have been reviewed the outstanding problems in nursing today as well as many individual ward situations in the hospital. This class meets weekly on Saturday mornings from eleven to twelve.

A similar type of class is held for all members of the general duty nurses, each member being required to read the report of the Grading Committee, Nurses, Patients and Pocketbooks, and either to own or have access to a copy of the book. At first several manifested slight interest in the reading or the class, but, as the weeks went by, the general duty nurse with her red book under her arm became a familiar figure in the halls and corridors. Our goal has been for every graduate nurse and every senior student nurse to read Nurses, Patients and Pocketbooks. In this connection should be mentioned a plan of study of this report suggested by a postgraduate student in a previous class. Her plan involved a Study Week in October, which
should be made popular through the Journal columns and through letters sent to all schools of nursing and alumnae organizations in the country. During this week nurses all over the country would be expected to join in a week’s study of Nurses, Patients and Pocketbooks.

The next phase of staff education, although perhaps in one sense a little technical for mention here, was of high background value—a perfectly splendid course in Hospital Administration which was given during the winter quarter by and under the direction of Dr. Malcolm T. MacEachern, Associate Director, American College of Surgeons. This was a major course, provided primarily for graduate students but taken also by many of the faculty, supervisors, and head nurses. It included such subjects as the following: History of the American Hospital Association, Hospital Construction, Qualifications of Hospital Governing Body, Duties and Relationships of Supervisory Staff, Organization of a Medical Staff, Open Versus Closed Hospitals, Method of Securing Best Doctors, Case Records, Business Management and Hospital Accounting, Planning, Organization and Management of Centralized Services in Hospitals, Hospital Standards, The Organization, Management, and Administration of the Clinical Laboratory in the Hospital, Organization and Management of an Out-Patient Department, Ethics of Hospital Administration, The Physical Therapy Department in the Hospital: Organization and Management, Fundamental Considerations in the Developing of Social Service Work in Hospitals, Organization and Management of the Dietary Department.

This course was given on the workers’ own time Monday and Wednesday evenings from 7:00 to 9:00 P. M., and few were the evenings when members of the group were too tired to attend, or when they let other engagements prevent their coming.

Participation in the activities of nursing organizations, with the increased contact with nurses from other schools and localities, should widen the nurse’s sympathies and engender in her a spirit of tolerance. Mere attendance at meetings will present new ideas and varied methods of solving problems; taking a more or less active part in the programs will be even better. National, state, and local meetings frequently have as speakers persons of prominence, significant in nursing and allied fields.

The First District Association of Illinois has moved into more economical living quarters, in order that, among other things, it may have available funds for bringing outstanding people and programs to our nurses. The Illinois League of Nursing Education has sponsored stimulating programs, and the Central Council for Nursing Education has brought us in recent years such outstanding speakers as Mrs. Chester Bolton, May Ayres Burgess, Ph.D., Annie W. Goodrich, D.Sc., Dr. Haven Emerson, Dr. C.-E. A. Winslow, and Michael M. Davis, Ph.D. While it is true that many
nurses never attend these meetings, it is encouraging to have an increasingly large number present.

The school within its program offers also major courses receiving university credit in Sociology, Psychology, and Public Hygiene. A few graduate nurses have availed themselves of the opportunity of taking these courses on their own time.

Other factors contributing to staff education in service are courses in universities. Members of our graduate nurses have enrolled in morning, afternoon, or evening classes, ward assignments being so arranged as not to conflict with class assignments for student nurses. Graduate nurses, therefore, taking permanent afternoon or night duty assignments are free to register for morning or evening classes. The variety of courses available is practically limitless, but among those subjects more directly applicable to nursing which have been taken are such subjects as Psychology, Sociology, Hygiene, the sciences, English Composition, Literature, Pedagogy, and certain specialties such as Physical Therapy and Laboratory Technique.

In the larger cities supporting art institutes, schools of music and civic orchestras there are many opportunities to enroll in courses in appreciation of art and music or to attend concerts and exhibits of rare beauty and quality. For those fortunate enough to possess some measure of ability along these lines an avocation may be chosen in music, art, or many another interesting subject.

Summary:

It is perhaps difficult to state with definiteness all the ways in which staff improvement in service takes place. Much of it is a matter of such intangible values as atmosphere and personalities, translated into terms of group cooperation and enthusiasm. But I have tried in this running comment to cover the definite ways in which these values are sought after in The Illinois Training School for Nurses and to indicate certain other desirable measures.

To summarize briefly they may be enumerated as follows, first, those which we may call technical, second, those we may speak of as general. Of the first I have mentioned observation, routine reports, local, state, and national meetings, case studies, departmental conferences, group meetings or conferences, preparation of school publications, two day teaching program, class demonstrations of introductory nursing procedures, revision of procedures, rotation of personnel, ward demonstrations, field trips, use of nursing journals, class in specialized treatments, class in ward administration, formal and informal instruction of attendants, exchange of school personnel, and sabbatical year, or leave of absence with salary.
In the second are included the class for supervisors and head nurses in Nursing Problems, the classes for general duty nurses reviewing *Nurses, Patients and Pocketbooks*, the class in Hospital Administration, professional meetings, classes in Psychology, Sociology, and Public Hygiene at the school, and courses in art institutes and universities.

In conclusion may I emphasize that very desirable quality for any group, the quality of being interested in the work and plans of the organization and of having vision to carry on and carry out such a program. If we can keep alive in our groups the desire to do, to learn, and to improve in their work, to be happy in their learning, doing and improving, and to have a vision, without which any people perish, we shall then have done a worth while task.

**THE DEVELOPMENT OF AN EDUCATIONAL PROGRAM IN AN OUT-PATIENT DEPARTMENT**

By Louise Knapp, R. N.

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The plan for the student nurse experience in the Vanderbilt Clinic was worked out by the instructor during the summer of 1928 and was put into operation about October 1st. Before deciding on the plan, the following points were taken into consideration:

A. The aims of the O. P. D. experience for the student nurse.
B. The possibility of accomplishing the aims in the various clinics actually in operation.
C. The experience the student has before coming to the clinic, and the amount of responsibility she may be expected to assume.

The aims of the O. P. D. experience for the student might be expressed briefly as an effort to: Supplement the student nurse's clinical experience on the wards; develop nursing skill; enlarge the student nurse's knowledge of social and community problems; give her more contacts with outside social and health agencies; help the student nurse to teach health; help her to choose her work after graduation; give her an opportunity to meet large numbers of people, and to learn how to work with and for them.

The possibilities which the many clinics presented were next studied, taking into consideration: The Medical Staff and whether they were interested in teaching; the variety and number of patients seen daily; the clerical and social service staff who would be cooperating in the work; the special clinic work as it dovetails with the nurse's ward experience; what could be done with the period of eight weeks in which the student comes for a block of clinic experience. (The students come to the clinic in the second year,
after they have had medical and surgical ward experience, but before they have had specialties, such as obstetrics, pediatrics, etc.)

Vanderbilt Clinic serves as the Out-Patient Department of Presbyterian Hospital, Sloane Hospital, Neurological Hospital and the Babies' Hospital (opened in June 1929). In addition, the clinic serves as the admitting unit for hospital ward patients, and handles all the emergency cases from the outside. There are general medical and surgical clinics, special clinics, such as fracture, metabolism, eye, ear, nose and throat, antepartum, postpartum, gynecology, a special cardiac clinic for prenatal patients, and many others as well. All told, there are between fifty and sixty clinics which meet from one to six times a week, the majority being held five or six times. The average daily attendance in all departments had been increasing, until in April there were about 1200 visits a day.

The student nurses this past year have been getting eight weeks as a minimum period in the clinic in the plan outlined here, then, during the affiliation with Sloane Hospital, they come to the clinic for one week's experience, making a total of nine weeks. This will be changed in the near future so that the pupil nurses will really have twelve weeks in the clinic, eight weeks during their second year in the school, with two more weeks during both the pediatrics affiliation with Babies' Hospital and the Obstetrical affiliation with Sloane Hospital.

The clinics which were finally chosen for the student nurse assignment were picked because they seemed to offer her an opportunity to supplement her ward experience and to have a definite responsibility for the work. Since the experience in the wards was lacking in emergency work, and was also weak in pediatrics, it was decided to include some experience along these lines in the O. P. D. plan. Each pupil nurse rotates through several departments in the clinic, every one getting the same clinics, but not all in the same order. They are assigned to the men's, women's and children's surgical dressing rooms, to fracture clinic, the emergency and operating service, the admitting floor, and have one week of night duty. To make this more concrete, one student during her eight weeks would get the following assignments:

<table>
<thead>
<tr>
<th>A.M.</th>
<th>P.M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st week Women's Surgical</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>2nd week Men's Surgical</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>3rd week Children's Surgical</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>4th week Fracture</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>5th week Operating room</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>6th week Admitting floor</td>
<td>Emergency</td>
</tr>
<tr>
<td>7th week Admitting floor</td>
<td>Admitting floor</td>
</tr>
<tr>
<td>8th week Night duty</td>
<td>Observation (of special clinics)</td>
</tr>
</tbody>
</table>
The observation in special clinics includes:

a. Ear, nose, throat clinics
b. Dermatology
   1. Luetic
   2. Diagnostic
c. Eye
d. Encephalitis
e. Allergy
f. Stomach
g. Metabolism
Vaginitis clinic (in Pediatrics clinic)
Premature follow-up clinic (in Pediatrics clinic)

The student nurses have an eight hour day, so those assigned to the surgical clinics work from 8 A. M. – 4 P. M. or 9 A. M. – 5 P. M. or 10 A.M. – 6 P. M. Those who are on duty in the Emergency Service or on the admitting floor work from 7 A. M. to 7 P. M. with four hours off duty. The night nurse is on duty from 7 P. M. to 7 A. M. with four hours off during the night. This, from the instructor's point of view, means that it is impossible to get the students together as a group except on Saturday mornings, when they have a class with the instructor from 7:30 to 8:30 A. M.

The experience of a student for one day can be roughly estimated from the time sheets which we asked each student to keep at least once. There are inaccuracies and some omissions, but the sheets help to picture the type of work the student gets. This may be summarized as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Service to patient direct</td>
<td>2</td>
</tr>
<tr>
<td>Nursing Service for patient indirect</td>
<td>2</td>
</tr>
<tr>
<td>Service to patient not requiring nursing skill</td>
<td>1</td>
</tr>
<tr>
<td>Duties not requiring nursing skill</td>
<td>1</td>
</tr>
<tr>
<td>Demonstrations and instruction</td>
<td>15</td>
</tr>
<tr>
<td>Total number of dressings, 12</td>
<td></td>
</tr>
<tr>
<td>Total hours on duty</td>
<td>7</td>
</tr>
</tbody>
</table>

We felt that the student nurse would be greatly helped by some contact with outside social agencies. The nurses have gone, one or two at a time, to visit such places as: Babies Health Station of the Department of Health, Dr. Wile's Habit Clinic for Children, Henry Street Settlement, Maternity Center Association: Mother's Club, Alto Works Shop (employs Tuberculosis patients), Judson Health Center, Speyer Nursery School, Social Service Exchange.

The students give an oral report of their "excursions" to the rest of the group.

Each student also makes home visits with a Henry Street nurse for a half day, and for another half day with the Social Worker from the Pedia-
trics Clinic. The students thoroughly enjoy these expeditions and gain a new insight into the lives of the patients with whom we deal. As a matter of fact, the Henry Street nurse often carries patients who have been discharged from the hospital or who have been examined in the clinic, so the pupil nurse nearly always has the pleasure of seeing in his home, some patient whom she had known previously. The cases are discussed with the students before they go into the homes, and judging from the reports which they bring back, and the questions which they ask, they find the district work most stimulating.

On Saturday mornings the students meet the instructor for one hour's conference. At this time, the report is given on excursions to the outside agencies and demonstrations are given of special clinic procedures. This time is also used for brief discussions on certain topics, for example:

1. Relation of the clinic to the hospital and relation of the clinic to the community.
2. Facilities in the community which supplement the work of the O. P. D. Child Welfare Clinics
   Special Hospitals—convalescent home, special classes in schools
   Family case work agencies, playgrounds, settlements, etc.
3. Control of communicable diseases
   Regulations of Board of Health
   Prevention and immunization
4. Nursing related to social service work
5. Prevention of illness through health teaching
   Opportunities for teaching in the O. P. D. in surgical clinics, Medical Clinics, Pediatrics and Obstetrics
6. Things that can be taught in the Children's Clinic (to give students specific information as a basis of their teaching)
   Proper diet—from six months of age to sixty years
   Adequate rest, sun baths, bathing etc.
7. Case study outline, how it helps the student to give better care to the patient
8. Syphilis and tuberculosis as community problems (illustrated by case records)

Each pupil nurse is required to hand in a case study of some patient in whom she is particularly interested. Ideally, this should be one of the patients whose home she has visited with a social worker but so far we have not worked out a practical scheme for ensuring this. The case study follows a simple outline and is written in narrative form. The students can not be expected to recognize the finer points of case history, nor to formulate a workable scheme for the solution of the patient's social problem. However, the case study does indicate whether a pupil recognizes a social problem and has a certain power of analyzing it.

In each department of the clinic an experience sheet is kept and on this sheet are listed the main duties which the student may perform, cases she might observe, etc. This sheet is a help when some special treatment is to be demonstrated, for example a tuberculin test for a child. The
instructor can glance at the experience sheet, to see which student has not yet given the test, and can demonstrate the procedure for her benefit. Then, too, as the student reads over the list of possible procedures she gains an idea of what is expected of her in each place.

The foregoing gives an idea of the scheme. There have been difficulties, and there are some still. None of them seems to be insurmountable however. As these are solved, there will probably be a crop of new problems with which we can struggle. One of the first difficulties is that of organizing the students' time and of trying to keep track of them. They come on duty at 7 A. M., 8 A. M., 9 A. M., 10 A. M. and 11 A. M. and go off at 10 A. M., 11 A. M., 4 P. M., 5 P. M., 6 P. M., and 7 P. M., all of which makes it more difficult from the teaching angle. Much of the instruction must be given for the individual, and repeated again and again for the others. It has this advantage, that it is possible to adapt the instruction more definitely to meet the needs of each individual nurse's inclinations and experience.

Another difficulty, which is not peculiar to the Vanderbilt Clinic, is that of the student who must attend class. Since the Presbyterian students have the "block system" for classes, this means that for a period of 5–7 weeks they attend class for 3–4 hours a day. At one time we had five students out of 10 who were attending class. The classes came usually from 2–5 or 8–11, and one student who was assigned to the Pediatrics Clinic was actually on the floor 2 hours during that clinic session, in two weeks. It is hoped that it will soon be possible to send to the O. P. D. only those students whose sections are not attending class.

Still another difficulty lies in our inability to control the clinic situation absolutely. We want the student to carry the responsibility for her share of the work, yet the time when the clinic is at its busiest is often the moment when there is the greatest wealth of material available to use in teaching her, and we can not stop the machinery absolutely, but must weigh the comfort of the patient against the student nurse's needs. Also when a student is ill, someone must do her work, and they have a surprising faculty for falling ill on our busiest clinic days.

There are, after all, minor problems of the organization of the clinic work. There is one important problem which has not yet been solved. How is the student nurse to teach the patients prevention of illness, and the promotion of health? This is a most important part of her nursing experience and the clinic offers a splendid opportunity for her to exercise it, but where does she get the subject matter on which to base her specific and individual instruction? We can expect from her only a very simple type of teaching. The student nurse can observe the teaching which the doctors, nurses, and dietitians carry on. Often she can start in to teach
the patient the exact way of carrying out some procedure which the doctor has ordered, a flaxseed poultice, wet soaks for an infected finger, an ear irrigation, etc. or she can tell the mother exactly how to care for the vaccination scar.

We cooperate with the Department of Health in the campaign to wipe out diphtheria. After the instructor makes a general announcement to the mothers in the Pediatrics Clinic regarding the advisability of having their children immunized, the student nurse who has listened to the general announcement can talk to the individual mother, while weighing the baby, and try to persuade her to have the injection given to the baby.

Another type of instruction which is greatly needed in the clinic and is simple enough so that the students can give it, is the warning against thumbsucking and the use of pacifiers. These latter appear in every bright color, plugging up the babies' mouths. One student nurse conducted quite a vigorous campaign against the habit, because she herself had been allowed to use a pacifier until she was two or three years old and felt that it had spoiled the shape of her mouth. She used this as a talking point to emphasize what she was saying against the unattractive habit.

We have found the children very responsive to the teaching of health habits, and this part of the work needs to be developed. The posters which decorate the walls in this department lend a cheerful air to the waiting rooms and also arouse the child's interest. It is a simple matter to lead the conversation from the opening remarks about the picture, to a question as to which of the vegetables Johnny eats? If Johnny is next given a simple chart, really nothing more than a scrap of paper with the days of the week listed, on which he is to jot down the quantity of the different vegetables he is going to eat during the next two weeks, there is a very good chance that he will like the game, and the vegetables too. We had an amusing example of the success of the above method. Little Leonora, 5 years old, came in to the clinic one afternoon when the dietitian had an exhibit of 3 meals a day for the 5 year old child. Subsequent conversation revealed that fact that Leonora did not like vegetables and would not eat them. She was encouraged to name 5 vegetables which she didn't like but which she would try to eat, and a list was made of the vegetables. Each time she ate a serving of any of those listed she wrote the number of spoonsful after it. When she brought the record back a month later, a bit greasy from having attended so many meals, she had eaten 5 spoonsful of each vegetable, and solemnly made a red circle around each triumphant 5! Her mother was so proud of the child, particularly when the scales showed that she had gained 2 pounds in the month. Incidentally her mother said that Leonora had told all the children in kindergarten that they ought to eat spinach and carrots and the teacher had asked who was teaching the children about vegetables.
Earlier in this report, we mentioned that there might be changes in the plan for the student nurse's 8 weeks in the O. P. D. when the Babies Hospital moved up to the Medical Center and the Sloane Clinic experience was lengthened to 2 weeks. The student nurse in her two weeks experience in Sloane will have: The antepartum clinics, postpartum clinics, gynecology clinics, gynecology follow-up clinic, special clinic.

The students help in the set up and clean up of the above clinics and assist in the examining rooms chaperoning patients, writing notes at the doctors' dictation, etc. In connection with the antepartum clinic, they expect soon to start the mothers' club classes, a series of five or six lessons to be given to the mothers who attend the prenatal clinics. They also have the baby's layette, the mother's clothes, the basket bed, baby's toilet tray, etc., which will be used for demonstration, so that the students can give some individual instruction to the patients with the concrete exhibit material.

The details of the two weeks in the Pediatrics Clinic have not been definitely settled. However, the student nurse will get an opportunity to take histories, weigh patients, observe the doctor's examination of children, participate in the program for health instruction and work in the treatment room, giving diphtheria toxin-anti-toxin, smallpox vaccinations and intradermal tuberculin tests.

The program for the eight weeks experience will then be slightly different as other clinics will be substituted for the present four weeks in the Pediatrics Clinic. It will probably be possible to give the student experience in the Skin Clinic (both luetic and other), Urology, Ear, Nose Throat, and Eye. We have felt all along that these clinics were most desirable, but they could not be included when the pediatrics experience was so necessary.

In summarizing the work for the past year, the instructor has first become familiar with the general organization of the Vanderbilt Clinic, and then has organized the plan for the student nurse experience there.

This plan includes a period of eight weeks during their second year in the school in which the students are assigned to the Surgical Clinics, the Emergency Service, and the Admitting Floor for experience. During their clinic experience, the students also get:

a. An excursion to an outside agency
b. One half day spent in home visits with the Henry Street nurse
c. One half day spent in home visits with social worker
d. A class with the instructor for one hour each week
e. A case study of one patient and some assigned reading
Things we still need to accomplish:

a. A better organization of the teaching work, so that we can be sure each student gets the fullest benefit from her time in the clinic
b. A wider range of clinic experience for the student
c. More emphasis on the possibilities of teaching by the student nurse
d. A practical means of evaluating the work of the student
e. Closer cooperation with the organizations and individuals who help in this plan, the dietitians and social workers in the clinic, the Henry Street nurse, and many organizations who have given our students an insight into the types of work being carried on in the community.

PROFESSIONAL SCHOOL OR TRADE SCHOOL?

By Isabel M. Stewart, R. N.

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However conscious we may be of the deficiencies of some nurses and nursing schools, most of us are on the defensive at once when nursing is referred to as "a woman's trade," or when nursing schools are found in some of our State Departments of Vocational Education listed with industrial schools. This is no fault of the State Departments or of the Federal Board of Vocational Education, which administers the Smith-Hughes funds. These organizations naturally assume that institutions asking for financial assistance from funds specifically assigned to vocational secondary schools for training in industrial, agricultural, and other occupations are willing to accept this classification and all the implications which go with it.

The question which we have to answer is whether the rank and file of nursing schools really are on a professional basis, or whether any considerable proportion of them are of the general order of trade or technical schools. It is quite evident that there is a good deal of confusion in our thinking on this subject, and that we do not all understand clearly what is implied in the use of terms "profession" and "professional school." Indeed some schools calling themselves not only professional schools but university schools of nursing, state frankly that a substantial part of their work is secured from secondary schools and is paid for from Smith-Hughes funds. Such schools would undoubtedly feel deeply injured if they were told that they are operating under false pretenses. They are quite convinced that they have a right to the title of "professional school" no matter what their actual educational standards may be, and it would be difficult to persuade them that a good honest trade school which makes no such pretenses might be infinitely superior to them in its educational work.

For the sake of our own integrity and also to aid in the clarification of our educational objectives, would it not be well to face this matter without
emotion or prejudice, first trying to determine what the outstanding character-
istics of a professional school are and then making an effort to measure
ourselves by these standards?

While no hard and fast line can be drawn between schools of the trade
school or sub-professional type and those of professional type, there are
certain differences which are generally recognized just as there are certain
fairly well marked differences between the occupations usually classed as
professions and those which are classed as industrial, commercial, mechanical
or domestic occupations. Some of these differences are inherent in the
nature of the occupations themselves, and the demands which they make
on the individual practitioner. Some of them are largely traditional, and
are a matter of degree rather than kind. It may be helpful to begin by
summarizing some of the points which are usually made in defining the
duties and obligations of professional practice.

The laws of the United States define a profession as “a vocation in which
a professed knowledge of some department of science or learning is used
by its practical application to the affairs of others, either in advising,
guiding or teaching them or serving their interests or welfare in the practice
of the art founded on it.” Many other definitions might be quoted.
Analysis of those definitions will usually point to certain general demands
and qualifications, some of which are listed below:

1. Professional occupations are primarily concerned with human beings, their
   behavior and relationships.

2. The situations they deal with are usually rather complex and the activities
   highly variable in character. It is not possible to predict the demands which will
   be made on the worker, to anything like the same extent that they can be predicted
   in a trade.

3. Professional procedures cannot usually be mechanized or routinized. They
   often have to be improvised to meet the situation. There is a constant demand for
   individual judgment, and adaptability on the part of the worker, especially in crises
   or emergencies which are likely to be frequent in professional practice and which
   often demand decisions involving vital human issues.

4. Professional workers usually work individually with little direct supervision.
   They must therefore possess a fair amount of initiative and must be able to assume
   individual responsibility when necessary.

5. Professional practice is constantly changing and therefore requires constant
   study to keep abreast with the new knowledge that is being discovered and with new
   methods of practice.

6. Professional practice requires a fair degree of maturity and a high degree of
   personal integrity and social responsibility. The service given is always expected
   to be the best of which one is capable, regardless of the remuneration received. It
   is assumed that business or personal considerations will be subordinated to the in-
   terests of the client or patient, and that public good will come before private gain.

Is nursing, then, a profession? Few of us would dare to claim that all
graduate nurses meet these standards but we should have little difficulty
in picking out a good number of representative nurses who are practicing nursing on this general level. As a matter of fact all members of even the old and established professions do not measure up to all these standards but the obligations are recognized even though they are not always honored.

How do these standards affect the standards of professional education? First it is obvious that any professional school which aims to produce workers to meet such demands, must secure candidates of potential professional calibre. No matter how excellent the educational process planned or how rich the educational resources available, it is quite impossible to produce a genuine professional product out of coarse grained or warped, shoddy or cheap human materials. Professional schools usually try to secure candidates who bring a fairly high standard of preliminary education and who also give evidence of having a good cultural background, sound character and a personality which makes for good human relationships. No schools of recognized professional standing now accept students who have not graduated with a satisfactory record from high school and most of them require from two to four years of college work for admission. It is usually stipulated that this preliminary education shall be of a liberal rather than a vocational character. This means that commercial subjects, for example, would not be accepted as a substitute for "the humanities" in the high school or college course. To secure applicants of good intellectual capacity, many professional schools now admit only those who are drawn from the upper quarter or third of the high school or college class. Other schools apply special intelligence tests on admission to exclude students who are mediocre or who seem to be poorly adapted to the demands of the profession they desire to enter.

Having considered the human material to be prepared for professional practice, the next thing is to consider the educational process itself. Here again the standards tend to be more exacting in the professional school than in the school of the sub-professional type. This does not mean that the methods of teaching are necessarily superior in the professional school. Excellent teaching may be found in many trade or technical schools and poor teaching may be found in many professional schools. However, the general level of intellectual work is expected to be higher and students are expected to get farther below the surface of things in a professional school. The following assumptions are commonly made in regard to schools of this type:

1. A longer period of definite, organized pre-service preparation is required, practically never below two years and often from four to six years.
2. The general content of the professional curriculum is expected to be more substantial and the subject matter more difficult and also more concentrated than that required of trade school or secondary students. It is also expected that it will contain more of the so-called "liberal" or "cultural" elements.
3. A larger proportion of time is usually spent on the underlying sciences or principles than on technical skills, and there is likely to be less repetitive training to secure a high degree of skill. Future growth and competence are not so likely to be sacrificed to immediate wage-earning ability.

4. Students are expected to be able to make their own application of principles, and not simply to follow rule-of-thumb directions or specifications. They are supposed to work with greater independence than students in secondary or trade schools.

5. Students are expected to get a broad enough foundation to build on in the future, and to acquire the habits of study and research which will enable them to add to this foundation.

6. Their programs of study are heavier as a rule and it is assumed that they have passed the stage where they need much supervision or assistance in their studies.

7. Methods of discipline are suited to adult professional students who are expected to assume a large measure of responsibility for their own conduct.

8. In the requirements for graduation the test tends to focus more on fundamental knowledge and reasoning ability than on a high degree of technical skill or on the completion of a specified period of attendance.

9. The members of the professional faculty are expected to be highly qualified from the standpoint of general and professional education, and to have ample time not only for preparation and study, but also for some creative work in the form of writing, experimentation, etc.

Judged by these standards it is doubtful whether more than a very small proportion of nursing schools in the United States could be classed as full professional schools. A good many would be semi-professional rather than professional in type and probably over half would be definitely sub-professional. On the lower levels there is no clear difference in standards between schools which are supposedly training professional nurses and those which are training attendants and child nurses. The educational requirements, grade of instruction, etc., are practically the same though the period of training is longer as a rule for the trained nurse.

While most of us will agree that this is a very unsatisfactory situation, there is no reason why we should be unduly discouraged about it. Admitting that nursing is “an emerging profession” and that very few nursing schools have yet achieved full professional status, it is encouraging to realize that a fair number are in the process of becoming professional schools in reality as well as in name. It must be remembered also that other vocations such as teaching, are going through the same process but most of them are a little farther ahead than nursing schools in getting their educational standards established and recognized. However, there are still some states where courses for teachers are provided in connection with secondary school programs, where the training is exceedingly superficial and where full high school preparation is not yet required for those entering teacher training institutions.

It seems probable that in nursing as in engineering, agriculture, business,
home economics and several other vocational fields, certain schools of a sub-professional type will be needed for the preparation of those workers who do not assume full professional responsibilities and whose nursing duties are of a more elementary and limited character. It would be reasonable to expect that the trained attendant and the child nurse might continue to receive instruction on the secondary school level and that public systems of vocational education might provide some of the facilities for such instruction. It will be generally agreed, however, that the preparation of professional workers should be definitely placed above the secondary school level and that every effort should be made to clear up the present confusion between these two groups and their preparation.

Knowing that professional preparation presupposes full secondary education, it would seem to be very unwise for any school to establish a combined high school and nursing course, if it really wants to be considered as a professional school and if it wants to attract applicants who are high school graduates. It would also be unwise to require such students to return to a high school for any part of their professional preparation. Most students feel that they want to go forward rather than backward when they reach this stage in their education and they quite justly expect that a school which offers professional training will be able to supply the necessary facilities for such training.

While it would be ungrateful not to recognize the assistance which has been given in a few places by high schools, the progress which has been made during the past few years to improve standards in nursing schools, should surely lead us to assume that all but a very few are now past the stage when they need to call on high schools to help them out. It is possible that in some of the states where educational standards are a little more backward and educational facilities less accessible, instruction in the elementary sciences and dietetics, may still be very difficult to secure. In such cases special arrangements might be made to use the equipment and the teaching staff of a good technical or general high school for a limited period of time until the nursing school can strengthen its own educational facilities.

It would be very unfortunate, however, if such temporary arrangements should lead to the impression on the part of secondary school teachers and others, that the work of nursing schools belongs on the secondary level. This is likely to happen especially when the teaching extends beyond the subjects of the preliminary course and includes clinical and other definite professional subjects. Most of the preparatory subjects might be considered as belonging either to general or to professional education. While it would be necessary for full professional standing to have them taught on a junior college rather than a secondary school level, and highly desirable to
have them taught in direct connection with the student's practical experience, there may be exceptional situations in which it is preferable to get this teaching from a high school or a secondary vocational school rather than from an unprepared or over worked nursing staff.

The essential thing is that no agreements should be entered into which would tend to fix such connections in a permanent way or to establish them on a state-wide or a nation-wide basis. The whole movement toward the professionalizing of nursing schools might be seriously retarded and affiliations with higher institutions made much more difficult than they now are, if state or local departments of education, which are concerned particularly with secondary vocational education, should advertise widely or actively encourage combination high school and professional (?) courses for nurses, subsidized from Smith-Hughes funds. If individual nursing schools accept such aid for the teaching of the basic sciences or dietetics, the subjects should be definitely stated, so that there should be no misunderstanding about the extent or the nature of the teaching contributed by the secondary school.

It may be well also to remind those nursing schools which are anxious to establish connections with universities or to secure definite recognition as university schools of nursing, that subjects which have been taught by secondary schools and on the general level of secondary school work, are not usually credited by universities and that connections between secondary schools and nursing schools would raise very definite questions about the professional standing of the nursing school and its right to be considered as a university school of nursing.

In conclusion, may we say that without in any way disparaging the ideals and standards of industrial and commercial vocations and others of a non-professional character, we believe that nursing by its nature and traditions, belongs with the group of professions, rather than with the group of trades, mechanical arts, domestic, clerical, or business vocations. If this is true, then it is reasonable to assume that the preparation of the nurse should take on more and more of a professional character and that the manual, mechanical or technical elements in the training should not be allowed to submerge the intellectual, social and human elements. If the nurse is considered primarily as a technician or hand worker, dealing with inert materials or with automatic machines it might be quite proper to give her much the same kind of preparation which is given in a trade school to a skilled artisan; but if her work is mainly with human beings and with social situations, if it involves decisions requiring a fairly wide range of knowledge, then she needs a very different kind of preparation, more like that of the teacher and social worker.

The trouble is that so many people are willing to pay "lip service" to nursing as "a noble profession" and at the same time use all their influence
to secure the elimination of practically all the intellectual, scientific and humanistic elements in the nursing curriculum, leaving in the main only routine rule-of-thumb practice. Any good trade school makes a definite effort to include some liberal or cultural subjects in its program, for the benefit of the individual student if not for definite vocational use. Even this concession to the broader educational aims would not be considered necessary or "practical" in many nursing schools. Our philosophy is plainly in need of some reconstruction as well as our educational programs. Those who are responsible for nursing schools surely owe it to themselves and their students, to state their aims and purposes more clearly, to define their terms and titles honestly and to make their training consistent with their professions and convictions whatever these may be.

Meeting adjourned.

Open Session Conducted by the Advisory Council
Wednesday, June 20, 3 p. m.

Elizabeth C. Burgess, President, presided.

The roll call showed that sixteen states were represented by their presidents or their representatives.\(^1\) Since a quorum was present, the meeting was called to order.

Chair: This afternoon at the meeting of the Advisory Council we, as you all know, listen to the reports of the various State Leagues, covering their work during the year, and it is our pleasure to have asked as many as possible of our foreign guests to be with us this afternoon and be on the platform, not only that we might have the pleasure of meeting them, but that you, and we, too, might have the pleasure of hearing from some of them briefly regarding the work they are doing. Knowing that many of us will be unable to go to the meeting in Montreal, it seemed particularly helpful that we might know a little of what is happening in these other countries.

The Chair then called upon the States for their reports. California: The California League of Nursing Education numbers 188 members. The larger share of its activities are carried on through the Northern and Southern Leagues meeting monthly through the academic year in San Francisco and Los Angeles, respectively.

During the fall and winter, series of vocational conferences for senior

\(^1\) Article XI, Section 2. A quorum of the Advisory Council shall be ten members other than the officers.
students were held in Los Angeles, Oakland and San Francisco. The speakers at these conferences not only gave the students an insight into the various fields open to graduate nurses but they were interested in answering their many questions. A special effort was made to give as much publicity as possible to the sale of the League Calendar for 1929 with the result that 717 were sold.

Each member was sent an application blank and the circular explaining the Harmon Association Annuity plan. Directors of Schools of Nursing were sent additional copies with the request that they present them to their staffs.

The Northern League held its annual Institute for directors, instructors and supervisors in San Francisco in January. Two hundred and eighty seven nurses registered during the three day session.

Last fall, three members of the California League were among the twenty-five participants in the Rockefeller Travelling Fellowship.

The American Hospital Association held its convention in San Francisco last August. At this time the California League of Nursing Education joined with the nursing organizations of Oakland and San Francisco in entertaining over 200 nurses at a tea given in honor of our distinguished guests, Miss Goodrich, Miss Greener, Miss Roberts and Dr. Burgess.

At the present time, June 17–22, the California League of Nursing Education is in session at Sacramento at the Joint Convention of the three nursing organizations. The league program is built around two main topics,—(1) Clinical Instruction and (2) Grading.

**Practice in Nursing.** The exhibit has as its central theme The Nursing Care of a Patient with Hyperthyroidism. It consists of photographs, posters, charts, models in miniature, actual appliances and equipment illustrating the admission of the patient, her “building up” in the medical service, her transfer to the surgical service, her operation and convalescence. All the schools of the state are contributing to the exhibit. The California Association of Student Nurses is holding its annual meeting in conjunction with the League Convention.

Plans for 1929–30 include the organization of other local leagues, the continuation of a study of the cost of nursing education begun this year by the State League Committee on Education, a statistical study by the Southern League showing the actual practical experience obtained by students in schools of nursing in Southern California, institutes and vocational conferences in both the northern and southern sections. Each Local League will, of course, continue to hold monthly meetings for the study of educational problems.
Colorado: The work of the Colorado State League has been practically all in Denver, and in connection with the Denver League of Nursing Education. The Colorado League had its annual meeting in February at the same time that the Colorado State Nurses Association had their annual meeting in Denver. The league has sponsored for the last six or seven years what they call the Central Lecture Course for Student Nurses, in the Denver School of Nursing. This was held this past year. The State League was also instrumental in getting Miss Carolyn Gray for the third summer course at Colorado State Teachers College in Denver.

The League is also trying to work out, with the Colorado State Teachers College a full time nursing department where graduate nurses may obtain advanced work in nursing education. During the last semester we had a course in new type examinations which was given in Denver by a member of the educational faculty from the University of Colorado. This course met for 17 weeks with a two hour period and carried two term hours as University credit. It was attended by superintendents and nurses, instructors and supervisors from eight of the Denver nursing schools, and one Sister made a journey every week from Colorado Springs, which is 75 miles away, to take this course. Four of the five members of the State Board of Nurse Examiners also registered for the course.

District of Columbia: During the past year regular monthly meetings were held. Support has been given to the National League in all its projects, particularly in the annual sale of Calendars. A delegate was sent to Philadelphia, April 25, 1929, to represent the District of Columbia League at the Biennial Meeting of the Mid-Atlantic Division of the A. N. A. A contribution was made to the American Nurses' Memorial School of Nursing.

The Central School of Nursing was again sponsored by the District of Columbia League of Nursing Education, making the sixth consecutive 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. This was the most successful year the Central School of Nursing has had. This success is due to the important part taken by the Chairman of the Educational Committee, Miss Mary Tobin, Commandant of the Army School of Nursing, who has given generously of her service, working in close cooperation with all in the interest of the school. Miss Dorothy Rood, who was studying the feasibility of including a course in social hygiene in the curriculum of the Central School of Nursing, presented her findings a course of study which was arranged with the advice and assistance of Dr. T. W. Galloway. This was well received.
Georgia: We regret to report a slight decrease in membership. Although
we have enrolled seven new members we have lost three, due to changes in
residence. Six have allowed their membership to lapse and one transferred
from Texas has not paid 1929 dues. The total membership for this year,
April 1, 1929, is 30.

The Georgia League of Nursing Education has enlarged the Education
Committee of the State League by making the standing committee an
executive committee of three members, one of whom will act as general
chairman and to whom all reports and requests may be sent. In addition
to the above, there are many members at large, a superintendent of nurses
or an instructor being appointed from each locality where there is a school
of nursing. In this way we hope to encourage interchange of ideas and also
keep in close touch with the needs of every school in the state, thus being
able to help all.

The program recommended to the Education Committee by the Georgia
League of Nursing Education in convention assembled, November 8, 1928,
was as follows: a. To encourage an annual meeting of senior students in
each nursing center, at which the senior classes from various schools in the
vicinity might meet some of the leaders of the nursing profession, these
meetings to be conducted by the members at large of the Education Com-
mittee or by a member of the Local League; b. To instigate vocational
conferences of senior students by meetings with specially qualified speakers
who will present the various fields open to nurses upon graduation; c. To
advise the observance of Delano Week and National Hospital Day with a
program in which senior students may take an active part; d. To conduct
a study to determine how schools of nursing may work out the problem of
weeding out the poor nursing material; e. To endeavor to increase teaching
facilities in the very small schools of nursing; f. To increase advantages in
pediatric nursing for the student nurses.

At the beginning of the year 1928 and 1929 this program was forwarded
to the various principals of the schools of nursing in the state and to the
members of the Education Committee. There have been many meetings
held in the different nursing centers to which the students from the various
schools were invited and the student attendance was remarkably good, the
students often taking part in the programs. The progress of nursing in the
different countries and the leaders in the nursing profession have been among
the subjects discussed. Classes in parliamentary law have also been given.

In one section of the state a pageant of the History of Nursing was put
on in which twenty student nurses prepared the costumes and gave the
dialogues. In another district the senior nurses have been taken to the
regular meetings of the District Association where such subjects as: How to
Join all Nursing Organizations, How to Travel with a Patient, Investigation
of Summer Schools and Postgraduate Courses for Nurses, were discussed.
At the convention of the Georgia Hospital Association an evening session was given to the discussion of nursing problems, at which a round table brought out and cleared up many subjects.

