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NATIONAL LEAGUE OF NURSING EDUCATION,
370 SEVENTH AVE., NEW YORK CITY.
PROCEEDINGS

of the

Thirty-sixth Annual Convention

of the

National League of Nursing Education

Held at
MILWAUKEE AUDITORIUM
Milwaukee, Wisconsin
JUNE 9-14, 1930

NATIONAL HEADQUARTERS
370 Seventh Avenue
New York, N. Y.
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   L. Drown.
1895 Boston, Mass., February 13, 14.
   President, Linda Richards; Secretary, Louise Darche; Treasurer, Lucy
   L. Drown.
1896 Philadelphia, Pa., 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, Pa., 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, Georgina M. Nevins; Secretary, M. Adelaide Nutting; Treas-
   urer, Anna L. Alline.
1906 New York, N. Y., April 25, 26, 27.
   President, Annie W. Goodrich; Secretary, M. Adelaide Nutting; Treas-
   urer, Anna L. Alline.
1907 Philadelphia, Pa., 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, Calif., June 20 to 26.
  President, Clara D. Noyes; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.

1916 New Orleans, La., April 27 to May 3.
  President, Clara D. Noyes; Secretary, Isabel M. Stewart; Treasurer, Mary W. McKechnie.

1917 Philadelphia, Pa., April 26 to May 2.
  President, Sara E. Parsons; Secretary, Effie J. Taylor; Treasurer, Mary W. McKechnie.

1918 Cleveland, Ohio, May 7 to May 11.
  President, S. Lillian Clayton; Secretary, Effie J. Taylor; Treasurer, M. Helena McMillan.

1919 Chicago, Ill., June 24 to June 28.
  President, S. Lillian Clayton; Secretary, Laura R. Logan; Treasurer, M. Helena McMillan.

1920 Atlanta, Ga., April 12 to April 17.
  President, S. Lillian Clayton; Secretary, Laura R. Logan; Treasurer, M. Helena McMillan.

1921 Kansas City, Mo., April 11 to April 14.
  President, Anna C. Jammé; Secretary, (Mrs.) Alice H. Flash; Treasurer, Bena M. Henderson.
1922 Seattle, Wash., June 25 to July 1.
   President, Anna C. Jammé; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson.

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

1924 Detroit, Mich., June 16 to June 21.
   President, Laura R. Logan; Secretary, Ada Belle McCleery; Treasurer, Bena 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, Calif., 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 Goosray; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

1930 Milwaukee, Wis., June 9 to June 14.
   President, Elizabeth C. Burgess; Secretary, Stella Goosray; 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-SIXTH ANNUAL CONVENTION
OF THE
NATIONAL LEAGUE OF NURSING EDUCATION
Milwaukee, Wisconsin, June 9 to June 14, 1930

Opening Business Session
Monday, June 9, 9 a.m.

Presiding: Elizabeth C. Burgess, President.

The roll call indicated representatives from twenty-five states present, and the Chair announced that since the By-laws* required representation from only fifteen states for a quorum, the Thirty-sixth Annual Convention of the National League of Nursing Education was in session. The President then read her address.

PRESIDENT’S ADDRESS
DEVELOPING POTENTIAL LEADERS
ELIZABETH C. BURGESS, R.N.
President, National League of Nursing Education

Each year our programs reflect the problems which confront us, and while the National League of Nursing Education program deals principally with matters closely related to the needs of the students in our schools and with administrative, teaching, and supervisory methods, we are greatly affected by the needs of our profession as a whole, and by the specialized work of our graduates in the field. The fact that the undergraduate school of nursing furnishes the basic preparation, and the graduate school the preparation for specialization in the field, brings those who are concerned with the conduct of these schools very close to all problems in the field of nursing.

Some of the problems we shall discuss were problems many years ago, but many of them are either new or are seen at least for the first time; for with increasing demands upon the schools of nursing, and with our

* By-Laws, Article XI, Section 3: “Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention.”
own growing knowledge of what our schools ought to be, and of our obligations to our students, our problems increase.

Undoubtedly, many of us will be made conscious of problems as the returns from the self-analysis study of the Grading Committee reach us. This study, which is a gathering together of facts furnished by the schools themselves, gives us the opportunity of making comparisons for ourselves, and not only furnishes the individual school with illuminating data, but brings to light certain general facts about our schools. Nurses, individually and through their organizations, have contributed generously to make this study possible, thereby showing their desire to face facts in an effort aimed at improving the teaching of nursing and through this the nursing care rendered to their patients.

Probably it was a surprise to our friends in general education, perhaps a surprise as well to the boards of trustees of our hospitals, to learn through the pages of the May issue of the *American Journal of Nursing* of the large turnover in the position of superintendent of nurses, as revealed by this study.

What do we think about it ourselves? It perhaps is not as great a surprise to us, for we have previously had presented to us facts concerning this turnover. Ten years ago, the statement was made to this organization that in one state (New York) 60 of the 144 registered schools of nursing had changed superintendents at least once during the year 1919. Now we are told that in four sections of the country the typical student nurse is in her school longer than the superintendent of nurses. We are told that the range of the length of stay of a superintendent of nurses in our schools is from twenty-four months to forty-six months, and, for the country as a whole, half the superintendents of nurses have held their positions thirty-six months or less, and one-fourth have held their positions fifteen months or less.

Two reasons are given for this condition:

1. That conditions of employment are not satisfactory; and,
2. That there are as yet few institutions which offer advanced courses in educational and institutional administration which fit women for the position of superintendent of nurses and principal of the school of nursing.

Without doubt, it is frequently shown that conditions of employment are unsatisfactory, and it is likewise true that there is a shortage of persons prepared for educational and administrative posts.

We should probably agree to the changes as listed in this article which are needed to bring about better conditions. Briefly they are:

1. An understanding of the needs of the school on the part of the hospital trustees, and I may add, on the part of the hospital superintendent.
2. Better organization of the school.
3. A demand on the part of hospitals for qualified women.
4. Greater authority, better status and more assistance for the superintendent of nurses and principal of the school on whom rests so great responsibility.
5. Recognition that in acceptance of positions nurses should carefully weigh the ethical considerations involved.

This whole matter appears to me to be one of the most fundamental, if not the most fundamental in our whole educational plan. Lack of qualified personnel strikes at the heart of our problem. It is a problem which we have inherited, which has been forced upon us, and which with the rapid growth of schools of nursing in the early years was inevitable. How could the little group of early schools produce, in any number, women qualified to undertake the carrying on of the rapidly growing number of schools demanded by the hospitals!

True, it was done remarkably well, and we look back upon many of those early schools with admiration, for they drew to them women of experience and culture who, despite their lack of preparation, went out to organize and successfully carry on other schools. It was, however, impossible to keep up with the demand and as the less prepared persons began to head our schools, the inevitable happened and less well-prepared women were admitted and later graduated. To-day, it is no unusual thing to have placed in charge of a school of nursing a young woman whose general education has been very limited, who has been graduated from a school of nursing with very limited opportunities, and who is placed in this position of responsibility within so brief a period after her own graduation that she has no appreciation of what she is undertaking.

This is happening in every section of the country. Hospitals seeking qualified heads for their schools are having difficulty in finding qualified persons. Hospitals which seek merely someone with a nurse’s training, and with a little executive ability thrown in, seem always to be able to secure some individual willing to undertake what would be to the well prepared woman an impossible task. A large turnover results. Our poor schools are perpetuated, and they will continue to be conducted as long as preparation and qualifications fail to enter into the requirements for positions of importance in hospitals and schools of nursing.

In 1927 the Education Committee of the League started to study the question of the nursing school personnel. In this study have been included all the members of the educational staff of the school—the superintendent of nurses both in her capacity of superintendent of a nursing service and as principal of the school, the assistant superintendent, the night superintendent, supervisors, instructors and head nurses—all who had educational relation to the student. Many phases of the problem
are involved in a study of this type, but undoubtedly the most important phase is determining how to train persons most effectively for the various positions which must be filled. The committee has naturally assumed that they must be trained or prepared, and it has been and is continuing to seek an answer as to the best methods for such preparation.