Within the last year twenty-two schools of nursing have taken advantage of the affiliating courses in pediatric nursing.

The Georgia League hopes to enlarge on this program next year and to encourage cooperation with the Grading Committee following the reports now in progress.

Illinois: At present the Illinois League consists of 282 paid-up members; 105 new members were accepted during the year, including 7 transferred from other states. As there are no sections, the meetings were held in Chicago each month and were well attended. The program included discussions of educational and administrative problems in schools of nursing.

The Twenty-fifth Annual Meeting, at which our Silver Anniversary was celebrated, was held in conjunction with the Illinois State Association of Graduate Nurses on October 19th at Joliet. At the Silver Anniversary Luncheon Miss Harriet Fulmer, a charter member and past President, reviewed the activities of the League and spoke of its influence on nursing in the state.

The Sixth Annual Institute for Nurses was held at DePaul University, Chicago, June 18–29 inclusive, under the direction of Miss May Kennedy. The Institutes have been a worth while contribution to the nurses of the middle west. However, this year we believe more effective results can be secured by emphasizing the necessity for broader and more fundamental preparation at one of our great universities. Schools of nursing, alumnae associations, and visiting nurse organizations in the state are being urged to assist their graduates and staff members by granting leaves of absence, and, if possible, by providing scholarships. The fund for the University of Chicago School of Nursing has grown more slowly this year because of other more urgent demands.

The League contributed $300. to the fund for grading schools of nursing. Letters have been sent out to the directors of all schools of nursing in the state urging them to cooperate with this Committee which is contributing so greatly to the advancement of nursing.

The Education Committee sent a questionnaire to the hospitals of the state to secure information concerning instruction of the mother in the care of her new-born child. Questionnaires were sent to 131 hospitals. 70 replies were received. In 16 hospitals instruction was given on all points included in the questionnaire, 39 gave demonstration of the baby’s bath, only 19 instructed the mother in the general care of the baby. The answers concerning the other points revealed the need for more emphasis in the important phase of nursing.
Indiana: During the year 1928–29 the Indiana League of Nursing Education has held five regular and four board meetings. The first meeting of the year was devoted to the discussion of Nurses, Patients and Pocketbooks. Other subjects for discussion during the year have been: Case Study and Experience Records; Making the Standardized Procedure Work with Demonstration of Bladder Irrigation by a Student Nurse; Diet in Relation to Deficiency Diseases, demonstrated by posters and trays; Occupational Therapy in a General Hospital, followed by a tour through the occupational therapy department; An Outline of History, illustrated with slides; Demonstration of Hot Packs by student nurses; Bag Technique, demonstrated by a public health nurse; Description of Work at Public Health Teaching Center; Pre-delivery Preparation in the Home.

Eighteen new members have been accepted into the League since the Annual Meeting. The membership is 58 at the present time, an increase of 13 over last year. The second payment of $20. has been made to the National Committee for Grading of Nursing Schools. The Educational Committee presented card index of worth while articles which had been in process of compilation the last couple of years. These index cards are accessible to all members.

The Indiana League sold 75 calendars for 1929 and is hoping to double this amount in the sale of the 1930 calendars.

Iowa: The fifteenth annual convention of the Iowa League of Nursing Education was held in conjunction with the Iowa State Registered Nurses Association at Council Bluffs October 1928. A well balanced program was carried out and a great deal was said about the calendar sale, all nurses being urged to buy at least one. The chairman of the committee reported, however, that there were only 150 sold.

The membership of the Iowa League is 43. Eight new members were voted into the organization at our last meeting.

Three members of a Committee of the State Association of Registered Nurses are appointed by the League from its membership and meet with the President of the State Nurses Association and the State Director of Nursing Education as an advisory committee to the State Board of Nurse Examiners. Four meetings have been held and problems discussed, thus creating better cooperation and understanding between the State Examining Board and the schools of nursing.

The outstanding achievement of the Iowa League for the year was a two-day institute held at the University Hospital, Iowa City, Iowa, May 10 and 11. A splendid program consisting of lectures and clinics as well as a display of equipment was presented.

A committee is working on the standardization of our nursing school
records, the text books to be used in the Iowa Schools, and the minimum practical experience necessary for the three year course, emphasizing the pediatric service. We hope to have their report at our next meeting.

_Kansas:_ The Kansas League of Nursing Education has only recently been organized. We held our first annual meeting last year at Topeka, Kansas. As the centers are widely separated, we have no sections. However, the larger group of nurses, that in Kansas City, Kansas, holds its meeting in conjunction with the Kansas City, Missouri, section of the Missouri League of Nursing Education, and we strive to cooperate with them in their work.

After the State meeting in Topeka, last fall, an institute of two days was held and we hope to have another one this year after the meeting at Wichita. The meeting last year was very well attended, for a first attempt, and a great many people feel they derived a great deal of benefit from it. We hope the next one will be better and we are working on it now.

_Kentucky:_ We have had a most interesting and instructive year in our League work. We have 51 members, all active. During the year we have held 8 regular meetings, and a three day institute in January, at which Miss Gladys Sellew was special instructor. Many instructive papers were given, and practical teaching and demonstration conducted at three of the largest hospitals in Louisville, the Louisville City Hospital, St. Joseph’s Infirmary, and St. Anthony’s Hospital.

We spent much time last year on a recommended revised curriculum and more uniform standard in practical teaching. This study is not yet complete, and will be continued throughout this year until completion.

_Maryland:_ The Maryland League has had monthly meetings, at seven of which there have been nursing demonstrations, emphasizing newer things, newer procedures in nursing, such as the use of the oxygen tent, and newer methods in pediatric nursing, and so on. At several of the meetings we were addressed by representatives from the faculty of the normal schools. We took up, for instance, the subject of student government, and certain problems in teaching.

We have this year organized an education committee which will work with the Board of Examiners, and have already planned the work that they are going to take up in some of the schools. We had one very successful meeting attended by the senior classes of all the schools in the city, and one or two outside of Baltimore, at which enrollment was considerably stimulated by the presence on the program of a representative from Red Cross Headquarters.
Our state has gone over the top in the collection for the Bordeaux School, and credit is due our League for that, to some extent.

Massachusetts: The Massachusetts League of Nursing Education consists of 180 members, there being 50 new members this year. The League held five meetings during the year, and the Program Committee decided to center on public health nursing this year.

We had some very interesting meetings and discussions on such subjects as development of schools of public health connected with universities, public health administrative practice and appraisals, recommendation of the Education Committee of the National Organization for Public Health Nursing in relation to student nurse affiliation and public health education.

We had, in addition to that, one other meeting at which we had reports from the joint Boards of the National Associations of the meetings that were held in January. We also had our fourth annual Students’ Night, at which 800 students were present, from all over the State of Massachusetts. Miss Fox addressed the pupils at that meeting.

The Calendar Committee was very active, selling over a thousand Calendars. The League contributed $200 toward the Grading Plan, and has agreed to underwrite, if necessary, the summer school at Simmons. At our annual meeting we had a representative of the Boston Teachers’ College talk to us on Education and facts. The Education Committee has been active this year, and it is the plan of the League Board to make that Committee more active the coming year.

Michigan: The annual meeting of the M. L. N. E. for 1929 was held in Detroit on April 10th, the day preceding the meeting of the Midwest Division of the State Association. An interesting paper on Ethics was given and was freely discussed. This resulted in the appointment of a Committee to study the promotion of Nursing Ethics throughout the State.

Papers were also read on case studies and sample case studies presented for inspection and discussion. During the year the subject of case studies has been presented by the League through the pages of the “Michigan Nurse” — a magazine published by the M. S. N. A. and issued to all its members gratis. As a result, some Instructors of the Nursing Schools in the State have had conferences on the subject of both case studies and time studies.

At the annual meeting of the M. L. N. E. in 1928 a joint committee consisting of three members each from the State Board of Examiners and from the League were appointed to study the subject of teaching methods in the schools of the state—regarding the number of hours of theory given in each subject,—practice work in each, text-books used in each etc.
Questionnaires were sent out to the Schools and upon the return of same a summary was made by this committee. Later, recommendations will be made to the Schools which we hope may help towards standardizing the teaching in the Nursing schools in Michigan.

*Minnnesota*: The League of Nursing Education in Minnesota numbers only 53, and the membership is confined almost entirely to the twin cities, with a few members in Duluth and Rochester, which means that all of our work and all of our meetings are held either in Minneapolis or St. Paul.

This year we concentrated on the study of examinations. We studied the type, the method, the results, the scoring, and so on, with very great profit; and we found that when our work was consecutive, when the subjects of our meetings fitted in, we gained a great deal more than by having papers on various subjects.

In Minnesota the nurses are all congratulating themselves because we are finally out of the list of states that have for their requirement in the Nurse Practice Act only an eighth grade education. The interesting thing about it is that although our Bill called for only an eighth grade education, there was no accredited school in the State with so low a requirement. More than half of our schools now require high school education for admission. Therefore when it came to amending the bill it went through without a ripple and hardly received any notice because our practice was so far beyond our legal requirements.

*Missouri*: The Missouri League of Nursing Education is sponsoring an institute to be held following the meeting of the State Nurses’ Association in October at St. Joseph, Mo. Last fall a series of lectures on supervision and on Psychiatric Nursing were given as the main features of the institute following the State meeting in Springfield. The Education Committee is interested in working out means of acquainting the public with nursing. To this end certain lay persons have been asked to study the problem with the committee. The Committee on Mental Tests and Measurements made report of their year’s work at the annual meeting and are continuing their investigations through the present year. The work of this committee has had considerable influence in directing thought toward more careful selection of students for our schools of nursing. Monthly meetings have been held throughout the year by the local Leagues in Kansas City and St. Louis “Nurses, Patients and Pocketbooks,” “Rural Nursing,” “Staff Education,” have been subjects of study and consideration.

The establishment of courses in Public Health Nursing in St. Louis at Washington University opens a field of opportunity for nurses in Missouri. Another significant step in Nursing Education in Missouri is the induction
of St. John’s Hospital School of Nursing, St. Mary’s Hospital School of Nursing and the Alexian Brothers Hospital School of Nursing, all of St. Louis, in the St. Louis University School of Nursing. This school offers three and five year courses.

Nebraska: The Nebraska League of Nursing Education promoted the interest for summer courses in the principles of teaching and supervision applied to nursing education for registered nurses, and recommended the name of Miss Carolyn E. Gray to the Dean of the College of Liberal Arts of Creighton University, Omaha. The authorities of this university have been very generous in sponsoring this very important introductory educational work for us. The classes began May 21 and close July 3. Eighty registered, 46 of whom are from Nebraska. Fourteen took work with Miss Gray last summer. About 6 will attend summer schools at the University of Minnesota this year. Of the 80 registered, 36 are Sisters. Nine states are represented in the registration besides Nebraska. The State Director of Nursing Education has been assigned to assist Miss Gray.

In a message broadcasted on National Hospital Day, May 12, we spoke of the value of the National Grading Committee, and emphasized the importance of adequate instruction of student nurses for the best care of the sick in the hospitals and the community.

There are about 25 members of the Nebraska League. The Omaha League held monthly meetings from October to May inclusive, while the Lincoln League met every three months. Both groups conducted their meetings at the various hospitals, the schools of nursing usually having charge of the program. Among the programs were: the work of the Grading Committee; illustrated method of teaching history of nursing; use of the ballopticon; a socialized recitation in the care of sick children, milk modifications in the home and small feedings, and normative case studies.

New Jersey: During the past year, the New Jersey League of Nursing Education has held regular meetings and the usual number of Board Meetings.

The Instructor’s Section has been particularly active, having held six meetings with an educational program and speaker at each meeting. In addition to programs for their meetings, they assumed the definite responsibility of a two day’s Institute which was of unusual educational value to all having contact with student nurses.

The programs presented during the year included talks on “Correlation of Theory and Practice” and also “Some Problems in Teaching and Methods Best Suited to the Present Day Youth.”

The report of the Educational Director indicates that all schools have a
full quota of applicants and many have waiting lists. During the winter in two of the schools, a course of lectures was given on Supervision. They were largely attended and greatly valued and appreciated. Unusual enthusiasm has been manifested by Instructors and others in the Schools of Nursing in the work of the State Board of Nurse Examiners with the result that there is a keener understanding and appreciation of the work of the Board and its contribution to Nursing Education.

At the last Annual Meeting, Article 4, Section 1, was amended to read that the date of the Annual Meeting be changed from January to April, it was also amended to read we meet concurrently with the Annual Meeting of the State Nurses Association.

*New York:* The New York League has a membership of 392—the largest in its history. There are five local sections—New York, Albany, Buffalo, Rochester and Syracuse, reporting a total of twenty-five meetings during the past year. The large membership has resulted in well attended meetings and much interest shown in the various topics.

Part of the meetings were given over to a discussion of Nurses, Patients and Pocketbooks and part to a consideration of the problems of supervisors and head nurses. Characteristics of successful head nurses were discussed and various plans outlined of inculcating a teaching interest in the head nurse in order to procure a better student. One of the sections reported being able to standardize some of the nursing procedures in its various hospitals. Albany reported a very successful five day Institute this spring. The Central Section recommended to the Officials of Syracuse University that a Chair of Nursing be established in that city.

Two of the sections seem to be considering the advisability of forming separate groups of instructors, head nurses and administrators where problems may be more intimately discussed and then having the joint groups meeting later for a program.

Our present activity is a study of the State Curriculum for Schools of Nursing. Each of the subjects is being studied in detail by a special committee and preliminary reports will be ready for the October convention in Buffalo.

*North Carolina:* In October, 1928, an Institute was held in Durham, N. C., under the direction of Miss Margaret Carrington of Western Reserve University, Cleveland, Ohio. The League financed the Institute and did not make a charge per member. The Institute did more to show the Nurses just what the League of Nursing Education stands for than any one thing that we have accomplished so far.

This Spring the League, with the assistance of a Committee from the
Hospital Association and the State Board, has been able to grade the Nursing Schools in North Carolina for the first time and arrive at some amiable but definite understanding. The Membership Committee has been very active during the year and we have had a number of new members. The members have cooperated in the sale of Calendars and in contributing to the Grading Committee. There are several Districts in the State talking about the organization of local Leagues and we hope to have at least three organizations by 1930.

A Round Table Conference was held at the Hospital Association Meeting in May with 33 present.

The next meeting will be held at Wrightsville Beach, N. C., August 28th, 29th and 30th, 1929.

Pennsylvania: The Pennsylvania League of Nursing Education reports a membership of 210 as compared with 206 of last year. No new local Leagues were organized during the year, the one in Philadelphia and the one in Pittsburgh remaining the only local organizations in the state. The annual meeting of the league was held in Altoona October 25, 1928. The program included discussions on “The Recently Enacted Nurse Practice Act in Pennsylvania,” “Conference on Ward Teaching,” “The Work of the Grading Committee,” “Selection of Candidates for Schools of Nursing,” “Some Trends in Nursing Education” and “Some Thoughts on the Art of Living.”

The Institute which is sponsored each year by the State League was held in Pittsburgh May 27-June 1 inclusive. The program included a course in Public Speaking; a course of five lectures on “The Approach of the Student,” “What the Senior May Do For The New Student,” “The Interview,” “Social Records and Their Value,” and “The Emotional Girl;” a course in Tuberculosis Nursing, which included an excursion to the Tuberculosis League; a course in Anatomy. We have found the Institutes to be of great value, and believe through them a definite contribution to nursing education is made.

An interesting project recommended for consideration next year is—The Need in our Schools for Nursing of some knowledge in Psychiatric Nursing.

Rhode Island: The Rhode Island League of Nursing Education in 1928 had 40 members, with an increase to 50 in 1929. During the past year (1928) there have been five executive meetings, one annual meeting, two general meetings, one institute, and one joint meeting. At the annual and general meetings the following subjects were presented: teaching of Ethics; Nursing, an adolescent profession; experimentation, time studies and research in schools of nursing. The greatest venture during the past
year has been the two-day institute held November 8 and 9, at which 580 nurses and a few from allied professions registered for afternoon and evening sessions.

A special committee was appointed to plan a study of the nursing situation in Rhode Island as applied to Nurses, Patients and Pocketbooks. The League sponsored the sale of calendars.

Each year the June meeting is held in conjunction with the State Nurses Association and the Public Health Organization. It is in the form of an outing with a short business meeting before a picnic lunch.

Tentative plans made for next year are more frequent meetings, alternating afternoon and evening. It is hoped thereby to stimulate greater interest among the members.

Oregon: No formal report was sent in by the Oregon League, but Sister Gabriel spoke informally as follows: I beg to report a word or two on Oregon, as I am from the Northwest and I notice a report has not been sent in from there. I attended the last meeting of the League of Nursing Education in Portland, Oregon, and read a paper there on Case History. I cannot give a detailed report of the League. I know that its membership is rather small. It is also, I think, a young organization, but I do know that the meetings are regularly held every month, and being called in from time to time to be consulted on matters concerning our schools of nursing in that State, I know that the League of Nursing Education in the State of Oregon is working very hard to raise the standards of nursing education in that State.

Washington: The Washington League of Nursing Education has been active the year of 1928 in both its Eastern and Western branches. In 1928 there were thirty-five members, so scattered over the state that it was necessary to meet in Eastern and Western divisions.

The League has been most interested in the preparation of the student nurse. We were keenly disappointed in October in our failure to secure a Nurse Consultant for schools of nursing in the state. It has been planned to finance the venture jointly through the department of Nursing at the University, and through the State Board of Nurse Examiners.

After consulting the dean of the University School of Education, members of the high school girls advisory group, and directors of the schools of nursing, a curriculum was suggested and approved for high school students planning to enter the field of nursing. This suggested curriculum admits the student to entrance in the college of Science in the University provided A and B grades are made in the subjects. This college gives a degree of Bachelor of Science in Nursing. The suggested curriculum is being sent
to all secondary schools of the state, and to all girls' advisors, and to all students asking direction in prevocational work.

Excellent papers have been presented during the year on *Technique of Study, Late Developments in the Field of Pre-Vocational Education*. Each month there has been a discussion on a chapter from *Nurses, Patients and Pocketbooks*, by nurses familiar with the field discussed. A joint vocational guidance course for senior nurses is being sponsored by the League, and a committee is at work on details of arrangement.

The League is now particularly interested in securing rules and regulations for our Board of Nurse Examiners which will aid in the development of schools of nursing in the state. We are not discouraged at our failure to secure a qualified nurse consultant, and hope to complete the necessary legal arrangements next year.

In cooperation with the University of Washington, the State Public Health Association, and the State Graduate Nurses Association, we are having a joint Institute in the early part of June. The field of Mental Hygiene is being stressed, and application made to problems pertaining to the field of public health and to schools of nursing.

The League sponsored a large no-host dinner honoring Miss Evelyn H. Hall, an outstanding nurse educator of the west, who has just become Superintendent Emeritus of one of our oldest institutions.

Members of the Washington League feel that the year has been a very profitable one and great interest has been shown in development of nursing education.

*Wisconsin*: There are 4 active local leagues in the state, Madison, Milwaukee, LaCrosse, and Eau Claire, with a total membership of 103. A membership campaign in the Milwaukee League increased membership from 24 to 48. The contribution for the Bordeaux Fund was made to the State Nurses Association and 343 League calendars were sold.

From July 16 to 21, 1928, the League sponsored an Institute at Madison with special emphasis on supervision. This was well attended and there was a unanimous request for another to be held in 1929. This we will have later in the summer. A scholarship was given to the hospital sending the greatest number of representatives.

A new project for increasing interest and attendance at the meetings has been tried by the Milwaukee district, i.e., the district has divided the group into supervisors, instructors, superintendents of nurses, etc. These sections meet one half hour before the regular League meeting and carry out a definitely prepared program. At the general meeting each section chairman gives a report. This district is also compiling a list of duties in the various hospitals which could be used to give ambitious graduate students
part time employment. This we hope will increase adult education among the graduate nurse group. The Milwaukee League purchased 3 copies of "Nurses, Patients and Pocketbooks" and placed them at nursing headquarters for the use of lay people.

Some of the topics which have been discussed at the League programs are:—Recreation for student nurses; Red Cross enrollment; nursing in South America and Brazil; the Psychology course in the Curriculum; report of the Louisville convention (given at each district); discussion of "Nurses, Patients and Pocketbooks;" and four separate demonstrations by student nurses, after which discussion followed.

The annual meeting was held in October, 1928, at Kenosha in conjunction with the State Nurses Association. After the business sessions a principal of a high school talked on "Is the Preparation of the Student Nurse Adequate for Meeting the Present Day Need from an Educator's Point of View?" Then the Director of Life Advisement, Milwaukee, spoke on "Life Advisement." As a result of this talk a committee was appointed to draw up an outline setting forth the desirable qualities which should be found in student applicants. When completed, this can be given to the prospective student in high school for self analysis and it would also serve to inform any one interested in nursing, such as teachers of vocational guidance.

Some time has already been spent preparing for the 1930 Convention, and we hope to make it the best Biennial that has yet been held.

Miss Eldridge: With your permission I would like to say a word about the work of the Education Committee of the Wisconsin League. The Education Committee, of which I have the honor of being Chairman, held their Institute last year in cooperation with the State Department of Nursing Education, and we are to hold the Institute this year in Madison, the week of the 22nd of July. We are having five lectures on psychology, five on ward management, and five on teaching methods and principles. We are also having individual lectures on various subjects, for instance, the use of the graphic chart in the planning of the education of the nurse, the evaluation of credits and the use of the psychological tests, the social service viewpoint as it concerns student nurses, and how that viewpoint can be obtained without the social service department.

One other work started by the Education Committee, is the preparation by the members of the Committee of an outline for a monthly or yearly report of the superintendent of nurses and also an outline for faculty conferences. The members of the Committee are going to use them in trial in their own hospitals and report on them at the State meetings as to which are the most valuable. The report of an outgoing superintendent should
be on file, so that an incoming superintendent will not find herself, as she often does, without one word to guide her as to what has been done in the school.

Chair: This ends the reports of the State Leagues. Frequently there are represented here other states where State Leagues are not formed but where there are educational sections of the State Nurses’ Associations. We should be glad indeed to hear from any of those sections.

It was stated from the floor that New Hampshire hoped within the year to have a State League which would be eligible for entrance in the National League of Nursing Education.

A report was then read from the Education Section of the Ohio State Nurses’ Association.

Section on Education, Ohio: There are 4 local sections on nursing education in the state of Ohio. In the 12 districts where there are no organized sections a definite number of meetings each year are given over to a discussion of education problems.

This past year the State Section on Education suggested that the following topics be included in the programs of as many local section and district meetings as possible: (1) The work of the Committee on the Grading of Nursing Schools and the first report of this Committee, “Nurses, Patients and Pocketbooks;” (2) A better use of the American Journal of Nursing for educational purposes; (3) Staff education, emphasizing especially staff conferences, their purpose and what can be accomplished through them.

To round out these topics which were suggested for the year’s work, the Program Committee of the State Section asked to have these same topics discussed at the State meetings which were held in Cincinnati in April.

The sale of the League calendars was this year undertaken by the Section on Education upon request of the Board of Trustees. The sale was organized through the districts, but full reports on the number of calendars sold were not received.

An attempt was also made to increase membership in the National League of Nursing Education. At present out of a membership of about 500 in the State Section on Education only 34 are members of the National League of Nursing Education. As a result of this campaign only 4 new members were added and 7 applications are now pending, but we hope to be much more successful during the coming year.

The rest of the meeting was devoted to sketches on nursing in their own countries by the following guests from abroad: Sister Bergljot Larsson, President of the Norwegian Association of Trained Nurses; Cécile Meche-
lynck, Director, Visiting Nurses’ Association of Brussels; Cecilia McKenny, of the Wanganui Hospital, New Zealand; Clara Feldhaus, Kommune-hospital, Copenhagen, Denmark; Sabina Schindler of Poland; Venny Snellman of Finland; Ida Carlson of Sweden; Ingrid Sundstrom and Nanna Rosenblad of the Red Cross, Sweden.

The meeting adjourned.

Session Conducted by the Instructors' Section
Thursday, June 20, 9:30 a. m.

Marion J. Faber, Chairman of the Section, presided.

The Chairman announced that in accordance with answers from State Leagues two topics were to be discussed at this meeting, namely, methods of correlation of theory and practice in schools of nursing, and a discussion of case study methods. The papers and discussion followed.

CORRELATION OF THEORY AND PRACTICE IN THE YALE UNIVERSITY SCHOOL OF NURSING

By Elizabeth Melby, R. N.

Assistant Professor of Nursing

In any consideration of the correlation of theory and practice involved in programs of our schools of nursing it becomes readily apparent that there are at least three major problems involved. The first problem lies in the type of correlation secured through the organization of the curriculum in such manner that the theory and clinical experiences of given services occur either simultaneously or in alternating blocks. The second problem lies in the type of correlation secured through the proportionate adjustment of courses so arranged that in theory a just balance is held between theoretical courses, and in practice a proportionate allotment of time is given to clinical experiences in each of the basic services. The third problem lies in the type of correlation secured through so planning the individual programs that both in theory and in practice complete well-balanced courses are recorded for each and every student. The subject of correlation of theory and practice therefore is to be considered not only in the broad sense of adjustment of theory and practice but in the equally significant correlations involved in the arrangement of courses and in the planning of individual programs for students.

In the Yale University School of Nursing the professional curriculum covers a period of 28 months, two months of which are assigned for vaca-
tion. The course is divided into a preclinical term of 4 months and a clinical term extending over a period of two years, each of which is divided into three terms. Applicants for admission must present credentials showing the completion with satisfactory grades of four years of secondary school work and of at least two years of work in a college of established standing, or an approved equivalent. Throughout the course of the schedule is a unit of 44 hours per week. This allows during each week five 8-hour days, one 4-hour day, and a day and a half off duty. For the 28 months course this represents a total of 5050 hours in which the complete theoretical and practical work must be covered. The total is varied to some extent by the fact that 88 hours, (approximately two weeks) is allowed for sick leave, a period which does not necessarily have to be made up. Very exact files are kept for each individual student in which are recorded the number of hours spent in theoretical work in the various services and for vacations. There is also recorded the number of hours lost due to illness or to leaves of absence for any exceptional cause.

I. Correlation of Theory and Practice.

Registration occurs annually the last Thursday in September. Physical examinations and classification tests are held immediately with class work beginning the following Monday and continuing without interruption for ten weeks. During this period, in addition to the course in principles and practice of nursing which runs throughout the entire preclinical term, the courses in the basic sciences are covered. Immediately after this period is over the class is divided into two sections and thereafter for the following 8 weeks the sections alternate, at 2 week intervals, schedules of basic and technical theory with schedules of ward practice. Thus during the preclinical term of 645 hours, 485 hours, of theory and 160 hours of clinical experience is completed. In other words, 75.2% of this time is devoted to theory and 24.8% to ward service, or the ratio is 3 hours of class to 1 hour of ward assignment.

During the first clinical year, in the first and second terms, theory and practice are maintained in alternating blocks. The service is devoted to medical and surgical nursing. Of the total of 1153 hours, there are 185 hours of theory and 968 hours of clinical experience. In other words, 16% of the time is devoted to theory and 84% to ward assignment, or the ratio is 1 hour of class for every 5½ hours of ward assignment. During the next three terms, the third, fourth and fifth, theory and clinical experience is given concurrently in the services of communicable diseases, pediatrics, obstetrics and gynecology. Of the total of 2024 hours, there are 186 hours of theory and 1838 hours of clinical experience. In other words, 9.19% of the time is devoted to theory and 90.81% to ward assignment, or the ratio is 1 hour of class for every 10 hours of ward assignment. The sixth and last term of the
course is devoted to affiliation in public health and in psychiatry. No analysis of this term will be included in this discussion.

Therefore, during the total time of 22 months, spent directly at the Yale School of Nursing, 856 hours or 22.5% are devoted to theory and 2966 or 77.5% to ward assignment, or the ratio is 1 hour of class for every 3½ hours of ward assignment.

Perhaps one of the most outstanding features of the plan as above outlined is in the fact that theoretical courses of the preclinical period and of the basic services, medicine and surgery and their allied specialties, are given alternating with blocks of clinical assignments. In so far as possible, a sound theoretical knowledge is given before the more difficult technical experience is assigned. Unification of theory and practice is not only desirable but imperative. In the Yale School of Nursing the keynote of unification is the case study method which is the fundamental teaching principle in all departments.

II. Proportionate Adjustment in Theoretical and in Practical Courses.

In the second phase of the subject the correlation maintained through the proportionate adjustment of courses, both in theory and in practice, must be considered. In theory it is necessary that the number of hours devoted to any course should be determined in relation to the total number of hours allotted to theory and in relation to the number of hours given other courses in theory. Undoubtedly a great deal was accomplished along this line by the National League of Nursing Education through publishing "The Curriculum for Schools of Nursing." In the Yale School of Nursing the theoretical course varies somewhat from the standard given in the N. L. N. E. curriculum. Basic scientific courses are usually in 45 hour units, basic technical courses 15 hours, and a varying number of hours in special courses. At the Yale School of Nursing the number of hours given each course is found to be fairly adequate and likewise proportionately fairly well-balanced. All students attend all classes. The rate of absence is so low (less than 0.02%) that it is an insignificant factor. Failures in theory occur but not frequently and in each case are handled through individual rulings. The correlation in theory as maintained in the establishment of courses and the results achieved cannot be considered a matter of special difficulty.

I believe it is far more difficult to obtain correlation in the field of clinical experiences than in the field of theory. There may be two reasons for this: 1) the actual content of the clinical experiences in any of the chief services is, even up to the present time, not at all established; 2) the actual relationship of clinical experiences in the chief services as related to each other is likewise indefinite. At the present time we scarcely know that equitable distribution of time is made, and usually division of time into services appears arbitrary rather than rational in nature.
III. Correlation of Theory and Practice in the Individual Programs of Students.

It is in the third aspect of the topic under consideration that the chief difficulty lies, that is in keeping a proportion in practical as well as in theoretical schedules of individual students. Even with a program of assignments carefully made and adhered to, variations occur that are encountered in many instances due to conditions existing within the service. It is interesting to note that the following variations occur in maximum and minimum number of hours of experience in medical and surgical services. Although the assignment schedule was carefully arranged in order to give each student equalized experiences, the actual result as in our records at the present time show quite marked variations due to illness, to absence, and particularly to schedules varied to meet the demands of night duty.

<table>
<thead>
<tr>
<th>Department</th>
<th>Maximum</th>
<th>Hours of Service</th>
<th>Difference</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
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<tr>
<td>Medical</td>
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<tr>
<td>Women’s medical wards</td>
<td>376 (inc. N. D.)</td>
<td>112</td>
<td>264 (inc. N. D.)</td>
</tr>
<tr>
<td>Men’s medical</td>
<td>274 (&quot; &quot; &quot;&quot;)</td>
<td>44</td>
<td>230 (&quot; &quot; &quot;&quot;)</td>
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<tr>
<td>Diet kitchen</td>
<td>102</td>
<td>77</td>
<td>25</td>
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<td>Out patient department</td>
<td>128</td>
<td>72</td>
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<tr>
<td>Surgical</td>
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<tr>
<td>Women’s surgical ward</td>
<td>251 (inc. N. D.)</td>
<td>64</td>
<td>187 (inc. N. D.)</td>
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<tr>
<td>Men’s surgical ward</td>
<td>294 (&quot; &quot; &quot;&quot;)</td>
<td>50</td>
<td>244 (&quot; &quot; &quot;&quot;)</td>
</tr>
<tr>
<td>Orthopedic surgical, men's</td>
<td>168 (&quot; &quot; &quot;&quot;)</td>
<td>44</td>
<td>124 (&quot; &quot; &quot;&quot;)</td>
</tr>
<tr>
<td>Operating room</td>
<td>292</td>
<td>228</td>
<td>64</td>
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<tr>
<td>Out-patient clinic</td>
<td>44</td>
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A final analysis shows that there are 73.8 weeks allotted for practical experience. This time must be so distributed as to provide fairly balanced clinical experiences in each of the various services, including medicine, surgery, communicable diseases, pediatrics and obstetrics. This part of the problem is relatively simple. The chief difficulty faced is the factor of time limitation. Our aim is to see that the desired experience as planned is made available to each and every student in the class, and that no student is deprived of clinical experience in any one of the chief services or in the branches of its related specialties. The achievement of this aim we face at the present time. In the final computation there will always be found variations due to factors of illness, of additional experience through night duty assignments, of slight variations caused by holiday periods, and class attendance. But in the main the time allotted a service in the given schedule of any student, should be in proportion to the length of time allowed other services. If the content of nursing education is to be basic the factor of size and acuteness of any given service cannot be the standard used since many schools
of nursing are associated with hospitals where certain services are extremely meager, or not included.

It is also evident that night duty as to length of time of service is extremely important. It is a question just how much time out of 73.8 weeks can rightly be relegated to that type of experience—probably not more than 4 weeks during the first year and certainly not over 4 or 5 during the second year. Any greater amount than this would change considerably the nature of the clinical experience.

In conclusion it may be stated:

1) That correlation of theory and practice can be satisfactorily accomplished during the periods of the preclinical term and of the first year through a block arrangement alternating periods of theory and of practice of varying length, but during the second year (at the present time at least) the correlation may be satisfactorily maintained by giving theoretical instruction concurrently with clinical experience.

2) That continuity of theory and practice is at all times desirable and in so far as possible, lecture courses should precede technical experience and be made basic, but that case studies should be the element giving unity to theory and practice.

3) That the maintenance of correlation of theory and practice, as we generally accept the phrase, is possible and programs and schedules can be so arranged that this correlation is maintained, providing class schedules and schedules of clinical services are definitely arranged beforehand.

4) That correlation can be maintained in theoretical courses by holding all courses to a just and fair level and allowing no excessive predominance along any one line. That there is usually no particular problem to be faced in the making of such adjustments. At least the problems do not lie directly in the arrangement of proportionate relationships.

5) That correlation of the courses in theory in the program of each student is desirable and because of the manner in which our schedules are planned it is a natural result and practically secured without conscious effort. Variations exist only because of class absences. Class absence is a controllable factor and may be eliminated (except for illness) by planning the theoretical schedule in such a manner that student attendance is possible and not hampered by the press and worry of ward responsibility.

6) That correlation can be maintained in practical courses by relegating to each particular clinical service a proportionate length of time. This period should be assigned in hours of service, not in days. If the record is kept in days there is frequently no record kept of the number of class hours, a total which is often great enough to cut down noticeably the total amount of the clinical experience.

7) That correlation of the clinical experience in the individual programs
of each student is desirable and can be partially obtained. Equality of total length of service in a given department can be secured for all the students although it is practically impossible to secure the same length of time in the several specialties of a given service, especially where night duty is given.

8) That in order to secure correlation of theory and practice it is necessary to have a definite theoretical schedule and also a definite schedule for clinical experiences. These schedules must be made in advance. To insure correlation within the group, securing to each and every student an equitable experience, it is necessary that schedules of individual assignments be made and adhered to.

9) Lastly, correlation of theory and practice, or the correlative features inherent in either theory and practice, can only be exercised according to the interest and efforts of the faculties concerned in our schools of nursing education. The entire subject is a problem of the present.

In Miss Sellew's absence, her paper was read by Miss Logan.

CORRELATION OF THEORY AND PRACTICE IN RELATION TO WARD ADMINISTRATION

By Gladys Sellew, R. N.

*Assistant to the Dean, in Charge of Pediatric Nursing, Cook County Hospital, Chicago, Ill.*

To quote from *Nurses, Patients and Pocketbooks*: "Many school administrators will say, 'A good basic training in hospital bedside nursing is sufficient, no matter what field the graduate enters.' Evidence that this is not true, in the form in which it is now given, is furnished by the protest now being raised against the results of the present system.

"Much of even the 'basic course' depends on chance. As was shown in Chapter 16 of this book, very few hospitals give their superintendents of nurses a free hand in supplementing student service with graduate service. Almost all hospitals are understaffed. They are trying to carry more work than can possibly be handled adequately by the number of students enrolled; and this has two serious results. The first is, that although the students may be taught good techniques of fine bedside nursing, they shortly learn that in times of heavy load they are not really expected to practice those techniques in their full exquisite detail. When there are more patients than a student can possibly take care of properly, she learns that it is of no use to report that fact to the office. The superintendent of nurses, being helpless as far as assigning additional nurses to the floor is concerned, and not feeling free to criticize the management of the hospital to the student, is obliged to
ignore such pleas for help, and the student who insists that she cannot carry the load is quickly made to feel that she has offended.

"It does not take a bright student long to realize that what she has been taught is the theory of bedside care, but what she is expected to practice on the wards is always a compromise between theory and necessity. Students of poor moral fibre quickly learn to neglect the less obvious aspects of bedside care and to specialize on the things which show. Students of fine moral fibre may be forced to do the same thing, because they literally cannot give adequate care in the hours allowed, or even in the overtime hours to which many of them are so generally accustomed; but the high-grade student rebels internally against the hypocrisy of a hospital which teaches her how patients should be cared for, which refuses to acknowledge that lower standards may ever be necessary, and which at the same time is not willing to spend the extra money necessary to provide enough workers so that its own patients can be given something approaching the type of care which the school pretends to stand for.

"The second educationally pernicious aspect of this perpetual sacrificing of the student to the daily needs of the hospital, is that where work has to be done, and where there are only students to do it, it is frequently necessary to assign a particular student to work in which she has had sufficient experience. Students are kept in the operating room, for example, for weeks and sometimes months longer than need be, not because they are poorly trained nurses who need more operating room experience, but because they are already so exceedingly skillful that the hospital thinks it cannot afford to let them get away. Similarly, in other departments it is found over and over again that the assignment of students to certain duties is determined not by the needs of the student but by the needs of the patients in the hospital.

"It would be a sad thing indeed were students ever to acquire the attitude of mind which says, 'I am more important than the patient. I must not be sacrificed simply because a patient needs me.' In other professions students are not ashamed frankly to be seeking their own educational advancement. In nursing such an attitude is unthinkable, and it is to be hoped that the time will never come when student nurses will be more interested in their own welfare than in the welfare of the patients under their charge. To the student the patient should always come first, but to somebody the student ought to come first! Except in those few schools—almost all of them connected with universities—where the education of the nurse is a project separate and distinct from the administration of the hospital, and therefore under

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1 For detailed testimony on this point the reader is referred to the Report of the Committee for the Study of Nursing Education, Dr. C.-E. A. Winslow, chairman; Miss Josephine Goldmark, secretary; Macmillan Co., N. Y., 1923.
separate educational direction with power to act, there is no one in the whole
school of nursing to whom the education of the student is of paramount im-
portance. Superintendents of nurses are deeply interested in their schools.
They are capable of great sacrifice for their students, but the fact remains
that wherever the position of superintendent of nursing service and principal
of a school of nursing is held by one person, she must, and probably should,
give first attention to the safe-guarding of the welfare of the patients in her
hospital, and she must over and over again sacrifice the education of the
students to that end. Not until schools of nursing are controlled by some
person or persons whose chief responsibility is educational and not adminis-
trative, can the nursing profession hope to secure graduates with thorough
basic nursing education."

The above quotation from *Nurses, Patients and Pocketbooks* is just, and
worth serious and detailed consideration. If theory is to influence practice
it must be applied in the practice field. If theory is to influence practice we
must make the conditions on the ward such that the student can carry out
the work as it is taught to her. We may not be able to immediately solve
the difficulty but we may attempt to analyze the situation on the ward,
with reference to improving the condition. In my classes in ward admini-
stration I am attempting to bring out the point that it requires time—hours
and minutes of nursing work—to give our patients care. We may almost
say that the amount of nursing service that we are able to give them depends
on the character and number of our nursing body. If we are considering
the nursing force in any hospital, a decrease in the amount of nursing service
that can be given the patient must mean a decrease in the amount of care
that can be given the patient. If we can employ private duty nurses to fill
the gaps in our ranks, the nursing care need not be cut and the problem is
solved. But if we cannot increase our number in this way, the nursing care
which the patient will receive must be cut. Even if the administrative
office refuses to recognize the necessity, the nurses on the ward are forced to
recognize and meet the difficulty.

The point that I am trying to make is that this problem should not be
placed upon the head nurse, general duty, or student nurse. It must be met
by the head of the nursing service and the responsibility for the cut in the
amount of care given the patients assumed by her. This should not be the
time for a head-on collision between theory and practice, in which theory is
invariably routed in the student’s mind, since such a collision soon makes the
student feel that theory has no place in practical work, that theory is some-
thing which belongs to the classroom, that it may be followed when every-
thing is in good running order but has no value in helping to bring order out
of chaos. If theory has any true value these are the situations in which it is
of especial value; the confusion lies in the narrow meaning of the student’s
interpretation of the term theory. She thinks of theory as the ideal method of nursing which has been taught in the classroom. In the rush and hurry of trying to do twice as much as she can possibly do, the ideal method of nursing cannot be achieved. Theory is really something very much broader than her conception of it. To analyze the situation, definitely decide which are the most important and which the least important items of the nursing care, which items must be retained and which must be frankly dropped. Let the student help in this analysis and with the final decision if possible. After she is graduated and "on her own," she will have to meet many situations of this nature. Let her learn how to meet them; it will probably be one of the most valuable experiences that she can have. Let her see how older and more experienced women believe that these experiences should be met.

The Element of Time Cannot be Neglected.

Students of ward administration must recognize this element of time; how long it takes to do things is something which we cannot neglect. We cannot alter it by staying on duty twelve hours instead of eight. If we work twelve hours a day for any length of time, the quality of the work suffers. It is simply dodging the question. The standard by which to judge good direction of nursing service on the ward from poor direction of nursing care on the wards is: Does the patient receive the maximum benefit from the available nursing service? We must never forget that many intangible factors are comprised in the term "benefit received:" kindness, an atmosphere of peace and quiet, etc. The term "available" must also be interpreted in a spirit of fairness to the student or graduate nurse who carries the work. Let the most experienced members in the nursing body show what good direction of nursing care under the existing circumstances, means.

Even in quiet times when there is no unusual strain we must be sure that time is allowed for the student to do the work as taught in class. If we cannot achieve the very perfection of nursing, if we cannot give each patient as good nursing care as we desire, let us teach in class what is the ideal and also what is actually possible to put in practice on the wards. There is a steady upward tendency in nursing, but the time will never come when we all can at all times equal the very best work done under ideal circumstances. If the student clearly understands the ideal toward which we strive and frankly distinguishes between the ideal and the methods which we use to meet the exigencies of the situation, she will find no conflict between theory and practice.

Possibly I have misconstrued the statement in the quotation at the beginning of this paper: "the high-grade student rebels internally against the hypocrisy of a hospital which teaches her how patients should be cared for, which refuses to acknowledge that lower standards may ever be necessary,
and which at the same time is not willing to spend the extra money necessary to provide enough workers so that its own patients can be given something approaching the type of care for which the school pretends to stand."

If the hypocrisy lies in the refusal of the hospital to recognize that an inferior type of nursing is necessary, I believe that the statement is absolutely correct. If, however, it implies that an element of hypocrisy exists in the teaching of a standard of nursing which the hospital is unable to carry out, it does not seem to me that the criticism is just. I do not think that there would be an element of hypocrisy on the part of the hospital in that the institution taught the students an ideal type of nursing, a type which the hospital did not provide for its own patients. It would seem to me that this condition exists in all professional schools where the practice fields are not artificially constructed for the use of the student, but are fields where actual useful work is carried on by necessity in accordance with scientific laws, economic, sociological, etc. In all professions, (especially those dealing with the most vital needs of life—medicine, nursing, the ministry, teaching, social service, the arts and public utilities), we hope for continual improvement, a continual advance toward a continually receding ideal. If this is true, we train students or workers not only to work under present conditions but also to fit in—to cope with—situations far more ideal than those existing at the time of the student's training. To reiterate; it seems to me that the rank and file of practice fields could never catch up with the ideal, for the ideal must advance as the work improved.

The hypocrisy, to me, lies in our absolute refusal to recognize that we cannot practice in accordance with the ideal. A mistake which can most justly be attributed to us, but one which should be easy to overcome.

Method of analysis of the care which may be given a patient in a definite amount of time has been given, and would seem to me to be the logical procedure to follow in considering the correlation of theory and practice.

A Restatement of a Method of Analysis of the Practice Field Reconsidered from the Point of View of Correlation of Theory and Practice.

The basis for such an analysis should be a clear statement of the daily routine; stating in some detail the basic care given the patients, and the hours at which the special orders are routinely carried out. Examples of such routine are not hard to find; practically every hospital has some such routine, even if it is not definitely written down.

Such a routine has many functions. But the function that we are considering just now, is its value in the correlation of theory and practice. This picture of the daily routine can be discussed in class; theory will then assume a broader aspect in the student's mind. It could be used as a comparison of the routine care given to patients in various hospitals, and I would suggest
that it be used when given to the senior group as a basis for the computation of the personnel required for different wards. The close relation of the personnel to the budget might also be pointed out. As soon as the student is graduated she will discover that the ability to put the ideal into practice depends very largely on the size of the budget allowed for the work.

Having found in a general way the items that must be included in the day's work, the next step would be to state definitely how the procedures are to be carried out. The written procedure is necessary to the success of any analysis of the work of a ward. It has several functions, but its value in holding the student to the method taught in class is immeasurable. If new procedures or changes in existing procedures are to be made, I would suggest that the students be permitted to help in the forming of the procedure.

I believe that in many cases the student's reaction to the definite procedure as taught in class is a feeling that she will never find time on the ward to carry it out as taught. The student is quite right in considering the element of time; it is one of the most important factors in the correlation of theory and practice. The time studies made by different hospitals, of the actual length of time that it takes to carry out the work as planned by the head of the department, are of great value in influencing the student's attitude. If she does not have time the fact is clearly shown; if she does have time the fact can be shown to her.

The time slip shows in cold, hard figures just how many hours of nursing service are given on the ward. What is more, it shows just how many hours of nursing service have been given at each hour of the day. We are all familiar with those periods when many of the students are off at class, or the situation on Sunday when everyone has a half day. Students must go to class and half days are necessary, but if a comparison of the time slip and the time study show that we are planning to give nursing care during these periods, which takes twice as many minutes to carry out as there are minutes of nursing service accounted for on the time slip, something unexpected and unplanned for is surely going to happen.

What usually happens is that the nurse on the ward decides to omit certain items in the nursing care to be given the patients, or that she succeeds in carrying out all the written orders but slights the basic care; or, what is probably the most common solution of the difficulty, that she accomplishes everything but in a way that should make us blush for our profession. It seems to me that it is far better to definitely decide what procedures in the care of the patients can be omitted, or perhaps what steps in the procedures can be omitted; cutting the work in accordance with a definitely thought-out plan.

Just as it has often been said that our discussion of the work centers about the patient, and the patient is the starting point for the education of
the nurse, theory being given in response to the actual problems arising in his care; so I believe that theory in its larger conception, a conception applied to the whole problem of supplying nursing service for the whole hospital and training of student nurses, must be sought out from all the great field of knowledge ready for our use and applied to the problem. It seems to me that this is one of the reasons for a wider educational background for the nurse. Sociology, economics, (especially statistics), psychology, ethics and logic, all help in the understanding of the relation of the ideal to the practical. The present situation must be met and met in such a way that there will be a steady growth toward the ideal. This year of 1929 must be met while we plan for 1930.

The plan, then, for the future must include a sufficient number of general duty nurses to permit the student to be placed where she will receive the experience that she needs. We, not she, are responsible for the care of the patient. It has been sometimes thought that the problem may be solved by giving the students the type of training which they need, and insisting that they be given time to carry out the procedures as taught in class, while the general duty nurse is so rushed with work that she is unable to give the patient the care that he needs. This seems an impossible situation. To repeat a quotation from "Nurses, Patients, and Pocketbooks": "It would be a sad thing indeed were student nurses ever to acquire the attitude of mind which says, 'I am more important than the patient. I must not be sacrificed just because a patient needs me.'" When a student sees a general duty nurse unable to give the patient good care, while the patient whom she, herself, nurses receives exquisite care not because he is in need of greater attention, but because it is considered necessary to her nursing education, she can hardly fail to think that her education is of greater importance than the welfare of the patient. The ideal then toward which we work, will be good nursing care for every patient, and a condition in which the student may receive good training—adequate practical training, rich theoretical training—and in which she shall apply her theory in practical work. And while we are working toward this goal, let us not consider any situation so hard or so commonplace that it cannot be improved by the application of theory in practice.

Mrs. Jensen's paper was read by Bessie Baker, Director of Nursing, Miller Hospital, St. Paul.
CASE STUDY IN SCHOOLS OF NURSING

By Deborah MacLurg Jensen, R. N.

Supervisor of Clinical Instruction in Nursing, University of Minnesota

Introduction

Within the last few years the interest in clinical instruction in Schools of Nursing has been focussed on the Case Study Method. For over fifty years the profession of law has recognized the value of presenting cases for study. It was found that the method developed in the student intellectual independence and individual thinking. Text-books were used to explain and clarify principles brought out by the cases. Dr. Richard Cabot said in discussing Case Study in Medicine: "In the best practice the students are required to bring their own powers into play at close range, gathering their own data, making their own interpretations and proposing courses of treatment." In engineering, the method was used to stimulate and encourage the student to exercise his power of independent thinking and to increase his ability to cope with new situations in engineering practice. In many other fields of education, the value of this method of approach has been realized, and today it is also used in social work, dietetics, ethics, and business.

Educators recognize it as a method adapted to stimulate and hold the interest of the student. It inculates a scientific spirit of independence and investigation. Many years ago students were taught nursing by the study of cases before the ward situation became so complex that the teaching by cases on the part of the head nurse more and more yielded to classroom work under the direction of instructors. The growing complexity of the modern hospital tends to bring about an attitude of mind on the part of the student that patients are mere numbers or the occupants of so many beds. Students do not take time or perhaps do not know how to gather nursing information about patients when ward experience is based on the assignment of routine work, whilst class-work remains detached lectures without practical application.

Ward training after the preliminary period should be planned to give a progressively graded experience, and it is desirable that students be given the complete care of patients as soon as possible. In 1924 a school of nursing was established at Yale University and to the faculty of this school the nursing profession is indebted for the first developments of case study in nursing. This method is the fundamental teaching principle in all departments in the Yale School of Nursing. During the past five years many other schools have introduced the method, and in an attempt to ascertain to what extent it is being used, a questionnaire was sent to ninety schools this spring.
Report on Questionnaire

Fifty-four questionnaires or 60% were returned, forty-four schools or 81% of the schools, including twelve university schools, stated that students were writing case studies and ten schools or 19%, including one university school, stated that students did not write nursing case studies.

The obstacles given by these nine schools are as follows:

1. The curriculum is too crowded
2. Too heavy nursing demands are made by the hospital
3. Teaching and supervision of case studies can not at present be added to duties of the teaching and supervisory staff
4. No instructor or supervisor with the qualifications and time to direct such studies is available

Five schools merely stated that they had not yet developed case studies.

The program carried out by the schools which have developed the method is as follows:

The number of hours of classroom instruction given in the technic of building up case studies varies greatly.

<table>
<thead>
<tr>
<th>Hours</th>
<th>Number of Schools</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>1 school</td>
<td>2%</td>
</tr>
<tr>
<td>15</td>
<td>8 schools</td>
<td>13%</td>
</tr>
<tr>
<td>10</td>
<td>7 schools</td>
<td>16%</td>
</tr>
<tr>
<td>6</td>
<td>2 schools</td>
<td>4%</td>
</tr>
<tr>
<td>5</td>
<td>2 schools</td>
<td>4%</td>
</tr>
<tr>
<td>3</td>
<td>1 school</td>
<td>2%</td>
</tr>
<tr>
<td>2</td>
<td>3 schools</td>
<td>7%</td>
</tr>
<tr>
<td>1</td>
<td>9</td>
<td>21%</td>
</tr>
</tbody>
</table>

1 hour in each new service given in 1 school or 2% of those studied
2 hours in each new service given in 1 school or 2% of those studied

Instruction in case study is included in the clinical subjects in 4 schools or 9%. Hours were not stated by 7 schools or 16% of those studied.

The course is conducted by:

- The Instructor of Nurses in 19 or 43% of the schools studied
- The Teaching Supervisor "10 "23%"
- The Instructor of Practical Nursing "6 "14%"
- The Assistant Superintendent of Nurses "3 "7%"
- The Doctor "1 "2%"
- Not stated "1 "2%"

Five schools stated that during this course three hours are given by a member of the social service department.
The course is given to students during the

1st year in 19 or 43% of the schools studied
2nd “ 13 “ 30% “ “ “
3rd “ 3 “ 7% “ “ “
Throughout the whole course in 5 or 11%
The year was not stated by 4 schools or 9% of the schools studied

The text-books and reference reading used by students in case study work were given as follows:

Nursing text-books used in 33 schools or 75% of those studied
Jensen—Students Hand-book in Nursing Case Studies used in 4 schools or 9%
References listed in course on Case Study in “A Curriculum for Schools of Nursing” used in 3 schools or 7%
American Journal of Nursing used in practically all the schools as a reference

The student projects conducted during this course were not stated by 26 schools or 59%; the writing of a case study with analysis of each point in 5 schools or 11%; the writing of a Social History in 4 schools or 9%; visits to clinics, patients’ homes, etc. in 5 schools or 11%.

Students begin to write case studies

During the 1st year in 29 schools or 66%

“ 2nd “ 12 “ 27%
“ 3rd “ 3 “ 7%

The different services in which studies are required is given by these schools as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Schools or % of Schools Studied</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine</td>
<td>38 schools or 80%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>38 “ 80%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>32 “ 73%</td>
</tr>
<tr>
<td>Gynecology</td>
<td>28 “ 63%</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>25 “ 57%</td>
</tr>
<tr>
<td>Eye, ear, nose and throat</td>
<td>15 “ 34%</td>
</tr>
<tr>
<td>Special Diet Kitchen</td>
<td>14 “ 32%</td>
</tr>
<tr>
<td>Out Patient Department</td>
<td>14 “ 32%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>12 “ 27%</td>
</tr>
<tr>
<td>Neurology</td>
<td>9 “ 21%</td>
</tr>
<tr>
<td>Urology</td>
<td>9 “ 21%</td>
</tr>
<tr>
<td>Contagion</td>
<td>6 “ 13%</td>
</tr>
<tr>
<td>Operating Room</td>
<td>5 “ 11%</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>3 “ 7%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>3 “ 7%</td>
</tr>
</tbody>
</table>

The number of studies required on each service varies from one to six, regardless of the length of time spent in the department. Three schools require one study each month and one school requires one study each six weeks, regardless of length of time spent on the service.
The selection of cases for study is supervised by:

<table>
<thead>
<tr>
<th>The Instructor</th>
<th>in 14 schools or 32% of the schools studied</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Ward Supervisor</td>
<td>12 &quot; 27% &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>The Head Nurse</td>
<td>7 &quot; 21% &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>The Instructor in Case Study</td>
<td>4 &quot; 9% &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>The Doctor and Social Worker</td>
<td>1 &quot; 2% &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>The Resident in Medicine and Surgery</td>
<td>1 &quot; 2% &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>Not stated by</td>
<td>3 &quot; 7% &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
</tbody>
</table>

The studies are graded by:

<table>
<thead>
<tr>
<th>The Instructor</th>
<th>in 20 schools of 45% of the schools studied</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Ward Supervisor</td>
<td>9 &quot; 21% &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>The Head Nurse</td>
<td>7 &quot; 16% &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>Not graded</td>
<td>8 &quot; 18% &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
</tbody>
</table>

Case Study conferences are held by 35 schools or 79%:

<table>
<thead>
<tr>
<th>As often as necessary</th>
<th>in 11 or 31% of these schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>7 &quot; 20% &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>Monthly</td>
<td>3 &quot; 9% &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>When each case selected</td>
<td>4 &quot; 11% &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>Every two weeks</td>
<td>1 &quot; 3% &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>Three times during each study</td>
<td>1 &quot; 3% &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>Not stated by</td>
<td>8 &quot; 23% &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
</tbody>
</table>

These conferences are conducted by:

<table>
<thead>
<tr>
<th>The Instructor</th>
<th>in 20 or 45% of these schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Ward Supervisor</td>
<td>12 &quot; 27% &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
<tr>
<td>The Head Nurse</td>
<td>3 &quot; 9% &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot; &quot;</td>
</tr>
</tbody>
</table>

Grades are kept on the students’ permanent record cards in 26 schools or 59% as part of the subject grade in 3 or 7%, averaged with ward grade in 1 or 2% and were not recorded by 14 or 32% of the schools studied.

The benefits derived by students from these studies were reported as follows:

| Increased interest in individual patient | 23 or 52% of the schools studied |
| Improved correlation of theory and practice | 12 " 27% " " " " " " |
| Increased interest in reading and studying nursing problems | 10 " 23% " " " " " " |
| More intelligent nursing care        | 9 " 21% " " " " " " |
| Increased observation by students    | 8 " 18% " " " " " " |
| Clearer picture of diseases obtained by students | 6 " 14% " " " " " " |
**CASE STUDY IN SCHOOLS OF NURSING**

| Increased interest in bedside nursing care of patients | 6 or 14% of the schools studied |
| Increased interest in social side of cases | 6 " 14% " " " " |
| Development of power to assemble data logically | 5 " 11% " " " " |
| Increased interest in preventive measures | 5 " 11% " " " " |
| Increased students’ interest in working out program of nursing care | 4 " 9% " " " " |

The difficulties given by these schools in working out this method of instruction were:

| Lack of time on the part of Head Nurses and Supervisors | in 14 or 32% of schools studied |
| Lack of time on the part of students | 12 " 27% " " " |
| Indifference of Head Nurses and Supervisors more interested in practical details of Ward Management | 6 " 14% " " " |
| Indifference of a certain type of student not interested in the theoretical side of nursing | 3 " 7% " " " |
| Too rapid and irregular rotation of students | 4 " 9% " " " |
| Lack of education of Head Nurses and Supervisors | 3 " 7% " " " |
| Tendency to copy from clinical charts | 2 " 5% " " " |
| Difficulty in getting studies from students on time | 2 " 5% " " " |
| Difficulties in obtaining emphasis on the nursing aspect | 2 " 5% " " " |
| Difficulty in holding conferences with students | 2 " 5% " " " |
| Youth and inexperience of students | 2 " 5% " " " |
| Lack of variety of cases | 2 " 5% " " " |
| Interference of research work on wards by members of the medical staff | 2 " 5% " " " |
| Classes being too large for individual instruction | 1 " 2% " " " |
| Lack of knowledge on part of student in social in science | 1 " 2% " " " |
| Inclination on part of student to select dramatic and rare cases for study | 1 " 2% " " " |

It was found from the copies of forms and directions used in some of the schools studied that there is confusion between the experience record and the case study. Experience Records are weekly records of a small group of patients, not more than three or four, assigned to the student. These records include a brief social history, medical and laboratory findings, the nurse’s observations and the treatment carried out. In the average hospital the greatest difficulty is the maintenance of a teaching staff large enough to allow time for the immediate correction of the weekly records, as much benefit is lost if they are not corrected and returned with suggestions to the student very soon after they have been handed in.
The Case Study, on the other hand, is an intensive study of a case from every angle. This implies an understanding of the disease involved, as well as the picture presented by the patient. The student should know the social history, as well as the medical history, that she may understand better his attitude of mind toward his illness and the hospital. This type of work means that an intensive study must be made of all problems involved in caring for the patient over a period of no less than two weeks.

It was brought out by the report that the supervision and grading of these studies present a very definite problem to many schools, and because head nurses and supervisors have no time, it is frequently done by instructors who spend most of their time in the classroom; it would seem that since head nurses have the best opportunity of knowing patients intimately they are best fitted to help students.

The Case Study Method in the School of Nursing at the University of Minnesota

In the School of Nursing at the University of Minnesota, students do not keep written experience records of their patients, but case studies are required in every department where the student receives clinical instruction. Before any work was done with the students, the supervisor responsible for developing case studies held classes with the head nurses and floor supervisors. After some discussion, it was found better to have different directions for each department.¹

At the end of the preparatory period a course of ten hours on the “technic of building up case studies” is given by the Supervisor of Clinical Instruction in Nursing that students may know the important facts regarding nursing studies, where they may obtain information about patients and how they may organize this information in their studies. Students through their own studies and through the analyses which go on in conferences and clinics gather the knowledge thus gained and should be able to sum up the whole nursing problem presented by any patient. Freshman and junior students study patients presenting the most fundamental diseases before they attempt the rare and unusual cases. For instance, on medical wards, freshman study patients who have diseases of the upper respiratory system, simple cardiac disease, nephritis, obesity, and simple arthritic conditions; and in surgical wards appendectomy, herniotomy and simple fracture cases; older students study the more difficult cases. Generally students do not make intensive studies of patients who have rare and unusual diseases.

The head nurse supervises the selection of cases for study and holds conferences with students whenever necessary. Studies are corrected and

¹A full description of the directions for case studies in each of the departments will be found in Jensen's Handbook for Nursing Case Studies published by MacMillan Company.
graded by the head nurse and staff conferences are held frequently to discuss problems that have arisen in this type of ward instruction. Each quarter the student receives a case study program card for the record of her case study work.

<table>
<thead>
<tr>
<th>CASE STUDY PROGRAM</th>
<th>Student:</th>
<th>...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 19</td>
<td>Class:</td>
<td>...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Ward and Service</th>
<th>Date of Leaving Service</th>
<th>Diagnosis</th>
<th>Grade</th>
<th>Head Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Approved: Supervisor of Clinical Instruction

The student gives this card to the head nurse with the case study, and after recording the grade and signature, it is returned to the student. These cards are brought to the school office at the end of each quarter, and the grades placed on the student’s permanent record card.

**Conclusion**

While many difficulties remain in developing this method of instruction in the majority of schools, so much benefit results from it to both patient and nurse that it can be warmly recommended. The following suggestions are made to aid schools in developing nursing case studies further than is possible at present.

1. **Staff Education.** It is very necessary that a definite program of staff education be carried out by regular classes, conferences, and clinics. Every encouragement should be given to head nurses and supervisors to take additional courses by attending evening classes or summer school where courses in modern methods in education are offered.

2. **The head nurse and supervisor be given more time for ward teaching.** When the head nurse is attempting to carry out the many duties required in a large ward, without an assistant, it is very difficult for her to have any time left for teaching, even though she may be interested in doing so.

3. **A better type of student be admitted to the schools.** The fact was brought out by the report of the Grading Committee that “one-sixth of all the stu-
udents who have been graduated within the past five years have never gone beyond the first year in high school." This report also states "that applicants who have failed to complete high school courses should be viewed with grave suspicion, since there is probably more than an even chance that they are mentally unable to carry work of high school grade, that they are repelled by the orderly and controlled discipline of the educational life, or that they come from families to which professional traditions are unfamiliar."

4. A shorter working day for students. In schools where students are on the wards eight hours six days a week, in addition to two hours of class work, it is difficult to arouse enthusiasm and interest in such studies unless time is allowed during hours on duty to work at their studies.

5. Library facilities. One of the benefits derived from case studies is the stimulus to read and study nursing problems. Reference books, medical, public health, and nursing journals should be available in addition to textbooks on each subject.

6. Stabilization of rotation. At the University of Minnesota, as well as in many other leading schools of nursing, an effort has been made to plan the rotation of students so that at least one month will be spent on any ward at one time, and no interruption is allowed in such departments as pediatrics and obstetrics.

As has been seen from the result of this questionnaire, case study has passed the phase of being only an experiment in schools of nursing. Indeed, the student gains so much that it will probably be the preferred method of clinical instruction in schools of nursing in the future, and no accredited school can afford to ignore this development in the education of nurses.

Chair: Other professional schools are calling attention to certain limitations of the case study method as an educational procedure. Such authorities as James Haydon Tufts, of the University of Chicago, in his book Education and Training for Social Work, cause us to feel that this method has its limitations as a teaching method even in social work. Then furthermore the Dean of the Law School at Columbia University has recently announced that that institution intends to make a radical departure from the case study method in legal education, substituting rather research tending toward the discovery of fundamental truths in the solution of human problems.

Now since there are these questions as to the advisability of the use of this method as a teaching measure, I would like very much to know what your experience with this has been. Are there any questions?

Further discussion brought out the opinion of some instructors as to the great value of case study as a basis for lectures on the same subject later in
the course; as a stimulant of the student’s interest in her patients and knowledge of their social history; and as an incentive for improvement of the work of the head nurse in teaching and supervising.

The President of the National League of Nursing Education then took the chair, at Miss Faber’s request, and conducted the election of officers of the Section for 1929–1930.
Nominations from the floor were

For Chairman—Ruth Sleeper
For Secretary—Marguerite Erxleben

As there were no further nominations made, a motion was carried that the Secretary should cast a ballot for the vote of the Section, and those officers were declared elected.

Meeting adjourned.

General Session
Thursday, June 20, 2:30 p. m.

Elizabeth C. Burgess, President, presided.

MENTAL HYGIENE APPLIED TO PERSONAL RELATIONSHIPS
IN THE FIELD OF NURSING EDUCATION

By Esther Loring Richards, M. D.

Associate Psychiatrist, Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore, Md.

During the last few weeks I have found myself in the embarrassing position of formulating remarks on mental hygiene aspects of nurses’ training for two different groups of your organization, while Miss Lawler of our own Johns Hopkins Training School has been besieging me in vain to see some half dozen probationers with regard to the advisability of their acceptance. I am sure she wishes I would stay at home and quietly attend to the doing of a few things concerning which I give others detailed recipes.

There has probably never been a period in history when the health of mind was as much talked about as it is today. Our parents and grandparents considered behavior as conduct to be judged according to standards of external authority embodied in religion, tradition, custom, and law. These standards of judgment were built up from centuries of trial and error method in determining what requirements of conduct were wholesome for
the group life of family, tribe, state and nation. Home and school got the child ready for life by equipping him with formulae of conduct involving what he should and should not do and say and feel and think and strive after. The goal of achievement was the keeping of law and the fulfilment of rules with relatively little attention paid to varying degrees of individual ability to arrive at these standards. The hurdles of required conduct were lowered somewhat for the idiot, the low grade imbecile and the violently insane, but lack of conformity to standards of conduct in all others was rigorously judged. For example, a good child learned his lessons, did not lie or steal or fight; leaving school he started on the business of becoming self-supporting, later on supporting others, and eventually developed into a substantial citizen. A bad child on the contrary did not learn his lessons, ran away from school, drifted from job to job, came into conflict with the law, ended life in poverty and disease, and was held up as an example of one who did not do as he was told as a child. With the birth of psychology, and the gradual development of a broader concept of health on the part of medical science, behavior is coming to be interpreted rather than judged. It is with this interpretation of behavior that we are all today so vitally concerned in respective problems dealing with the hygiene of mind, or mental health. As doctors, teachers, nurses, social workers, parents we find ourselves day after day coming up against the activities of human beings which we do not understand and yet must handle. In each and every one of us so confronted there is a conflict between the tendency to judge conduct, and the conviction that we should interpret it. But how shall we go about this interpreting? We long for some scientific rule of thumb which switched on in an emergency floods the darkness of our perplexities with immediate light, and outlines instanter just what to do. Unfortunately there are all around us Coney Islands of glaring absurdities with various scientific labels advertising simple interpretations of behavior combined with effective treatment. Not long ago a mother wrote me to ask if I could recommend a school for her little daughter of 11 who had been for a year under the care of a physician in a large eastern city. "The doctor says," she wrote, "that Mary is perfectly bright and normal mentally, but she has a pituitary deficiency which makes it necessary for her to be in a school where she can have individual attention. It must be near enough to him so that she can continue her treatments." Mary came down to our Hospital, and our pediatricians found a little girl who aside from a certain amount of fatness had nothing that could be called pituitary disease. She had been markedly late in development from infancy, and no school for ordinary children would keep her for more than a few days because of her disturbing behavior. According to the Binet-Simon intelligence test she was found to have a mental age of exactly 8 years. The child is a defective and can be trained only in a school that understands the needs of such children.
Again, a dear old lady is sent to Florida to recuperate from "a nervous breakdown following grippe." For more than a year she had been unable to look after her home or herself without constant supervision. She would wander away from her home of 40 years and become lost in the next block. She would get up at midnight and try to go down stairs and start breakfast. She referred to her daughter as "this young lady I just met at the hotel." She could not tell her age, and her home address, and was completely disoriented to time and place. In fact she was a typical picture of senile dementia, yet a zealous medical search had been instituted for foci of infection. In fact the husband stated that the doctor told him that if the patient was no better on her return from Florida she must have all her remaining teeth removed, though the family dentist saw no reason for their coming out.

Or again we hear it stated that the best mental health can be attained only after an individual has undergone a complete psychoanalysis. Now endocrinology, psychoanalysis and the doctrine of focal infections offer good and legitimate approaches to a study of the field of poor mental health. They become dangerous when they are used without judgment and discrimination as panaceas for the behavioristic distresses of all sorts and conditions of men. Now there is a vast difference between the study of behavior in general, and the study of individual behavior in particular. One has only to take any behavioristic theory and attempt to apply it to 25 individuals with the same subjective complaints to realize the futility of interpreting behavior according to some one theoretical concept to which our lives are dedicated. In considering what can be expected of a person in the way of his adaptation to life one must cover a wide range of facts: the constitutional stuff out of which the individual is made (biological and psychobiological); the kind of childhood start he got in nutrition and sleep, in the acquisition of simple habits involving the management of moods and instincts and impulses in their relationship to the harmonies and disharmonies of home and school and neighborhood environment. Consequently formal education is trying to go back into home and nursery school and pre-kindergarten to prepare the child for the adaptations of elementary school. The latter is striving to cement contacts between home and school through school nurse, child study groups, parent-teacher association, and visiting teacher. These contacts are pitifully unsatisfactory, but they are at least a step in the right direction. As one follows education from elementary school to high school, college and graduate school, he finds that personal contacts between teacher and student are practically confined to the medium of examination and quiz and seminar. Satisfying requirements of courses of study constitutes the educational equipment of students going out to become doctors, lawyers, nurses, teachers, technical workers, and—last but most important
—parents. Teachers coming in contact with these adolescents realize that they deal with young people whose mental responses and attitudes toward life and habits of daily performance have already got a considerable start in all sorts of unwholesome directions that augur for anything but a satisfactory adaptation to life. Educational insignia of high school diploma, B. A., M. A., R. N., Ph. D., M. D., etc. indicate that the holders are intellectually qualified to fill responsible positions in life, but when they go to fill these positions something happens. They get along so badly in the practical functioning of the work they attempt to do that the job itself falls into disrepute, or they develop what is known as "nerves." The judge of a juvenile court was discussing a candidate for a psychiatric position. This man had had 4 years of graduate work after his M. D. After an hour's interview the judge remarked in all sincerity, "I couldn't have that man around me because his personality would drive me wild, and if he affects me this way what would be do to children and a probation staff I am trying to educate?" I agreed with his opinion entirely. Now this is the bar of success at which educational products are being judged today, and nursing as a profession must stand trial along with its sister and brother professions.

Medicine and nursing are professions that deal with the prevention and treatment of poor health. They are complementary in their functioning. The nurse does not work for the doctor but with the doctor. There is no need to review before this audience the evolution in our viewpoint of the status of nursing. Suffice it to say that we have gone through a long and embarrassing struggle to make it apparent to the world at large and medical science in particular that an intelligent, well-trained nurse is the greatest asset a physician can have in the treatment and prevention of disease. To this end nursing education has gone about raising the standards of educational requirements for admission to our training schools. The time has passed when any first class training school will take a candidate because her minister writes that she has a good moral character, and the family doctor writes that he sees no reason why she could not stand the strain, and the candidate herself says she has been "crazy about nursing" ever since she had her tonsils out. We are demanding a high school diploma, and a certain percentage of our candidates have had a year or two of college.

A second objective in training of the nurse has been increasing the time she has for study, and giving her a wider range of instruction in subject matter with the creation of a director of education in every training school whose business it is to see that the theory and practice of the student has some degree of reasonable correlation. This is a goal towards which you are struggling with obstacles concerning which only those of you who do the work fully realize. What has been achieved and what remains to be done have been admirably set forth during the past year by the Burgess report.
These matters deal with tangibilities amenable to processes of standardization. But the aspect of personality equipment and training of the student nurse remains as in every other field of education a very weak spot in our methods. It concerns itself with intangibilities wholly unamenable to standardization. There is one bright spot of advantage which a nurses' training school has over other educational institutions, and that is it can watch the student month by month and year by year practically applying principles she has been taught. Whereas other institutions of learning must wait till years after the student graduates to see the work of their hands. From the moment the student enters as a probationer to the day of graduation she works in close personal contacts with graduate nurses in charge of wards and operating room and dispensary and supply rooms. Here is a large and differentiated faculty who have invaluable opportunity to study behavior in the best of all laboratories—the ordinary performance of the day's work. How are we utilizing this opportunity? Not as well as we should. Nurses in charge of ward and dispensary and operating room in most large hospitals fill out monthly reports which consist of space to write down the words “good,” “fair,” “poor,” “average” opposite certain stereotyped adjectives—“conscientious,” “industrious,” “tactful,” “dignified,” etc., and below these markings are a few lines for “remarks.” One has only to look over a dozen or two of these monthly report sheets to realize how inadequate they are not only in sizing up the personality equipment of the pupil nurse, but in giving one reliable facts about her work. The “Remarks” are chiefly personal impressions of the nurse in charge and are too often prejudice for or against. In the Goodrich Lecture of 1927 I went into some detail concerning the way these reports are put together, using the phrase “monotonous similarity” as most expressive of the feeling the reader gets in going over them. Now the teacher from elementary school to university cannot get away from impressions of students. Impressions are formed from concrete incidents. Concrete incidents are made up of two sides—the student’s story and the observer’s story. And very often the student’s story is unheard with the result that she is labeled “careless,” “impudent,” “lazy,” without having the benefit of a discussion of the incident responsible for these characterizations. In the complexities of modern hospital organizations with large numbers of students and departmental divisions and subdivisions, the student nurse is in danger of drifting further and further away from personal contacts with her teachers. It is rare in my experience to hear a young nurse say today, “One of the best things I got out of training was working with Miss—, watching her care for patients and getting her ideas about nursing.” Yet great names in nursing history have been women who have drawn students to them by the power of personal contact and example. We are housing our nurses better than in
the past. We are giving them better ventilated sleeping rooms, and swimming pools, and gymnasiums and corridor kitchenettes, and more attractive drawing rooms to entertain in, but are we getting to know them as individuals—how they spend their leisure time, what problems of personal adjustment they are struggling with, etc., better than we did years ago? I know there is a popular academic notion that the student resents these things as interference in private affairs carrying with it the horrors of paternalism. Yet those of us who take time to become acquainted with maladjusted students get quite a different impression. In the hurry and bustle of large organization the student is afraid to thrust small perplexities upon busy and important personages. Not long ago a quiet, unobtrusive probationer of 27 was referred to me for the question of acceptance. Her academic marks were rather poor—65 and 70 and 75. The monthly report sheets were decorated with "average," but among them my eye caught a few words written by a head nurse who is noted for her interest in individual students. These words were, "This student takes good care of sick patients. She works well with other people." It developed in talking with her that she had not had a very good high school preparation, and after leaving had not only supported herself as secretary in a hospital (a mysterious feat) but had saved up money to put herself through training school. This woman is average material in that she will never win a scholarship to Teachers College or climb high on the ladder of nursing administration, but I recommended her unqualifiedly for acceptance because I felt profoundly certain that she would "take good care of sick people." Now taking good care of sick people is the function of nursing. By virtue of it we have raised the requirements of educational preparation and broadened the curriculum of training. Caring for the sick, however, involves something more than standardized educational equipment. It involves common sense, and judgment and an attitude of wide sympathy. Let me illustrate: Several months ago a patient near exodus from a cardiac condition was brought on a public ward. They day before he died he became semi-delirious and was moved off the ward to a room near the nurse's desk. Canvas sides were put on his bed. No bell was placed by him and no urinal was put within his reach. Someone entering his room found the poor creature out of bed and attempting to void in a sputum box on the table beside him. Here was a flagrant example of nursing which falls deplorably short of caring for the sick. Reasonable attention to the needs of a human being in distress was lacking. I care little for the opinion of the head nurse in charge of this ward concerning the pupils put with her for training. Courses in psychology and elaborate educational curriculum can never supply the lack of not only human feeling but common sense judgment in this nurse. On the side of hospital and nursing service there is the fact that we are under-staffed; that the
number of patients and their need for nursing attention is out of proportion to what any group of nurses can do on a busy ward and do well. Something must be slighted. What shall it be? It is a serious matter for consideration. Personally I believe it is far more important material to inquire into on questionnaire sent training school heads by nursing education than is the number of nursing magazines subscribed to annually by graduate nurses.