One of the first conclusions reached by this committee was that we must follow in the steps of other organizations, both business and professional, and do much training on the job.

Nurses have always been considered a very practical group. We work with our hands as well as with our heads, and from experience we know that the ability to run a ward, to conduct an educational program for students on a ward, to supervise properly a nursing service, and to conduct a school of nursing in a hospital, cannot be learned wholly from books. To be sure a woman may secure a knowledge of teaching methods, of principles of administration, of ethics, and of sociology, by college work. This knowledge becomes of fundamental importance as a basis for work. But as those who drive automobiles well know, the only way to learn how to drive in traffic is to drive in traffic—and so here I want to emphasize especially for the consideration of those who are looking forward to heading schools of nursing that experience must be obtained in meeting the problems of the school and hospital before one is ready to assume the position of superintendent of nurses. Persons of experience would never attempt some of the impossible positions which are offered to and accepted by the inexperienced.

The heads of our schools of nursing must be essentially teachers. These teachers while needing what books can give, need to rise through an educational experience. The schools of the country must seek out and advance in their own organizations the able young women on their staffs, and they must be willing to send these young people out of their organizations to fill positions in other schools which need them. More than this, schools must be willing to take on their staffs nurses whose basic nursing education has been secured elsewhere. It is essential that the qualified women be given opportunity.

The good schools of nursing in the country should be the training ground for an increasing number of women who will eventually head our schools of nursing.

Dr. George Strayer in writing some years ago on the subject of “Creative Administration,” stated that

Possibly the most severe test that we can put upon the work of the administrator is to ask in what degree these superior persons (referring to those associated with him) have realized their highest possibilities under his leadership.
We must realize that the staff education programs now functioning in many of our schools must aim, not only at improving the quality of the students graduated, but also at increasing the capacity and the knowledge of the nursing staff for meeting the problems of the school and hospital, at preparing that staff for increasing responsibility, and at pushing forward young women of exceptional ability.

We must let other people know about these young women and be willing to spare them from our organizations when they are ready for the advancement which our own institutions cannot offer.

Let us create loan funds and scholarship funds, promote institutes, urge summer sessions, and regular college courses, and at the same time encourage and promote within our own organizations. Let us share the problems of our schools with our staffs. Our staffs have a right to know the problems, and thus will be in a better position to meet their own later, they will have more courage and greater staying qualities.

Dr. Strayer in the article above referred to also says:

Great leadership is dependent upon professional scholarship, professional insight and professional imagination, and these are granted only to one who values the cause he serves above everything else in the world.

This is a great deal to ask, but it is because nursing education has been served by such leaders that really remarkable progress has been made. Our present job, it appears to me, is to seek out, to encourage and assist the young women who are potential leaders.

The minutes of the last meeting were, on motion, not read, since they had been printed and sent to all members.

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

**REPORT OF THE SECRETARY**

Immediately following the convention in Atlantic City the newly elected board met and appointed the committees for the year. The Board of Directors again met in New York in January. The report of the Treasurer showed that the finances of the League are in good condition and the budget for the year, amounting to $13,375.40, was accepted. The Committee on the Study of Nursing Education in Colleges and Universities reported that it had held two meetings and has been working on a list of standards for nursing schools seeking university relations. Miss Nutting has very generously offered to prepare for the committee a pamphlet on University Schools of Nursing. The Committee on Revision reported that the New Hampshire and Tennessee Leagues of Nursing Education have drafted their constitution and by-laws to conform with the requirements proposed by the National League
but have not yet finished the necessary formalities. With these completed, the State Leagues will number twenty-nine. The Dispensary Development Committee which has been carrying on an experimental study at the Presbyterian Hospital in New York has arranged for a course for graduate nurses in dispensary work. The Joint Nursing Committee on Educational Policies in their report to the Joint Boards made a number of recommendations which vitally affect the National League of Nursing Education. They recommended that the publication of the list of accredited schools and the frequency of the same be referred to the National League of Nursing Education for consideration and recommendations. Your Board of Directors voted that it was the sense of the League Board that the accredited list is a function of the National League of Nursing Education and accepted the responsibility for the future publication of the accredited list on the understanding that we are not obligated to prepare one this year but may do so within a reasonable time, taking into consideration the League's other responsibilities and its resources. The League Board also ratified the action of the Joint Boards that the nursing profession assume the obligation, moral and financial, for the continuation of the work of the Grading Committee. The Joint Boards also accepted the recommendation of the Joint Nursing Committee on Educational Policies that the following plan be set up as the medium through which the work of the Grading Committee may be carried on by the nursing organizations at the close of the five-year period of the Grading Committee:

(a) Our educational program to be planned so as to provide for a statistical service, a study service, a field service, a public information service, with an Advisory Committee made up somewhat as the present Grading Committee or as similar committees in other organizations.

(b) These activities to be carried by the League either under its present organization, or by the League acting as the Educational Council of the A. N. A.

(c) Accrediting of schools to be incorporated as the major project contributed to by the program already set up.

Your Board ratified this action of the Joint Boards and accepted the obligation to carry out this plan and to place this proposed program before the Executive Committee of the Grading Committee for their information and consideration. A new committee was created within the League to draw up a program for presentation to the League Board on the basis of the recommendations of the Joint Nursing Committee on Educational Policies, this committee to be known as the Committee on Research and Accrediting. By vote of the Joint Boards, ratified by your board, the Committee to Study the Relation of Nursing to Maternal Care becomes a League Committee.
To our Honor Roll of those who have passed on we must add the names of a number whom we could ill afford to lose:

Katherine E. Holehouse
Mary E. Shutt
Amy Allison
Jessie Breeze
Elsa Schmidt
S. Lillian Clayton
Sister M. Assisiun Hynes

HONORARY MEMBER
Linda Richards

Your board has passed the following resolution:

Whereas, the Board of Directors of the National League of Nursing Education, in the untimely death of S. Lillian Clayton has lost a member whose contributions to its deliberations were unfailingly helpful because of the high-mindedness which characterized her every thought and action, and always wise because of her constant search for the fundamental truths behind each matter discussed, and

Whereas, each member of the Board feels an inexpressible personal loss because of her ability always to reflect back from the clear mirror of her soul their ideas in more perfect form, touched with her simplicity, and her quick willingness to give to each the full measure of her attention and advice in spite of what, to most, would seem intolerable preoccupations, and

Whereas, the vivid memory of such consecration, such integrity of purpose, and unconscious personal power will be a daily inspiration,

Be it RESOLVED, that this expression of our sense of loss be spread upon the minutes of the board and that a copy be sent to Miss Clayton's family.

The Board also received the following resolution:

The Northern California League of Nursing Education in meeting to-day at San Francisco learned with profound sorrow of the death of Miss Lillian Clayton, President of the American Nurses' Association. The following resolution was adopted:

Whereas, the nurses of the nation have lost through the death of S. Lillian Clayton a leader of rare ability, a wise administrator, a successful teacher, a skillful nurse, an unselfish friend whose life has been an inspiration, and whose friendship a benediction to nurses throughout the world,

RESOLVED, that the Northern California League of Nursing Education express to the President of the National League of Nursing Education and to the staff and students of the Philadelphia General Hospital School of Nursing its sorrow in the loss of our friend.

Pearl Castile, Chairman,
Northern California League of Nursing Education.

Your officers attended the services for Miss Clayton, and flowers were sent in the name of the League.

Stella Goostray, Secretary.
THIRTY-SIXTH ANNUAL CONVENTION

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 book of the Treasurer of the National League of Nursing Education for the year ended December 31, 1929, and present attached hereto the following:

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS
FOR THE YEAR ENDED DECEMBER 31, 1929

Very truly yours,

FREDERICK FISCHER, JR.,
Member, American Institute of Accountants,
New York, N. Y.