A second point for serious consideration on the part of nursing education should be—how are we utilizing the opportunity for conference between pupil nurse and her supervisory instructors? Training school superintendents and directors of nursing education in our schools continually complain that they cannot get nurses in charge to take an interest in the teaching of the student nurse. Here and there in every hospital are graduate nurses who take their teaching responsibility seriously, who try not only to find out whether the student can or cannot grasp the duties assigned her, but try to find out why she fails and to help her weakness. The rank and file of graduate nurses in charge are apt to regard the student as more or less of a nuisance to be endured, criticized, and reported to the "office." As a physician I find myself wanting to hear a discussion on the part of nursing education as to ways and means of bringing these supervisory nurses into closer faculty relationships. One hears it said that in these days of more extensive duties and larger hospital organization that it is impossible to get together for group discussion. As I hear this reflection my thoughts go out to one of the largest Visiting Nurse Associations in this country. The director of this group of almost 200 nurses has administratively speaking one of the strongest and most efficient organizations in the United States. She knows every nurse on her staff, not by name and reference to a card catalogue, but personally. She knows the background from which each one comes; she knows their strong and weak points, and places them in district work that develops the qualities of the individual nurse. Once a week she has conference with her supervisors, and as occasion requires with individual staff nurses. They are not afraid of judgments, but rather count opportunities to benefit from her constructive criticism. Several years ago it was my privilege to spend a week with this group of nurses, holding daily morning conferences and going about to see them in field work. They led discussions about practical problems of their work with an intelligence and initiative that is rarely found in an academic seminar. It set me thinking about nursing education as nothing else has ever done. If such constructive training can be accomplished with a heterogeneous group of nurses with varied school backgrounds and living in different parts of a crowded city, why can it not be accomplished with a training school and hospital group living under the same roof, working with the same group of patients, and surrounded by the
protecting influences of hospital utilities and a resident medical personnel? The practical application of mental hygiene to personal relationships must begin with the probationer and follow her throughout training. We are all agreed that training school program should include a period of at least 2 months in practical psychiatric nursing accompanied by a reasonable amount of clinical lecture work. In our Training School at Johns Hopkins, for example, the pupil nurse has a requirement of 14 lecture-clinics and the opportunity to elect two other courses in mental hygiene as it functions in child health and in community welfare work of family case work agency, juvenile court, child-placing, etc. In addition to this requirement and her psychiatric nursing instruction the resident physician and intern hold case conferences with head nurse and pupils twice a week with the view of showing the nursing contribution to the treatment of respective patients. One of the things that is apparent from these conferences is the fact that again and again the personal attitude of the nurse stands like a centaur in the pathway of her ability to help her patients. Let me illustrate: In depressions there is the nursing tendency to argue, and scold, and tell the patient that he is self-centered and must brace up. I remember hearing one pupil nurse who seemed unable to correct her attitude say, "I suppose you all are right, but I just believe these people could act differently if they only wanted to." Again, we find ourselves sorely tried by a lack of almost decent dignity in the attitude which many a pupil nurse maintains toward male patients seriously ill. We may in discussing this case present the fact that such and such a patient has been for years psychologically unable to control his instinctive life, thereby involving himself in serious complications associated with even arrest; that our therapeutic aim is to find out whether he has any trainable material, and to do this strict nursing and medical attitudes must be observed. Yet in spite of all our formulations of this man’s problem we find a pupil nurse carrying on a poorly veiled flirtation with this patient, not only to his own detriment but to the open amusement of other patients, attendants, and orderlies. Removing this nurse from the ward does not stop the matter. She tries to send him letters through the mail making dates with him downtown. The student attempts to explain her conduct by saying that the patient was lonesome, far away from family and friends and that she felt our parole restrictions were aggravating his mental condition. Here is a student who has very adequately satisfied the standardized requirements of an A 1 training school, and yet she is dangerous material to let loose as a graduate nurse on a helpless public. "Oh", you say, "how can we be expected to maintain boarding school supervision of students in professional school?" To be sure, yet the undignified behavior of this nurse proved to be but a continuation of similar behavior throughout her training school period, known to classmates, to medical staff, to ward helpers and apparently to everybody but her instructors and academic advisers.
Not long ago I was asked to see in consultation with an internist and surgeon, a woman who had been operated on for mild hyperthyroidism, and some six weeks following the operation when she was up and about to be discharged it was noted that she was antagonistic to her physicians and openly suspicious of her nurse. For several nights she had not slept, declaring that something was going on in the hospital that she did not understand. She was not delirious. Her basal metabolic rate was o.k. It took me several days to get at the root of the difficulty. She had been married some fifteen years to her second husband, and had had no children. She was very sensitive about the matter, and poetry and music had come to constitute the chief expressive outlets for her emotions. Her doctor had talked with her in an attempt to get her to discuss this disappointment and its bearing on her mental health. After he had gone she spoke to her nurse of this conversation. The nurse, instead of explaining the doctor’s reason for going into these matters, took the occasion to tease the patient about the youth and attractiveness of the doctor, and what would her husband say if he knew the doctor was so attentive, etc. She then gave this poor woman, who all her life had lived in a small Southern town, an unexpurgated version of Freudian doctrines, and ended by saying that modern science believed that if a wife was not sexually compatible with her husband, she had a right to find a man with whom she could be. Now this nurse had attended fourteen lecture clinics on psychiatry given by me—I mention the source because her viewpoint was distinctly opposite to any I hold, let alone ever having given her in class, or that she had encountered in two months of practical work on the wards of the Phipps Psychiatric Clinic of the Johns Hopkins Hospital. Here was plain, unadulterated lack of ability to resist gossip, combined with a false sense of humor and poor taste.

Again and again it happens that when a physician orders a surgical corset or some other supporting device, and the maker comes with the creation, the nurse begins at once to tell the patient that it looks heavy, and hot; ‘couldn’t it have been cut lower; surely Dr.—didn’t mean to have the straps here.’ These are not short course nurses who practise these indiscretions, but graduates of A 1 training schools who have had the benefit of high school and often collegiate training. Here is again lack of plain common sense and the exercise of a garden variety of judgment. It is such facts as these in combination with minor defects in technique that are making many a physician today feel handicapped in nursing assistance. We are living in an age when medical science goes more deeply into the lives of its patients than ever before. It is not enough to crawl over body surface with percussion and stethoscope and palpation, hunting for the cause of a disagreeable sensation. Distress and disease are no longer confined to the provinces of bacteriology and lesional pathology. Their causes take us into conditions
of living and environment; into life stories of conflicts between ambitions and capacities, between sense of duty and the following of instincts and appetites; into the presence of lives starved for some feeling of satisfaction and accomplishment. We do not talk about these things freely. The doctor comes and goes, the nurse is with the patient eight hours day after day. It is she who really influences the patient; putting on or losing pounds is merely a side issue in the process.

Modern Trends in Nursing are leading us into fields of departmental knowledge that may sometimes seem too far removed from the issue of nursing care. Yet analysis of the increasing needs of this complex civilization shows us that nursing service calls for something more than the technique of handling utensils and carrying out routine orders. The nurse of the future will find herself poorly adapted to the job of institutional nursing or private duty nursing, or public health nursing unless she is able to practise nursing as an art, and nursing as an art inevitably involves educational training in a study of personal relationships.

DEVELOPING LEADERS THROUGH PERSONNEL AND EDUCATIONAL MANAGEMENT

By Birl E. Shultz, Ph. D.

_Educational Director, Personnel Department, New York Stock Exchange_

Madam President and Ladies: In your work you have to do with Doctors, and at the Stock Exchange I have to do with par, and things that sell at 86, and sometimes 86 1/4.

Now in developing my subject I necessarily have to talk to you about my own work. I am not acquainted with the details of your training programs, but I do have some ideas and knowledge of training young men at the New York Stock Exchange. And so you will pardon that approach.

There is a large organization at the Stock Exchange. There are over 2000 employees, including some 700 pages, boys around 20 years of age. To obtain this large number we have to interview, and do interview, over 12,000 a year. That means on Mondays about 200. Do not look for a job on Mondays; it is better to apply at the latter part of the week; and don’t look for a job about twelve-thirty or four-thirty p.m. About one out of 40 that we see, we can use. Perhaps one out of 20 of the boys around 20 years of age is the type of fellow that we can accept. We can’t take all the high school graduates in the commuting zone, although there are a lot of fine fellows from the 140 high schools in and around New York City. The other 20 older people are interviewed by one man who devotes most of his time to this work. He places them, or gives them advice that will help them in
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getting placed somewhere in the financial district or elsewhere, and he is doing a magnificent work. It is impossible, of course, to find jobs for all of these people. The biggest problem facing us in this interviewing is in trying to do something for the man around 50, and from 50 on. It is a very serious thing when a man has reached that age in life and has not developed a specialty which gives him steady employment.

Now of this group that we had at the Stock Exchange in 1918, there was one high school graduate. It was only shortly before this date that our Personnel Director, Mr. Cameron Beck, the most human of men directing human relations and personnel work in this country today, took up the work at the Stock Exchange. And from then on the job has been so to raise the educational status that only the high school graduate would be employed. At the present time we have well over 600 high school graduates at the Stock Exchange.

These boys now are coming from everywhere in this country. A few years ago I took an inventory and there were boys with us from 15 states. Recently I discovered that we now have boys from 31 states. That is recruiting rather broadly, isn't it? There were fellows also from five foreign countries. All the states east of the Mississippi were represented with the exception of four. So you see young men desiring an education in the work of security brokerage are coming to us from all over the country. We had eight college graduates last year—two from Leland Stanford.

Now I don't have to do directly with the job of hiring these people, interviewing them, putting them on the payroll; the medical examination, which at the time of employment is most complete, with periodical re-examinations, and a service by our medical staff all the time; the making up of the weekly payroll; the promotions; the salary increases; the pension system; group and additional insurance, and you know the Stock Exchange takes out insurance for every page after he has been on the payroll six months, and these amounts range from $500, for the boy, up to $5000 for people who receive a higher wage—all of that part of the work comes directly under Mr. Beck and Mr. Trautwein of our Personnel Department and Dr. Glazebrook of our Medical Department.

What they wanted me to do, when I was invited to help them in 1923, was to develop a training plan, an educational plan, particularly with these pages, these 19 and 20 year old boys. The first thing we did was to ask all of these boys to go on with their education. This meant interviewing every boy as he came in and finding out how far he had gone in school. We obtained his record from the high school principal and we knew just how far he had gone and what his grades had been in the various subjects. At the present time we have 321 of our fellows going to evening school, and 70 per cent of them are evening college students. That means about 120 at New
York University, about 60 at the American Institute of Banking, about 10 at Columbia, about 20 at City College, and so on.

In fact, boys from out of town who have come to Columbia, New York University, and other colleges, frequently come downtown for financial reasons and obtain jobs as pages on the floor of the Stock Exchange, and then continue at evening college—working their way through college.

In the morning before the Exchange is opened at ten o’clock, we have our own Institute classes in economics, corporation finance, analysis of financial statements, brokerage arithmetic, brokerage accounting, investment principles, etc. Then there is the practical work on the floor, following which many of them take their heads around again to an evening college or evening school, thus getting a nice balance between the practical and the theoretical. I say we can take off our hats to the type of fellow who obtains a college education in that way. And I believe that many of these boys are going to become, and in fact are becoming, many of them, real leaders with us in the financial district.

It has become the practice of the Committee of Arrangements of the Stock Exchange, who are greatly interested in these boys—the members of the Exchange and the pages are the only people on the floor—to invite our evening school boys to be their guests at a dinner in the Exchange Luncheon Club. This annual Institute Educational Dinner has been addressed by such notable speakers as Dr. Cadman, Bishop Hughes, and Dr. Brown of Yale University.

At the Stock Exchange these boys were asked to attend morning classes. We have three classes every morning. This year we asked the boys to come voluntarily. Do you think these young fellows would come voluntarily at eight-forty-five in the morning from all over the commuting zone? That is asking a lot, but the fact is we actually succeeded in getting as good a record of attendance as under previous conditions where a boy’s honor day was broken for failure to attend an assigned class. If a boy is on time and not absent at the Stock Exchange for three months he gets a day off with pay, and if he can do that for a whole year, in addition to those four days, the Exchange gives him two additional days—an extra week’s vacation for a perfect record. And of course they guarded this record, and when they were told to come to classes they came. But under the new voluntary attendance system they came just as well and with much more interest. It was a great experiment this year because we succeeded in getting 575 of them to come out in the early morning to these classes.

Now at the very beginning of a boy’s employment, we have a lot to do to orientate him—to get him to understand his job. How many of you have seen the Stock Exchange? How many want to see the Stock Exchange? I would be glad to help you get in any time you are in New York City.
If you will come to my office or Mr. Cameron Beck’s office, we will be delighted to show you what we are doing there. 

Now let me ask those of you who have seen the Stock Exchange, would it be fair to take a new boy right out of high school and without any training ask him to work on that great trading floor? The entire floor is about three-quarters the size of a gridiron—a football field. And would it be fair to say, “You work at Post 1.” (Shows chart of the floor of the Stock Exchange.)

Now out on the floor at these posts is where the stocks are traded. And the orders come to the floor of the Exchange to telephone clerks who are stationed in booths at the sides of the floor where the letters are located. The orders come to the New York offices of the members of the Exchange from all over the country, and are telephoned to the floor of the Exchange from members’ offices to their telephone clerks. The clerk, as he writes an order just telephoned him, touches a button, which causes his member’s number to be revealed on the annunciator boards in the trading room. When the member sees his number, wherever he is on the floor, he either goes direct to his telephone clerk or sends one of these pages in to that telephone clerk to see what he wants. It is usually an order.

And so the member with that order must go to the post on the floor where the particular stock for which he has the order is traded. On January 1, 1929, there were 1203 stocks listed on the Exchange. Only listed stocks are traded in—that is, stocks of those companies that have provided the Stock Exchange and therefore the public with the most complete and adequate information about their affairs—earnings for the past five years, the nature of their business, where the property is located, what they do, and all those details. And when that stock is listed it is assigned to a certain post on the floor for trading, and the trading takes place there and there only.

If the boys are to help in this work they must know the locations of the 1203 stocks. A lot of these stocks are not very active so it was necessary to find out what ones were the most active, since new boys would need to know these first. And so that is what we have done. Analysis showed that about 200 stocks would be a good selection. We took the 200 most active stocks traded in, in 1928, and made up the list. We said, “Boys, you must know the ticker abbreviations or symbols of every one of these stocks.” GM is General Motors; AC is American Can; ATT is American Telephone and Telegraph; C is Anaconda; STU is Studebaker. E is Erie. We commute on that railroad, some of us. So they must know these abbreviations. Some of them are very hard. The abbreviation for U. S. Steel, for example, is X, for no reason whatever. They must know the abbreviations of the active stocks, where they are traded on the floor, where the members’ telephones are located, and also where the members who are specialists are located. The specialists stay in one particular spot and take all the orders
that are away from the market. If a broker has a market order or an order at a price that is near the market, he can execute it. But if it is to buy Steel at 240 when it is selling at 250 he can't buy it. And yet orders of that kind come in, good for a month, open orders, so-called. And those orders are turned over to the member who is the specialist in that stock. The boys must understand all of this.

So job analysis showed that it was necessary to know these abbreviations, plus a lot of geography. And we found that we could train them in it. It is most amazing the quickness with which you can train these boys to master this. And if they know this much about the floor, they are worth more to us in two months than they would be without it in 6 or 8 months.

I stood in San Francisco in the summer of 1926 and saw an order start for New York; it went 3000 miles across the continent to an office, was telephoned to the floor and received by the telephone clerk. Up went the member's number, the page came in and got the order, and went out to the member with it. The member went to the post where this stock was traded in and executed the order. Back went the report over the same route, 3000 miles to San Francisco. And I give you my word, the whole transaction took, by my watch, just two and a half minutes. I have been told that it has been done in 59 seconds.

Now how many human beings touched that? What did the human element have to do with it? How many chances were there to make mistakes? How many boys were involved? How many people repeated telephone conversations? It is perfectly amazing that it is done with as few mistakes as do occur. And the human element in it, which we have found can be trained, is certainly an exceedingly important part.

And so we say to the boys, "You have three days to learn these 200 abbreviations." And they get them. We give them an examination at the end of that time. Then we say to them, "Here are 200 little cards, 1 x 2 inches; you write on one side of the card the abbreviation and the other side write the post and the name of the stock if you want to." Then we give them a photostat of this chart, the size of the family blotter, and let them take it home. Father and mother probably are interested. The boys practice at home sorting those cards to the post locations. And pretty soon they can do it.

Then, in the Institute training room, we give them our deck of cards, which are blank on one side and have abbreviations on the other. They sort them on our floor maps. It is amazing how many of them get perfect scores. And we have tied this up with promotion. You don't get promoted on the basis of the time you started. We have a job which requires that some of our boys stay very late to deliver printed circulars of the closing prices. Well, the freshman always draws a job of that kind, doesn't he? So we
give that job to the new boys. It is obviously a job they want to get rid of. But the boy who gets rid of it is the one having the best cumulative score. And the fellow who is getting rid of this job, which is very undesirable, is getting promoted from one job to another and finally to the floor. You can very well understand how promoting on the basis of brains rather than length of employment puts a terrific pressure on these fellows to do well.

(Chart) This other chart shows the technique of bidding and offering stock. I find that people are very curious about that kind of thing. As soon as the boys finish with the abbreviations, it ties in for them to understand this. I have 15 of them around a table, and I take them through a book on the "Work of the Stock Exchange" by Mr. Meeker, our economist. I give them a chapter every day and then an examination on it. And one question on the final examination is, "In your later business life here at the Exchange or elsewhere, what is there about your personality, your appearance, and your conduct that will help you to make a success of your life?" I devote one class period to giving them my ideas in answer to this question, and tell them that it is to be answered sincerely and fully. Some of the answers are most interesting reading, I assure you.

Along with this, we put on a mock market illustrating the technique of trading. For example, the people who are in the crowd and want to buy stock are bidding for it, and those who want to sell stock are offering it for sale. And if the last sale was $181\frac{1}{2}$, then a member wanting to buy might say, "I will pay $181\frac{3}{4}$ for 100 shares." If you were members of the Exchange, and this lady said, "I will sell 100 shares at $181\frac{3}{4}$" and this one offered it at $181\frac{1}{4}$ and this one at $181\frac{5}{8}$, and you wanted to buy, you would buy it from the one selling at $181\frac{5}{8}$ naturally. You would want to buy it as cheaply as possible. That is the reason they have to listen very carefully and yell out their bids and their offers. They leave out the 181 because they haven't time for it. One bids "Three-eighths for a hundred." Another offers "One hundred at five-eighths."

Now if you have a market order to buy, the only way you can get the floor is to increase the bid by an eighth, because the fluctuations are in eighths. So you say, "One-half for a hundred." And then if somebody in that crowd has a market order to sell they will simply yell, "Sold." Or if another should say, "A hundred at a half," the buying broker can say, "Take it." So that is the technique of bidding and offering.

Perhaps the next time you see the Exchange you will feel that you understand a little better what they are doing. Just remember that the market is so organized that the people there know where stocks are traded, and they know the technique of bidding and offering stock. The boys have to understand these things. We find that we must train them so that they do understand them. Then what does this all mean? Just this, that these boys who work there on the floor at the elbow of the members, are
being sized up by these members all the time. It means that shortly, in a year perhaps—they ought to stay with us a year or a year and a half—they are going to be taken out to that member's firm or the other member's firm as an employee. And some of them have gone a long way. Some of them are helping as instructors in putting on our Institute program of courses. In fact, this faculty we have built up is made up almost entirely of our own boys who have gotten college degrees and are doing exceedingly well, in important positions in the street. More and more the test for employment and advancement with us and I think with you is becoming educational. We are trying to get the boys interested, that they will go the limit in giving the job a hundred per cent try in preparation and in effort. And I may say that we have produced some real leaders. Some of our boys have actually come through to membership on the Stock Exchange. In this connection I would like to make it clear to you folks that this doesn't mean that some boy has been under a tree with golden apples on it and somebody happened to shake the tree when he was there. It isn't that. The boy has, because of his record, his character, and ability to work, earned a real credit with a member and that member has bought the seat for him. It is in his own name and that boy has got to make good. He has got to be a very remarkable chap for a man to trust that way. So those fellows will make good. There are many of them that I could tell you about.

To sum up, then, what we are doing, at the Stock Exchange, is to hire picked boys from the high schools in the commuting zone, who are desirous of a college education but not financially in a position to get it in the usual way. Naturally such boys are interested in business and economics. They bring their heads around to us in the morning before the rest arrive in Wall Street. They work in the daytime in the market and go to school at night.

We find that we have three kinds of people down there. We have the kind that cannot do as they are told to do. We have a second kind that can do as they are told to do, but have no imagination; and we have the kind that can do without being told.

All of us in our work face opportunity. Yours, even more than mine, is the opportunity for service.

Let us remember the words of the poet about opportunity—

"They do me wrong who say I come no more
When once I knock and fail to find you in,
For every day I stand outside your door
And bid you wake and rise to fight and win."

Thank you.

Meeting adjourned.
Conference
Thursday, June 20, 4:30 p. m.

REPORT OF THE COMMITTEE TO STUDY PHYSICAL EDUCATION IN SCHOOLS OF NURSING

Physical Education in some form has been coexistent with the physical activity of man. In the early ages his search for food, provision of crude shelter and scant clothing, his ceremonials in the form of war and religious dances and games were conducive to the development of sound bodies. With his change of environment from the tent or hut of the savage to the artificially heated, closely built house, typical of his change from outdoor to indoor life, has grown the necessity for conscious, well directed physical education.

The earliest evidence of somewhat organized athletics comes from the Greek Homeric Age immortalized by the Iliad. Sparta’s rigorous method of destroying the unit in infancy and training the young of both sexes produced a sturdy, robust people. The Olympian games, another inheritance from the Greeks, originating in religious ceremonies and athletic contests, were reestablished on an international basis in the restored, ancient stadium in 1896 and have continued to the present date, except for the years of the recent war. Socrates advocated physical education when he said, “No citizen has a right to be an amateur in the matter of physical training; it is a part of his profession as a citizen to keep himself in good condition ready to serve his state at a moment’s notice.”

The Romans failed to appreciate the games of the Greeks but nevertheless owed their success in war to the moral and physical training of the youth. The ascendency of asceticism, which is diametrically opposed to physical training, made any further development impossible during the dark ages. With the rise of chivalry, training for knighthood again placed emphasis on physical fitness in preparation for war and the tournaments. From earliest times to the feudal period warfare consisted of hand to hand combat requiring the development of strength, endurance, accuracy, and skill in parrying and thrusting, accompanied by courage and self-reliance. The eighteenth century was a period of transition in which Rousseau’s ideas commending physical exercise for both men and women, although outlawed in France, took root in Germany, where they were accepted as a part of the general education. The story of the rise of the German gymnastic societies, the Scandinavian influence, and the British fondness for sports is far too lengthy for the purpose of this report. Each contributed extensively to the development of physical education.

During the colonial period of our own country the rural population, en-
gaged in the conquest of the forests and the cultivation of the soil, had little
time or inclination for organized sports. The Dutch, however, were fond
of bowling and Bowling Green in New York City marks the scene of this
activity. Toward the end of this period football, cricket, and other games
became an integral part of the English settlements although they had not
been introduced into the schools. At the beginning of our national life
emphasis was placed on the necessity and desirability of physical exercise
and sports by various academies where students were encouraged to partici-
pate in group games after school. Since 1812 West Point has included physi-
cal education and military drill as an important part of its curriculum.
Harvard, Yale, Amherst, and a number of secondary schools came under
the influence of German gymnastics. Our national sport, baseball, origi-
nated in this period, receiving its name because of the number of bases.

In England the Young Woman's Christian Association introduced exer-
cises and games to augment its membership, and later retained them, recog-
nizing the production of a democratic, social spirit and the protection of its
members from objectionable forms of amusement. The installation of two
swimming pools in 1905 was so successful that pools and instructors are now
provided in all new buildings. No radical change in aim except for increased
emphasis on games has marked the physical education work in colleges dur-
ing the last forty years. To maintain these standards and accommodate
increased enrollment it has been necessary to build larger and more elaborate
structures including swimming pools now considered indispensable.

In Washington, D.C., in 1922, representatives of athletic and recreational
associations founded the National Amateur Athletic Federation. The plat-
form of the Woman's Division contains the following statement, "The
Woman's Division of the National Amateur Athletic Federation of America
believes in the spirit of play for its own sake, and works for the promotion
of physical activity for the largest possible proportion of persons in any given
group, in forms suitable to individual needs and capacities; under leadership
and environmental conditions that foster health, physical efficiency, and the
development of good citizenship. It aims to promote programs of physical
activities for all members of given social groups rather than for a limited
number chosen for their physical prowess." For further details as to their
aims and program you are referred to the Official Handbook of the National
Committee on Women's Athletics.

Educators believe that physical education has a distinct contribution to
make to general education, and its aims and purposes harmonize not only
with general education but with those of our own profession to such an ex-
tent as to become identical. Agnes R. Wayman, A.B., Assistant Professor
of Physical Education and head of the department of Physical Education,
Barnard College, Columbia University, says, "When the aims of Physical
Education are referred to, there is in mind not alone an improvement of the physical being, a muscular development and a gain in organic vigor, but there is in addition a mental, moral, and social education by means of physical tools.

The new Physical Education is seeking to do the commonplace to develop the masses, to raise the standards of the masses, morally and mentally as well as physically, and to make of them social assets. The aim is for health—not just a negative condition represented by absence of physical defects, but glad, radiant, positive, abundant health. The old Ivory Soap advertisements which appeared in the street cars stating that the soap was ninety-eight per cent pure, were always highly amusing. Nothing is pure unless one hundred per cent pure. No one is healthy who is not one hundred per cent healthy. Health is as infectious as disease, and through the combined efforts of all physical educators, an epidemic of health could be started which would sweep the country.

"Physical Education should develop strong muscles and strong well-poised bodies, mechanically correct and able to carry their loads easily. It should relegate to the Physical Education junk heap the 'athletic slouch' and the 'debutante slouch.' It should help to make girls organically sound, give them hearts and lungs and stomachs and livers which function properly, it should develop in them good neuromuscular control as represented not only by their reactions to motor activities, but by their quick adjustment to any situation which arises. This means the necessity and opportunity for adequate motor education. It should also set standards of living, establish ideals, make every girl a finer, bigger, broader woman."

To quote G. Stanley Hall, "Physical Education is for the sake of mental and moral culture and not an end in itself. It is to make the intellect, feelings, and will more vigorous, sane, supple, and resourceful." And again Jesse Feiring Williams states, "Physical Education should aim to provide skilled leadership and adequate facilities that will afford an opportunity for the individual or group to act in situations that are physically wholesome, mentally stimulating and satisfying, and socially sound."

Miss Wayman also says, "Its aim should be to teach girls a wise use of leisure time, and to give them the means for using it more wisely. In these days of fads and fancies, of automobiles and movies; in these days of crowded cities, keen business competition and money craze, it is a valuable asset to have within ourselves a desire for a little leisure time and the ability to use it worthily." She says that while highly organized team games have a tremendous value, more emphasis should be accorded such activities as tennis, swimming, golf, handball, and archery, in addition to the other sports, because they are distinctly individual, for, although lacking in some of the educational content the team games possess, they are, nevertheless, highly recreational, healthful, and distinctly valuable as activities
which can be maintained throughout life. Dr. Williams adds that every effort should be made to foster attitudes and to develop skills that will insure participation after graduation not only for the needs of the individual but for the purpose of promoting wholesome growth.

Miss Wayman believes, "The program should be based upon sound educational psychology as well as upon sound physiological, anatomical, and biological principles. One must consider the psychophysical needs of the girl and make the program fit those needs. It is a sad mistake to make a program and try to adapt every girl to it." The program should be "altered or abandoned as the weather, the time of day, season, environment, type and temper of the group may suggest, that every program should be based upon the complete study of the individual and her needs—not alone upon her musculature."

Realizing these benefits a number of our schools have made an effort to introduce physical education as an extra-curricular activity. Even now, as you will note from the results of our questionnaire it is being incorporated in some instances into the curriculum just as such programs were begun in other educational institutions in the early nineteenth century. In order to study the extent and methods pursued by our schools 150 questionnaires were sent out. Ninety-four replies were received. Our committee wishes to express its gratitude to those Directors of Schools who gave of their time generously to secure the necessary information for this study.

From the replies the committee believes that a program of physical education can be worked out consistently only with an eight hour duty both day and night. It is obvious that leisure and opportunity for recreational activities must be an integral part of the students' program. A direct relationship between the physical work of the student on the wards and her recreation must exist. For instance, fifteen minutes daily is too little for a preliminary student who spends most of her day in the class room. The Director of Physical Education, Hull House, suggests two periods weekly for this group, each period to consist of one hour of exercise or sports followed immediately by one hour of swimming, with the idea of increasing the individual resistance to respiratory diseases such as colds.

The next query, as to the forms of physical education taught, indicates the wide and varying scope of the available activities. Facilities for swimming, which necessitates relaxation and is therefore considered one of the best exercises for nurses, is accessible to nearly half the schools. Archery, rowing, and sailing are good for our group but, except for the few, tennis and basketball are too strenuous. Emphasis should be placed on rhythmic and relaxing exercises, posture, and corrective work. Many of these are done on the floor and give bodily and mental relief from fatigue. The correction of defective carriage and the teaching of correct walking should be
presented through informal talks and practice of rhythmics. Practical suggestions should include the effects of dress, recreation, and rest. Again the opportunity exists for careful correlation with the health work of the School.

You will notice that the facilities for physical education are extremely limited in schools of nursing. A number of schools have taken advantage of neighboring swimming pools and gymnasium. Although a good swimming pool or gymnasium is expensive, a roof garden, grounds, or recreation room, which represent a lesser expenditure, are next in value. While the initial expenditure is large, in many instances it is being provided by special gifts. Interest in some phase of recreation or merely in the general welfare of the students by some member of the community or Board of Directors can, at times, be stimulated, with unanticipated results, through detailed report and contact with student activities. The maintenance of equipment and supplies is so nominal that it can be satisfactorily covered by charging students a small registration, quarterly or monthly fee for use of the various recreational features. It is obvious that facilities must await upon funds but the sooner schools of nursing are able to supply their own facilities, with properly prepared instructors to supervise the work, just so soon will it be possible to formulate and exact a standard method of adjusting physical education to the education of nurses.

The answers to the sixth question on the questionnaire, involving the preparation and salaries of the instructor, are as varied as are the replies showing the complete lack of standardization. A recognized authority states that a poorly trained instructor in physical education can do a tremendous amount of harm; that it is as important to have a good instructor in physical education as to have a good physician when one is ill. It is conceded that teachers of physical education should have two years of technical and scientific work in their specialty in addition to academic courses. Let us beware of introducing an activity, no matter how essential, without the supervision of adequately prepared instructors. This brings us to the second part of the question, the matter of salary. A specially prepared teacher cannot be obtained without a reasonable salary. Our study shows some variation in compensations but as a rule they are comparable to those paid to supervisors and instructors in nursing subjects. For part-time work the remuneration is approximately equivalent to that of other hourly instructors.

It is interesting to note that swimming, one of the best forms of physical education for the student nurse, is the most popular. Although basketball and tennis are second and third in popularity we are told they are too strenuous for all but the particularly fit and rugged group. It is well to remember, however, that the strenuosity in tennis is partially overbalanced by the
fact that it takes the player out-of-doors into the sunshine. Social dancing is being discussed by another committee and the remaining forms of activity, popular with our students, almost without exception, take them into the fresh air, which of course is of infinite value.

The reason for the limited number of replies regarding the athletic associations can be readily accounted for because of the recent entrance and incomplete development of the physical education program in our schools. Of course a properly trained instructor is fundamental to the establishment of a good organization. A central committee of students can be of practical value in arranging group practices with the instructor. Later, a point system may be used in which games and activities are conducted according to the rules of the National Amateur Athletic Federation, Woman's Division. A point system encourages interest in simple outdoor activities such as hiking, for which points are awarded on a mileage basis, for sports, and even for rest periods under supervision. Recognition for earning the required number of points should be in the form of membership in honor societies, and emblems, not in privileges and gifts.

Our consultants agree that track, jumping, and work with heavy apparatus are too strenuous for student nurses; one hour per week is insufficient to limber muscles involved, and that all physical education should be suited to the individual capacity under proper supervision. This individual capacity of the student can only be determined by a thorough physical examination at entrance and subsequently at frequent intervals throughout the entire course. It has been found that practically all students who are fit to carry on the work of nursing are able to participate in some form of physical education. It is gratifying to note from our questionnaire that the activities listed as those giving most beneficial results are almost identical with those of greatest appeal to the students. That this is a fundamental factor is evidenced by the statement of Dr. Williams that there should exist a "thorough-going endeavor to establish in practical programs the principle of interest as it makes for identity between activity and participant." In addition it will be noted that a number have suggested posture and corrective exercises. Two theories are commonly set forth in the development of correct posture: one emphasizes the importance of posture and corrective exercises; the second is the belief that posture reflects the mental and physical attitude of the individual and should be controlled through proper mental hygiene, diet for the purpose of regulating weight, and relaxation. No doubt both theories may be applicable to our group to some extent.

It seems to our committee that questions fifteen and sixteen, relating to exercise in the fresh air, touch on a very vital need of our students. Schools located in the south, in the west, and in smaller communities are, as a rule, fortunate in their environment. The majority of our large
schools are so located that it is necessary to make a definite effort for the students to obtain adequate fresh air and outdoor recreation. Every advantage should be taken of such facilities as roof gardens, tennis courts, golf courses, parks, and bathing beaches.

We have attempted to give you an idea of the importance that physical training has played in the development of fit races of people all through the ages. We have seen the justification of physical education in our colleges and universities, first as an extra-curricular activity in the early nineteenth century and later as a vital part of the curriculum itself. We know that physical education stands for a well coordinated mind and body, devoid of self-consciousness, with stability of nerve and muscle, sound organically, and alert mentally. In fact the aim of physical education is to produce the well balanced, well controlled woman whom we need in our profession. We believe that the installation of a wholesome development essential to good health is fundamental to the production of our ideal professional woman. That this branch of education is basic to our nurses’ course is evidenced by the fact that a number of our progressive institutions have recognized and inaugurated it in varying degrees.

From our study it is evident that the flexibility of the physical education program permits adaptation to the individuals and groups in schools of any size or location. Although handicapped by our unique dependency on hospitals for funds, and at present unable to obtain budgets for these facilities, nevertheless, many of our institutions which have felt the need have instituted programs by availing themselves of local facilities and good instructors on an hourly basis. The activities may be selected according to the inclination of the students in most instances because, “in short, if exercise is spontaneous and rational, qualitative rather than quantitative, for the nerves rather than the muscles, it will improve the efficiency and facility of one’s habitual occupation, will establish a general vigor and stability of body and maintain mental balance and alertness. . . . In general, any moderate exercise that interests and stirs enthusiasm is good.” Because of the confinement, strenuousity and mental strain involved in our work the emphasis of our physical education should be placed on recreation, especially in the form of outdoor activities and rest. We recommend that these phases of physical education vital to the well-being and wholesome growth of the young womanhood of our profession be given grave consideration. We urge, that, in order to introduce only those factors which will prove definitely valuable to our group, a thorough survey be given this field of education and a constructive outline be formulated by this eminent organization of nurse educators.

Respectfully submitted,

Dora C. Saunby

Chairman
Bibliography


**General Session**

*Friday, June 21, 9:30 a. m.*

Elizabeth C. Burgess, President, presided.

**GENERAL PRINCIPLES OF INTERPROFESSIONAL RELATIONSHIPS**

By Mrs. Chase Going Woodhouse

*Director, Institute of Women's Professional Relations, North Carolina College for Women, Greensboro, N. C.*

Your Chairman asked me to start this morning's discussion with an enumeration of the general principles dealing with interprofessional relations. One of your committees has defined a profession as a group with a skilled technique and an established body of theory. So I am going to talk about intergroup relations, and when I use that term I am using it interchangeably with interprofessional, because one of the first things we have to do is to think of each profession as a social group, and to think of all the rules applying to group interaction as applying to interprofessional relations.

The chief aim of modern education is adjustment, adjustment of the individual to other individuals, and adjustment of the individual to the group. We have been particularly stressing in the last few years this second phase, the adjustment of the individual to the group, and as you know we have been starting that type of education at an earlier and earlier age as can be seen in the nursery school movement.

Modern psychology has gone a very long way in forwarding this adjustment of the individual to the group. The next step for sociology and psychology is to develop as good an adjustment technique between one group and another group as they have to date between one individual and another individual and between the individual and his group. I think if you look at our social organization today you will see that the group is really the important factor, that the individual as such is much less important than he was a few years ago, that we are not factors as individuals but only as we belong to some organized group.

You can see this, in the field of politics. If you read political books writ-
ten a few years ago you will find great stress laid on the individual. If you
look at our political activities today you will see that it is all group activity.

In the same way, if you look at our economic situation you will see again
that it is not the individual, not the big romantic figure of the captain of
industry, so important during the 80's and the 90's, who today holds the
center of the stage. It is the group. We don't think of any outstanding
individual when we think of wholesalers, we think of the Wholesalers' In
stitute. We don't think of an individual sugar grower, we think of the
sugar growing group. So all through our organization it is the group that
has come to be the important factor, and, of course, it is the organized group
that we always have in mind when we are talking about groups. So that
perhaps one of our most important problems to solve in the next 25 years is
the development of a system of intergroup relationships, because at the
present time we have not worked them out.

Of course we have peace organizations that recognize the importance of
intergroup relationships in the form of national relationships, but inside
each nation there are groups that have just as much conflict in their own way
as one nation has had with another nation.

Now what are the essentials of group interrelations? It sounds almost
platitudinous but it comes down to the one principle of understanding. If
we know another group and thoroughly understand its aims, its ideals, and
its principles, we can't help but have a more friendly attitude toward it.
We can't help but be partly, at least, willing to work with it. But we must
have this understanding.

It is much easier, however, to say this than to describe what it means.
In the first place we must have a basis of fact. The work of your own Com
mittee on the Grading of Nursing Schools, which was so ably reported on last
night, shows that you believe that if we are to understand the situation we
must have all the basic facts regarding that situation, and if we are to have
friendly and harmonious intergroup relationships one group must under-
stand what the other group is doing. If we have this general understanding
we will be willing, I think, to discuss principles and not details. And isn't
it true that wherever one group is in conflict with another, nine cases out of
ten they are quarrelling about some detail, and when they actually get down
to their basic principles they are much more likely to be in agreement?

We might ask, how can we get this understanding? I think it comes back
in the long run to an understanding of what we mean by society. If we
realize that the basic, fundamental process in society is interaction, we have
the clue to what we mean by group understanding and harmonious inter-
group relationships. Now there are four different ways in which social
interaction takes place. There is social interaction that results in conflict;
there is social interaction that results in competition; there is social inter-
action that results in what we call accommodation, or perhaps adjustment would be a term that would fit in more to your way of thinking; and we have social interaction which results in assimilation.

Which of these four types of interaction are we trying to encourage as a basis for intergroup relationships? Too much perhaps of our interprofessional relations have been an attempt at assimilation. The stronger profession has tried to assimilate the newer or weaker one, has tried to keep the new group from becoming a profession, and to force those in it to be helpers rather than co-workers.

An interesting illustration of such a situation is that of the medical social workers who have gradually established their position not as helpers but as definite co-workers with the physicians on a professional basis. We do not want our intergroup relationships to be on the basis of assimilation. We want each group to retain its strong and outstanding individuality in order that it may develop and carry on its own particular functions in our society.

We don't want, of course, our intergroup relations to be based on conflict, but we do, on the other hand, have to have something in the way of competition. We could hardly think of groups surviving unless they were in a certain sense competing. But it is the fourth type of interaction, that of accommodation, which we have to think of as the goal in interprofessional relations, and by accommodation we mean a carefully thought out, planned and tried adjustment.

Practically all of our civilization is built up on accommodation; it is compromise, if you like. Perhaps a better way of thinking of it is as understanding, of my understanding your point of view and your understanding mine, and the two points being brought together and a new idea worked out on that basis.

So we must have accommodation as our goal, each group retaining its own individuality, but working with the other groups. Now how can this accommodation be brought about? Primarily, of course, through contact. Of course, as you all know, we cannot think of a human being who has been brought up in isolation as a normal individual. Such an individual would not be a human person as we think of him. We can't have individuals brought up in isolation, we can't have groups brought up in isolation. We must have contact. And if we have contact I think that each group will recognize that it is only one part in a big complex organization, that it is only one part in this immense cooperative enterprise of mutual services which we call society. And once we have recognized that we also recognize group interdependence, the fact that one group is really dependent on every other group.

We see this, I think, more clearly in the industrial field than we do in the professional field. I don't know whether any of you have had the experience
I happened to undergo that brought home to me very clearly what group interdependence meant. And that was on one occasion when I happened to be in Chicago and we were threatened with a big railroad strike. It was interesting to watch the entire life of that city quiver and almost stop. The strike had cut at the heart of cooperation. One big group of people, upon which many others were dependent, was refusing to cooperate, and society simply stood still.

Now of course not all groups are as important key groups as our transportation men, but is quite true that society is a big cooperative enterprise and that every group is dependent on every other group. And the important thing, from our point of view is the corollary, that since each group is dependent on every other group, each group is just as important from a social point of view as every other group; that no one group has the right to set itself up as being socially more valuable, socially more indispensable than any other group. One may play a larger part in the world’s picture, but each is simply performing its function and is able to do that because all the other groups are cooperating with it.

So we must have contact if we want understanding. Understanding will result in accommodation. We must have interaction between one group and another group. Perhaps we can put this in more concrete terms. We have to understand first of all the part that not only our particular professional group plays, the group of sociologists, or nurses or doctors, whatever it may be, we not only have to understand its functions, but we must remember what we too often forget and that is that the professional group as a whole is one distinctive factor in our economic organization.

In order to understand interprofessional relations we have to realize our whole economic set-up. We have to realize that there are several parties to this economic organization of ours. Two of them, I think we always recognize. We all know the capitalist and what he stands for, the fact that he is the person who takes the risk and the initiative and that he has certain rights to certain profits. We all recognize the labor group, its contributions, and right to certain rewards. We are coming to recognize a third group, the consumer. But I don’t think we often recognize the fourth group, and that is ourselves. We don’t recognize the professional group, or as the Europeans say, the intellectual workers, as a fourth party to this great economic organization. If we would realize that we would have a strong basis for interprofessional relations in the recognition of the fact that we are all members of a group that has a different function and slightly different interests from the other three parties to industry.

Now of course the question is, who is an intellectual worker, or who belongs to this fourth group? And why should this group be differentiated from the labor group? I think if we look into its functions a little bit we will
see that they are different. The people we list in the labor group are those selling labor as a commodity. They are the people who are performing the manual, the clerical, the routine labor. They are selling a certain number of hours or they are selling the labor to produce a certain quantity of product. The professional worker is not doing either. He is selling thought, his ability to perform a certain service or to interpret certain thoughts. It is not a quantity matter, it is not a time matter; he is selling that peculiar commodity which we call thought or ability, and which is a very different thing from manual labor or time to perform routine or clerical duties.

The professional worker on the other hand is a very different person from the capitalist. He is not paid according to profits, he is paid very largely on the basis of the standard of living of his class. One of the first results of the development of a feeling of solidarity among the professional group will be an increase in the social evaluation of the worth of the services which this professional worker performs. We have to face the fact very frankly that on the whole the services of the professional worker are not valued very highly by society. Society regards them more or less as a luxury, as something it will pay for if it can afford to have it, but not as something that is essential. Whereas, of course, if we really go into the matter we realize that thought is the most important commodity for progress. We have to develop a strong social feeling of the value of the group which produces this commodity.

Now if the professional worker recognizes his solidarity, what is he working for? Much the same, of course, as any other group. He is only entitled to the same things that any other group is entitled to, a fair living, care for his old age and sickness, reasonable control of working conditions, an equitable share in the wealth of the country, control of his leisure hours, but more important for him than for any other group, control of his opinions. And that is one of the things that the whole professional group could work for, the right to express the opinion of the group freely and frankly. Because if we are to have progress we must have a questioning attitude of mind. We must be willing to question our physical, our moral, our scientific basis, and in order to do that we must give the professional group freedom of opinion.

So I think we can say then that as to the why and the how of understanding, the first thing we ought to strive for is a realization of the solidarity of the professional group as a group of intellectual workers with slightly different functions and slightly different interests from any other group in our society. If we recognize the solidarity of the whole group it will be much easier for us to understand the ideas and the aims of the various professions and to realize their interdependence.
Along this line I think the professional group can take many lessons from the business group. The business group is beginning to realize very strongly that its members must cooperate one with the other and with the consumer group. We have had some very interesting illustrations of this. One of the outstanding ones of the last year has been the development of a special committee to investigate the whole problem of advertising. Advertising is probably the most maligned stepchild of the business world at the present time. This committee is made up of the buyers and the sellers of advertising, and the consumers, and they are working together in order to find out what are the interests of each group and how they can so improve or so change advertising that the buyer, the seller and the consumer will all be equally benefited.

We have had, of course, another very interesting illustration of this same cooperation between businesses and the consumer in the work of the Division of Simplified Practice in the Department of Commerce in Washington. That Division, as you know, has been trying to simplify the style and variety of various products in order to benefit both manufacturer and consumer. And some of you in this room may have been in on the discussions held last year in an effort to standardize and simplify sheets, because the hospital group was among the consuming groups represented at those committee meetings. There were the manufacturers, the government experts, and various types of consumers, the home maker, the hotel people and the hospital group, all discussing this problem of how to make the best sheets according to length, width and texture. The important point, of course, is simply that it was a recognition of the solidarity of all the groups, that it was to the interests of manufacturers to know what the other groups thought, as it was to the interest of the government to bring all these groups together.

The professional groups have recognized the necessity for organizing their own profession. But we haven’t always recognized the necessity of having many contacts with other professional groups. I think we all talk about it, but we haven’t yet developed the channels and we haven’t always been ready to take the time to try and understand the aims and the ideals of the other professions.

Of course no individual can take the time to do all the studying that is necessary for herself, but she can give her moral support and her real backing to the committees of her organization which are undertaking such studies. She can give their reports her sympathetic hearing and her cordial understanding and cooperation, and in that way one group, I think, can come really to understand another group.

Now beside understanding there is a second point that we ought to stress, and that is toleration. We can’t really have understanding without toleration, but perhaps you can also say that we really can’t have toleration with-
out understanding. So whether they are two or one is difficult to say. But we must be able to face our study of another group with an open mind. We must be willing to listen to their point of view, and of course we can disagree with them, but when we disagree we have to be certain that we are disagreeing on purely rational grounds and not merely on emotional ones.

If we understand and if we tolerate, I think we cannot help ourselves in following out a third principle of intergroup relations, and that is the principle of cooperation. We must cooperate, one group with another. That again is something that we have always said, but again I think the business world in actual practice has gone very much further in this respect than has the professional world. We cooperate inside of our own group, but so far various professional groups do not cooperate very extensively one with the other. Business, of course, is well represented in cooperation. There are various merchants' associations, chambers of commerce and the like. You can go down the line showing that business has definitely learned the lesson that one group must cooperate with the other group if any group is to succeed. Labor has learned the same lesson. We not only have the unionized carpenters and the unionized plumbers and the unionized railroad men, but we have all of them working together in their labor federations. We may or may not like the principle of unionism. That is quite apart from the question. But we have to admit that the groups connected with business and industry have learned that it pays them to cooperate and to work out a real basis of cooperation, not simply to say pleasant things to each other at meetings, but to develop machinery that lasts over from meeting to meeting and really helps to face definite and specific situations.

The European professional groups out of sheer necessity have more than begun to take this point of view. You probably know that there are a number of professional organizations in England and on the Continent which are approaching very closely to the trade unions among the labor people. As I said, we may or may not believe that that is the right principle of organization, but it is interesting to note that they are taking collective action. There is such an unusual group organized, for example, as the Society of Authors, Playwrights and Composers, a group in England including over 3000 persons. They have been working to improve their own situation, better copyright laws, better methods of paying royalties, and so on. There has been a union in existence for some years among the journalists. There is a strong and a growing union, the National Union of Scientific Workers, developed during the War by the research workers in scientific professions.

But the interesting thing, from our point of view here is that there are now in Europe some 389 such professional organizations in some 25 countries, and that they are working together through the Union of International As-
sociations. This is not, as yet, a very strong organization. I simply give it to you as an illustration of a tendency forward stronger interprofessional cooperation.

Of course you may say that the difficulty is the machinery. How can we work out the machinery for contacts? So many of us already feel over-organized at the present time—we belong to many associations and pay many dues. How can anybody talk about still a further group? Contacts are difficult things to make. They are of two types, the primary contact or the face-to-face contact, of which we are getting less and less in this busy world of ours; and the secondary contact, the learning of other organizations and of other people and of other things through the printed page, through public speeches, through the radio. We can do a great deal in the way of getting understanding through secondary contacts.

But I believe that if one group is going to understand another group thoroughly, they must also supplement those secondary contacts with primary or face-to-face contacts. The greatest piece of mechanism which we have worked out for bringing together groups or representatives of groups has been the Joint Committee for Discussions. And again the business and labor world has developed it. Your own organization in connection with the medical people, makes much more use of that particular piece of mechanism than any other two professional groups of which I happen to be aware.

We can work out a certain form of group contact. If we are in contact I think we are going to be able to overcome what has been to my mind at least one of the cardinal sins of intergroup relations, and that is, trying to keep back the standards of other professions, saying it is foolish to talk about raising the educational standards of the A.B.C. group, they are already getting all they need, the other professions are doing so much that they don’t need to have higher training. Instead of doing that we are going to realize that there is not a limited amount of first class work to be done in the world and that it is perfectly possible for each professional group to raise its requirements and to be better and better trained. This will not eliminate what are now the more privileged groups, but simply will bring each group up to a higher level, with the result that the total product of society will be a much better thing.

As I have said, one of the needs has been the development of means of contact, of channels of information. And I would like to say just a word or two if I may about the Institute of Women’s Professional Relations which has been developed as a contact maker and a channel of information. Particularly we have felt the need of the different professions being clearly explained to the young people who are now in our undergraduate colleges.

I think that if we were to list another sin of professions it is that each profession feels that people who are not quite fitted for it might do very well
for some other profession. And we have a habit of putting out our misfits and suggesting that they go somewhere else. We realize, of course, that that somewhere else has got to be a specific somewhere else, and that each one of us really has a very definite obligation of getting in touch with some organization which can help us place those of our misfits who must go somewhere else. I think that each professional group has a very real interest in knowing something about the requirements for every other professional group, or at least in having a channel through which such information can be obtained. In the first place it is going to help us select our candidates much more rigorously than we could otherwise, because the more we learn about professional requirements in general, the more we are going to find out about our own.

The Institute has just completed a study which I think illustrates this point. At the request of the International Labor Office we have been making a very brief, tentative survey of the unemployment situation among the college trained women in the United States. We have found that those professional schools which have the most stringent requirements, and which select their candidates most carefully are those which report no unemployment among their graduates. I have particularly in mind the schools for social work, which have of course, as you know, worked out a very definite system of personal selection of candidates. And those schools report no difficulty. Even in the teaching field where we found, as you would expect, a definite over-supply, those schools of education which reported that they were extremely careful in selecting their candidates and in culling out at the end of the first year, even those schools were able to report that they had no unemployment among their alumnae because people realized that they went to those schools for employees they were getting a first class product.

The Institute was established last January by a group of individuals, headed by Mrs. Catherine Filene Dodd, whom many of you I am sure know. It is sponsored by the American Association of University Women and has headquarters at the North Carolina College for Women, Greensboro, N. C. Its object is to act as a clearing house for information for professional groups, and as a liaison office between colleges on the one hand and business and the professions on the other, to see what can be done to bring the two closer together and to help each understand the requirements of the other. And as a third function it is carrying on research in the various fields open to women with the idea of seeing what new fields can be opened. The Institute is always willing to cooperate with any group. It is anxious to do anything which will further the recognition of the solidarity of the professional group as a whole, make for recognition of interdependence of the different professional groups, and help the groups in mutual understanding and toleration and in cooperation one with the other.
INTERPROFESSIONAL RELATIONSHIPS FROM THE VIEWPOINT OF THE MEDICAL SUPERINTENDENT

By George O'Hanlon, M. D.

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President Burgess and Ladies: Authority without responsibility makes one an autocrat; responsibility without authority makes one a coward. This is an old adage that to me seems especially applicable to the professional groups in a hospital, and in a large measure explains any misunderstanding or friction that may have occurred or may occur in the future.

I doubt if there is any subject relating to hospital administration about which so much has been written and so much more has been said at gatherings of doctors or nurses than this one of inter-professional relations.

In a well organized hospital, wherein each and every person has his or her place, where the authority of each person filling a so-called superior position in relation to one filling a more minor or less important one, is definitely established, and where responsibility is not only placed but is assumed, without shifting, or in the language of the street without any “passing of the buck,” in such a hospital, I repeat, there can be no problem of inter-professional relationship and there should be few other problems.

Those of you who occasionally hear me speak know that I have a few favorite expressions that I repeat whenever opportunity offers, and with such frequency that presently I shall be accused of having mannerisms. One of them is: It required only 600 words to tell the story of the Creation, and it has been truthfully said that anyone speaking to the point can say all there is to be said on any one subject in five minutes. Now that being so I am sure you will agree that altogether too much time has been wasted in discussing, and too much energy exhausted in solving a problem that need never have arisen had those representing the professional groups, quite regardless of their official status, eliminated the personal element and entered upon a controversial discussion, with full knowledge, a frank and an open mind. And by full I mean not only of the subject that is under discussion from their own point of view, but from the point of the person with whom they are discussing.

I have particularly in mind the question of budget expenditure. Those of you who are connected with hospitals that operate under a budget, may or may not be taken into the confidence of the budget maker or of the person in the hospital responsible for the operation of that budget. There are different ways of drawing up budgets. There are different ways of spending the appropriations that are granted you in the budget, but I do not see how the superintendent of a hospital can expect the heads of his depart-
ments, or the representatives of the professional groups in those departments to work out or work through on the budget as granted unless they know exactly where they stand so far as their department is concerned.

Now of course it is not humanly possible for any director or any group of people in a hospital to provide a budget that will anticipate every need and every expenditure. The first step should be one of cooperation—if I may use the term—in making up the budget. The head of each department should of course be called into conference and asked to present his needs so far as he can see them. That primarily places the responsibility for the success of that year on the head of the department, where, after all, it properly belongs.

Now unless you are all perfectly familiar with what you have been granted, and what you have a right to expect, you certainly cannot be expected to live within that budget. Fortunately, so far as I know, most superintendents and their budgets are flexible. That is, they are willing to adjust situations and if one department is over-expended as compared to another, and some other has been a little more economical or has more money that it needs, it is a very simple matter ordinarily to adjust a situation of that kind so that no one need suffer.

I have heard it stated at meetings, and unfortunately can speak from one or two experiences, not recently, however, where the operation of the budget has not been satisfactory primarily because each department was not taken into full confidence, but principally because those responsible for the expenditures didn’t see any reason why they should exercise any particular care in attempting to live within the appropriation for that department. They had been trained to believe, and had been told perhaps by someone connected with the administration of the hospital, that whatever was necessary would be provided. I was once in a hospital where the president of the board of trustees visited the hospital every few days, and quite regardless of whom he met, whether it was the man at the gate or any other person in the organization except the superintendent, who after all was the responsible one, he asked each and every one of those persons if they were getting everything they needed or everything they wanted, and told them that if they weren’t to ask the superintendent and he would see that they got it. Well, unfortunately he wasn’t always in a position to get it because the very man who was passing everything out was the very obstacle in the way of getting a good many things. I simply cite that as an illustration of how simple it may seem but how difficult it sometimes is in operation.

I have another favorite expression I use on some of these occasions and that is that it has been said that the reason there is so little happiness in the world is because there are so few people engaged in manufacture. Now my application of that is that the reason there is so much unhappiness and
trouble in the world is because so few people mind their own business, and that is particularly applicable to hospital personnel.

The general principles affecting the relationship of the various groups, as outlined by Mrs. Woodhouse, the previous speaker, are very clear and definite, and it would seem that they should not be difficult to apply to the various departments of our respective organizations, even though the types of institutions we represent may differ as widely as does the temperament of our departmental heads.

That one never sees himself as others see him is surely a wise provision of an ever kind Providence. Were it otherwise, what confusion there would be, particularly in the hospital world. Just think what an upheaval there would be next week if all the superintendents at this convention, acting on the suggestion made from this platform, should upon their return home voluntarily replace themselves by graduate nurses. I agree it might be a good thing to do, but not because a textbook on Hospital Administration does not contain one or more chapters on the superintendent's relation to the training school. I do not know the authors of the books cited, but in my opinion they were wise men. They undoubtedly recognized that the hospital was entirely responsible for the training school, so they got a woman who knew how to run one, gave her full authority, all the support she needed, and kept their hands off.

The superintendent of a hospital occupies a little different position than do any of the other heads of the interested groups to be heard today. He is both judge and jury. Sometimes he is the prosecutor, and as often appears for the defense. He must view every problem not only as it relates to the case in point, but as it affects the entire organization. There is nothing so easy to establish as precedents, and nothing so difficult to break when once established. My observation is that our field of vision is limited. We do not see the other fellow's problem. As hospitals differ, so must their type of organization. Efficiency and standardization are desirable but must not be overdone.

The hospital primarily functions, as you have all been told before, for the patient. Care of the patient is divided into two divisions so far as the director of the hospital is concerned, that of administration and that of education. The administration, of course, has to do with the general policies of the hospital, supplies and all that sort of thing, while the educational feature has to do with the training of nurses and the training of doctors.

Now this, to my way of thinking, is the dividing line, and it is only when one group passes beyond the dividing line between administration and education into the field of the other, that any question comes up about the relations, the professional relations of the various groups. And I think, when you return to your home, if you are having any trouble of this sort with the
members of either group, if you will just hand them a small dictionary and ask them to commit to memory the definition of coordination and cooperation—call it anything else you like, assimilation, accommodation or anything else—but after all it resolves itself into the difference between coordination and cooperation. As I say, if each group would come up to the line where their duties, responsibilities and authority ends, we would have no practical problems. It is when they step over and forget that they have limitations to their own field of usefulness in the hospital, that we have the trouble. Thank you.

INTERPROFESSIONAL RELATIONSHIPS FROM THE VIEW-POINT OF THE SUPERINTENDENT OF NURSES

By Effie J. Taylor, R. N.

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The subject which is announced in the program for this morning's discussion is an exceedingly broad one and may lead through its ramifications into deep and abstract philosophies. We may, however, think to dispose of it by a series of practical opinions such as the various sub-topics on the program would indicate.

You will note I have said "think to dispose of it," and I have suggested an element of doubt after a good deal of thought and after having experienced for almost a quarter of a century the ups and downs, the joys and sorrows which follow as a result of satisfactory and unsatisfactory interprofessional relationships in large and to possibly a lesser degree in small institutions for the care of the sick.

We are hearing a great deal today about this term "relationship"; family and domestic; parent and child; student and teacher; parent and teacher; capital and labor; civic, state and federal relationships; and the subject which is occupying so large a space in our newspapers throughout the world and occupying the time and thought of our statesmen is our international relationships. What does it mean and what can we do about it?

The first part of the question depends for its answer on various philosophies and the second part relates to our personal obligations in interpreting those philosophies and in creating new standards of conduct to meet our more progressive steps in life. Mrs. Woodhouse has presented some of the general principles of interprofessional relationships which I believe do not vary in substance wherever human beings are living together.

I believe the application of the basic principles are as essential in the home and in the school as they are in the shop, in the institution, or in the government of our country, and stated in their simplest terms they are concerned
with making provision for each human being to attain his highest and best self and giving him the opportunity to contribute his creative thought, whether much or little, to the experience and for the good of mankind.

This relationship which gives the human being his natural right to develop to his highest capacity is the fundamental principle in democratic thought and rightly and wisely applied should tend to the highest degree of group order and control. In the individual it should lead to self-discipline and moderation rather than to license and excesses.

The application of such principles in the home in the early life of the child does not presuppose a relaxing of supervision, but rather a speeding up of an understanding supervision and a withdrawing of authority and dominant control. Supervising and directing the development of an activity is something quite different from inhibiting or forbidding the development of the activity. With the prevailing new thought towards education and discipline it is probable that oft times the pendulum has swung to its extreme angle, and instead of replacing the former idea of autocratic rule and authority by intelligent direction and supervision, children have been permitted to drift fitfully along, unguided and undirected.

The nursery and elementary schools in some measure are making up for the failure in the home to bridge the change in thought, but they cannot do so entirely, and as a result serious problems of adjustment are being presented continuously to our higher educational institutions. As hospitals have a place in the system of professional education, these basic things are of as great importance to them as to other professional schools and colleges, and therefore they are vitally concerned with what happens in the early life of the child.

In schools of nursing we are compensating for our urge to change by making the error of fathers and mothers. We know that the old-time military discipline will not longer be accepted. Young people are absolutely against it. It does not fit in with their ideas of progress. Their background has not prepared them for that which we accepted without a challenge. In its old form it does not coincide with their experience. They have always exercised the right to question. They are living in an age when rights and privileges are dominant topics for consideration. They see no reason why they should follow an order or rule because it is an order or rule. In consequence we find ourselves facing innumerable new and teasing problems to study (I had almost said settle), and I believe we must admit that much of the fault is ours. In our anxiety to seem progressive, to show our interest in modern ideas of freedom and liberty, we have retrenched in our authority at this point and that, and have also gone to the opposite extreme, with the result that many of the objectives we formerly sought to gain through military discipline we have lost sight of entirely. Thus the achievement in
the care of the patients is often less good than should be reasonably expected from thoughtful students. Neither the time at my disposal nor the topic to be discussed permit me to follow this discussion to a conclusion other than to say, we have suppressed our ideas of military discipline, but have not made adequate substitution for that discipline through a better understanding and a closer personal supervision of our students while they are giving bedside care to the patients in the hospital wards. Most of their inefficiencies, I am convinced, are due to our inadequacies in presenting to them their obligations in so high a vocation as nursing rather than to their unwillingness to accept responsibility of a nature they are competent to assume.

Only a short time ago in discussing the subject of "personal and professional relationships" with a class of students, the question of what the student owed to the patient, the institution and to the community versus what the institution owed to her, gave me much food for thought. In a later conference with an individual student she said: "I believe it would have been better had we known those things earlier. I think we would often have reacted differently." Now it is quite interesting to note that many of the points in question were not new. They had been discussed in some very early classes, but the experience of the students was probably too limited for them to make the necessary application. At that time the students were presented with the facts, at the later date these facts were worked out through their experience with the aforesaid result.

It is evident that our present personal relationship to our students is less restrained and therefore more wholesome and natural than formerly, but it is still less perfect than it should be and apparently less valuable to the students. A careful study in detail of student, school and hospital relationships would seem to be essential before we can presume to form with precision satisfactory policies for the conduct of the school within the hospital.

Desirable interprofessional relationships are determined by an understanding of "obligations and claims" or "responsibilities and rights," through adjustments and cooperation. The students in the school of nursing and in the school of medicine have certain obligations to the institution as factors in fulfilling its function and certain claims on the institution for the part it contributes to their education. They have on the one hand obligations and responsibilities, but on the other hand they have claims and rights. These obligations and claims are inherent in any organization and in any community. Perhaps because our hospitals were organized on a military basis to meet essential needs and service was the dominant note, the relationships have always been more or less determined on the basis of "obligations and responsibilities" rather than on individual "rights and claims" or, better still, on an accepted consideration of each in fulfilling its specific aim.
The central figure in the administration of a hospital is the hospital superintendent, sometimes a doctor, sometimes a business man and often a nurse. In the administration of the majority of institutions that officer represents every other department to the board of trustees. In about two thousand hospitals in this country there are schools of nursing established each with a principal or superintendent of nurses (though sometimes the superintendent of the hospital occupies both positions). I have not the figures from which to quote but I am confident that only a small proportion of these schools have direct representation from the school on the governing board. It is therefore assumed that the superintendent of the hospital is the official administrative head of the school of nursing, and the superintendent of nurses must depend upon him for her opportunities to develop the school. As most schools are organized as a department of the hospital and make up the nursing service, practically speaking this organization is correct. But obviously it is not quite just and the education of the student is a secondary consideration. The school under these conditions is represented by someone who knows technically little about it except that it adequately or inadequately meets a need in the institution. I am of the opinion that this condition would soon be changed if the superintendents of hospitals were women and the heads of the nursing schools were men.

A few days ago I had the privilege of attending a dinner where equal rights, including equal pay for men and women, were discussed and I was more deeply than ever convinced that a major problem in considering interprofessional relations between men and women in hospitals is "responsibility without representation" and equal work with unequal pay. There is no doubt that in many institutions a serious handicap to establishing happy and satisfactory interprofessional relationships is found in an inequality in the salary scale. The recognized heads of the professional departments are paid both out of proportion to each other and to the various other members of the related staffs associated with them. This accounts, in some measure at least, for the tremendous turn-over which is seen in hospital personnel. No business concern or industry could exist under such conditions. Well-prepared and efficient people cannot long be persuaded to remain in institutional positions. I firmly believe that good relationships will never be established till more intelligent consideration is given to the appropriation of salaries and till individuals, whether men or women, are adequately paid for service rendered in proportion to their responsibilities and their ability to meet them, and till a more businesslike attitude is assumed towards the economics of living.

The medical department in a hospital has always claimed and assumed a priority over nursing, and tradition has accepted the claim. There is a sense in which this claim is just, for nurses are dependent on physicians for
direction as to what therapeutic measures they will administer to patients and must needs follow with accuracy whatever is prescribed as treatment. Nurses are also dependent on physicians for diagnoses. This priority, however, is carried to the extreme when it enters into personal relationships and when what is traditionally called "hospital etiquette" provides for a subservient attitude on the part of the nurse to the physician, whether chief or interne, whenever they are associated in the hospital wards. My personal feeling about this traditional form of "hospital etiquette" is that it belongs to the past. Thinking men and women are emancipated from such ritual, and only those who are handicapped by an inferiority complex will allow such formalities to be reflected in their personalities. True politeness, however, and consideration for others is as much as obligation and a mark of culture today as in years gone by. In our emancipation from form and ceremony and our growing interest in real, practical and perhaps more material things, we have sometimes forgotten that courtesy and kindliness always go with good breeding and culture, and that "hospital etiquette" and common ordinary politeness and consideration for others are one and the same thing. The old form which required a nurse to pop up from her chair whenever a doctor entered the ward and stand with her work in her hand, or remain idle and speechless, is a relic of militarism and autocracy and has no place in a well-ordered and democratic institution. At the same time I believe it is equally out of place for any individual, whether man or women, to remain in his or her chair when the occasion calls for another type of response. This one need not emphasize for a cultured person always senses the fitness of things. I have in mind, at the present moment, a women who never fails to rise and find a seat for one of her colleagues or for anyone, man or woman, who enters her office. She is as deliberately unconscious of what she is doing as she is deliberately unconscious of taking up her pen to write. This is the kind of courtesy and politeness which should prevail between individuals wherever they meet. Further gestures and exaggerations of priority and personal right to ceremony are entirely irrelevant. These ceremonials are equally inappropriate between nurses in the nursing school and have no permanent value. Emphasis placed upon kindliness, courtesy, consideration for others and respect for knowledge and experience will prevent and safeguard any tendency to discourteous and undignified behavior. Instead of aiming to develop an attitude of fear and formality in students and staff through these artificial responses an attitude of frank spontaneous behavior should rather be encouraged by persons who hold important official positions.

The nursing staff too often has been accused of assuming an attitude of control and superiority over other professional workers in the hospital wards. This attitude no doubt was developed when the medical and nursing
departments held the prominent places of responsibility; but now, dietitians, nutrition and social workers have also found their places and are filling many pressing needs. Patients are treated by diet more often than by drugs, and dietitians are as essential as nurses in helping to carry out these therapeutic measures. A close relation should exist between these different workers and they should all feel equally at home in the hospital wards. The dietitian was introduced to the hospital as an instructor in the school of nursing but I believe the best relationship exists where the dietary department is centered in the general administration and is not a department appended to the nursing service. At the same time, because the wards under our present organization are administered by a head nurse who is also responsible for the care of the patients, every worker coming into the ward should seek to function in cooperation with her, as good fellowship will exist only where teamwork is the first objective.

No individual in any department has the right to use the prestige of his office for personal power over others. Similarly no individual has the right to rise on the shoulders of his associates. This is not infrequently done in institutional work. Credit for a piece of work should be given to the person who creates or initiates it. This attitude of mind is really a test of a big man or woman as it is a temptation in group life to adopt for one’s own use the ideas of others particularly if the other individual has not the opportunity to carry them through to completion.

To present the foregoing thoughts in summary, as seen from the point of view of a superintendent of nurses, the most satisfactory interprofessional relationships will prevail: when the school of nursing has the opportunity to develop its educational policies unhampered by the immediate economic needs of the hospital; when there is developed a closer and better understanding of the obligation of the student to the institution, the institution to the student, and each to the cause for which they both exist; when representation always accompanies responsibility; when adequate and equal pay for equal work is given consideration in every department of the institution; when better teamwork for the care of the patients exists between the various associated departments in the hospital without undue emphasis placed on the priority or prestige of any group; when common sense, politeness and courtesy replace the traditional formality of ceremonial “hospital etiquette;” and when policies are discussed and established for the general welfare of the institution in departmental group conferences.
INTERPROFESSIONAL RELATIONSHIPS FROM THE VIEW-
POINT OF THE DIETITIAN

By Bertha M. Wood

Consultant Dietitian, East Northfield, Mass.

Only a little more than ten years ago the dietitian in a hospital was a
housekeeper and her duties consisted of superintending the cleaning, the
laundry and linen, and the kitchen. Possibly she purchased the food
supplies if the hospital was not a large one. This statement together with
the fact that the 1912 edition of Webster's Dictionary does not contain
the word "dietitian" shows how recent the profession is, and it is little
wonder that dietetics has not yet shaped itself into the hospital organization
to the satisfaction of all.

The change from housekeeper to dietitian came through the work done
in the laboratories of the university hospitals. As the research work in
food and nutrition progressed there developed a consciousness of the value
of food as treatment. As a result the student in home economics continued
her course at the university into this field and from this into its application
in the hospital. This art of scientific application of food has been accept-
able to both doctors and patients as therapy. In very few hospitals has
it been applied to help maintain the health of attendants.

When the dietitian enters the hospital as a professional worker her
acquaintance with doctors and their vocabulary is slight if any. Patients
as a group she has probably never seen and as for the physical layout of a
hospital she has had no experience with it.

At the close of the college work it is customary for the dietitian to enter
a hospital as a student dietitian that she may receive hospital knowledge.
In most places, however, her services are needed in the dietary department,
thus limiting her contact with doctors and patients and with other depart-
ments of the hospital. Moreover, the dietary department is usually
located in the basement and the dietitian's knowledge of what goes on in
wards and private rooms is general, while the nurses have but a general
knowledge of what goes on in the diet kitchens. In most cases there is no
relation, only an acquaintance. This resulting lack of knowledge does not
help to adjust one to the running machinery of the hospital.

Until a dietitian has lived eight hours a day with patients and doctors
she cannot realize how routine changes from day to day. If a patient has
been given a sedative to make her sleep, is she sure to observe the regular
breakfast hour and be bathed and ready to eat when her tray is served?
If the patient is to have a basal metabolism, when is her morning meal to
be served? Who knows? Various orders may come when "rounds" are
made which increase the duties of the nurses with the result that the patient is not ready to eat her dinner when it is hot. A person must experience these conditions on the floors to appreciate them. Knowledge without this experience which engenders appreciation is not stimulating in forming a relationship.

A dietician with her scientific knowledge of food and nutrition, plus medical and hospital education, would make a larger contribution to the hospital's work of treating patients.

Most nurses have little knowledge of the purchase, preparation, and serving of food, together with the ability to meet the requirements of patients. Adequate time is not allowed for the nurse to acquire the scientific food facts needed to administer diets. She has not had enough kitchen experience to know the time required to fill a requisition.

Another hindrance to the work of the nurse is the fact that she is held responsible for the carrying out of treatment for the patient while that responsibility is divided when diet therapy must be administered. She frequently has no knowledge of what that therapy should be and, if there is a ward dietician, does not even serve the tray. Under such conditions when a tray is served to a patient there is an opportunity for the nurse in training to receive some practical information in nutrition. Questions arise which followed by explanations may be as valuable as a classroom period. In very few hospitals at the present time is there an opportunity for this practical teaching three times a day.

A food prescription of P 40 C 60 F 120 may not appear very important but, like most prescriptions given by a physician, has been carefully worked out to accomplish a definite purpose. These prescriptions should represent to the nurse in charge of the case the purpose for which it is served. In other words a nurse should be able to visualize P 40 C 60 F 120 or any other prescription. If she does not know what it looks like when served or its purpose how can she appreciate it and see that the correct figures reach the diet kitchen? When the wrong figures come into the diet kitchen they are usually recognized as queer. Then trouble begins, due not to disposition but to lack of knowledge.

To be related one must be to some extent a part of the other. If the dietary department were part of the nursing service and the dietician had nursing training, majoring in dietetics, the relationship would be complete.

If medical therapy is supervised by the superintendent of nurses why should not the diet therapy be also? Nurses specialize in other subjects; why not in dietetics? There are many reasons why a nurse who had majored in dietetics should make an excellent dietician. She has the medical training, understands the vocabulary of the doctor, and has been hospitalized with patients. At present her course in dietetics and her
training in the diet kitchen have been very limited at best, and she has been given very little knowledge of chemistry and biology on which to build the principles of the application of food as therapy. With her knowledge of the environment of the patient and the conditions relative to his treatments there would be created a bond of sympathy and understanding much needed.

A dietitian without nurses' training cannot be related, she may be acquainted, but a dietitian plus nurses' training or a nurse with dietetic knowledge would help to solve many hospital problems and make it more nearly possible to live happily ever after.

Mr. Michael Davis tells us that there are 600,000 employed in our hospitals and from 10,000,000 to 12,000,000 sick patients annually. This means a large expenditure for food. To obtain the largest returns for this expenditure the food supply should not only be economically purchased, nicely cooked, and attractively served, but the recipients should be intelligently appreciative. It is worth while studying the following question:—Would the dietary service function more smoothly if the department were part of the nursing service and, if so, the dietitian a nurse with dietetic training?

With a combination of what both the dietitian and the nurse have educationally one would obtain a superb working knowledge. When nursing education considers such a relationship every nurse will receive more dietetic knowledge, and the present dietitians will have some nurses' training, which will help to make a more intelligent service and therefore a closer relationship.

INTERPROFESSIONAL RELATIONSHIPS FROM THE VIEW-POINT OF THE SOCIAL SERVICE WORKER

By Lena R. Waters

Director of Social Service, Hospital of the University of Pennsylvania, Philadelphia

Originally the nurse performed both the duties of a nurse and of a social worker, but as medical treatment became more and more specialized and improved methods of study and treatment led to the centralization of treatment in hospitals, thus removing the patient from his normal environment, both the nurse and the doctor lost that opportunity of knowing the person in all of his surrounding influences and were handicapped in a complete understanding of patients' condition and in plans for treatment, particularly the plan of treatment which must continue after discharge from the hospital. Therefore it became necessary to add to the hospital
corps of workers another specialty, a group of people educated in the theory and practice of social case work. The social worker is taught to understand the person in his social relationships. She is trained to observe and to study social factors such as are found in the mental and physical environment of each of us and which influence the behavior of every human being. She is taught how to help the maladjusted individual to a more nearly normal state.

All hospital departments should be teaching departments, and for this purpose should be properly manned. In order that each department may share its experiences and make its true contribution to the other departments, there should be a clear understanding of the function and organization of the departments. The director of the social service department must have an appreciation of the objectives in nursing education. She must know the plan in operation in the training school. She must be familiar with the curriculum, and in consultation with the principal of the training school should plan the part which the social service department should take in the education of the student nurse.

The objective in this instance is not to equip the nurse to practice social case work, it is not to train her for public health nursing, it is not merely a vocational information course—but it is designed to bring to all students in training a realization of the fact that a patient is also a person—a person who is a member of a family, an employee of an industry, a member of a neighborhood, a person who has come from a certain environment and who is to return to an environment outside the hospital walls, a person who has all sorts of human relationships and interests which have a bearing frequently on his mental and physical condition and usually on the plan for complete treatment. We would give to the student a social viewpoint, a knowledge of the way to use the social service department.

What has the social service department to offer towards this end? The social service department is that department which is focusing or concentrating on the background and surroundings of sick persons. Through social study the worker discovers facts relating to the patient's early life, his present environment, his habits of living, which have a bearing on his present situation. This information is pooled with the facts gathered by the nurses and doctors who are also studying the case. Upon these facts the social worker establishes a diagnosis of the social situation, and through a method of social case work treatment she helps the patient to a return to normal condition.

To quote a recent book: "The ultimate goal is to develop in the individual the fullest possible capacity for self-maintenance in a social group. To do this the social worker 1) makes fullest possible use of resources, educational, medical, religious, industrial; 2) assists the patient to understand
his needs and possibilities; 3) helps him to develop the ability to work out his own social program through the use of available resources."

The social problems interfering with successful medical treatment are numerous and are a factor in many diseases. In one social service department forty outstanding problems recur frequently, and perhaps the most frequent is a lack of understanding by the patient's family of his situation and the after care required. Much work must be done with those who are nearest and dearest to the patient in order that the patient may be quickly benefited.

Forty per cent of the patients in a surgical service were found to have difficulties which were a real handicap and which could be helped through social treatment. Thirty-eight per cent of a group of children with pneumonia were found to have been without adequate play facilities. Fifty per cent had had overcrowded sleeping facilities. Two to a bed is considered the minimum standard, while we not infrequently find three or four children sleeping in one double bed. The homes of 10 out of 16 were found to be unevenly heated, and poorly balanced diet was the rule, not the exception. Seventy per cent of patients recovering from goiter operations had come from homes unsuitable for proper convalescence.

The misunderstanding of patients in the hospital is a startling discovery. Fear in one form or another is much in evidence, fear of the hospital, fear of the unknown disease, fear for the family who have been left without money for food and rent, fear of permanent handicaps and long illnesses. Sometimes patients get themselves in needless tangles; sometimes their worries are pathetically humorous. Social workers are alert for these fears and can many times allay them, and substitute courage and a renewed morale.

In addition to the study and treatment of individual cases, the department is charged with the responsibility of working with other agencies in an effort to remedy conditions causing difficulties. Through our work in the venereal disease department we see the importance of education and adequate resources for early treatment. We are aware of the conditions which are vicious circles in causing vaginitis and which in hundreds of cases mean deprivation of an education to the infected child. We realize the necessity of prompt and continued care of the patient with early heart disease, and other social adjustments which are needed to make effective the medical advice.