January 11, 1930.

Balance, December 31, 1928 .................. $5,289.84

Receipts
Calendars ........................................... $10,655.25
Contributions ...................................... 436.24
Convention—Registration fees .................. 333.00
Dispensary Development Committee .......... 500.00

Dues:
State ............................................. $6,930.00
Individual ....................................... 717.85
Individual with application .................. 224.75

Interest—Bank balance .......................... 143.53
Interest—Securities .............................. 426.47
Photographs ..................................... 400.25
Publications ..................................... 2,713.71
Royalties ......................................... 30.25
Slides ........................................... 1,536.50
Supplies .......................................... 48.23

Refunds:
Headquarters surplus budget advance, year 1928 ... 103.54
Overpayment Headquarters budget advance, Septem-
ber, 1929 ......................................... 10.00
American Nurses' Association .................. 12.83
Outstanding checks issued 1926 and 1928 cancelled:
1928 Refund of State Dues $6.00
1926 Education Committee expense 11.75

Total Receipts $25,240.15

Total $30,529.99

Disbursements
Annual Report $1,852.77
Board of Directors' meetings 58.70
Calendar 4,064.02
Committees:
Dispensary Development 2,076.75
Colleges and Universities 58.06
Education 182.15
Library Facilities 8.55
Nominating 9.09
Grading of Nursing Schools 1,000.00
Convention 1,720.59
Curriculum 1,658.08
Directors' expense 413.93
Dues 30.00
Headquarters Budget 11,014.59
Officers' expense 214.98
President's expense 195.68
Postage 1.25
Portraits 270.25
Premium on Treasurer's bond 12.50
Publications 254.64
Slides 1,051.85
Stationery 256.22
Miscellaneous expense 74.71
Invested—Plainfield Title and Mortgage Co. 5 1/2% First Mortgage Participation Certificate 5,000.00

Total Disbursements $31,479.36

Overdraft, December 31, 1929 949.37

Total $30,529.99

There are funds invested as of December 31, 1929, viz:
$10,000.00 Plainfield Title and Mortgage Guarantee Co. First Mortgage Participating Certificates.

FINANCIAL REPORT OF THE TREASURER
(January to June 1, 1930)

Receipts
Curriculum $403.25
Publications 598.54
Calendars ................................................. $8,432.95
Photographs ...........................................  139.00
Slides ...................................................  620.00
State League supplies ...............................  19.85
Membership dues (State) ............................  5,889.00
  " " (Individual) ......................................  806.00
  " " (With application) .............................  98.00
Refund from Headquarters .........................  204.84
Contributions .........................................  87.50
Dispensary Committee ................................ 1,000.00
Interest ................................................  52.46
Royalty .................................................  15.25
Sesqui Exhibit ......................................... 100.45

Total .................................................... $18,467.09

Deficit, December 31, 1929 ........................... $949.37

Disbursements

Headquarters Budget .................................... $4,728.92
Committee on Educational Policies ..................  1,000.00
Directors' expenses ..................................  121.39
Publications ...........................................  318.75
Slides ..................................................  246.64
Photographs ............................................  83.25
Board Meetings ........................................  42.39
Dispensary Committee ................................  810.30
Committee on Colleges and Universities ..........  7.52
Miscellaneous .........................................  23.00
Audit ....................................................  50.00
Refund on Membership ................................  5.00
Convention expenses ................................  109.97
1931 Calendar .........................................  75.00
Treasurer's bond ......................................  12.50
Officers' expenses ....................................  273.72
President's expenses ................................  22.91

Total Disbursements .................................. $8,880.63

Balance in Bank, June 1 .................. .......................... 9,586.46

Total .................................................... $18,467.09

REPORT OF THE EXECUTIVE SECRETARY

The League Headquarters office has been moved this year to more roomy and comfortable quarters, warmer in winter and cooler in summer. We all have daylight for our desks, which helps morale enormously. We have been able to provide desk space for the Advisor to
the Joint Nursing Committee on Educational Policies, though this space is not as large as their permanent advisor will need. But we have done our best to help in the initiation of the work of that important committee.

The daily background of work at Headquarters is the routine of correspondence with State Leagues, individual members, committees, and nurses asking advice on vocational, administrative, and teaching problems. It includes also answering many letters, oftentimes forty or fifty a week, on preparation for the field of nursing. During the past year this correspondence has covered 5,585 incoming and 15,456 outgoing letters on all these subjects and more. There have also been 487 interviews, taking anywhere from five minutes to an hour, discussing more ramifications of these same problems. One would like to have the wisdom of Solomon and the virtues of an archangel to meet all these opportunities adequately. Every day emphasizes the need for a larger staff if we are to help people as we ought to.

Besides this daily background of correspondence and interviews, a great deal of the work of the year has been on the Milwaukee Convention, the results of which you see before you. Details will be covered in the report of the Convention Committee and the State and Local Arrangements Committees.

The Executive Secretary has tried to get out among the membership as much as possible, so that she might learn their needs and desires, and how we could help them. Each time she goes out she feels what all her predecessors have felt, the imperative need of someone who can spend the major part of her time in the field, sending in word of what is wanted.

In January the Joint Boards delegated to the League the publication of the next Accredited List of Schools of Nursing, and we must begin making plans for that work. If the list is to be published in 1931 the questionnaires and letters to be sent to the schools and the State Boards should be ready to send out on January first. Suggestions as to information desired in the list, and so to be included in the questionnaires will be gratefully received at Headquarters.

The next important service we could render many schools of nursing would be the publication of records. There were many responses from the first suggestions made in the article published in the Journal last spring. A decision from the committee as to the desired forms for a beginning will help many of the schools to set up standards for their work, and enable them to know better what they are really doing.

Another very helpful activity for Headquarters would be to have "package libraries" on various subjects, which could be loaned to inquirers. We have now some suggestive bibliographies, but if we send
one of those the recipient often has no access to the references, and so
gets no real assistance. The Library Index has often met the same
fate. If the articles could be clipped and loaned, a really tangible form
of aid could be given. The research worker for whom we have all been
waiting for some time could do much of the study needed to keep these
package libraries up to date. A continual list of requests would come
in if once people knew that such material was available.

Meanwhile immediate help could be given if some way could be found
to finance some special studies on Central Schools and their administra-
tion; on the organization of a school of nursing, its relationships to the
hospital, and the interrelationships of the school faculty with each other
and with the hospital personnel; on what constitutes the faculty of a
school of nursing; on techniques of making cost studies, and the re-
sults of studies now being made of the costs of a school and of the
nursing service of a hospital; on the analysis of hospital services which
should be considered in relation to the establishment of a school of
nursing; on affiliations, the requirement of both home and affiliating
schools, and the possibilities of affiliation with Visiting Nurse Associa-
tions for part of the needed experience. These are only a few of the
more immediate subjects on which people are asking for assistance, and
on which the League has as yet nothing in print to send them.

Since our by-laws require us to meet every other year with the Ameri-
can Nurses' Association, we are concerned as much as they with the
choice of a convention city. Our biennial conventions are now so large—
5,000-6,000—that only a few cities in the country can accommodate us.
We need a large hall for joint meetings, and eight or ten smaller halls,
holding from 500-1,000 people for sectional and group meetings, be-
side numerous small committee rooms, and offices for the organizations
and their officers. We need large space for registration, post office, in-
formation, sale of luncheon and dinner tickets, first-aid rooms, and so
on. We must determine our policy relative to exhibits, since an exhibit
clientele cannot be built up over night. If we wish to continue our
exhibits we need a large space for them. Meanwhile the cost of the
biennial convention mounts each time one is given. Officers in charge
of arrangements must make trips to the convention city. (If local com-
mittees did not do such efficient work the officers would have to make
many more trips.) Expenses of speakers have to be covered. Operating
expenses, such as printing of ballots, programs, telephones, telegrams,
and so on, mount surprisingly, in spite of all attempts to keep them down.
It is estimated that the total cost of a biennial to the three national nurs-
ing organizations approximates $10,000. To cover this there are regis-
tration fees and funds from the association treasuries. In view of all
these factors the choice of the city for biennial conventions becomes increasingly difficult.