We are concerned about continued treatment for the children in our orthopedic dispensary and for vocational training for the permanently handicapped. Our interest is in all departments.

Several methods are being tried in hospitals to share this knowledge and experience with the student nurse. A series of informative lectures in the first six months of the nurse's training is considered helpful. There seems
a general agreement that the case method is the most effective, this to be used in conjunction with selected reading, special lectures, and interpretive conferences. Through the case method the student is able to see her patient from all angles. She gets the medical findings, medical treatment, the nursing knowledge and procedures, and the social findings and medical-social treatment. She sees her patient as a sick person.

In every instance a plan should be made for the nurse to follow in gathering social facts, in evaluating them, and in the social treatment.

A variety of medical and social problems can in this way be presented to the nurse in an interesting and concrete manner, and she can see clearly the interrelationship between environment and disease and be impressed with the teamwork necessary and possible for complete understanding and treatment of the patient.

Meeting adjourned.

**Friday, June 21, 11:30 a. m.**

*Conference: The Nurse Midwife*

Elizabeth C. Burgess, President, presided.

The Chair introduced Dr. J. P. Kinloch, Chief Medical Officer of the Scottish Department of Health, Edinburgh, Scotland, who gave the following informal remarks.

*Standards of Midwifery*

Dr. Kinloch: Miss Burgess, Ladies and Gentlemen: It is a little anomalous for me to speak to you at all, because of course I have come to America to learn and not to teach, and there are many things in connection with the running of your maternity hospitals that we want to study and largely copy. I understand that you have in America some of the same problems in regard to maternal morbidity and mortality that we have in Britain. Frankly our position is that 7 out of every 1000 women confined in Britain die as a result of confinement, and that death rate among pregnant women, during labor, has been going on throughout the statistical period from the time we first had death certification in 1837. And with all the sepsis and antisepsis, it has yielded practically not at all. Roughly there are more than a third of these deaths due to sepsis, admitted in the death certification by the doctors. In addition, there is a large number of cases put down as hemorrhages and so on, in which there is every reason to believe that sepsis is in the background. In other words we are quite satisfied that more than half of all the deaths are due to sepsis.
Now as far as I understand the American statistics your position in America is largely the same. We have been seriously considering how it might be controlled and reduced. Now to get detailed information for the past years, the past ten years, we have been making an elaborate investigation of the circumstances attending the death of every mother who dies during a confinement. And it has brought out some extraordinary facts. There is no question of selection, at least the selection is the selection of death, and every case is investigated that dies; the conditions of the house, the dirtiness of the house, the poverty of the person, the whole external environment, the whole health of the woman before her pregnancy, during her pregnancy, and the nature of the attention that she has had.

Now largely it has been said in the past that maternity hospitals had a high death rate because of the difficult cases that went there. To make the figures strikingly reliable we have transferred the cases back to the original midwife who saw the case, back to the original doctor who saw the case, and so in the hospital figures there appear only those cases who went direct to the management of the hospital and asked to get hospital treatment without seeing a midwife or doctor.

Now, worked out on that basis, we find that the whole of the midwifery done by midwives results in only 2.8 per 1000 of them dying. Of all the midwifery cases attended by doctors, instead of having a death rate like the midwives of 2.8, they have a death rate of 6.5. And the institutions, the maternity institutions of Britain, have a death rate of 14.9. Now these happen to be facts that cannot be controverted, and the main mass of it in all the cases is due to sepsis.

To bring a long story short, based on the fundamental work done by Doctors George and Gladys Dick of Chicago on the streptococcus in relation to scarlet fever, we now recognize that the same type of streptococcus can cause half a dozen different diseases. It is the same organism. It is not a separate streptococcus that causes scarlet fever, and causes bronchial pneumonia, puerperal fever, and erysipelas, but it is the same streptococcus, and it is the same streptococcus that gives us tonsillitis. And there is real reason to believe that quite a number of doctors, and incidentally midwives, perfectly healthy themselves, are carrying streptococci in their throats and spreading it that way.

The best instance and the most notable instance is the outbreak in the Sloane Maternity Hospital in New York City in 1926, reported in the Journal of Experimental Medicine. There, in a period of six weeks there were 163 cases, and laboratory examination proved that the same streptococcus was in every one of the 163 cases. And it was traced back to a carrier, carrying this particular type of streptococci.

And one of the things I watched with the greatest interest is your bed
isolation of cases where it has been worked out in a women’s hospital in Edinburgh, Scotland. And the whole development of the Elsie Ingelsman Memorial Hospital in England is run entirely by women doctors and has a women’s staff from beginning to end, who have largely copied the best features of your American midwifery institutions and are putting them into practice there. And as a result of this recent work every member of the staff, doctors, nurses, attendants and everyone, has his throat brushed twice a week, and if any streptococci are found the staff members are put off duty until the streptococci are wiped out.

Now to come down to the thing we found out, it is a fact that when uncomplicated midwifery is done by a midwife, there is less mortality than when it is done by a doctor, very considerably less. And the obstetricians themselves recognize it and are beginning to preach that there will need to be a new midwife-doctor combination in Britain under which the midwives will conduct all normal deliveries and the doctor will be employed for ante-natal examination and for dealing with complications. And that will be realized, I am certain. It has started already and it will be increasingly realized until generally adopted in Britain, and within a very short time, owing to the facts as they have come out.

Now of course once you give the trained midwife recognition of that description you have got to see that her qualifications are of the highest order. And that was put in force more or less by the Midwives Act of 1915. Up to that time anyone could practice midwifery. At least it wasn’t illegal. And now the Central Midwives’ Board, appointed by the Government and largely composed of distinguished obstetricians and matrons of the maternity institutions, directs and controls the examinations, and lays down the regulations under which nurses are trained.

Briefly, it is illegal for anyone not on the register of midwives to practice midwifery. A nurse with a general nursing training can attend a confinement only if a doctor is there. But a trained midwife, having passed the Central Midwife Board and having obtained her certificate, is, as it were, licensed by the Government to practice midwifery. And she works under definite rules that specify when she must call in a doctor, for various toxemias, hemorrhages and so on. And the whole of her work is supervised by the county or city or local health authority.

Now there are the women who are not nurses who qualify and practice midwifery alone. They are now required to take two full years of training in a recognized maternity hospital. They do a certain number of cases, say half a dozen of the cases in the hospital, and they actually carry out the confinement, of course under expert supervision. And then they go on to the district under a supervising district midwife, and they work extensively in the hospital, studying and taking examinations for a period of two years.
On the other hand the trained nurse is required to put in a complete course in midwifery before she sits for her Central Midwives' Board examination and gets her certificate and qualifies in that manner.

To my mind it is one of the vital things we have got to tackle, this maternal mortality. Pregnancy, the birth of the child, is the very basis from which our whole public health fabric has to arise, and we have got to get it down to a physiological process. Thank you.

Meeting adjourned.

Conference: Case Studies

Mary M. Marvin, Department of Nursing Education, Teachers College, New York City, leader.
See summary, Closing Business Session.

Conference: Representatives of State Boards of Nurse Examiners

Leader: Adda Eldredge, Director of Nursing Education, Wisconsin.
See summary, Closing Business Session.

Closing Business Session
Friday, June 21, 2:30 p. m.

Elizabeth C. Burgess, President, presided.

REPORT OF COMMITTEE ON RESOLUTIONS

We, the members of the National League of Nursing Education, wish to convey our deep appreciation to the members of the following organizations and the individuals who have made our convention a success:

To the American Hospital Association for the privileges of studying the exhibits, attending their meetings and making contacts which, no doubt, will lead to a better understanding of the problems of both organizations,

To the New Jersey State Nurses' Association,
To the Press for their reports of the various meetings,
To the Committee on Arrangements, whose efficient management of the meeting has made the days go so smoothly and profitably,
To the Subcommittee on Exhibits for contrasting the old and new days of nursing,
To Miss McGurran of Atlantic City Hospital, for aid and cooperation in providing furniture for the League exhibit booth,
To the Program Committee who by their choice and splendid correlation of topics, have so well pointed out the problems of nursing education with suggestions of various remedies,
To the Governor of the state through his representative,
To the Mayor of the city who gave to our organization the symbolic key to the city,
To Colonel Ayres for his inspiring talk which has stimulated us to the belief that it will be possible for us during the coming year to make a definite attempt among our members at the cultivation of such qualities of leadership as

1. Knowledge of the job
2. Courage
3. Energy
4. Ability to understand the viewpoint of others
5. Ability to make others understand our viewpoint

All of which qualities enable us to develop the constructive leadership upon which the future of our profession rests,
To all other individuals who contributed to the success, happiness, or knowledge of our group.

Respectfully submitted,
Marion J. Faber
Mabel McVicker
Mildred Shellenberger
E. Jane Holden
Bessie Baker, Chairman

SUMMARY OF CONFERENCES

CONFERENCE ON POSTGRADUATE COURSES

By S. Lillian Clayton, R. N.

Director, School of Nursing, Philadelphia General Hospital, Philadelphia, Pa.

After short papers giving resumés of the present status of postgraduate courses in various centers; of reasons why nurses want such courses; of what may be included in such courses; of practical problems involved in offering such courses; and of the meaning such courses should assume for the nursing profession, it was voted:

a. That such studies as presented by Miss Gray in the June Journal be continued
b. That the facts brought out by such studies be published
c. That the continuance of courses which do not conform to our understanding of "postgraduate work" be discouraged
d. That we build up "added experience" and "supplementary courses," calling them by their right names
e. That we encourage the giving of scholarships and fellowships for students in selected institutions
f. That a plan be worked out by the National League of Nursing Education whereby these courses may be accredited in relation to their educational value

g. That we go on record as believing that the most important responsibility which the profession has toward nurses from unstandardized schools, is to help those worth helping to acquire the education they need to meet the state and national standards; to consider a state board of admissions for accredited schools; to accredit fewer institutions with limited resources for maintaining schools; to present through vocational departments in schools and colleges the prerequisites of a good school

OPPORTUNITIES OFFERED BY THE HARMON ASSOCIATION

Carrie M. Hall, R. N.

At the convention in Louisville the Joint Boards of the three National Nursing Organizations entertained a request from Mr. William E. Harmon to appoint two members to the board of directors of the Harmon Association for the Advancement of Nursing. From October to April of this year, Miss Clayton and I have attended monthly meetings of the Board in New York City. We have found the group most cooperative and anxious to accede to the wishes of the nurses of the country. We hope your wishes have been correctly interpreted.

Early in March, 1929, a pamphlet was published which was given wide distribution. The important features of this pamphlet are as follows:

The Harmon Association undertakes to provide, with the Metropolitan Life Insurance Company of New York, a plan of deferred annuity insurance to nurses on a group basis. Unlike the first plan advocated by the Harmon Association this insurance does not require the participation of employers. It is offered to registered nurses only. Employers may participate if they so desire.

This plan has been designed to give the nurse an annual income for the rest of her life beginning at sixty-five or at any age which may be determined by individual members.

No physical examination is required, as is true in most deferred annuity policies.

Membership in the Harmon Association provides the group. It does not necessitate the formation of a local group. You join a group when you join the Association.

On joining the Association and annually, the nurse pays one dollar. After that time, payments may be made into the plan of five dollars per month or any multiple of five dollars per month as desired. The Harmon Association acts as a go-between for the nurses and the Life Insurance Company. Few Life Insurance Companies wish to be bothered by collecting monthly payments. The Association, according to this plan, acts as the agent.
In case a nurse is unable to continue payments and wishes to withdraw, she may at any time receive the full amount which she has paid in. This gives an advantage over other companies, all of which, I believe, require a surrender charge.

Your representatives on the Board felt that there ought to be, after sufficient participation in this plan, payment of a small amount of interest in case of withdrawal. Information on this matter was secured and an alternate plan was made under which a nurse may receive her payments back with some interest. Also, plans are under consideration which will allow nurses the privilege of borrowing on the policy.

In case of death before the payments are complete, the difference between what the nurse has put in and what she has received before her death will be paid to her beneficiary.

As time goes on, it is believed that the value of the Association may increase. Other individuals may wish to aid in the old age protection of nurses. In the Association we have an incorporated body capable of receiving gifts, legacies, and endowments, and facilities for the distribution of such funds, which the American Nurses' Association is not yet equipped to do.

The flexibility of the Harmon plan makes it an advantageous one. If a nurse is unable to pay, she may cease payments or reduce her payments by one half or three quarters. This does not mean that she will be dropped. Her payments will, however, decrease in proportion. If the payments cease, but the accumulated amount is allowed to remain, payments will be made accordingly. Additional flexibility of the organization lies in its willingness to carry a few members over periods when payments are impossible. Continuance of this plan is questionable.

At the beginning, this plan of insurance seemed excellent for the young nurse who would join at the age of twenty-five. Plans are now made which make it an excellent organization for older nurses. If a nurse joins at the age of fifty-five or thereabouts and plans to work until she is sixty-five, she may make a deposit of a single sum and add monthly payments during these years. She will then at maturity of the policy receive the annuity which these combined sums shall have earned.

Some of the outstanding features to note:—from March to May 1, 1929, 178 nurses joined from 32 states and Canada. Out of the 178 who subscribed, 122 are between the ages of thirty and fifty. We have been told that it is difficult to interest a woman in old age protection before she is thirty. New York State has the largest number of nurses who have joined —48. In Rhode Island 12 nurses from one organization have joined. This organization, which is the Providence Visiting Nurse Association, for a long time has helped its nurses to save by making monthly deposits in
savings banks for them from their salaries. Now they have discussed the Harmon plan with agents. They are thoroughly “sold” to the plan. Each month a combination check is sent in by the Association to the Harmon Association.

In order to make payments convenient, an envelope has been worked out similar to that used by the Veterands’ Bureau. The envelope is filled out and returned with the payment.

Two years ago your committee warned you against joining. Now we believe, as a committee, that the plan is sound. It does not offer protection during sickness. We believe that the plan is best left as drawn by the founder to aid in the old age protection of nurses. We believe it offers the solution to one of the problems of the Relief Fund Committee.

Effort should be made to interest all nurses in the plan, beginning in the training schools, so that nurses will begin at the earliest opportunity. It is pointed out over and over again that many nurses do not know what type of insurance they are going into. Every individual has her own particular problems. If you wish to protect an aged mother, this may not be the best plan. This is designed as protection for the individual who takes out the policy.

This plan has been worked out between the Harmon Association and the Metropolitan Life Insurance Company because the Metropolitan Life Company has done more with deferred annuities than other companies. There is some question of other companies being asked to make similar offers.

CONFERENCE OF THE STATE BOARDS OF NURSE EXAMINERS

The meeting consisted at first of a brief interchange of thought between those present upon methods of temporary registration, or the giving of permits to graduates, previous to examinations, and also upon methods of handling failures in examinations.

The next discussion centered upon the extent to which the State Boards might immediately follow the thought coming out of the report of the grading committee and to what extent the state registration laws should now be modified. It was the sense of the meeting as expressed by those present, that in many states it would be unwise at this time to enter into the legislatures for change in laws. So much can still be done with the present laws. Schools can be made to feel that they must reach a higher standard if they are to be considered good schools. Laws can be better enforced. Expediency has guided us. Better interpretations of the present laws will accomplish much.

A discussion of a federation of state boards of nurse examiners brought
forth the following opinions. At present state boards represent widely divergent requirements. A federation would now mean unified strength on a low basis. As we are now organized in the legislative section of the American Nurses' Association, the states can work cooperatively together, even if loosely, if we use rightly our opportunities for conference. We are not yet ready for a federation. Study is needed to inform the group what a federation would accomplish. In view of the fact that a committee of five members had been authorized by the legislative section to make such a study, it was moved, seconded and carried that time be planned for a closed conference of the American Nurses' Association in Milwaukee 1930, consisting of members, officers, educational advisors and representatives appointed by the state boards of nurse examiners.

After much discussion it was finally moved, seconded and carried that a recommendation be sent to the legislative section of the American Nurses' Association, and also to the Board of Directors of that body that a suggestive program of education be drawn up by a special committee, appointed for that purpose, outlining ways and means of carrying over to the schools of nursing standards of education by the state boards of nurse examiners.

Respectfully submitted,
Adda Eldredge, R. N., Chairman
Laura R. Logan, R. N., Secretary

CONFERENCE ON CASE STUDY

Conclusions:

1. The staff of the school should be given an opportunity to understand meaning, technique, and purposes of writing case studies.

2. A course in case study as outlined in new Curriculum should be given to the students early in their course.

3. That each department head (supervisor) confer with all her new incoming students on the conduct of case studies in her service, where the emphasis is to be placed, etc.

4. That a too definitely laid down form is a hindrance to student, preventing her from using her own initiative and imagination.

5. The group advocated fewer and better case studies.

Mary M. Marvin, R. N., Chairman

Committee on Nominations for 1930

The Chair reviewed the fact that the By-laws provide that the Chair shall appoint two members to the Committee on Nominations, and that one of the members of the past committee be appointed among the incoming members. The chair appointed Claribel Wheeler, of St. Louis, Missouri, and Dora Saunby, of Chicago, Illinois.
Nominations were made from the floor as follows:

Florence Ambler, Philadelphia, Pennsylvania
Elizabeth E. Soule, Seattle, Washington
Edith Brodie, Nashville, Tennessee

The motion was made, seconded, and carried to elect these people.
The Chair then reminded the members of the many scholarships available for university work in nursing, such as

La Verne Noyes Scholarships for nurses who served in the War or were honorably discharged, or for blood descendants of people who served in the war. The scholarships cover tuition, either in full or in part, for a university or college education and are available at the University of California, George Peabody College, University of Virginia, Teachers College, New York, and possibly in other universities on request. The Trustees of the LaVerne Noyes Funds feel that these scholarships to nurses are being used to the greatest possible advantage and have more satisfaction in giving them than in anything else.

Several loan funds are available:

Harmon Foundation
Lydia Anderson Loan Fund
Teachers College, New York
20 scholarships for those preparing to be head nurses

REPORT OF REGISTRATION FOR THE CONFERENCE

229 members of the National League of Nursing Education
92 American guests
9 foreign guests

Thanks for the privilege of attending the meetings of the League were read from the guests from Norway, Sister Bergljot Larsson and Sister Andrea Arntzen.

REPORT OF THE TELLERS

The tellers respectfully submit the following report.

Total number of votes cast: ................................................................. 89

President
Elizabeth C. Burgess ................................................................. 85
Blanks ................................................................. 4

First Vice President
Shirley C. Titus ................................................................. 84
Marian Rottman ................................................................. 1
Blanks ................................................................. 4
Second Vice President
Elsie M. Lawler................................................. 83
Blanks.......................................................... 6
Secretary
Stella Goostray................................................ 83
Blanks.......................................................... 6
Treasurer
Marian Rottman............................................... 83
Josephine Combs............................................. 1
Blanks.......................................................... 5
Directors
Isabel M. Stewart............................................. 69
Laura R. Logan............................................... 48
Julia C. Stimson.............................................. 48
Sally Johnson................................................. 46
Nellie X. Hawkins............................................. 34
Anna D. Wolf.................................................. 33
Daisy Dean Urch.............................................. 29
Elizabeth Soule............................................... 27
Blanks.......................................................... 10

Three ballots were illegal in the vote for the Directors.

Result of the election is as follows:

President: Elizabeth C. Burgess
First Vice President: Shirley C. Titus
Second Vice President: Elsie M. Lawler
Secretary: Stella Goostray
Treasurer: Marian Rottman
Directors: Isabel M. Stewart
Laura R. Logan
Julia C. Stimson
Sally Johnson

Anne How
Ethel LeChard
Irene Murchison
Mabel F. Huntly, Chairman

The report was accepted, and the motion was carried to destroy the
ballots.

The new member of the Board of Directors, Sally Johnson, Director of
the School of Nursing, Massachusetts General Hospital, Boston, was
introduced.

Chair: In closing, I want to thank you for your great cooperation during
this meeting, and thank the entire Board for their cooperation this past
year. It has been a very pleasant task to be President; it has also been a
very busy one, but I am very glad indeed to accept it for another year. Thank you.

If there is no other business to come before us I will hereby declare the Thirty-fifth Annual Convention of the National League of Nursing Education adjourned.
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SISTER M. PIA .................. 224 E. Matthews Avenue, Jonesboro

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29
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RULON, BLANCHE S.....................1726 Munitions Building, Washington
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schoff, Ethel Ruth</td>
<td>Washington University Hospital, Washington</td>
</tr>
<tr>
<td>Sister Cecilia</td>
<td>Providence Hospital, Washington</td>
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<tr>
<td>Sister Mary Joanilla</td>
<td>Georgetown University Hospital, Washington</td>
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<tr>
<td>Smithson, Bessie</td>
<td>1150 N. Capitol Street, Washington</td>
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<tr>
<td>Stimson, Julia C</td>
<td>1726 Munitions Building, Washington</td>
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<tr>
<td>Stott, Lavinia Belle</td>
<td>19th and C Streets, S. E., Washington</td>
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<tr>
<td>Taylor, Elvira Myrtle</td>
<td>2100 Eye Street, N. W., Washington</td>
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<td>Taylor, Ruth Ida</td>
<td>Walter Reed Hospital, Washington</td>
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<tr>
<td>Tobin, Mary Winifred</td>
<td>Army Medical School, Washington</td>
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<tr>
<td>Wilson, Emma</td>
<td>St. Elizabeth's Hospital, Washington</td>
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<td>Wolford, Mary G</td>
<td>Sibley Memorial Hospital, Washington</td>
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<tr>
<td>Woltz, Josie Lee</td>
<td>Gallinger Municipal Hospital, Washington</td>
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**FLORIDA**

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
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<tbody>
<tr>
<td>Ayers, Ruth Elfreth</td>
<td>Jackson Memorial Hospital, Miami</td>
</tr>
<tr>
<td>Benham, Louisa Bryan</td>
<td>McMeckin Place, Hawthorne</td>
</tr>
<tr>
<td>Bloomheart, Mary Ella</td>
<td>3902 Arlington Avenue, Tampa</td>
</tr>
<tr>
<td>Campbell, Hermione E.</td>
<td>West Palm Beach</td>
</tr>
<tr>
<td>Fetting, Anna L</td>
<td>Morrell Memorial Hospital, Lakeland</td>
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<tr>
<td>Harding, Nellie M</td>
<td>Tampa Municipal Hospital, Tampa</td>
</tr>
<tr>
<td>Johnson, Verna Eleanor</td>
<td>Jackson Memorial Hospital, Miami</td>
</tr>
<tr>
<td>Kavel, Mary Elizabeth</td>
<td>St. Luke's Hospital, Jacksonville</td>
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<tr>
<td>Kennedy, Mary C</td>
<td>Jackson Memorial Hospital, Miami</td>
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<tr>
<td>Kiser, Mary Adella</td>
<td>Jackson Memorial Hospital, Miami</td>
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<tr>
<td>Laird, Grace P</td>
<td>Jackson Memorial Hospital, Miami</td>
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<tr>
<td>Leach, Julia May</td>
<td>Halifax District Hospital, Daytona Beach</td>
</tr>
<tr>
<td>Leland, Beatrice S</td>
<td>Riverside Hospital, Jacksonville</td>
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<tr>
<td>Mackey, Rose C</td>
<td>Jackson Memorial Hospital, Miami</td>
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<td>Payne, Lulu B</td>
<td>Jackson Memorial Hospital, Miami</td>
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<tr>
<td>Riley, Georgia H</td>
<td>Jackson Memorial Hospital, Miami</td>
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<tr>
<td>Sister Marguerite Crotty</td>
<td>St. Vincent's Hospital, Jacksonville</td>
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<tr>
<td>Spears, Sarah W</td>
<td>Riverside Hospital, Jacksonville</td>
</tr>
<tr>
<td>Vaughan, Alice</td>
<td>St. Luke's Hospital, Jacksonville</td>
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<tr>
<td>Watt, Irene B</td>
<td>Orange General Hospital, Orlando</td>
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</tbody>
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**GEORGIA**

<table>
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<th>Name</th>
<th>Hospital/Location</th>
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<tbody>
<tr>
<td>Albrecht, Alma G</td>
<td>Georgia Infirmary, Savannah</td>
</tr>
<tr>
<td>Alexander, Lillian M</td>
<td>559 Angier Avenue, N. E., Atlanta</td>
</tr>
<tr>
<td>Babin, Ruth A</td>
<td>St. Joseph Infirmary, Atlanta</td>
</tr>
<tr>
<td>Banks, Mattie Lou</td>
<td>701 Forsyth Street, Macon</td>
</tr>
<tr>
<td>Bass, Minnie B</td>
<td>Wesley Memorial Hospital, Emory</td>
</tr>
<tr>
<td>Branham, Helen T</td>
<td>City Hospital, Brunswick</td>
</tr>
<tr>
<td>Byers, Cora E</td>
<td>Grady Hospital, Atlanta</td>
</tr>
<tr>
<td>Campbell, Mary</td>
<td>1309 Oglethorpe Street, Macon</td>
</tr>
<tr>
<td>Candlish, Jessie M</td>
<td>640 Forrest Road, N. E., Atlanta</td>
</tr>
<tr>
<td>Cumbee, Lillian</td>
<td>Piedmont Hospital, Atlanta</td>
</tr>
<tr>
<td>Davis, Effie</td>
<td>Patterson Hospital, Cuthbert</td>
</tr>
<tr>
<td>Dorne, Margaret E</td>
<td>1117 Telfair Street, Augusta</td>
</tr>
<tr>
<td>Feebeck, Annie Bess</td>
<td>Grady Hospital, Atlanta</td>
</tr>
<tr>
<td>Gatzka, Martha G</td>
<td>St. Joseph Hospital, Savannah</td>
</tr>
</tbody>
</table>
LIST OF MEMBERS

HAMRICK, SHIRLEY. 727 Main Street, Cedartown
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MOIR, HELEN M. Central Georgia Railroad Hospital, Savannah
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REED, LILLIAN O. University Hospital, Augusta
SIMPSON, ANNE LENORE. Archbold Memorial Hospital, Thomasville
STEWARD, ALICE FLOY. University Hospital, Augusta
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SHANNON, MABEL ISOBEL St. Luke's Hospital, Chicago
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SHIELDS, MABEL McCREADY Aurora Hospital, Aurora
SISTER BEAUX ST. LOUIS Mercy Hospital, Urbana
SISTER CAMELIA BRODEN 721 N. LaSalle Street, Chicago
SISTER HELEN JARRELL 6337 Harvard Avenue, Chicago
SISTER LAURENTIA WALSH St. Joseph's Hospital, Alton
SISTER MAGDALENE St. John's Hospital, Springfield
SISTER M. ALBERTA HOFFMAN St. Joseph's Hospital, Elgin
SISTER M. AUGUSTINE LANG St. Francis Hospital, Kewanee
SISTER M. BAPTISTA MUELLER 1433 N. Claremont Avenue, Chicago
SISTER M. BERNADETTE St. Anthony's Hospital, Rock Island
SISTER M. BONAVENUTRA BIERMAN St. Elizabeth's Hospital, Granite City
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SISTER M. Lidwina Zeus 2537 Prairie Avenue, Chicago
Sister M. Romano............. St. Francis Hospital, Evanston
Sister M. Therese............. 2537 Prairie Avenue, Chicago
Sister Mary Therese........... 1120 N. Leavitt Street, Chicago
Sister M. Vincent Delaney..... 2100 Burling Street, Chicago
Sister M. Victoria............. 1433 N. Claremont Avenue, Chicago
Sister Stephanie Wall.......... 2100 Burling Street, Chicago
Skrud, Marie O................ 509 S. Honore Street, Chicago
Smart, Olivia.................. 1618 W. Adams Street, Chicago
Smith, Mildred Hester......... 536 Webster Avenue, Chicago
Snow, Alice A.................. 1739 W. Congress Street, Chicago
Southworth, Bessie E.......... 4344 Ellis Avenue, Chicago
Staley, Hallie Arden.......... Elmhurst Hospital, Elmhurst
Stanard, Roberta............... 2816 Ellis Avenue, Chicago
Steckle, Ada................... 509 S. Honore Street, Chicago
Sterle, Edith Anna............. 1750 W. Congress Street, Chicago
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Taylor, Florence M............. 2449 Washington Boulevard, Chicago
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Thompson, Laverne R........... 2650 Ridge Avenue, Evanston
Thompson, Lillian May......... Michael Reese Hospital, Chicago
Thompson, Lydia A.............. 4921 Congress Street, Chicago
Thompson, Maude A.............. 2449 S. Dearborn Street, Chicago
Tobin, Lenore.................. 518 N. Austin Boulevard, Oak Park
Touri, Marie Sutter.......... 1018 Marion Avenue, Centralia
Trumble, D. Irene.............. 2816 Ellis Avenue, Chicago
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PIERSON, EDNA JOSEPHINE ...... Home Hospital, LaFayette
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SISTER GEORGINA MILLER........St. Mary's Hospital, Evansville
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SISTER ROSE....................St. Vincent's Hospital, Indianapolis
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IOWA

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BARRIT, JEAN....................Washington County Hospital, Washington
BRAMMER, LYDIA ANN...............Lutheran Hospital, Hampton
CORDER, LOIS BLANCHE........State University Hospital, Iowa City
DRAEGERT, LUCY C........Jane Lamb Hospital, Clinton
ELDER, MARY L......................Burlington Hospital, Burlington
FLO, BLANCHE IRENE........406 Center Street, Des Moines
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HEIN, MARTHA...................Lutheran Hospital, Hampton
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SISTER M. REDEMPTA....................Mercy Hospital, Cedar Rapids
SISTER M. THOMAS......................Mercy Hospital, Des Moines
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WATT, MARY JANE.......................Burlington Hospital, Burlington,
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FROELIKE, HENRIETTA...............Bell Memorial Hospital, Kansas City
GRONEWOLD, DORA......................Newton Memorial Hospital, Winfield
HASTINGS, ETHEL LOUISE..............Wesley Hospital, Wichita
HEISER, EDITH A......................Newton Memorial Hospital, Winfield
HERTZLER, EDITH D....................402 Chestnut Street, Halstead
KEATON, MARTHA ELIZABETH..........Christ's Hospital, Topeka
MARTIN, WILMINA......................1231 Clay Street, Topeka
MILLER, CORA ABBIE..................Newman Memorial Hospital, Emporia
NEWBOULD, AGNES A...................McPherson County Hospital, McPherson
PACE, BERTHA ELIZABETH..............Clay Center Hospital, Clay Center
PARISA, FLORENCE R...................Bell Memorial Hospital, Kansas City
SCHAPLOWSKY, MARTHA M..............Halstead Hospital, Halstead
SISTER LENA MAE SMITH..............Bethel Deaconess Hospital, Newton
SISTER MARIA DORA RICHERT..........Bethel Deaconess Hospital, Newton
SISTER M. BERNARD FEELY.............Mercy Hospital, Fort Scott
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SISTER M. GEORGIANA MUELLER........St. Francis Hospital, Wichita
SISTER M. GONZAGA BETZEN...........St. Francis Hospital, Wichita
SISTER M. RAPHAEL....................St. Elizabeth's Mercy Hospital, Hutchinson
SISTER ROSE VICTOR..................Providence Hospital, Kansas City
TREAT, SYLVIA LOUISE.................Bethany Methodist Hospital, Kansas City
TRYON, M. RUTH..........................Wesley Hospital, Wichita
UMBARGER, GRACE ELLEN..............1412 Leavenworth Street, Manhattan
WALKER, GLADYS ELLEN.................Kingman

KENTUCKY

APPLEGATE, MYRTLE CARLIN.............2051 Sherwood Avenue, Louisville
BECKMAN, IDA ..........................2115 Highland Avenue, Louisville
BRECKENRIDGE, MARY .....................Wendover
COWLES, ANNETTE B. .................Children's Free Hospital, Louisville
DENVER, NINA M. .......................M. E. Deaconess Hospital, Louisville
EAST, MARGARET L ......................409 Fountain Court, Louisville
FISHER, CLARA AMY ....................Ashtabula General Hospital, Louisville
FOREMAN, MARY E .......................City Hospital, Louisville
FRAZER, JOY ...........................Jewish Hospital, Louisville
GAGS, ALICE M .........................Norton Memorial Infirmary, Louisville
GIBSON, LELAH DALE ...................Massie Memorial Hospital, Paris
GREATHOUSE, JESSIE ...................152 E. Maxwell Street, Lexington
GREIFENKAMP, AGNES JANE ............829 Washington Street, Newport
HAFFER, GEORGIA LORENA .............Berea College Hospital, Berea
HOUSTON, EDNA PEARL .................641 Elm Street, Covington
JOHNSON, LAKE ..........................Good Samaritan Hospital, Lexington
KEEN, FLORA E ..........................416 W. Breckenridge Street, Louisville
KRAESEIIE, EMMA HUNT .................2513 Glenmary Avenue, Louisville
LIGHTSEY, CAROLYN T .................Box 305, Louisa
LOCKHART, ANNA F .....................Fourth and Clay Street, Paducah
MCDONALD, BETTIE W .................215 E. Walnut Street, Louisville
MARTIN, CAROL L ......................Community Hospital, Glasgow
MARTIN, VIRGINIA P ....................227 N. Upper Street, Lexington
MASTERSON, STELLA MARY ............St. Anthony's Hospital, Louisville
MERRIFIELD, RUTH ROGERS ............529 S. 8 Street, Louisville
MURPHY, HONOR .........................96 Valley Road, Castlewood, Louisville
O'ROKE, AGNES ELIZABETH .............982 Eastern Parkway, Louisville
PAREMEL, EMMA .........................1401 S. 28 Street, Louisville
POTTINGER, LOUREE .....................Kentucky Baptist Hospital, Louisville
PURCELL, LILLIAN MAE .................Massie Memorial Hospital, Paris
RAVENSCRAFT, LAURA E ...............1147 S. Third Street, Louisville
RICE, LILLIAN E .......................Sts. Mary and Elizabeth Hospital, Louisville
RUE, CLARA BLANCHE .................1379 S. First Street, Louisville
RYAN, ANNA H ..........................Jewish Hospital, Louisville
SALT, SUSAN R ..........................641 Park Avenue, Newport
SCHREIDER, HELEN MARIE .............Norton Memorial Infirmary, Louisville
SISTER HILDEGARDE ...................St. Joseph's Infirmary, Louisville
SISTER JANE FRANCES .................Sts. Mary and Elizabeth Hospital, Louisville
SISTER JOSSELLA CONLON .............St. Joseph's Hospital, Lexington
SISTER JOSEPHINE ......................735 Eastern Parkway, Louisville
SISTER MARY BENIGNA .................735 Eastern Parkway, Louisville
SISTER MARY BONIFACE .................Sts. Mary and Elizabeth Hospital, Louisville
SISTER MARY CORRINE .................St. Joseph's Infirmary, Louisville
SISTER MARY OCTAVIA .................St. Anthony's Hospital, Louisville
SISTER MARY SERAPHIA ...............St. Joseph's Hospital, Lexington
LIST OF MEMBERS

STEINHAUER, SOPHIA................. Speer Memorial Hospital, Dayton
VINCENT, HELEN...................... Baptist Hospital, Louisville
WIGGS, ALICE ELIZABETH............ 323 E. Chestnut Street, Louisville

LOUISIANA

BABB, SARA.......................... Charity Hospital, New Orleans
BARR, ANNA MARY..................... 1001 Canal Bank Building, New Orleans
BROUSSARD, EUNICE................... Touro Infirmary, New Orleans
CLAIBORNE, FRANCES.................. Touro Infirmary, New Orleans
CREBBIN, ANNA WARD.................. 280 Dalzell Street, Shreveport
DANSEREAU, MARCELLE E................ Pineville
DILTS, AMELIA H....................... 4422 S. Galvez Street, New Orleans
FLETCHER, VIANNA..................... Baptist Hospital, Alexandria
FRY, LOUISE G........................ Tri-State Hospital, Shreveport
HENNIGAN, MARY MARGARET........... Our Lady of the Lake Sanitarium, Baton Rouge
JANVIER, CELESTE..................... Touro Infirmary, New Orleans
KILLILEA, KATHERINE.................. Touro Infirmary, New Orleans
KOENIG, MARY ELIZABETH............. Charity Hospital, New Orleans
MCMAHON, MARY A..................... St. Francis Sanitarium, Monroe
MARTIN, JANE E....................... 4016 Davidson Court, New Orleans
MATHIER, HARRIET L................... Southern Baptist Hospital, New Orleans
NEWBILL, KATHERINE.................. 3451 Chestnut Street, New Orleans
PAGAUD, MARY VIRGINIA.............. 362 Audobon Building, New Orleans
PORATH, LOMA MAGEE.................. Charity Hospital, Shreveport
PRICE, MARGARET A.................... 208 Audobon Building, New Orleans
ROSE, DAISY.......................... Touro Infirmary, New Orleans
SISTER BONIFACE KEMP................. Charity Hospital, New Orleans
SISTER CELESTINE STROSINA.......... Hotel Dieu, New Orleans
SISTER HENRIETTA DEDISSE........... St. Francis Sanitarium, Monroe
SISTER M. BAPTISTA................... Schumpert Sanitarium, Shreveport
SISTER M. DE BETHANIE CROWLEY...... Our Lady of the Lake Sanitarium, Baton Rouge
SISTER M. DE NAZARETH MCGUIN........ St. Francis Sanitarium, Monroe
SISTER M. EVANGELIST L'ESTRANGE..... Mercy Hospital, New Orleans
SISTER M. MADELEINE LEMOINE...... Our Lady of the Lake Sanitarium, Baton Rouge
SISTER M. PATRICIA HENNESSY......... Our Lady of the Lake Sanitarium, Baton Rouge
SMITH, ANNIE L....................... Our Lady of the Lake Sanitarium, Baton Rouge
SOUZA, MARION....................... Charity Hospital, New Orleans
STEWART, STELLA..................... Highland Sanitarium, Shreveport
STONE, MATTIE M........................ Charity Hospital, Shreveport
TEBO, JULIE C......................... 1329 Seventh Street, New Orleans
TOURNON, ARMANDE.................... 827 N. Rampart Street, New Orleans
WRIGHT, CHRISTINE................... Charity Hospital, New Orleans

MAINE

HENESSY, AGNES V..................... Rumford Community Hospital, Rumford
INCH, EFFIE MOTT..................... Augusta State Hospital, Augusta
MACKAY, MARY JANE.................... Eastern Maine General Hospital, Bangor
MAHONEY, MARY COLLINS.............. Bangor State Hospital, Bangor
OSBORNE, MARY R..................... Central Maine General Hospital, Lewiston
OTTO, MARGARET T..................... Maine General Hospital, Portland
WESCOTT, ALICE MARIA................. Central Maine General Hospital, Lewiston
## MARYLAND