These are some of the problems which are pressing on us at Headquarters, and which must be solved if we are to be able to serve the membership as we desire.

Respectfully submitted,

NINA D. GAGE, Executive Secretary.

REPORT OF THE CONVENTION COMMITTEE

The main report of this committee you see before you, in the Milwaukee Convention, and you can judge for yourselves the efficiency of our work.

Statistics we are collecting, and will have ready to give in a fuller report at the January meeting of the Joint Boards, on:

A. Classified attendance.
B. People attending convention for first or subsequent time.
C. Numbers of registrants at hotels, with length of stay.

After receiving the suggestions of the Wisconsin nurses re the working of the tentative division of responsibilities between national and local committees, we shall amplify the convention procedure which has been our working agreement for the 1930 convention and embody it in our report to the Joint Boards in January. It will then be ready to hand to our successors on the next Convention Committee.

Work on the program was begun in April, 1929, when we asked Dr. Frank to open our convention. The Joint Program Committees met in September, 1929, and adopted plans for time units, and for preventing confusion during meetings. Securing speakers has been the usual task, made especially difficult by the fact that the time of the convention conflicts with the time of many college commencements. An earlier date should simplify the work of future program committees.

Publicity reports will be covered in the report of the Publicity Secretary, Miss Virginia McCormick.

Transportation has been organized as never before, through the National Chairman, Mrs. Alma H. Scott. Contact with the railways was made early, then regional nurse chairmen were appointed, and we hope everyone has been cared for quickly and easily. Mrs. Scott will present details in her own report.

The final report of the exhibit will have to be given later. We hope for suggestions and reactions from those of you who see the exhibits now, for guidance in future planning.
We would recommend the particular form of organization of the Convention Committee authorized for this convention as contributing to simplified work in planning conventions.

Respectfully submitted,

JANET M. GEISTER,
KATHARINE TUCKER,
NIÑA D. GAGE, Chairman.

REPORT OF THE COMMITTEE ON PROGRAM

The Committee on Program reports that owing to the geographical distribution of its members no meetings were held during the year. The work of the committee has been carried on entirely through correspondence.

Early in September, in accordance with the constitution of the National League of Nursing Education, a circular letter was sent to the officers of the League, to all presidents of State Leagues, and to the chairmen of all committees. A tentative program was prepared from the many suggestions received, and was presented to the Board of Directors at their meeting held in New York in January.

The committee has worked very closely with our Executive Secretary, to whom we wish to express our thanks for her invaluable help and cooperation.

The committee also wishes to thank all those whose generous assistance has made possible the program it now presents.

NELLIE X. HAWKINSON, Chairman.

REPORT OF THE COMMITTEE ON ELIGIBILITY

The following applications for membership in the National League of Nursing Education have been received and duly endorsed for approval by the members of the Committee on Eligibility:

Active Membership:

Beal, Lucy Helen, Waterbury Hospital, Waterbury Connecticut.
Brennan, Lenore M., Women’s and Children’s Hospital, Toledo, Ohio.
Bryant, Margaret Annette, Eastern Maine General Hospital, Bangor, Maine.
Campion, Ora A., Davis Memorial Hospital, Elkins, West Virginia.
Harrison, Florence, Babies’ and Children’s Hospital, Cleveland, Ohio.
Hukill, Georgia, Western Reserve University, Cleveland, Ohio.
Johnson, Marie, Latter-Day Saints Hospital, Salt Lake City, Utah.
Johnson, Mildred G., Methodist State Hospital, Mitchell, South Dakota.
Justice, Clara R., Glenville and Huron Road Hospitals, Cleveland, Ohio.
PROCEEDINGS

Kelly, Alice Pearl, Reynolds Memorial Hospital, Glen Dale, West Virginia.
Kemp, Madeline, Jane M. Case Hospital, Delaware, Ohio.
Kitzerow, Helen C., Western Reserve University, Cleveland, Ohio.
Knight, Uarda, Latter-Day Saints Hospital, Salt Lake City, Utah.
McNally, Mary Agnes, Ozark Sanatorium, Hot Springs, Arkansas.
Nahm, Helen, Scott and White Hospital, Temple, Texas.
Pittman, Mabel Florence, Middletown, Ohio.
Rein, Helen, 124 Front Street, Ripley, Ohio.
Schaefer, Helen Rose, Mercy Hospital, Canton, Ohio.
Schroeder, Louise S., Miami Valley Hospital, Dayton, Ohio.
Shaw, Nancy Walbridge, Piqua, Ohio.
Sister Eulalia Harbaugh, Sisters Hospital, Waterville, Maine.
Sister Frances Maloney, Sisters Hospital, Waterville, Maine.
Sister Mary Edith Bailey, St. Thomas Hospital, Akron, Ohio.
VerWiebe, Clara Emilie, Lake County Memorial Hospital, Painesville, Ohio.
Washburn, Anne Paine, Western Reserve University, Cleveland, Ohio.
Webster, Katherine, Mt. Sinai Hospital, Cleveland, Ohio.
Wilcox, Mary Elizabeth, St. Peters Hospital, Helena, Montana.
Wyland, Bess Elizabeth, Lutheran Hospital, Cleveland, Ohio.

Associate Membership:
Harrell, Virginia, American Hospital of Paris, Paris, France.
Read, Elsie A., British American Hospital, Callao, Peru, South America.

Respectfully submitted,
JESSIE MACLEOD,
CHARLOTTE BURGESS,
ELIZABETH MELBY, Chairman.

REPORT OF THE FINANCE COMMITTEE

The budget submitted for 1930 shows a deficit of over $3,000.00, due to the development of important new educational activities. In business, it is sometimes considered good practice to spend a little more than the income, and, perhaps, it may be a wise move for an organization such as the League to follow this course in order to stimulate the general sources of income, and, possibly, discover new ones.

The sale of calendars is still the one greatest source of revenue, and perhaps the one thing which makes it possible for the League to function so well. The very least the members can do is to support the organization financially through a greater purchase of calendars and publications.

The League business affairs are being carried on in the most efficient and economical way, and the indications now are that the expenses will be somewhat less and the income considerably more than the budget indicates, so that the actual deficit for the year will, we hope, be appreciably less.
The League has a nest egg of $10,000.00 invested in Plainfield Title and Mortgage Guarantee Company which yields interest at the rate of 5½%.

The budget which has been approved by the Board of Directors shows an estimated income of $25,095.00 and expenses of $28,621.03.

**NATIONAL LEAGUE OF NURSING EDUCATION**  
**1930 BUDGET**

<table>
<thead>
<tr>
<th>Estimated Receipts</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendars</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Curriculum</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Dues: Individual</td>
<td>500.00</td>
</tr>
<tr>
<td>States</td>
<td>7,000.00</td>
</tr>
<tr>
<td>Donations</td>
<td>25.00</td>
</tr>
<tr>
<td>Interest on Checking Account</td>
<td>150.00</td>
</tr>
<tr>
<td>Portraits</td>
<td>300.00</td>
</tr>
<tr>
<td>Publications</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Refunds—Headquarters</td>
<td>200.00</td>
</tr>
<tr>
<td>Royalties</td>
<td>30.00</td>
</tr>
<tr>
<td>Slides</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Supplies—State Leagues</td>
<td>40.00</td>
</tr>
<tr>
<td>Convention, Exhibit</td>
<td>2,800.00</td>
</tr>
<tr>
<td>Convention, Registration</td>
<td>500.00</td>
</tr>
<tr>
<td>Interest on Mortgage Certificates ($10,000)</td>
<td>550.00</td>
</tr>
</tbody>
</table>