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution and Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>AULD, Harriet</td>
<td>Johns Hopkins Hospital, Baltimore</td>
</tr>
<tr>
<td>BALL, Roberta L</td>
<td>Union Memorial Hospital, Baltimore</td>
</tr>
<tr>
<td>BARTLETT, Helen Conkling</td>
<td>604 Reservoir Street, Baltimore</td>
</tr>
<tr>
<td>BELYEA, Margaret S.</td>
<td>Sheppard and Enoch Pratt Hospital, Towson</td>
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<tr>
<td>BRANLEY, Frances M.</td>
<td>University Hospital, Baltimore</td>
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<tr>
<td>BUTLER, Frances Kidder Meade</td>
<td>Home for the Incurables, Baltimore</td>
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<tr>
<td>CRAIGEN, Clara</td>
<td>Union Memorial Hospital, Baltimore</td>
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<td>CRAWFORD, HELEN HAMILTON</td>
<td>Johns Hopkins Hospital, Baltimore</td>
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<tr>
<td>CREUTZBURG, Freda LEWIS</td>
<td>Church Home and Infirmary, Baltimore</td>
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<tr>
<td>CRIGHTON, ANNE</td>
<td>University of Maryland Hospital, Baltimore</td>
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<td>DURRANT, Constance</td>
<td>Church Home and Infirmary, Baltimore</td>
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<td>ELLIOTT, MARGARET</td>
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<td>EWALD, Elizabeth</td>
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<tr>
<td>FORRESTER, CLARA</td>
<td>Maryland General Hospital, Baltimore</td>
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<td>FREDERICK, HESTER K.</td>
<td>Union Memorial Hospital, Baltimore</td>
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<tr>
<td>FRIEND, MARTHA E.</td>
<td>604 Reservoir Street, Baltimore</td>
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<tr>
<td>FURNIVAL, MARGARET C.</td>
<td>Union Memorial Hospital, Baltimore</td>
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<tr>
<td>GALLERY, Elizabeth A.</td>
<td>Emergency Hospital, Annapolis</td>
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<tr>
<td>GARDNER, MAUD M.</td>
<td>Hospital for Women of Maryland, Baltimore</td>
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<td>GASSAWAY, HELEN M.</td>
<td>Church Home and Infirmary, Baltimore</td>
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<td>GOUGH, MARGARET</td>
<td>1800 N. Charles Street, Baltimore</td>
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<td>GROSS, ELSIE</td>
<td>South Baltimore General Hospital, Baltimore</td>
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<td>HAY, MABEL N.</td>
<td>Johns Hopkins Hospital, Baltimore</td>
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<td>HEARN, GERTRUDE AMY</td>
<td>Sheppard and Enoch Pratt Hospital, Towson</td>
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<td>HILDEBRANDT, MARY A.</td>
<td>Hospital for Women of Maryland, Baltimore</td>
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<td>HIRSCHOUT, IDA</td>
<td>Sinai Hospital, Baltimore</td>
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<tr>
<td>HOFFMAN, Bertha</td>
<td>University Hospital, Baltimore</td>
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<tr>
<td>JAMES, S. EDYTH TERRILL</td>
<td>707 Carroll Avenue, Takoma Park</td>
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<td>KELLER, KATHERINE</td>
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<td>KELTY, ANNE FRIERSON</td>
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<td>LAWLER, E. M.</td>
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<td>McBIRDE, DOROTHY FILLER</td>
<td>Frederick</td>
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<td>MC DANIEL, LILIAN KEMP</td>
<td>1123 Madison Avenue, Baltimore</td>
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<tr>
<td>MAERTIN, Sarah F.</td>
<td>414 Kensington Road, Ten Hills, Baltimore</td>
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<td>MAETZ, HELEN</td>
<td>Church Home and Infirmary, Baltimore</td>
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<td>MELVILLE, Mary Elizabeth</td>
<td>Sheppard and Enoch Pratt Hospital, Towson</td>
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<td>MILLER, GERTRUDE</td>
<td>219½ E. North Avenue, Baltimore</td>
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<td>NASH, JANE E.</td>
<td>Church Home and Infirmary, Baltimore</td>
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<td>NIES, Mary L.</td>
<td>Frederick City Hospital, Frederick</td>
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<td>PACKARD, Mary Cary</td>
<td>414 Kensington Road, Ten Hills, Baltimore</td>
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<td>PATTERTON, Bertha E.</td>
<td>624 N. Broadway, Baltimore</td>
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<tr>
<td>PIPER, CHARLOTTE STRYKER</td>
<td>Home for Incurables, Baltimore</td>
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<tr>
<td>ROBINSON, Sue</td>
<td>Maryland General Hospital, Baltimore</td>
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<tr>
<td>ROSENTHAL, Ada R.</td>
<td>Sinai Hospital, Baltimore</td>
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<td>SAVAGE, LOUISE</td>
<td>Sinai Hospital, Baltimore</td>
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<tr>
<td>SHEARSTON, HELEN ELIZABETH</td>
<td>Hospital for Women of Maryland, Baltimore</td>
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<td>SISTER ANNA CONLEY</td>
<td>St. Agnes Hospital, Baltimore</td>
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<tr>
<td>SISTER FRANCES McCARTHY</td>
<td>Allegheny Hospital, Cumberland</td>
</tr>
</tbody>
</table>
LIST OF MEMBERS

SISTER M. ANITA STOUTENBURG . . . Mercy Hospital, Baltimore
SISTER M. GERALDINE WAGMAN . . . Mercy Hospital, Baltimore
SISTER M. HELEN RYAN . . . . . . Mercy Hospital, Baltimore
SISTER M. HILDEGARD HOLBEIN . . . . . . Mercy Hospital, Baltimore
SISTER M. JOAN OF ARC WILSON . . . Mercy Hospital, Baltimore
SISTER M. VERONICA DAILY . . . . . Mercy Hospital, Baltimore
SISTER RODRIGUEZ . . . . . . St. Joseph's Hospital, Baltimore
SNOW, CHARLOTTE ANNE . . . . . Sinai Hospital, Baltimore
STUMPH, SOPHIE . . . . . . Sinai Hospital, Baltimore
WALKER, M. EVELYN . . . . . . 1123 Madison Avenue, Baltimore
WANZIECK, MARIJE VIRGINIA . . . Johns Hopkins Hospital, Baltimore
WARFIELD, ELIZABETH POLK . . . Johns Hopkins Hospital, Baltimore
WILSON, CORA MASON . . . . . . University Hospital, Baltimore
WRIGHT, HELEN E . . . . . . University Hospital, Baltimore
ZIMMERMAN, ISABEL E . . . . . . University Hospital, Baltimore

MASSACHUSETTS

ADIE, RUTH JEAN . . . . . . 114 Whitwell Street, Quincy
ADSHEAD, EVA . . . . . . Memorial Hospital, Worcester
ALLAN, VERA AGNES . . . . . . 212 Boston Street, Lynn
ALLEN, BERTHA WINIFRED . . . Newton Hospital, Newton Lower Falls
AVARD, MARTHA JANE . . . . . . Addison Gilbert Hospital, Gloucester
BANNERMAN, MARGARET ANN . . . Mary A. Alley Memorial Hospital, Marblehead
BARCLAY, ANNIE S . . . . . . Franklin County Hospital, Greenfield
BARNABY, MARIETTA D . . . . . Franklin County Hospital, Greenfield
BEATIE, GRACE B . . . . . . 10 Delaware Street, Somerville
BEDELL, ALICE E . . . . . . State Hospital, Northampton
BELL, KATHARINE . . . . . . 721 Huntington Avenue, Boston
BENNEDT, EDITH FRANCES . . . 1 Vesper Street, Worcester
BLACKMAN, BLANCHE A . . . . . Springfield Hospital, Springfield
BLAISDELL, HELEN MILDRED . . . Training School for Nurses, Waltham
BLISS, MARIE E. G . . . . . . 67 Webster Street, West Newton
BOOTH, MARCEL P . . . . . . Holyoke City Hospital, Holyoke
BOWEN, ELEANOR PAGE . . . . Lowell General Hospital, Lowell
BROWN, EVELYN AUGUSTA . . . Leonard Morse Hospital, Natick
BROWN, NORA AGNES . . . . . . Symmes Hospital, Arlington
BURGESS, MARY A . . . . . . Boston Dispensary, Boston
BURR, MARY DELIA . . . . . . 31 Queensbury Street, Boston
CAMPBELL, KATHARINE A . . . Lynn Hospital, Lynn
CARLETON, ELIZABETH GERTRUDE . . . New England Deaconess Hospital, Boston
CATTON, JESSIE E . . . . . . N. E. Hospital for Women and Children, Roxbury
CLELAND, REBECCA HELEN . . . 161 Newbury Street, Suite 3, Boston
COE, ALICE B . . . . . . Hale Hospital, Haverhill
COOK, MELISSA J . . . . . . Melrose Hospital, Melrose
COX, EDITH ISABEL . . . . . . 125 Parker Hill Avenue, Boston
CRAIN, GLADYS L . . . . . . 92 Revere Street, Boston
CRIMMINGS, FLORENCE HELEN . . Winchester Hospital, Winchester
CULLEN, KATHARINE A . . . . . Worcester City Hospital, Worcester
CURTIS, ANNA SMITH . . . . . . Mary A. Alley Hospital, Marblehead
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DAMON, Mildred P. 166 Pilgrim Road, Suite 2, Boston
Dawes, Dorothy Elizabeth 3 Plymouth Street, Arlington
DeMuth, Margaret Frances 281 Lincoln Street, Worcester
DeNiord, Olive Grace Lynn Hospital, Lynn
Dennison, Clare Massachusetts General Hospital, Boston
Dieter, Margaret Homeopathic Hospital, Boston
Draper, Laura Alma 37 Forest Street, Medford
Dunn, Minnie F. State Infirmary, Tewksbury
Durbin, Katherine State Infirmary, Tewksbury
Egan, Sarah Aloysia 40 Wigglesworth Street, Boston
Eckie, Betty Norwood Hospital, Norwood
Erpstad, Asta Leonard Morse Hospital, Natick
Fallon, Margaret Long Island Hospital, Boston
Feckler, Arvella 12 Brown Street, Salem
Gibson, Anna Lemira 695 Huntington Avenue, Boston
Gillis, Georgie S. 140 Union Avenue, Framingham
Gillis, Mary Adelaide Salem Hospital, Salem
Gilmore, Mary Celesta 721 Huntington Avenue, Boston
Goostray, Stella Children's Hospital, Boston
Gordon, Ruby Josephine Lawrence General Hospital, Lawrence
Grant, Edith M. Boston City Hospital, Boston
Grant, Margaret Belle Newton Hospital, Newton Lower Falls
Hagan, Jedidah B. 100 Bellingham Street, Chelsea
Hall, Carrie M. Peter Bent Brigham Hospital, Boston
Harrington, Mary Veronica Fall River Hospital, Fall River
Hayes, Anna G. Fay School, Southboro
Hayward, Edna Maude Wesson Maternity Hospital, Springfield
Hines, Ethel 1 Bourne Street, Middleboro
Houston, Hazel Irene Framingham Hospital, Framingham
Hughes, Wilkie N. E. Hospital for Women and Children, Boston 19
Humphrys, Ruth L. Framingham Hospital, Framingham
Hunt, Bertha A. 680 Center Street, Brockton
Jacobus, Rosabelle 2 State Street, Worcester
Jacquith, Lucie Lavinia 119 Belmont Street, Worcester
Jenney, Mary Olive 118 Parker Hill Avenue, Boston
Johnson, Sally Massachusetts General Hospital, Boston
Jones, Delight Standish Truesdale Hospital, Fall River
Jordan, H. Josephine 146 Linden Street, Everett
Key, Sara Lentz St. Luke's Hospital, New Bedford
Kirke, Violet Laura Anna Jacques Hospital, Newburyport
Knowlton, Carrie Blanche Lowell General Hospital, Lowell
Ladd, Frances C. 1153 Center Street, Jamaica Plain, Boston
Larter, Mary North Adams Hospital, North Adams
Lee, Helene G. 36 Aborn Street, Peabody
Low, Bertha May Salem Hospital, Salem
McCrae, Annabella Massachusetts General Hospital, Boston
McCullagh, Jean McMoran 31 Morrell Street, North Weymouth
McDonald, Anne Gertrude State Hospital, Tewksbury
McKay, Mina Aileen Massachusetts General Hospital, Boston
McKenna, Mary C. 34 Fayette Street, Cambridge
McMAHON, MARY ALICE............425 Harvard Street, Dorchester Center Station, Boston

McVICKER, MABEL..................N. E. Deaconess Hospital, Boston

MACFADDEN, SYNNAH..............Leominster Hospital, Leominster

MACLAUCHLIN, ZILLAH..............53 Parker Hill Avenue, Boston

MACLEOD, CHRISTINE.............Lowell General Hospital, Lowell

MACNEIL, LIZZIE LAKE..........House of Mercy Hospital, Pittsfield

MALONEY, GERTRUDE ELIZABETH..Children's Hospital, Boston

MANAGHAN, CLARA FRANCES.....Boston City Hospital, Boston

MARDEN, EDITH.............Waltham Hospital, Waltham

MARSH, ALICE WARREN............Worcester Memorial Hospital, Worcester

MILTON, EDITH H..................100 Bellingham Street, Chelsea

MORBES, EDNA CURTIS...........New England Baptist Hospital, Boston

MORTIMER, EMMA A..............Hale Hospital, Haverhill

NELSON, GERTRUDE B.............Leonard Morse Hospital, Natick

NELSON, SOPHIE CAROLINE.....236 Bay State Road, Boston

PARSONS, MARION G...............Boston City Hospital, Boston

PATTERSON, FLORENCE M..........5 River Street, Boston

PERRY, CHARLOTTE MANDEVILLE..361 Harvard Street, Cambridge

REDFERN, HELEN LOUISE.........30 Bay State Road, Boston

REED, DORIS PORTER.............2049 Dorchester Avenue, Boston 24

REEVES, FIDESSA MAE..............100 John Street, Reading

RICE, GWENDOLYN C...............Sturdy Memorial Hospital, Attleboro

RICE, MARION MCCUNE...........300 The Fenway, Boston

ROWE, ELIZABETH...............Northampton State Hospital, Northampton

SAWTELLE, LANA MERSSOLE.....Lynn Hospital, Lynn

SHEA, KATHERINE..............Malden Hospital, Malden

SISTER MARCIANA STONE.........Carney Hospital, Boston

SISTER MARY ANGELICA.........St. Vincent Hospital, Worcester

SISTER MARY HILDEGARDE........Providence Hospital, Holyoke

SISTER MARY INCARNATION......St. Luke's Hospital, Pittsfield

SISTER MARY MILDRED.........Farren Memorial Hospital, Montague City

SISTER MARY NORBERT..........Mercy Hospital, Springfield

SISTER SERENA MURPHY.........90 Cushing Avenue, Dorchester

SMITH, EUNICE..................311 High Street, Newburyport

SPENCER, MABEL............Union Hospital, Lynn

THURLOW, JOSEPHINE...........Cambridge Hospital, Cambridge

TORRO, HILDA...........Winchester Hospital, Winchester

VICKERY, MARGARET............Broad Oak, Dedham

WAKEFIELD, MARY LOUISE.....420 Boylston Street, Boston

WATSON, SUSIE A..............Simmons College, Boston

WEBB, HELEN..................Sturdy Hospital, Attleboro

WEDGWOOD, HAZEL............4 Strong Place, Boston

WHARTON, MEMETTA SUSAN.....100 Bellingham Street, Chelsea

WHEATON, WILFRED MARTHA....309 Webster Street, Needham Heights

WIGGINS, BERNICE LOUISE.....149 Hillside Avenue, Arlington Heights

WIGHT, GENEVA AZOLINE........14 Winneway Street, Natick

WILSON, LAURA AUGUSTA......2022 Massachusetts Avenue, Cambridge

WOOD, MARGUERITE WILDER.....Gale Hospital, Haverhill

ZIEGLER, HARRIET MAY...........Framingham Hospital, Framingham
Zellers, Bertha M. .............. 231 Pleasant Street, Worcester
Zutter, Louise S. ............... Boston Lying-in Hospital, Boston
Zwisler, Irene Laurette ......... Malden Hospital, Malden

**MICHIGAN**

Anderson, Lyda W. .............. 51 West Warren Avenue, Detroit
Apted, Susan Fisher ............. 444 Lyon Street, Grand Rapids
Ashton, Charlotte Esther ....... 605 Pearl Street, Ypsilanti
Austin, Anne L. ................ Harper Hospital, Detroit
Bartlett, Barbara H. ............ 3080 Natural Science Building, Ann Arbor
Bearsch, Kathryn B. ............. 6520 Wabash Avenue, Detroit
Beers, Adelaide ................ Hackley Hospital, Muskegon
Beers, Amy ...................... Hackley Hospital, Muskegon
Bergstrom, Selma Christine ..... Blodgett Memorial Hospital, Grand Rapids
Burgdorfe, Flora M. ............. Martha Cook Building, Ann Arbor
Castner, Alvera Caroline ...... 220 Cherry Street, S. E., Grand Rapids
Chadwick, Bessie ............... Highland Park Nurses Home, Highland Park
Clark, Frances S. .............. 100 Elm Street, S. W., Grand Rapids
Cowley, Helen A. ............... City Hospital, Grand Rapids
Davis, Frances Elliott ......... 6621 Firwood Avenue, Detroit
Draher, Ann Gwinn ............. Bronson Hospital, Kalamazoo
Feist, Louise E. ................ Children's Hospital, Detroit
Ferriss, Muriel Lavina ......... Port Huron Hospital, Port Huron
Foy, Mary Staines .............. Sanitarium, Battle Creek
George, Juliet A. .............. Henry Ford Hospital, Detroit
German, Lucy Doman ............ General Hospital, Port Huron
Gibbons, Margaret Irene ...... 622 State Office Building, Lansing
Giles, Mary Dodd ............... Couzens Hall, Ann Arbor
Gray, A. Madeline .............. Hackley Hospital, Muskegon
Gretter, Lystra ................. 51 West Warren Avenue, Detroit
Hartz, Katherine ................ 722 State Office Building, Lansing
Holzhausen, Erma .............. Couzens Hall, Ann Arbor
Kempf, Florence ................ Couzens Hall, Ann Arbor
Kolifrath, Margaret .......... Highland Park General Hospital, Highland Park
Leeson, Lilian .................. Oakwood Manor, Grand Rapids
Leitch, Annie ................... Woman's Hospital, Detroit
Lynch, Rosemary ................ Memorial Hospital, Owasso
MacCallum, S. Belle .......... Butterworth Hospital, Grand Rapids
McNeal, Mabel L. .............. Henry Ford Hospital, Detroit
Maynes, Rosella A. ............ Providence Hospital, Detroit
Midgley, Jessie Edith ......... 340 Champion, Battle Creek
Moore, Helen de Spelder ....... State Department of Health, Lansing
Murphy, Marie Frances ......... Sheldon Hospital, Albion
Nichols, Josephine Ethel ...... Nichols Hospital, Battle Creek
Noetzel, Manila P. ............. Calumet Hospital, Lurium
North, Helen B. ................. 3800 John R. Street, Detroit
Northam, Adelaide Lou ......... Sparrow Hospital, Lansing
Paisley, Sarah Isabella Jane .. Highland Park General Hospital, Highland Park
Pemberton, Fantine C. ......... Oaklawn Hospital, Marshall
Potts, Henrietta Josephine ... 5224 St. Antoine, Detroit
LIST OF MEMBERS

PUTNEY, ELIZABETH ELMA...........Sunshine Hospital, Grand Rapids
RAMSEY, JUNE A.....................Harper Hospital, Detroit
RANKIN, EMILY.....................2404 W. Grand Boulevard, Detroit
REHM, ESTHER H....................Blodgett Memorial Hospital, Grand Rapids
RIEDEL, MARTHA....................Saginaw General Hospital, Saginaw
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RUSS, ELSIE.......................Berkeley School, Berkley
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SHANK, DORA FRANCES...............Hurley Hospital, Flint
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SISTER MARY GIOVANNI.............St. Joseph's Mercy Hospital, Ann Arbor
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SISTER M. PAULINE THEISEN........Mercy Hospital, Jackson
SISTER M. REGINA McNAMARA.......St. Mary’s Hospital, Grand Rapids
SISTER M. STANISLAS POULIN.......Mercy Hospital, Jackson
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STAHNNECKER, ELLEN LEES........622 State Office Building, Lansing
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THERRIEN, C. LEONE.................Calumet Public Hospital, Larium
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MINNESOTA

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BAER, MAPLE ALICE................St. John's Hospital, St. Paul
BAKER, BESSIE.....................Miller Hospital, St. Paul
BEROIH, INGER.....................1412 E. 24th Street, St. Paul
<table>
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<td>BURGGREN, EVA H</td>
<td>Miller Hospital, St. Paul</td>
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<td>BUTZERIN, EULA B</td>
<td>101 Millard Hall, University of Minnesota, Minneapolis</td>
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<td>CLEMANS, E. LOUISE</td>
<td>501 W. Franklin Avenue, Minneapolis</td>
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<td>COREY, MARY E</td>
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<td>CROWL, MARGARET A</td>
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<td>Jewish Hospital, St. Louis</td>
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<td>Research Hospital, Kansas City</td>
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<td>GRAY, ELSE L.</td>
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<td>GREY, GRACE GERTRUDE</td>
<td>Jewish Hospital, St. Louis</td>
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<td>2603 Monterey Street, St. Joseph</td>
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<td>HARDESTY, EVA MAY</td>
<td>General Hospital, Kansas City</td>
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<td>HAUSMANN, SAIDÉE NOLANE</td>
<td>St. Luke’s Hospital, St. Louis</td>
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<td>HELKMAMP, TALITHA</td>
<td>2943 Lawton Avenue, St. Louis</td>
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<td>HUNTER, EDITH L.</td>
<td>1515 Lafayette Avenue, St. Louis</td>
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<td>JENNINGS, JANET</td>
<td>5535 Delmar Boulevard, St. Louis</td>
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<td>LAW, IRMA</td>
<td>529a East High Street, Jefferson City</td>
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<td>LEGER, AMY L.</td>
<td>602 S. 9th Street, Columbia</td>
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<td>LINQUIST, ADA</td>
<td>Methodist Hospital, St. Joseph</td>
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<td>LOGOEFENER, FRIEDA</td>
<td>Trinity Lutheran Hospital, Kansas City</td>
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<td>LOVELAND, HAZEL L.</td>
<td>General Hospital, Kansas City</td>
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<td>MCKINLEY, MARGARET</td>
<td>4543 Westminster Place, St. Louis</td>
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<td>MACKENZIE, MARGARET</td>
<td>St. Luke’s Hospital, St. Louis</td>
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<td>MERKEL, ARMINA J.</td>
<td>City Hospital No. 2, St. Louis</td>
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<td>MEYER, ROSE ANNA</td>
<td>1306 N. 10th Street, St. Joseph</td>
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<td>MOORE, MARJORIE M.</td>
<td>500 S. Kingshighway, St. Louis</td>
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</tbody>
</table>
MURR, Rella.................................1630 S. Grand Avenue, St. Louis
PAPENHAUSEN, Mathilda W..........Trinity Lutheran Hospital, Kansas City
PARRISH, Leila G.........................City Hospital, St. Louis
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BREEN, Mercedez M..................Nebraska University Hospital, Omaha
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BULIN, Ada........................Nicholas Senn Hospital, Omaha
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GILBERT, Helen A....................St. Joseph's Hospital, Omaha
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GRANT, Clellah Peel................Methodist Hospital, Omaha
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WEBSTER, NELL FERN. .......... Nicholas Senn Hospital, Omaha

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LARRABEE, GLADYS M. .......... Claremont General Hospital, Claremont
MACLAREN, AMY F. .......... New Hampshire State Hospital, Concord

NEW JERSEY

ABT, ERNESTINE. .......... City Hospital, Newark
AHLER, CAROLINE C. .......... Englewood Hospital, Englewood
ASHMUN, MARGARET. .......... Orange Memorial Hospital, Orange
AUSTIN, IDA F. .......... 91 Prospect Street, East Orange
BAKER, CORA. .......... Orange Memorial Hospital, Orange
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BURNS, SARA. .......... Moose Park, Oak Ridge
CADDY, EVA. .......... Hospital of St. Barnabas, Newark
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CLARKE, TERESA O. .......... All Souls Hospital, Morristown
CREECH, ARABELLA R. .......... 105 S. Grove Street, East Orange
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Denk, May .................. City Hospital, Newark
Devereaux, Catherine .................. 11 Webster Place, East Orange
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Fitzsimons, Ruth Lang .................. Jersey City Hospital, Jersey City
Forbes, Elsie Marie .................. Paterson General Hospital, Paterson
Frauentz, Agnes K .................. 35 Durand Road, Maplewood
Galatian, Martha E .................. 64 Forrest Hill Road, West Orange
Gray, Mary E .................. 176 Palisade Avenue, Jersey City
Griffin, Clara A .................. Jersey City Hospital, Jersey City
Guenther, Catherine .................. Newark Memorial Hospital, Newark
Hall, Priscilla .................. Paterson General Hospital, Paterson
Hane, Anna Hulda .................. 167 Clark Street, Jersey City
Hathaway, Clara .................. Memorial Hospital, Orange
Helmers, Elsie .................. City Hospital, Newark
How, Anne .................. Greystone Park
Ireland, Minnie Robb .................. Monmouth Memorial Hospital, Long Branch
Landesman, Cecile A .................. St. Joseph’s Hospital, Paterson
Larner, Esther .................. City Hospital, Newark
Litgett, Mabel C .................. Bridgton Hospital, Bridgton
Louis, Marie .................. Muhlenberg Hospital, Plainfield
MacLeod, K. L .................. Hackensack Hospital, Hackensack
Madden, Kate .................. Elizabeth General Hospital, Elizabeth
Mansfield, E. Belle .................. Hospital of St. Barnabas, Newark
Murdoch, Jessie M .................. Jersey City Hospital, Jersey City
Olsson, Helfrid E .................. Muhlenberg Hospital, Plainfield
Peterson, Mary May .................. Muhlenberg Hospital, Plainfield
Piper, Cordelia Hunter .................. 750 High Street, Newark
Rece, Anna .................. Muhlenberg Hospital, Plainfield
Remshard, Grace .................. 203 Broad Street, Newark
Riddle, Bertha G .................. Monmouth Memorial Hospital, Long Branch
Riley, Edna .................. St. Barnabas Hospital, Newark
Schmoker, Carolyn .................. City Hospital, Newark
Schwartz, Cora .................. Cooper Hospital, Camden
Scott, Martha M .................. Monmouth Memorial Hospital, Long Branch
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Sister M. Lorettta .................. Holy Name Hospital, Teaneck
Squire, Marietta B .................. 105 S. Grove Street, East Orange
Tams, Zonobia Kathryn .................. Mountainside Hospital, Montclair
Trumbull, Harriett .................. Orange Memorial Hospital, Orange
Vanderrett, Elizabeth .................. Muhlenberg Hospital, Plainfield
Van Gelder, Sarah .................. City Hospital, Perth Amboy
Van Deesten, Mrs. Henry T .................. 268 Palisade Avenue, Jersey City
Weber, Laura M .................. McKinley Hospital, Trenton

NEW MEXICO

Miller, Henriette .................. U. S. Indian Hospital, Albuquerque
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<td>Atkin, Ethel</td>
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<td>Bacon, Ethel Katherine</td>
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<td>Bailey, Harriet</td>
<td>Department of Education, Albany</td>
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<td>Baker, Attie Demnis</td>
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<td>Bamberg, Beatrice M.</td>
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<td>Barnham, Mildred Louise</td>
<td>18 Cuyler Street, Palmyra</td>
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<td>Clifton Springs Sanitarium, Clifton Springs</td>
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<td>Bayley, Lucy M.</td>
<td>37 S. Goodman Street, Rochester</td>
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<td>Beach, Vera M.</td>
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<td>Glen Cove Community Hospital, Glen Cove</td>
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<td>Beatty, M. Louise</td>
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<td>Beckman, Margaret</td>
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<td>Bell, Jean Isabel</td>
<td>475 Hudson Street, New York</td>
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<td>Bengston, Helene D.</td>
<td>Greenpoint Hospital, Brooklyn</td>
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<td>Bentley, Anne</td>
<td>121 DeKalb Avenue, Brooklyn</td>
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<td>Bloomfield, Anna R.</td>
<td>1214 W. Genesee Street, Syracuse</td>
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<td>Auburn City Hospital, Auburn</td>
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<td>Bowman, H. Mary F.</td>
<td>190 First Street, Newburgh</td>
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<td>Boynton, Grace</td>
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<td>Bratton, Grace</td>
<td>24 James Street, Albany</td>
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<td>Rochester General Hospital, Rochester</td>
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<td>Brewer, Alice Frances</td>
<td>340 E. 20 Street, New York</td>
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<td>Broadhurst, Jessie</td>
<td>215 Main Street, Oneida</td>
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<td>Brook, Clare E.</td>
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<td>Mt. Vernon Hospital, Mt. Vernon</td>
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<td>Burke, Christiana</td>
<td>150 E. Gunhill Road, New York</td>
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<td>Burkland, Vivian</td>
<td>636 Linwood Avenue, Buffalo</td>
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<td>Burroughs, Clifford Loverin</td>
<td>White Plains Hospital, White Plains</td>
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<td>Clancy, N. Helena</td>
<td>Hospital Station, Binghamton</td>
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<td>Clancy, Nora L.</td>
<td>St. John's Hospital, Long Island City</td>
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</table>
CLAPP, EDITH J. LAWRENCE............507 W. 113th Street, New York
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<th>Name</th>
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<td>Ford, Bessie A. M.</td>
<td>Jamaica Hospital, Jamaica</td>
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<td>New Rochelle Hospital, New Rochelle</td>
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<td>French, Corinna D.</td>
<td>State Education Building, Albany</td>
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<td>New York Foundling Hospital, New York</td>
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<td>Gage, Nina D.</td>
<td>370 Seventh Avenue, New York</td>
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<td>Gannon, Hazel Richmond</td>
<td>General Hospital, Rochester</td>
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<td>Gardner, Agnes Jane</td>
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<td>Gray, Carolyn E.</td>
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<td>Halsey, Katherine T.</td>
<td>3 Wellington Circle, Bronxville</td>
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<td>Hanford, Lillian A.</td>
<td>Post Graduate Hospital, New York</td>
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<td>Hansen, Anne L.</td>
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JIMMERSO, EVA W. 1086 Lexington Avenue, New York
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HERNDON, KATE..................... Baker Sanatorium, Lumberton
HILL, ELIZABETH................... Davis Hospital, Statesville
HULL, JOSEPHINE.................. Watts Hospital, Durham
JOHNSON, HAZEL IRENE............. High Point Hospital, High Point
JOHNSON, MARY SAVINA............. Thompson Memorial, Lumberton
KELLEY, E. A......................... Highsmith Hospital, Fayetteville
KENNEDY, HARINET EILEN............. Spicer Sanatorium, Goldsboro
LAXTON, MARY P..................... Biltmore Hospital, Biltmore
LINEBERRY, SALLIE ELAINE........ 24 Grove Street, Asheville
LONGLEY, ORA H.................... Highsmith Hospital, Fayetteville
McDuffie, Catherine Shriver......... Wagram
McKay, Virginia O.................. Mission Hospital, Asheville
McNeill, Lena....................... Scott Hospital, Sanford
MacNichols, Ella H.................. Shelby Hospital, Shelby
Marshbanks, Fuchsia V.............. Rex Hospital, Raleigh
May, Mary Belle..................... Presbyterian Hospital, Charlotte
Miller, Maude....................... Rutherford Hospital, Rutherfordton
Mooke, Anne B. Hamilton............. Roanoke Rapids Hospital, Roanoke Rapids
Muse, Gilbert....................... High Point Hospital, High Point
Pannill, Ruth Callaway.............. Roanoke Rapids Hospital, Roanoke Rapids
Parks, Bernice Odelle.............. Guilford General Hospital, High Point
Potts, Ursula....................... Park View Hospital, Rocky Mountain
Rackley, Madge...................... Pine Crest Manor, Southern Pines
Redwine, Edith M.................... St. Peter’s Hospital, Charlotte
Reinhardt, Hettie................... James Walker Memorial Hospital, Wilmington
Sheets, Annie McBroo............ Watts Hospital, Durham
Sledge, Marion Guthrie............ Broad and George Streets, New Bern
Stephens, Eleanor M............... Watts Hospital, Durham
Sykes, Gertrude.................... Highland Hospital, Asheville
West, Lula......................... Martin Memorial Hospital, Mt. Airy

NORTH DAKOTA

Scheaffer, Susan V.................. Bismarck Hospital, Bismarck

OHIO

Agerter, Charlotte Helen......... 2064 E. 89 Street, Cleveland
Balke, Leona Cline............... Lakeside Hospital, Cleveland
Benderoff, Olga................... Lakeside Hospital, Cleveland
Brimmer, Ione Orr............... General Hospital, Mansfield
Browning, Julia Marie............ People's Hospital, Akron
Buckley, Catherine.............. Cincinnati General Hospital, Cincinnati
Burkholder, Nettie............... Christ Hospital, Cincinnati
Carrington, Margaret............. Western Reserve University School of Nursing, Cleveland
Childs, Evelyn.................... Western Reserve University, Cleveland
Cranz, Celia....................... City Hospital, Akron
Cromer, Katharine L.............. City Hospital, Massillon
DuPre, Lila Mann................. Lakeside Hospital, Cleveland
Evans, Ruth....................... Lakeside Hospital, Cleveland
Gillis, M. Anna................... Mt. Sinai Hospital, Cleveland
Grant, Laura M.................... Lakeside Hospital, Cleveland
Greene, Helen Isabel.............. People's Hospital, Akron
Hanke, Hedwig H.................. 1609 Summit Street, Toledo
Hawkinson, Nellie X............. 2037 Adelbert Road, Cleveland
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Holl, Olga Esther............... Lakeside Hospital, Cleveland
Holway, Mary R.................... 612 N. Main Street, Hubbard
Horner, Katharine Metzgar........ Mt. Sinai Hospital, Cleveland
Howell, Marion Gertrude........ 2061 Cornell Road, Cleveland
James, Harriett................... 1803 Valentine Avenue, Cleveland
LIST OF MEMBERS

JEHLE, MARTHA J. .................. 1235 Lakeside Avenue, Cleveland
KAHL, FRANCES RUTH .............. 2061 Cornell Road, Cleveland
Koch, Estelle ..................... Cleveland City Hospital, Cleveland
LANGE, LORETTA LOUISE .......... Lakeside Hospital, Cleveland
LAWRENCE, BESSIE ................. Lakeside Hospital, Cleveland
LEADER, HELEN JOHNSTON .......... Christ Hospital, Cincinnati
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NEAMAN, MARY ZELLA ............. Christ Hospital, Cincinnati
PARKS, NELLIE S. ................ Babies' and Children's Hospital, Cleveland
PEABODY, PRISCILLA JEAN ..... Lakeside Hospital, Cleveland
RAMER, CAROLYN L. .............. Lakewood Hospital, Lakewood
REEVES, RENA .................... University Hospital, Columbus
REEILLY, MARGARET M. ......... Starling-Loving Hospital, Columbus
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SHANK, HELEN ..................... State Medical Board, Columbus
SISTER ADELAIDE ................. Good Samaritan Hospital, Cincinnati
SISTER FLORINE DE CARY ....... St. Vincent's Hospital, Toledo
SISTER MARY CARMELLA ......... St. Thomas Hospital, Akron
SISTER MARY CRYSTAL ........... Good Samaritan Hospital, Cincinnati
SISTER MARY DOLORES .......... St. Joseph's Hospital, Lorain
SISTER MARY MONICA .......... St. John's Hospital, Cleveland
SISTER MARY Ursula ............. Mercy Hospital, Canton
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VANGADE, CLARA E. ............. Bethesda Hospital Association, Zanesville
WALKER, LENA DIXON ............. Aultman Hospital, Canton
WALN, CLARE E. .................. Christ Hospital, Cincinnati
WARNER, GERTRUDE ............... White Cross Hospital, Columbus
WATERMAN, ELEANOR LOUISE .... Lakeside Hospital, Cleveland
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WOODERS, MARIE ADELINE ...... Francis Street, Youngstown
WOOTON, NINA F. ................ People's Hospital, Akron
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Baldwin, Nellie Grace .......... Box G., Clinton
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Fitzgerald, Margaret............University Hospital, Oklahoma City
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Irwin, Grace D..................Clinton Hospital, Clinton
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Lustig, Gertrude Hildegarde...U. S. Army, Fort Sill
McCormack, Hannah Grace.......Masonic Hospital, Cherokee
McGuiness, Rena Elizabeth.....300 W. 12 Street, Oklahoma City
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Sister M. Luci..................St. Anthony's Hospital, Oklahoma City
Sister Mary Margaret Mahan...St. Anthony's Hospital, Oklahoma City
Sister M. Monica.................St. Anthony's Hospital, Oklahoma City
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Tuggle, Irene....................University Hospital, Oklahoma City
Walters, Lucille................Sand Springs Hospital, Sand Springs
Watson, Olive Cleo Brittain...309 Summit Street, Lawton

OREGON

Badley, Bell G..................Good Samaritan Hospital, Portland
Blakeley, Glendora..............816 Oregon Building, Portland
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Lautfesty, Frances J...........Portland Sanitarium, Portland
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LIST OF MEMBERS

PENNSYLVANIA

ALLEN, LAURA JANE................. Hazleton Hospital, Hazleton
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DE RIVERS, MATHILDA ARDEN...... Memorial Hospital, Roxboro
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DREIDELBIS, HELEN E............... W. Penn Hospital, Pittsburgh
DUFFY, HAZEL MARIE.............. South Side Hospital, Pittsburgh
DUNCAN, WILLIAMINA.............. Homeopathic Hospital, Pittsburgh
DUNDAS, ETHEL B.................. Rochester General Hospital, Rochester
DUNLOP, MARGARET A.............. 8th and Spruce Streets, Philadelphia
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HAMBLETON, DOROTHY Frankford Hospital, Frankford, Philadelphia
HARRIS, EMILY P. Babies' Hospital, Philadelphia
HARRIS, MARY KIRKPATRICK McKeesport Hospital, McKeesport
HARTMAN, GRACE E. Danville State Hospital, Danville
HARVEY, EDITH ESTHER Abington Memorial Hospital, Abington
HAYES, MINNIE RIES 501 Parker Avenue, Collingdale
HEATLEY, GERTRUDE L. Southside Hospital, Pittsburgh
HEINZ, LAURA HENRIETTA 223 N. 2nd Street, Harrisburg
HERRMANN, HELENE S. 812 Mechanics Building, Harrisburg
HINCHLEY, MAE ELIZABETH Allegheny General Hospital, Pittsburgh
HOLDEN, HARRIET E. Graduate Hospital, Philadelphia
HOLLOBAUGH, MILDRED Columbia Hospital, Wilkinsburg
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HUFF, JENNIE M. Pittston Hospital, Pittston
HUISMAN, MACHTED Ashland State Hospital, Ashland
HUNTER, NAOMI B. R. R. No. 6, Lancaster
HUNTLY, MABEL F. 3425 Powelton Ave., Philadelphia
HUSSEY, ELMA J. Bryn Mawr Hospital, Bryn Mawr
JACKSON, MARGARET M. Memorial Hospital, Roxborough
JONES, JEANETTE L. Southside Hospital, Pittsburgh
KAY, ANNA R. Philadelphia General Hospital, Philadelphia
KEESEY, LAURA FEIGLEY 3400 Spruce Street, Philadelphia
KLONKER, HARRIET 3159 Frankford Avenue, Philadelphia
KNOX, BLANCHE Germantown Hospital, Philadelphia
KREWSON, SARA A. Wilkes Barre General Hospital, Wilkes Barre
LIST OF MEMBERS

Lambden, Sallie Elizabeth .......... Abington Memorial Hospital, Abington
Lambie, Jeannie Smith ............. Allegheny General Hospital, Pittsburgh
Landis, Kathryn E. .................. Polyclinic Hospital, Harrisburg
Lane, Susan Klein .................. Philadelphia Hospital for Contagious Diseases, Philadelphia
Lau, Mary Rachel .................... 115 S. Front Street, Harrisburg
Laubenstein, Nancy Esther ........ Westmoreland Hospital, Greensburg
Lauman, Anna ......................... Phillipsburg State Hospital, Phillipsburg
Leavell, Lutie C. .................... 1809 Wallace Street, Philadelphia
Leece, Elizabeth .................... Mercer Sanitarium, Mercer
Lehman, Laura Littia ............... Elizabeth Steel Magee Hospital, Pittsburgh
Lewis, Adelaide M. ................. The Memorial Hospital, Monongahela
Lewis, Adele M. ..................... 1012 Spruce Street, Philadelphia
Little, Edna R. ...................... Braddock General Hospital, Braddock
Loftus, Frances Louise .......... Howard Hospital, Philadelphia
McCarty, Grace S .................... St. Agnes Hospital, Philadelphia
McClelland, Helen Grace .......... Pennsylvania Hospital, Philadelphia
McCormick, Marie Gertrude ...... 2121 N. College Avenue, Philadelphia
McDaniel, Helen ..................... St. Luke's Hospital, Bethlehem
McKean, Mary B ..................... Kane Summit Hospital, Kane
McMahon, Margaret ................. 1818 Lombard Street, Philadelphia
McMenamin, Cornelia ............... St. Joseph's Hospital, Philadelphia
MacAfee, Nellie E ................... 4711 Maripoe Street, Pittsburgh
MacDermid, Rachel Florence ...... Suburban General Hospital, Bellevue
MacKinney, Lydia ................... Shenango Valley Hospital, New Castle
Manly, Jennie A ..................... Homestead Hospital, Homestead
Masten, Lucy ......................... 3400 Spruce Street, Philadelphia
Meier, Anna L ....................... Presbyterian Hospital, Philadelphia
Melville, Clara ...................... Jefferson Hospital, Philadelphia
Miller, Adele ........................ Allentown Hospital, Allentown
Miller, Elizabeth Florence ...... Pennsylvania State Department of Welfare, Harrisburg
Miller, Elsie L. ..................... Frankford Hospital, Philadelphia
Miller, Esther K ..................... Howard Hospital, Philadelphia
Miller, Hannah N ................... Graduate Hospital, Philadelphia
Miller, Mary B ...................... Presbyterian Hospital, Pittsburgh
Moore, M. Elizabeth ............... Chester County Hospital, West Chester
Murray, Sara M ...................... 808 N. Second Street, Harrisburg
Myers, Edna G ....................... Bryn Mawr Hospital, Bryn Mawr
Newman, W. Maud ................... Sewickley Valley Hospital, Sewickley
Nicolle, Gladys ...................... 51 N. 39th Street, Philadelphia
Nudell, Ida ......................... 4th and Walnut Streets, Lebanon
Ogden, Hannah Benner .......... Philadelphia General Hospital, Philadelphia
Palm, Sarah Isabel .................. Presbyterian Hospital, Pittsburgh
Pancoast, Esther Justice .......... Children's Homeopathic Hospital, Philadelphia
Parrish, Ida M. ..................... Wilkes Barre Hospital, Wilkes Barre
Parrish, Lola Catherine .......... State Hospital, Allentown
Percival, Constance ............... Abington Memorial Hospital, Abington
Polk, Adele M ....................... St. Margaret Memorial Hospital, Pittsburgh
Pratt, Helen ......................... West Penn Hospital, Pittsburgh
Pritchard, Dorothea Ida  . Presbyterian Hospital, Pittsburgh
Quigg, Henrietta Y. McCormick  . Pittsburgh City Home and Hospitals, Mayview
Quivey, Lena  . Sewickley Valley Hospital, Sewickley
Rake, Beatrice  . 51 N. 39th Street, Philadelphia
Reed, Margaret P.  . Allegheny Valley Hospital, Tarentum
Rittmann, Katharine G.  . Lankenau Hospital, Philadelphia
Roth, Anna  . 6400 Beacon Street, Pittsburgh
Rothrock, Mary Alice  . Clearfield Hospital, Clearfield
Scarborough, Elizabeth  . 4104 Baltimore Avenue, Philadelphia
Schrock, Katherine May  . West Penn Hospital, Pittsburgh
Shannon, Anna L.  . 1818 Lombard Street, Philadelphia
Sheilenberger, Mildred H.  . Presbyterian Hospital, Philadelphia
Sherrick, Ellen  . Homeopathic Hospital, Pittsburgh
Shields, Theresa E.  . Blossburg Hospital, Blossburg
Shoemaker, Nora Elizabeth  . Jefferson Hospital, Philadelphia
Shore, Agnes C.  . Montgomery Hospital, Norristown
Sister Anna Regina  . St. Joseph’s Hospital, Pittsburgh
Sister Edith E. Bube  . Corinthian and Girard Avenues, Philadelphia
Sister M. Ambrose Morgan  . Mercy Hospital, Pittsburgh
Sister M. Avellino McCoil  . Mercy Hospital, Scranton
Sister M. Baptista Jochum  . St. John’s General Hospital, Pittsburgh
Sister M. Dymna  . St. Joseph’s Hospital, Pittsburgh
Sister M. Elizabeth Herbst  . St. John’s General Hospital, Pittsburgh
Sister M. Etheldreda  . Mercy Hospital, Pittsburgh
Sister M. Eyvad  . St. Joseph’s Hospital, Lancaster
Sister Mary Geraldine  . St. Joseph’s Hospital, Reading
Sister M. Girard  . St. Francis Hospital, Pittsburgh
Sister M. Gonzales Cummins  . 2117 Carson Street, Pittsburgh
Sister M. Herman Joseph  . 1900 S. Broad Street, Philadelphia
Sister Mary John Evans  . St. Francis Hospital, Pittsburgh
Sister M. Laurentine  . St. Francis Hospital, Pittsburgh
Sister M. Leonard Buck  . Mercy Hospital, Pittsburgh
Sister Marie Koeneke  . Corinthian and Girard Avenues, Philadelphia
Sister Mary Martina Helms  . New Castle Hospital, New Castle
Sister M. Mchtilde Gase  . Mercy Hospital, Pittsburgh
Sister M. Monica  . 54th and Cedar Avenue, Philadelphia
Sister M. Ploade McCoy  . Mercy Hospital, Pittsburgh
Sister Mary Rose  . Mercy Hospital, Pittsburgh
Sister M. Salome  . St. Francis Hospital, Pittsburgh
Smith, Blanche Rebecca  . Abington Hospital, Abington
Smith, Emma A.  . Magee Hospital, Pittsburgh
Smith, Nina Alice  . Robert Packer Hospital, Sayre
Smith, Sarah Harris  . Moses Taylor Hospital, Scranton
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Snyder, Louise M.  . 812 Mechanics Trust Building, Harrisburg
Spare, Mary E.  . Abington Hospital, Abington
Speer, Martha R.  . Columbia Hospital, Wilkinsburg
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEELE, CLARA B.</td>
<td>550 S. Aiken Avenue, Pittsburgh</td>
</tr>
<tr>
<td>STEWART, ALICE</td>
<td>c/o Tuberculosis League, Pittsburgh</td>
</tr>
<tr>
<td>STRATTON, ALICE</td>
<td>Abington Hospital, Abington</td>
</tr>
<tr>
<td>SUTHERLAND, GERTRUDE</td>
<td>Western Penn Hospital, Pittsburgh</td>
</tr>
<tr>
<td>SWANK, CANZONETTE KRESS</td>
<td>Woman's Hospital of Philadelphia, Philadelphia</td>
</tr>
<tr>
<td>TAYLOR, KATHERINE G.</td>
<td>Taylor Hospital, Ridley Park</td>
</tr>
<tr>
<td>TAYLOR, MABELLE IONE</td>
<td>Christian N. Buhl Hospital, Sharon</td>
</tr>
<tr>
<td>TINSLEY, ESTHER JOSEPHINE</td>
<td>Pittston Hospital, Pittston</td>
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<tr>
<td>TROXELL, ALMA M.</td>
<td>Washington Hospital, Washington</td>
</tr>
<tr>
<td>TULLY, KATHRYN DUFFIELD</td>
<td>Allegheny General Hospital, Pittsburgh</td>
</tr>
<tr>
<td>TURNBULL, JESSIE J</td>
<td>Magee Hospital, Pittsburgh</td>
</tr>
<tr>
<td>TURNER, MARY SLEASE</td>
<td>Homestead Hospital, Homestead</td>
</tr>
<tr>
<td>UNDERCUFFLER, ELSIE C.</td>
<td>Latrobe Hospital, Latrobe</td>
</tr>
<tr>
<td>URQUHART, JESSE GORDON</td>
<td>Tabor and York Road, Philadelphia</td>
</tr>
<tr>
<td>WARLICK, LULA GERTRUDE</td>
<td>5000 Woodland Avenue, Philadelphia</td>
</tr>
<tr>
<td>WEST, ROBERTA</td>
<td>6812 Franklin Street, Oak Lane, Philadelphia</td>
</tr>
<tr>
<td>WHITNEY, MARY L.</td>
<td>Mercy Hospital, Altoona</td>
</tr>
<tr>
<td>WILLIAMS, SARA E.</td>
<td>421 N. Webster Avenue, Scranton</td>
</tr>
<tr>
<td>WILSEY, LILLIAN E.</td>
<td>Frankford Hospital, Frankford</td>
</tr>
<tr>
<td>WILSON, LAURA B.</td>
<td>Children's Hospital, Pittsburgh</td>
</tr>
<tr>
<td>WOLF, LULU KATHRYN</td>
<td>Jewish Hospital, Philadelphia</td>
</tr>
<tr>
<td>WRAY, ANNA C.</td>
<td>Mechanics Trust Building, Harrisburg</td>
</tr>
<tr>
<td>YINGST, EDITH E.</td>
<td>Harrisburg Hospital, Harrisburg</td>
</tr>
<tr>
<td>ZUFALL, NORA LLWELLYN</td>
<td>2049 Chestnut Street, Philadelphia</td>
</tr>
</tbody>
</table>

**RHODE ISLAND**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDERSON, M. BARBARA</td>
<td>305 Blackstone Boulevard, Providence</td>
</tr>
<tr>
<td>AVERY, L. M. BELLE</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>AYERS, LUCY C.</td>
<td>115 Cass Street, Woonsocket</td>
</tr>
<tr>
<td>BARRY, ELIZABETH</td>
<td>State Hospital, Howard</td>
</tr>
<tr>
<td>BARRY, SARAH C.</td>
<td>City Hospital, Providence</td>
</tr>
<tr>
<td>CARROLL, SARA A.</td>
<td>Providence District Nursing Association, Providence</td>
</tr>
<tr>
<td>CHAPIN, WILMA BIXBY</td>
<td>825 Chalkstone Avenue, Providence</td>
</tr>
<tr>
<td>COE, LILLIAN F.</td>
<td>Providence District Nursing Association, Providence</td>
</tr>
<tr>
<td>CORCORAN, MARY ELIZABETH</td>
<td>Newport Hospital, Newport</td>
</tr>
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<td>COX, ALICE ELIZABETH</td>
<td>125 Governor Street, Providence</td>
</tr>
<tr>
<td>DAILEY, MARGARET MARION</td>
<td>Newport Hospital, Newport</td>
</tr>
<tr>
<td>DALEY, MARGARET MARY</td>
<td>Butler Hospital, Providence</td>
</tr>
<tr>
<td>DAVIS, HAZEL COOK</td>
<td>50 Maude Street, Providence</td>
</tr>
<tr>
<td>DENOICO, MAUD FOLSOM</td>
<td>South County Hospital, Wakefield</td>
</tr>
<tr>
<td>DES ISLES, MARY S.</td>
<td>City Hospital, Providence</td>
</tr>
<tr>
<td>DILLON, NELLIE R.</td>
<td>Providence District Nursing Association, Providence</td>
</tr>
<tr>
<td>DOCKHAM, CLARA O. P.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>DUNN, EMMA L.</td>
<td>Crawford Allen Memorial, East Greenwich</td>
</tr>
<tr>
<td>EARLEY, ANNIE M.</td>
<td>Providence District Nursing Association, Providence</td>
</tr>
<tr>
<td>ERICSON, MAUDE S.</td>
<td>825 Chalkstone Avenue, Providence</td>
</tr>
<tr>
<td>FALVEY, HELEN</td>
<td>Providence District Nursing Association, Providence</td>
</tr>
<tr>
<td>FARRELL, MARIE</td>
<td>63 Belmont Avenue, Providence</td>
</tr>
<tr>
<td>FITZPATRICK, WINIFRED L.</td>
<td>Providence District Nursing Association, Providence</td>
</tr>
<tr>
<td>FLEMING, ELIZABETH F.</td>
<td>65 Clyde Street, Pawtucket</td>
</tr>
</tbody>
</table>
FOLEY, FRANCES JANE .......................... 825 Chalkstone Avenue, Providence
GARDNER, MARY S. ......................... Providence District Nursing Association, Providence
GOODNOW, MINNIE ......................... Newport Hospital, Newport
GREGSON, RUTH E. .......................... 115 Cass Avenue, Woonsocket
HALL, SARAH ................................. 825 Chalkstone Avenue, Providence
HENRY, MAEBELLE F. ......................... 825 Chalkstone Avenue, Providence
HILL, CAROLINE .............................. Rhode Island Hospital, Providence
JOHNSON, FERAL R. .......................... 825 Chalkstone Avenue, Providence
JUTRAS, BERTHA E. .......................... Providence District Nursing Association, Providence
MCGIBBON, ANNA KATHERINE .................. 305 Blackstone Boulevard, Providence
MALLORY, OLGA ANDERSON ..................... 237 Magnolia Street, Cranston
MARBLE, HELEN JOSEPHINE ................... 204 High Street, Pawtucket
MITCHELL, AGNES Muriel ...................... 825 Chalkstone Avenue, Providence
MOREAU, ALEXINA O. ......................... City Hospital, Providence
MOSER, ANNA ................................. Newport Hospital, Newport
MULREAN, EVELYN C. .......................... St. Joseph's Hospital, Providence
NIND, GRETCHEN .............................. 305 Blackstone Boulevard, Providence
O'CONNELL, CATHERINE DOMINICA .......... Providence District Nursing Association, Providence
OLIVER, MRS. CHRISTY ROSS ................. Providence District Nursing Association, Providence
O'NEILL, CATHERINE G ....................... City Hospital, Providence
PATERSON, MARY HELEN ...................... Rhode Island Hospital, Providence
POLLEY, ANGELINE ROBLEY ................... 825 Chalkstone Avenue, Providence
POTTER, HELEN OSBORNE ..................... Rhode Island Hospital, Providence
RIPPIN, GRACE ............................... Rhode Island Hospital, Providence
ROBERTSON, MARIE .......................... Homeopathic Hospital, Providence
SCHROEDER, MADELEINE M .................... Memorial Hospital, Pawtucket
SHERMAN, ELIZABETH FRANCES .......... Rhode Island Central Directory for Nurses, Providence
SISTER M. ROBERTA ......................... St. Joseph's Hospital, Providence
WHITE, LOUISA .............................. 287 Highland Avenue, Providence
WILLIAMS, MARY ............................. District Nursing Association, Providence

SOUTH CAROLINA

CARROLL, RHODA K. .......................... Columbia Hospital, Columbia
DIXON, IRENE ALICE ......................... Roper Hospital, Charleston
ENGELBERG, MEYERAL ......................... Roper Hospital, Charleston
GARDNER, BEULAH L. ......................... State Hospital, Columbia
MCALISTER, MARY C. ......................... Tuomey Hospital, Sumter

SOUTH DAKOTA

NELSON, ELVIRA .............................. 901 S. Iowa Street, Mitchell
WOODS, MABEL O. ............................ M. E. Hospital, Mitchell

TENNESSEE

BATES, INEZ ALENA .......................... Baroness Erlanger Hospital, Chattanooga
BRODIE, EDITI PAULINE ...................... Vanderbilt Hospital, Nashville
FERREE, CAROLYN E. ......................... 612 Carlisle Place, Chattanooga
GILMORE, BETTIE JOHNSON ................... 696 Jackson Street, Memphis
GOFF, HAZEL LEE ............................. Fort Sanders Hospital, Knoxville
HOLMES, GEORGIA ............................ Methodist Hospital, Memphis
LIST OF MEMBERS

KELLER, JANE. .......................... 991 Cleveland Place, Knoxville
KILLEFER, ELIZABETH .................. Fort Sanders Hospital, Knoxville
MONAHAN, MARY ........................ General Hospital, Nashville
SISTER LEANDER COOK .................. St. Thomas Hospital, Nashville
SPECHT, FLORENCE ALICE .............. Rutherford Hospital, Murfreesboro
WADE, CAROLINE GARNSEY .............. 171 S. Barksdale St., Memphis
WAYNE, MONTEZ ....................... Knoxville General Hospital, Knoxville

TEXAS

BAIN, JESSIE T. ......................... 2337—10th Avenue, Port Arthur
BOBO, HARRIET SEARS .................. Forney Sanitarium, Forney
BRIENT, ELLEN LOUISE ................. 111 Dallas Street, San Antonio
BURLEW, LUCILE ...................... 3415 Junius Street, Dallas
COOPER, JOANNA ...................... Texarkana Hospital, Texarkana
CRESNISHAW, ESSIE .................... Baylor University School of Nursing, Dallas
DIETRICH, A. LOUISE ................. 1001 E. Nevada Street, El Paso
DREIS, JOSEPHINE B ................... Cameron Hospital, Cameron
ENGBLAD, GRACE ..................... 218 Branard Avenue, Houston
FAHEY, MOLLIE ....................... St. Paul’s Sanitarium, Dallas
FARWELL, MARY F ..................... Denton Hospital and Clinic, Denton
FAULKNER, XILEMA .................. John Sealy Hospital, Galveston
GANTS, FLORENCE ..................... Texarkana Hospital, Texarkana
GRIGSBY, MARY BIDDLE ............... 420 Hardin Apartments, Waco
GUENTHER, MRS. A. K .................. La Grange Hospital, La Grange
HAGQUIST, ALMA KATHERINE ........... State Department of Health, Austin
HARRIS, LUCY .......................... Harris Hospital, Ft. Worth
HOGG, SARAH AGNES .................. Paris Sanitarium, Paris
JACKSON, FRANCES ..................... Herman Hospital, Houston
JOLLY, MRS. ROBERT ................... Baptist Hospital, Houston
KASMEIER, JULIA C .................... 223—4th Street, San Antonio
KENNEDY, MARY ....................... 520 Marine Bank Building, Houston
KIRVEN, SARAH ....................... Torbett Sanitarium, Marlin
LANG, SELMA A ....................... Kings Daughters Hospital, Temple
LORENZ, MARIE E ...................... Cameron Hospital, Cameron
MCANELLY, ZORA KATHERYN ........... Sealy Hospital, Galveston
MIDDLEBROOK, LILLIAN K .......... 205 Methodist Hospital, Houston
MOORE, DAISY REA ................... Baptist Hospital, Ft. Worth
NEWHILL, JOSEPHINE ................. 4127 Avenue I, Galveston
PERRY, MELANIE ...................... 803 Holman Avenue, Houston
PETRIE, NINA EDITH ................. Herman Hospital, Houston
SCHULZ, EDNA LINA ................. Austin City Hospital, Austin
SISTER ELIGIUS ........................ Hotel Dieu, Beaumont
SISTER KOSTKA SWOBODA ............ Hotel Dieu, El Paso
SISTER M. ARCADIUS .................. St. Joseph’s Infirmary, Ft. Worth
SISTER MARY ASCENSION ............. Soplin Sanitarium, Corpus Christi
SISTER M. BORBOMEO ................. St. Mary’s Infirmary, Galveston
SISTER M. CHARLES .................. St. Anthony’s Hospital, Amarillo
SISTER M. FIDELIS ................... St. Joseph’s Infirmary, Paris
SISTER MARY JOHN EVANGELINE .. St. Joseph’s Infirmary, Houston
SISTER MARY SAUCIER.................. Providence Hospital, Waco
SISTER PHILIP NERI.................... St. Joseph's Infirmary, Ft. Worth
SISTER M. VICTORINE FITZGERALD........ Seton Infirmary, Austin
SISTER VALERIA A. KEARNEY............. Seton Infirmary, Austin
SIZER, MRS. ED. R..................... Fred Roberts Memorial Hospital, Corpus Christi
SMITH, MAY FORSTOR.................... Dallas Baby Camp and Hospital, Dallas
STEEN, ANNETTE ELIZABETH.............. John Sealy Hospital, Galveston
THOMAS, LENA B......................... Cantrell Hospital, Greenville
WRIGHT, CLARA LOUISE............... Scott and White Hospital, Temple

UTAH

CALDWELL, VILATE.................... Latter Day Saints Hospital, Salt Lake City
CONOVER, ELLA H..................... Latter Day Saints Hospital, Salt Lake City
LARSEN, JENNIE V..................... Latter Day Saints Hospital, Salt Lake City
MADSSEN, ERMA LA VERA................. 1970 Windsor Street, Salt Lake City
WICKLUND, ELLA M.................... Holy Cross Hospital, Salt Lake City

VERMONT

BAKER, MARY A...................... Putnam Memorial Hospital, Bennington
BRIAN, CELIA E..................... Brattleboro Memorial Hospital, Brattleboro

VIRGINIA

BAURLE, MARIE JOSEPHINE........... 2924 Brook Road, Richmond
BAYLOR, MARTHA V................... Roanoke Hospital, Roanoke
BRICKHOUSE, CAROLINE.............. Norfolk Protestant Hospital, Norfolk
MARTHA, MARY E..................... Dixie Hospital, Hampton
MAYO, ADELAIDE A................... 10 Oakhurst Circle, University
MOW, GERALDINE HUGER.............. Memorial Hospital, Richmond
OATES, LOUISE...................... Cabaniss Memorial School of Nursing Education, University
PFEIFFER, CHARLOTTE.............. Stuart Circle Hospital, Richmond
POWELL, LOUISE M................... 12 N. Washington Street, Staunton
SMITH, ETHEL M..................... Craigsville
STEWART, MARY OSA................. Roanoke Hospital, Roanoke
VICTOR, LAURA M.................... St. Elizabeth Hospital, Richmond
WALTER, AGNES M................... Elizabeth Buxton Hospital, Newport News
ZEIGLER, FRANCES H................. Cabaniss Hall, Medical College of Virginia, Richmond

WASHINGTON

ADAMS, Henrietta M............... Department of Nursing Education, University of Washington, Seattle
BAER, LUCILLE...................... Contagious Hospital, Tacoma
BUDD, MARY BARBARA............... Deaconess Hospital, Spokane
BURNS, JOHANNA S................... 2209 W. Pacific Avenue, Spokane
CHAPMAN, JANE..................... Route 2, Kent
DARK, KATHRYN..................... Everett General Hospital, Everett
DAVIS, CAROLYN E.................. Everett General Hospital, Everett
DUSKIN, EDNA...................... Tacoma General Hospital, Tacoma
FELTON, MARGARET................. Providence Hospital, Seattle
FRASER, ANNA J.................. Virginia Mason Hospital, Seattle
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Gantz, Ella</td>
<td>Sacred Heart Hospital, Spokane</td>
</tr>
<tr>
<td>Gillespie, Cora E.</td>
<td>Room 4, Y. W. C. A. Building, Seattle</td>
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<tr>
<td>Hall, Evelyn H.</td>
<td>Seattle General Hospital, Seattle</td>
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<td>Harrison, Ella</td>
<td>1321 Colby Avenue, Everett</td>
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<td>Jones, Catherine E.</td>
<td>Seattle General Hospital, Seattle</td>
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<td>Knox, Adda</td>
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<td>Murray, Ethel Frances.</td>
<td>4710—17 Avenue, N. E., Seattle</td>
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<td>Parker, Minnie L.</td>
<td>General Hospital, Seattle</td>
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<td>Ritchie, Mary</td>
<td>University of Washington, Seattle</td>
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<td>Senger, Nellie Marie</td>
<td>803 Summit Avenue, Seattle</td>
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<td>Sister Gabriel</td>
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<td>Sister John of the Cross</td>
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<td>Sister Mary (Mary Leet Wilson)</td>
<td>Sacred Heart School of Nursing, Spokane</td>
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<td>Sister Mary Magna</td>
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<td>Soule, Elizabeth S.</td>
<td>Box 103, University Station, Seattle</td>
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<td>Spry, Cecile Tracy</td>
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<td>Stanley, Anna</td>
<td>733 Fourth Avenue, Spokane</td>
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<td>Struthers, Florence Bell</td>
<td>Oakhurst Sanatorium, Elma</td>
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<td>Sullivan, Ora Gertrude.</td>
<td>1420 Seneca Street, Seattle</td>
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<td>Worthington, Leora</td>
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<td><strong>WEST VIRGINIA</strong></td>
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<td>Maloney, May M.</td>
<td>Cook Hospital, Fairmont</td>
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<td>Russell, Martha Montague</td>
<td>717 Ann Street, Parkersburg</td>
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<td>Stewart, Chloe M.</td>
<td>Ohio Valley General Hospital, Wheeling</td>
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<td><strong>WISCONSIN</strong></td>
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<td>Columbia Hospital, Milwaukee</td>
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<td>Baar, Ida Carlin</td>
<td>167—17 Street, Milwaukee</td>
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<td>Bennett, Lillie A. M.</td>
<td>167—17 Street, Milwaukee</td>
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<td>Bogisch, Ruth</td>
<td>2222 Cedar Street, Milwaukee</td>
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<td>Boschart, Anna</td>
<td>180—17 Street, Milwaukee</td>
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<td>Boyd, Emily A.</td>
<td>Kenosha Hospital, Kenosha</td>
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<td>Bradley, Lenore</td>
<td>Mt. Sinai Hospital, Milwaukee</td>
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<tr>
<td>Brandt, Ruth</td>
<td>2200 Cedar Street, Milwaukee</td>
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<tr>
<td>Brunk, Alma</td>
<td>Station D, R. 2, Box 55A, Milwaukee</td>
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<tr>
<td>Bumiller, Claire</td>
<td>255—13 Street, Milwaukee</td>
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<td>Callender, Elizabeth</td>
<td>Emergency Hospital, Milwaukee</td>
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<td>Carev, Gladys Kathryn</td>
<td>1402 University Avenue, Madison</td>
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<td>Chase, Winnifred</td>
<td>Theda Clark Hospital, Neenah</td>
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<td>Christenson, Clara M.</td>
<td>Luther Hospital, Eau Claire</td>
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<td>Collings, Ida A</td>
<td>Madison General Hospital, Madison</td>
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<td>Crafts, Grace</td>
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<td>Cruickshank, Jean</td>
<td>Theda Clark Hospital, Neenah</td>
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DENNE, HELEN ........................................ Wisconsin General Hospital, Madison
DENNISWARD, LORAIN .................................. 301 N. Pinckney Street, Madison
EICKMAN, LINDA A. ................................... Kenosha Hospital, Kenosha
ELDREDGE, ADDA ........................................ State Board of Health, Madison
ESVAL, SIGNE ........................................... Luther Hospital, Eau Claire
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GOBEL, MARIE CAROLINE ................................. Grandview Hospital, LaCrosse
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HAYS, JEANETTE M. ..................................... 88 Prospect Avenue, Milwaukee
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HERIN, BERNICE .......................................... Mt. Sinai Hospital, Milwaukee
HOLEHOUSE, KATHERINE E. ............................. St. Mary’s Hospital, Wausau
HOLLENSTEIN, EULALIA ................................ 929 Maryland Avenue, Milwaukee
HOPPER, RUTH JANE .................................... Mercy Hospital, Oshkosh
INGWERSEN, ELLA M. .................................. LaCrosse Methodist Hospital, LaCrosse
KELLY, HELEN W. ........................................ Mercy Hospital, Janesville
KERSWILL, EMILY ........................................ Ashland General Hospital, Ashland
KESSLER, J. MARtha ..................................... 463 Van Buren Street, Milwaukee
KNIGHT, GRACE ANN .................................... Methodist Hospital, Madison
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LANDT, CHARLOTTE F. ................................ 677—71 Avenue, West Allis
LEACH, LINA CHRISTINE ................................. Mt. Sinai Hospital, Milwaukee
LEE, BENNORA C. ....................................... LaCrosse Lutheran Hospital, La Crosse
LEWIS, CLARA A. ........................................ Lutheran Hospital, Eau Claire
MEIER, BLANDA S. ....................................... Mt. Sinai Hospital, Milwaukee
MEISELWITZ, CLARA .................................... Milwaukee County Hospital, Wauwatosa
METZGER, AMALIA ....................................... St. Luke’s Hospital, Racine
MILES, ARABELLA ........................................ 2200 Cedar Street, Milwaukee
MOLITOR, SARAH ......................................... 2417 Brown Street, Milwaukee
MURRAY, CHRISTINA CAMERON ......................... Madison General Hospital, Madison
NELSON, SARA J. ......................................... Contagious Hospital, Madison
NEWMAN, ROSE .......................................... Mt. Sinai Hospital, Milwaukee
NEWTON, DELIA .......................................... Columbia Hospital, Milwaukee
ODEGARD, ETHEL JEANETTE ............................. Milwaukee Vocational School, Milwaukee
O’NEILL, HELEN .......................................... 1621 Wisconsin Avenue, Milwaukee
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OSWALD, C. JEANETTE ................................... Madison General Hospital, Madison
PEDRICK, MILDRED ....................................... 929 Maryland Avenue, Milwaukee
LIST OF MEMBERS

PHENIX, FLORENCE.............463 Van Buren Street, Milwaukee
PLATH, LYDIA..................Luther Hospital, Eau Claire
REDLIN, ROSella..............Mt. Sinai Hospital, Milwaukee
REGEDAL, ELIZABETH..........LaCrosse Lutheran Hospital, LaCrosse
REHM, MINNIE C...............6107—7 Avenue, Kenosha
REINKE, ELSA MARIE.........2200 Cedar Street, Milwaukee
ROBERTS, LILA................Wisconsin General Hospital, Madison
SAGER, MAUDE................Methodist Hospital, Madison
SCHINDLER, GRACE.............448 Lake Drive, Milwaukee
SCHULTZ, RUTH MARGARET.....St. Agnes Hospital, Fond du Lac
SCHWOCHERT, ANNA B.........St. Mary's Hospital, Milwaukee
SIEGEL, RUBY..................2200 Cedar Street, Milwaukee
SIMON, AUGUSTA...............358—37 Street, Milwaukee
SISTER ALBERTA..............St. Joseph's Hospital, Milwaukee
SISTER ELFRIEDA HERZOG......Milwaukee Hospital, Milwaukee
SISTER EMMALY LERCH.........Milwaukee Hospital, Milwaukee
SISTER MAGDALENE KREBS......Milwaukee Hospital, Milwaukee
SISTER M. AGATHA GERBER....St. Joseph's Hospital, Marshfield
SISTER M. ANNE O'CONNOR.....St. Mary's Hospital, Milwaukee
SISTER M. BARTHOLOMEA BETZEN.Mercy Hospital, Oshkosh
SISTER M. BEATA WALSH.......St. Francis Hospital, LaCrosse
SISTER M. DIGNA DESCH.......St. Agnes Hospital, Fond du Lac
SISTER M. FRANCIS HEIMANN...St. Agnes Hospital, Fond du Lac
SISTER M. SYRA UNDERBERG...St. Francis Hospital, LaCrosse
SISTER THEODISIA HEFFERLE...Luther Hospital, Eau Claire
SMITH, DOROTHY ELIZABETH...Grandview Hospital, LaCrosse
SPECHT, IRENE M..............448 Lake Drive, Milwaukee
STOCKMEYER, HAZEL C..........Columbia Hospital, Milwaukee
STOLPE, HILMA...............Mt. Sinai Hospital, Milwaukee
SWAN, MAE.....................622 South 11 Street, LaCrosse
TUTTLE, KATHERINE...........561—38 Street, Milwaukee
WEAD, CARRIE B................Columbia Hospital, Milwaukee
WEBER, ELSA...................282 Pleasant Street, Milwaukee
WHITE, REGINE...............410 Summit Avenue, Milwaukee
ZEHMS, ANNA..................246 Twelfth Street, Milwaukee

WYOMING

ESCHWIG, MARY ANNE.........Memorial Hospital, Casper
WILLIAMS, ANNA GRACE........Tuberculosis Sanitarium, Basin

CANADA

BUCHANAN, MARY A.............Memorial Hospital, St. Thomas, Ontario
RORKE, ADA....................122 Second Avenue, Ottawa, Ontario

CHINA

CABOT, MARY GERALDINE.....Church General Hospital, Wuchang
HIRST, ELIZABETH.............Peking Union Medical College, School of Nursing, Peking
HAWAII
Ayers, Ada Gertrude ............... Memorial Hospital, Hilo
Neff, Elsie ....................... Trifler General Hospital, Honolulu

PORTO RICO
Shale, Olive Ellen ............... Presbyterian Hospital, San Juan

VIRGIN ISLANDS
Cole, Anna I ....................... U.S. Naval Hospital, St. Thomas

ASSOCIATE MEMBERS
Guevara, Martina ............... Hospital C. Garcia, Havana, Cuba
Lawrie, Annie Florence ....... Royal Alexandra Hospital, Edmonton, Alberta, Canada
Macaraig, Enriqueta ............. Philippine General Hospital, Manila, P. I.
Pothoff, Edna Margaret ........ 1718 Waugh Drive, Houston, Texas
Van Zandt, Jane Elizabeth .... American University, Beirut, Syria

DECEASED MEMBERS
Lila Lett ......................... Died November 3, 1893
Louise Darche .................... Died June, 1898
Florence Hutchinson .......... Died December 26, 1902
Eva Mary Allerton .............. Died January 5, 1907
Ella Underhill ................... Died August, 1909
Isabel Hampton Robb (Mrs.) ... Died April 15, 1910
A. A. Chesley .................... Died November 7, 1910
Constance V. Curtis ............. Died December 12, 1910
J. E. Snodgrass (Mrs.) ......... Died April 20, 1910
Cora Overholt .................... Died July 25, 1911
Christina Banks Wright (Mrs.) ... Died November 30, 1911
Lucy Ashby Sharpe ............... Died March, 1912
Florence Black ................... Died March, 1913
Edith W. Seymour ............... Died October, 1913
Isabel McIsaac ................... Died September, 1914
A. C. Robertson ................. Died April, 1915
M. E. Johnstone .................. Died—, 1915
F. E. S. Smith (Mrs.) .......... Died—, 1915
Adeline Henderson ............... Died November, 1915
Alice A. Gorman .................. Died February 6, 1916
A. Lauder Sutherland .......... Died March 25, 1918
Alma E. Grant .................... Died April 1, 1918
Anna G. Clement ................. Died September 3, 1918
Alice Ashby ...................... Died September 28, 1918
Mary Clarke ...................... Died October, 1918
Jane A. Delano ................... Died April 15, 1919
Lila Pickardt ..................... Died August 26, 1919
Amelia A. Hall ................... Died January 1, 1920
Sophia F. Palmer ................ Died April 27, 1920
Mary Jean Hurdley.................................Died August 15, 1920
Eliza C. Glenn.................................Died August 18, 1920
Carrie J. Brink...............................Died December 10, 1920
Sister Mary Emanuel............................Died—
Mary W. McKeechne..........................Died March 18, 1921
Pauline L. Dolliver..........................Died August 12, 1921
Margaret Eleanor Stanley......................Died September 4, 1921
Mary Durnin..................................Died October 22, 1921
Sister Emma Detmer............................Died September 4, 1922
Bertha Erdman.................................Died November 5, 1922
Sarah C. Ebersole.........................Died December 12, 1922
Cornelia Happersetty........................Died January 6, 1923
Floride L. Croft..............................Died March 20, 1923
Inez C. Lord..................................Died March 26, 1923
Mary C. Haarer...............................Died June 10, 1923
Josephine Hamilton (Mrs.)..................Died May 1, 1924
Mary E. P. Davis................................Died June 9, 1924
Agnes P. Mahoney..............................Died January 3, 1925
Nelle F. Parrish..............................Died June 10, 1925
Garnet Isabel Pelton..........................Died June 15, 1925
Anne Hervey Strong...........................Died June 17, 1925
Marla McDaniel..............................Died September 19, 1925
Olive Hartlove.................................Died November, 1925
Josephine M. Swenson.........................Died March 16, 1926
Mabel Theresa Sundblad.......................Died May 12, 1926
HeLEN L. Bloomfield..........................Died May 21, 1926
Emily Isabel Elliott..........................Died June 2, 1926
Winifred W. Atkinson.........................Died July 23, 1926
Retta Johnson................................Died August 2, 1926
Mary M. Dueker................................Died August 6, 1926
Jennie E. Farrington.........................Died August 17, 1926
Sister Catherine Voth........................Died August 19, 1926
Louise C. Brown...............................Died August 31, 1926
Wilhelmine MacDonald Robinson (Mrs.)...Died September 24, 1926
Annie M. O'Brien.............................Died December 18, 1926
Eliza Priscilla Reid..........................Died December 29, 1926
Martha R. Gaulke..............................Died March 27, 1927
Arlene Macdonald.............................Died July 3, 1927
Dorothy Starr Wood...........................Died July 26, 1927
Flora Madeleine Shaw.........................Died July 27, 1927
Clara Block.................................Died October 13, 1927
LisLe Freiligh...............................Died October 22, 1927
Harriet Louise Leete.........................Died November 18, 1927
Maude Johnson Silver.........................Died December 14, 1927
Lucy I. Glover...............................Died January 5, 1928
Marion E. Seaver.............................Died January 19, 1928
Edith M. Schenck.............................Died April 2, 1928
Frances D. Campbell.........................Died May 28, 1928
Louise Westerman.........................Died October 14, 1928
MARY MARGARET ROCHE ......................... Died September 18, 1928
CAROLINE H. SOELLNER ......................... Died December 23, 1928
RUTH HERMINA BRIDGE ......................... Died December 27, 1928
L. AGNES DASPIE ......................... Died January 4, 1929
JEAN BEVERIDGE GIFFEN ......................... Died January 21, 1929
KATE A. EWING ......................... Died February 14, 1929
ANNA COTTER DAVIE ......................... Died February 16, 1929
MARY JULIA PUTTS ......................... Died May 8, 1929
ANNA FRANCES COON ......................... Died June 3, 1929
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