**Estimated deficit for year 1930**  
$3,026.03

**Estimated Expenses**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficit as of December 31, 1929</td>
<td>$948.68</td>
</tr>
<tr>
<td>Annual Report (printing)</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Auditor’s fees</td>
<td>50.00</td>
</tr>
<tr>
<td>Board of Directors Meetings (rent)</td>
<td>35.00</td>
</tr>
<tr>
<td>Board Meetings, Officers and Directors</td>
<td>500.00</td>
</tr>
<tr>
<td>Calendars</td>
<td>4,000.00</td>
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<tr>
<td>Committee Expenses:</td>
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</tr>
<tr>
<td>(a) Common Activities</td>
<td>25.00</td>
</tr>
<tr>
<td>(b) Functions and Resources of League</td>
<td>200.00</td>
</tr>
<tr>
<td>(c) Dispensary</td>
<td>1,587.45</td>
</tr>
<tr>
<td>(d) Education</td>
<td>500.00</td>
</tr>
<tr>
<td>(e) Eligibility</td>
<td>2.00</td>
</tr>
<tr>
<td>(f) Indexing</td>
<td>10.00</td>
</tr>
<tr>
<td>(g) Midwifery</td>
<td>5.00</td>
</tr>
<tr>
<td>(h) Nominating</td>
<td>10.00</td>
</tr>
<tr>
<td>(i) Revision</td>
<td>5.00</td>
</tr>
<tr>
<td>(j) University Relations</td>
<td>200.00</td>
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<tr>
<td>(k) Joint Nursing Committee on Educational Policies</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Convention Expenses:</td>
<td></td>
</tr>
<tr>
<td>(a) Miscellaneous</td>
<td>25.00</td>
</tr>
<tr>
<td>(b) Officers' expenses</td>
<td>700.00</td>
</tr>
</tbody>
</table>
(c) Program and speakers .............................................. $250.00
(d) Reporting .......................................................... 200.00

Dues:
(a) Am. Child Health Association .................................... 5.00
(b) Am. Conference on Social Service .............................. 25.00
Grading Committee .................................................. 1,000.00
Headquarters Budget ................................................ 11,375.40
Portraits ................................................................... 300.00
President’s traveling expenses ....................................... 250.00
Publications ................................................................ 500.00
Refunds ..................................................................... 100.00
Slides ....................................................................... 1,000.00
Stationery and supplies ............................................... 300.00
Treasurer’s bond ......................................................... 12.50

$28,121.03

Following is the budget of Headquarters submitted by the Executive Secretary to the Finance Committee:

**HEADQUARTERS BUDGET FOR 1930**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$7,800.00</td>
</tr>
<tr>
<td>Rent</td>
<td>1,165.00</td>
</tr>
<tr>
<td>Telephone</td>
<td>110.00</td>
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<tr>
<td>Special office care</td>
<td>40.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>125.00</td>
</tr>
<tr>
<td>Shipping service</td>
<td>175.00</td>
</tr>
<tr>
<td>Postage</td>
<td>400.00</td>
</tr>
<tr>
<td>Telegrams</td>
<td>50.00</td>
</tr>
<tr>
<td>Multigraphing and mimeographing</td>
<td>200.00</td>
</tr>
<tr>
<td>Extra stenographic service</td>
<td>300.00</td>
</tr>
<tr>
<td>Express charges</td>
<td>60.00</td>
</tr>
<tr>
<td>Emergency fund</td>
<td>200.00</td>
</tr>
<tr>
<td>Miscellaneous (includes auditing books, bonding Headquarters disbursing officer, repairing, and other incidental expenses not listed in above heading)</td>
<td>175.00</td>
</tr>
<tr>
<td>National Health Library Service</td>
<td>114.00</td>
</tr>
<tr>
<td>Calendar on basis of 1929:</td>
<td></td>
</tr>
<tr>
<td>Postage (includes mailing and publicity)</td>
<td>$390.00</td>
</tr>
<tr>
<td>Multigraphing and mimeographing</td>
<td>46.00</td>
</tr>
<tr>
<td>Packing service</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td>461.00</td>
</tr>
</tbody>
</table>

$11,375.00

Respectfully submitted,

Minnie Jordan,
Marian Rottman,
Marie Louis, Chairman.
REPORT OF THE COMMITTEE ON NOMINATIONS

No meetings of the Nominations Committee were held; the work was done by correspondence. On September 23, 1929, a copy of the State League nomination blank for national officers, together with a copy of the By-laws of the National League, were sent the presidents of State Leagues in the twenty-seven states having such organizations. The heading on the top of the nomination blank asked that the blanks be returned to the chairman not later than December 1st.

By November 20th, only eight states had returned their blanks. A second letter was then sent to the nineteen states from which no reply had been received, asking them to help us in our work by returning all the blanks.

All excepting five states had returned their blanks by December 13th. At this time a summary sheet of the nomination blanks was made and forwarded to Miss Claribel Wheeler, asking her to suggest our next moves, inasmuch as she had been chairman of the committee last year. Miss Wheeler prepared the summary of the various nominations and suggested a ballot. She started the summary and suggested ballot on its way to the other members of the committee.

As time was pressing heavily upon me, and inasmuch as no messages were received from other members of the committee by January 1st, I took the liberty of writing to the individuals whose names appear on the suggested ballot asking their willingness to allow their names to appear on the ballot, and also to serve if elected. The following nominees finally allowed their names to stand:

**Nominees on Ballot as Submitted**

President, Elizabeth C. Burgess, New York, N. Y.
First Vice President: Elsie M. Lawler, Baltimore, Md.
                   Daisy Dean Urchi, Oakland, Calif.
Second Vice President: Elizabeth S. Soule, Seattle, Wash.
                   Anna D. Wolf, Chicago, Ill.
Secretary: Stella Goostray, Boston, Mass.
Treasurer: Marian Rottman, New York, N. Y.
Directors: Mary M. Roberts, New York, N. Y.; Nellie X. Hawkinson, Cleveland, Ohio; Carrie M. Hall, Boston, Mass.; Mary M. Pickering, Berkeley, Calif.; Gladys Sellew, Chicago, Ill.; Claribel A. Wheeler, St. Louis, Mo.

Respectfully submitted,

Claribel A. Wheeler,
Dora C. Saunby,
Elizabeth S. Soule,
Edith Brodie,
Florence Ambler, Chairman.
The Chair then called for nominations from the floor, as provided in the By-laws. None being made, it was moved by Miss Evelyn Wood, seconded, and carried, that nominations be closed.

REPORT OF THE PUBLICATIONS COMMITTEE

Publications have sold so that in the five months from January to June we have cleared $410.21. The Calendar, of course, is our major project, and thanks to the work of local committees in the states has sold this year as never before, 14,022 to June 1st. Until we have a substitute to contribute as much to our finances as does the Calendar, the League cannot afford to give up this publication, but it will welcome constructive suggestions for a financial aid to take its place. The Calendar of 1931 is to have for its subject the Florence Nightingale birthplace in Florence, the Villa Colombaia. This villa is now owned by some American friends of Miss Alice Fitzgerald, long a League member. These friends, Mr. and Mrs. Ernest Foster, let Miss Fitzgerald take photographs of the villa, and Miss Fitzgerald gave them to the League. They have never before been published. They will appeal to lovers of Florence and to lovers of beauty. The frontispiece was repainted in color by an artist of great repute in this country, H. Willard Ortler. He did the work especially for us because he was interested in the League and its aims. So that our 1931 Calendar will represent the gifts of many friends, and be very distinctly related to Miss Nightingale's birthplace, and be sold in the year of the 110th anniversary of her birth.

We are working also on adding to the set of slides on foreign nursing. We have added several to the number, and advertised them in the Journal, and can now send them out to help the classes in History of Nursing.

Suggested future publications have been mentioned in the report of the Executive Secretary, and will not be repeated here. The work at Headquarters overlaps so greatly that it is almost impossible to separate it even for purposes of report. We hope to be able to announce some new publications before long.

Respectfully submitted,

DOROTHY DEMING,
HELEN MUNSON,
NINA D. GAGE, Chairman.

The Committee for the Study of Nursing Education in Colleges and Universities submitted a report which was accepted, and will later be printed.
REPORT OF ISABEL HAMPTON ROBB COMMITTEE

This committee begs to report that the usual business has been transacted during the year.

The annual meeting was held in New York in January, nine members attending. The resignations of four members of the committee were presented—Miss Nutting, Miss Dock, Miss Evans, and Mrs. Weaver. These resignations were accepted with regret. Miss Nutting and Miss Dock have been members of this committee since its inception and have been so identified with its growth and activities, have been so largely responsible for the development of the fund, and the steady maintenance of the interest felt in it, that it is difficult to think of the work without them. The committee, while appreciating that they should be relieved of the routine demands, are happy in the knowledge that, though no longer active members, they will gladly respond to any appeal for assistance. The vacancies on the committee have been filled by Anna D. Wolf, nominated by the League, and Marion G. Howell of Ohio, Margaret Stack of Connecticut, and Edith S. Countryman of Iowa, by the N. O. P. H. N.

At the January meeting the Executive Committee was re-elected and the officers appointed were: Secretary, Katharine DeWitt; Treasurer, Mary M. Riddle; Chairman, E. M. Lawler. It was decided to award six scholarships of $300 each. Announcements of these scholarships were sent out as usual to all accredited schools, to state public health nurses, and others holding executive positions, to registrars of official registries, and to state officers. A great many inquiries were received, and thirty-four applications which could be considered.

That the information concerning the Fund is becoming well known is evidenced by the distribution of these thirty-four applications:

<table>
<thead>
<tr>
<th>State</th>
<th>Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>3</td>
</tr>
<tr>
<td>Connecticut</td>
<td>2</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>1</td>
</tr>
<tr>
<td>Illinois</td>
<td>2</td>
</tr>
<tr>
<td>Iowa</td>
<td>2</td>
</tr>
<tr>
<td>Kansas</td>
<td>1</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>4</td>
</tr>
<tr>
<td>Missouri</td>
<td>2</td>
</tr>
<tr>
<td>Michigan</td>
<td>1</td>
</tr>
<tr>
<td>Maine</td>
<td>1</td>
</tr>
<tr>
<td>New York</td>
<td>3</td>
</tr>
<tr>
<td>Ohio</td>
<td>3</td>
</tr>
<tr>
<td>Nebraska</td>
<td>2</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>5</td>
</tr>
<tr>
<td>Washington</td>
<td>1</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>1</td>
</tr>
</tbody>
</table>

The places of study selected were:

- Teachers College, New York ........................................... 23
- George Peabody College ............................................. 2
- Marquette University ................................................ 1
- University of California ............................................. 1
- Western Reserve University .......................................... 1
University of Michigan ........................................... 1
Northwestern University ........................................... 1
Pennsylvania School of Public Health and Social Work ....... 1
Teachers College or Simmons College .......................... 1
Teachers College or Western Reserve ......................... 1
Teachers College or Loyola College, Chicago ............... 1

Seven wanted courses in administration; fifteen, courses in teaching; and twelve, courses in public health.

The six successful candidates were:

Pincelle Peck (University Hospital, San Francisco)
    Now in Newark, New Jersey.
Edwina May MacDougall (Presbyterian Hospital, Chicago)
    Now at Indiana University School of Nursing.
Mary Heaney McKimmon (University Hospital, San Francisco)
    Now at Franklin Hospital, San Francisco.
Agnes Florence Peltz (Massachusetts General Hospital)
    Now instructor at Chicago Memorial Hospital.
Florence M. Jones (Columbia Hospital, Wilkinsburg, Pennsylvania)
    Now in Pitcairn, Pennsylvania.
Beatrice E. Gerrin (Boston City Hospital, Massachusetts)
    Now in Indianapolis.

and the places of study selected were Teachers College for five and University of California for one.

At the January meeting it was stated that the question had been raised as to the legality of our handling the Fund. Accordingly the secretary and treasurer were requested to consult Mr. Walter R. Herrick. This they did, and were informed that it is perfectly legal for an independent unincorporated committee to hold and dispense funds as the Robb Committee is doing.

The treasurer reports that on May 12, 1930, contributions to the fund since the January report have amounted to $377, and the fund at this date is $35,049.12. When these six scholarships awarded this year are given, a total of one hundred will have been granted from this fund.

The McIsaac Loan Fund

Contributions to this fund during the year ending January, 1930, amounted to $897. The fund at this date amounts to about $6,791.32, of which $6,075 is out in loans. At the January meeting it was brought out that the demands upon the loan are increasing and it would be desirable to know more about the applicants if the committee is to utilize the fund with the best possible results. It was therefore decided to prepare a blank for applicants asking for such information as size of loan desired, personal budget of candidate, other sources of income, etc. This was done and even in the few months that it has been in use, has
been found most helpful. Several applications for loans are pending since the last convention, twenty-three have been granted, and since the first loan was made, sixty. Nineteen of these have been paid in full, others in part. Respectfully submitted,

E. M. Lawler, Chairman.

REPORT OF THE COMMITTEE ON REVISIONS

During the year the committee received from New Hampshire and Tennessee a copy of a constitution and by-laws for a State League in these respective states, so drafted as to conform with the form for State Leagues as proposed by the National League of Nursing Education.

The Tennessee League of Nursing Education submitted several amendments to its by-laws, all concerned with the local working of that League. These amendments were approved by the committee.

In April the committee received a list of proposed amendments from the California League of Nursing Education. Part of these amendments related purely to local machinery and were approved. The committee is at present in correspondence with the Secretary of the California League about others, concerning which there is some question.

The following amendment relating to dues and included in the list your committee does not feel itself empowered to act upon, and therefore submits it to the Board of Directors for advice:

Article V, Section 1—This section, as proposed by the National League, includes the sentence: Dues of applicants favorably acted upon after July 1st will be charged in proportion to the number of months to the next January.

Proposed substitution by the California League: Dues of applicants favorably acted upon after July 1st shall be three dollars, two dollars being retained in the Local League and one dollar forwarded to the State League. The names of such members will not be forwarded to the National League of Nursing Education until dues are paid by these members for the following year.

To Article V, Section 2, of the California League By-Laws, which is in accord with National League requirements, and reads at present —"The annual dues of three dollars per capita shall be paid to the treasurer of the National League of Nursing Education on or before April 1st, on the basis of membership March the first of each year"
the following addition is proposed—

"These dues also providing for the receipt by each member of the Report of the National Annual Convention."

BLANCHE PFIEFFERKORN, Chairman.

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

The Committee to Study the Relation of Nursing to Maternal Care has not been very active during the last two years, and this year there have been no meetings. Late last year the Committee asked permission from the Joint Boards to add to the Committee membership either lay or medical personnel to facilitate the Committee's work. Permission was also asked to raise money in the Committee's name to carry on the work and engage a secretary, if necessary. These two requests were granted.

The Committee felt that it could best help the cause of midwifery by developing Standards for training nurses in midwifery, Standards for supervision of midwives, Relationships between midwives, doctors, nurses and other workers.

When the Committee called on several obstetricians to ask them to serve on this Committee they found that the obstetricians were not only interested in midwifery but were at that time planning to organize a Committee to study the whole question and to set up standards for midwifery training, practice and supervision. Within the last few months, the Committee for the Promotion and Standardization of Midwifery in the United States—a national committee—has been formed and is now in the process of developing its plan of work. This Committee is made up of Dr. Ralph W. Lobenstine, Dr. George Kosmak, Dr. John O. Polak, Dr. Benjamin Watson, Dr. J. R. McCord, Mrs. Mary Breckinridge, Miss Lillian Hudson and Miss Hazel Corbin.

The Committee is planning to aid in the development of a course in midwifery in one of the New York maternity hospitals. The Committee will act as an Advisory Committee on standards and training and will also furnish the money for the additional expenses which must be incurred by the hospital in carrying on this midwifery training course. The plan is to give a ten months' course to carefully selected public health nurses—four months in public health nursing with emphasis on supervision, and six months in midwifery. It is hoped that plans will so develop that the public health nursing will be given by
Teachers College, the Maternity Center Association, the Visiting Nurse Service of Henry Street, and other organizations in New York City, working together. It is probable that each nurse will be given a scholarship covering her expenses while studying, and for that she will be asked to work only in such places and under such conditions as the Committee feels will further the cause of midwifery.

As you all know the Committee on Midwifery of the White House Conference under the chairmanship of Dr. McCord is giving careful thought to the whole question and these two committees are keeping in close touch with each other.

It is because of the activity of these other two committees and because many of the same people are represented on all committees, that the Committee to Study the Relation of Nursing to Maternal Care has been less active than it might otherwise have been. It is my hope that the work of all three committees may be very closely tied up as time goes on.

Hazel Corbin, Chairman.

REPORT OF SPECIAL COMMITTEE ON USE OF LIBRARY FACILITIES

Since the last meeting of the League in Atlantic City, June, 1929, the committee as a whole has met but once—at the time of the Board meetings, January 13, 1930, in New York City. But members of the committee have worked separately and have contributed their suggestions by mail.

At the January meeting the resignation of Miss Marjorie Wildes, of the Yale Medical Library, and Miss Adelaide Nutting were accepted with regret. Other members have not been asked to serve on the committee in their places.

The committee now has on hand a "Preliminary List of Books for Libraries of Schools of Nursing" which has been prepared from replies received from forty prominent schools of nursing, in response to a request for this list of books. This preliminary list contains some 586 titles, and is sub-divided into text and reference books, and classified by subjects. Annotations for a considerable number of these books have also been prepared by members of the committee. These annotations prepared in large part by Miss Carr, Editor of The Public Health Nurse, and Mrs. Helen Munson, Assistant Editor of The American Journal of Nursing, add greatly to the value of the list. The coöpera-
tion of these busy people, as well as that of Miss Mary Roberts, and Miss Gage, in suggestions for other lists is greatly appreciated.

At the January meeting it was stated that information had been received that the Department of Nursing Education at Teachers College was doing some work on the general field of library work in relation to nursing, etc., and the possibility of overlapping or duplicating efforts was discussed after correspondence with the Department. It was decided that efforts of the committee for the year be concentrated upon the preparation of lists of the best books for libraries of schools of nursing which are available for certain sums, beginning with $100 for a basic list. It was agreed that this work should go on at least until further information could be obtained about the study at Teachers College.

Miss Mary Schick, Librarian of Walter Reed General Hospital at Washington, and your chairman, have therefore proceeded along these lines. They prepared a list of books and publications to be used as references, the cost of which would not exceed $200. It was found very difficult to limit it to a cost of $100. This list was submitted to members of the committee whose suggestions and corrections have been added. It is hoped that this list of suggested reference books may be published in the Journal soon.

A list of textbooks chosen from the large "Preliminary List" was also prepared as an indication of the texts most commonly used by prominent schools. It is not suggested that this list of textbooks be published, as the Curriculum has so many recommended books and it would be inadvisable to commit the League to anything like a recommendation of only one or two texts, and publication of the list would probably be interpreted as a recommendation.

The list of reference books contains more than one name under the different categories.

Respectfully submitted,

JULIA C. STIMSON, Chairman.

REPORT OF COMMITTEE ON FUNCTIONS AND RESOURCES OF THE NATIONAL LEAGUE OF NURSING EDUCATION

The committee is embarrassed by its inability to complete its task at this time. It believes, however, that it would be unwise to attempt to present a final report until at least two important committees, the Committee on Educational Policies, which is a joint committee representing the three organizations, and the Committee on Research and Accredit-
ing, which is a League committee, have completed their immediate tasks.

The Committee on Functions and Resources, however, has not been idle. The study of the nursing organizations and of other organizations dealing with programs for accrediting and standardizing educational activities has been continued and this, therefore, is presented as a report of progress.

Study of the work of the Grading Committee, of Miss Goostray's work as Advisor to the Committee on Educational Policies, and of the demands made upon the executive secretary, has convinced the committee that there is urgent need of supplementing the staff of the Headquarters office by the addition of a research worker. The committee, therefore, recommends that the Board take under advisement the early appointment of a worker qualified to produce helpful material on nursing education.

The most urgent need appears to be for articles or pamphlets on various phases of administration which would be helpful to those who must struggle with the problems brought to light by the Committee on Grading Nursing Schools.

Respectfully submitted,

MARY M. ROBERTS, Chairman.

REPORT OF THE COMMITTEE ON RESEARCH AND ACCREDITING

The Committee on Research and Accrediting has held two meetings since its appointment in January, 1930. At the first meeting, which was held in New York City on April 23d, following a meeting of the Joint Nursing Committee on Educational Policies, the Committee was organized, with Miss Nellie X. Hawkinson as chairman and Miss Nina Gage as secretary. It was voted to hold a meeting during the Milwaukee Convention and the members of the committee were asked to send to the secretary before that date their suggestions for accomplishing the work which had been entrusted to the committee.

The second meeting was held at the Hotel Schroeder, Milwaukee, on Thursday, June 5th, 1930. The suggestions which had been received from various members of the committee were presented for discussion.

It was accepted by general accord that any program of accrediting should include the following functions which had been outlined by the Committee on Educational Policies:

1. Fact-finding (statistical and study service).
2. Accrediting.
3. Field service.
4. Public information service.

In addition the committee voted to submit the following recommendations to the Board of Directors:

1. That the first step in such a program should be the appointment of a Standing Committee on Accrediting.

2. That the following method of procedure for accrediting might be considered as part of a desirable program toward which the League should work:
   
   a. The setting of standards (these to arise out of scientific studies such as have been and are being carried on by the Grading Committee).
   b. The initial accrediting of schools.
   c. The preparation of a list of schools so accredited.
   d. A follow-up program for educational purposes and for revision of the accredited lists.

3. The committee also expressed the opinion that it would be necessary to have a paid personnel to carry on such an accrediting and research program, but emphasized the importance of using wherever possible the services of the experts in the field to help in making such a program effective.

4. A definite recommendation was sent to the Board asking that a nurse qualified to do educational research be added as soon as possible to the League Staff at Headquarters.

Respectfully submitted,

ELIZABETH C. BURGESS,
SUSAN C. FRANCIS,
GERTRUDE HODGMAN
LAURA R. LOGAN,
MARY M. ROBERTS,
KATHARINE TUCKER,
HELEN WOOD,
NINA D. GAGE,
NELLIE X. HAWKINSON, Chairman.

CHAIR: It is necessary at this time for the Chairman to appoint certain committees, a Committee on Resolutions, Tellers, and Inspectors of Election. The Chair would like to make the following appointments, and I am going to ask that the members of these committees stand as I read their names, in order that I may know definitely that they have been notified, also that it would be helpful if they would (especially the chairman, so that she may know the members of her committee) assemble in Committee Room C following this meeting. Miss Gage has directions to give to each chairman.
Committee on Resolutions: Daisy Dean Urch, California, chairman; Nellie Brown, Indiana; Helen Potter, Rhode Island; Florence Ambler, Pennsylvania; Helen Morton.

Tellers: A. Isabelle Byrne, New York, chairman; Blanche Blackman, Massachusetts; Margaret Carrington, Ohio; Mary McKenna, Massachusetts.

Inspectors of Election: Marietta Squire, New Jersey, chairman; Mary McAlister, South Carolina; Margaret Ashmun, New Jersey.

I am very grateful for this service from you. I know it is much easier not to have to serve on committees when we come to meetings, but it is very helpful to us if you will serve.

The Chair then declared the meeting adjourned, at eleven o'clock.

Joint Opening Session
American Nurses’ Association
National League of Nursing Education
National Organization for Public Health Nursing
Monday, June 9, 8:30 p.m.

Presiding: Elnora E. Thomson, First Vice President, American Nurses’ Association.

Invocation by the Reverend Holmes Whitmore, St. Paul’s Cathedral, Milwaukee.

Music was furnished by the student chorus.

WELCOME

The Honorable Walter J. Kohler, Governor of Wisconsin, was represented by Mrs. Kohler, who spoke as follows:

Madam Chairman, President Frank, and notable ministers to mankind:

It is my honor and my pleasure to bring greetings to you from the Governor of Wisconsin. Governor Kohler regrets his inability to be present this evening to greet you in person as he welcomes in spirit the noble women who have honored Wisconsin with their presence.

He well knows the courage, the struggles, and the heroism, which have made possible your organized service to mankind. He well knows the story of Florence Nightingale, the struggles and heroism of Clara Barton, and their devoted fellow workers. They as pioneers laid, with many trials, the foundation of your worthy organizations.

As members of your profession you are devoting your lives to ministering to others.
In behalf of Governor Kohler and the people of Wisconsin, I extend to you a most hearty welcome, wishing you a successful and enjoyable convention.

WELCOME

DR. E. V. BRUMBAUGH, Assistant Commissioner of Health

Madam Chairman, Members of the Convention:

It gives me inexpressible pleasure to have the honor this evening of welcoming to Milwaukee, the municipality, the metropolis of Wisconsin, this great convention.

You have before you during your sessions problems which have a vital bearing upon the health and wealth and prosperity of our nation. I am sure that the considerations which will be given to them during this convention will result in the greatest good to our country.

On behalf of Milwaukee, I wish to extend you a hearty welcome to all that the city holds.

We ask you to spend as much of your time as you can in acquainting yourselves with the beauties of our city. It is not our intention to offer to you to-night the keys of the city, because we have no keys to our city. Our gates are wide open to you. We ask that you come to us with the same open hearts and accept our hospitality in the same broad spirit in which we extend it to you, and hope that when you leave our gates it will be with the regret that we shall have in seeing you leave.

WELCOME

CORNELIA VAN KOY, R.N.
President, Wisconsin State Nurses’ Association

Mrs. Kohler, Dr. Brumbaugh, Madam Chairman, and Coworkers of the American Nurses’ Association:

Permit me first of all to express to you in behalf of the Wisconsin State Nurses’ Association the great sorrow we feel over the recent loss of our National President, Miss Lillian Clayton. What a blessing it was that the nurses of America had an opportunity to express to her their recognition of her devotion to the profession and her high ideals before she passed on to her great reward.

In welcoming you to Milwaukee I want to thank you on behalf of all the Wisconsin nurses for the honor you have done us in holding your convention here this year. You probably did not realize when you selected Milwaukee for your convention city that you were going to
help celebrate our most important anniversary. This is the twenty-first year of the Wisconsin State Nurses' Association, and naturally we are very proud that we have become of age. But we of Wisconsin feel that we have additional reasons to rejoice just now.

As you may have read in the newspapers, in the recent Health Conservation Contest conducted by the United States Chamber of Commerce and the American Public Health Association, the City of Milwaukee was awarded first prize among cities of over 500,000 population for the most effective city health administration.

We are also fortunate in that Miss Helen Kelly, the first president of the Wisconsin State Nurses' Association, after twenty-one years is still doing valiant duty and guiding and inspiring nurses. She is serving as chairman of the Student Program Committee at this convention.

We feel the need of a stimulating effect which your presence and your discussions here will give us. We, the Wisconsin nurses, have already profited much because locally, and from a statewide standpoint, we have learned to know each other better and there is a growing interest in our State Association.

We sincerely hope that our rejoicing spirit will grow contagious and that you will return home with happy reminiscences of the commonwealth whose citizens feel so complimented and grateful to be your hosts.

RESPONSE AND GREETING

ELNORA E. THOMSON, R.N.
First Vice President, American Nurses' Association

It is now my very great pleasure to thank in behalf of the three national organizations for nurses and nursing the Governor of Wisconsin through Mrs. Kohler, the Mayor of Milwaukee through Dr. Brumbaugh, and the nurses of Wisconsin through Miss Van Kooy, and tell them that so far as we have gone, we have found our way made very plain and very easy. If there is anything which might have been done for our comfort and pleasure which remains undone, we have yet to discover it, and I am inclined to think that nothing can be found if we look for it with the greatest care.

We have been made comfortable. Our meetings have begun most auspiciously, and we are happy to be here.

Speaking for the American Nurses' Association, I speak with more than a little sadness. We come together at this convention without our
leader. But for the fact that we believe we honor that leader more
in carrying forward the work which she began, by coming together at
this time for our meeting, I fear we should have given up the gathering
together. But we who knew her and worked with her know that the
best thing we can do in honoring her memory is to “carry forward”
to the best of our ability, and we pledge ourselves so to do.

GREETING

ELIZABETH C. BURGESS, R.N.
President, National League of Nursing Education

As President of the National League of Nursing Education I extend
a hearty greeting to all the nurses here assembled. The National League
feels it a great privilege to be in every other year a part of so great an
assembly. The League, while the oldest of the organizations, has natu-
urally the smallest membership, for we are the group concerned with
distinctly educational problems of the nursing profession.

It is because we are the group concerned with education that at a
meeting of the Joint Boards of our organizations last January it was
believed that in outlining an educational program which should follow
the program now being carried on by the Committee on the Grading of
Nursing Schools, this educational program was an activity which should
be carried on by the League. This educational program for our pro-
fession is similar to that carried on by the medical profession in medi-
cine and by the teaching profession for teaching, and it incorporates
an accrediting of schools.

The League has accepted this responsibility. We know it belongs to
us. We rejoice to have such a program before us. In accepting it we
need the help of every woman who is a graduate of a nursing school,
whether she is or is not now practicing her profession.

It has been rightly said that leadership in the future will not come
by chance. It will come only through careful preparation, and it is this
careful and fine preparation we seek for you and for the young women
who will enter our ranks in the future. Perhaps someone will ask, as
has been asked in the past, “Why place so much emphasis on the educa-
tion of nurses?” If you ask, we will answer: It is only through
skilled hands and understanding minds that we can serve the sick in
mind and body. It is for these we seek better schools and education
for our nurses.
THIRTY-SIXTH ANNUAL CONVENTION

GREETING

Anne L. Hansen, R.N.

President, National Organization for Public Health Nursing
Mrs. Kohler, Dr. Brumbaugh, Miss Van Kooy, and the Nurses of Wisconsin:

It is with great pride and great happiness that I am privileged tonight to bring to you the thanks of the organization which I represent, the National Organization for Public Health Nursing, nurses and non-nurse members. Your gracious words of welcome together with the perfected arrangements have indeed proved to us that the three national organizations are welcome in Wisconsin. To the delegates who are here I bring greetings from the N. O. P. H. N., and I may say the letters because you all know what they mean. May I express a wish to the delegates that they make certain of the success of this convention. The nurses of Wisconsin have toiled long and zealously. Our hostesses are now from hour to hour striving to make us comfortable, to make everything run on oiled wheels. May we who are delegates gather together so much of inspiration and enthusiasm from this convention and take it back to those we left at home who would like to have been here but sent us in their place, that the echoes of the success of this convention will reverberate through the years until we meet again.

DURABLE SATISFACTIONS OF THE NURSE'S CAREER

Dr. Glenn Frank

President, University of Wisconsin

Printed in full, American Journal of Nursing, July, 1930.
Concluding paragraph:

"... I have tried to suggest that the profession of nursing is something more than glorified maid service. By virtue of its strategic position in the field of medical practice, it takes its place among the accredited professions. And this means that sooner or later society must give to the professional education of nurses the same serious consideration it has given to the professional education of doctors, lawyers, and engineers. The education of nurses calls for something more than the scraps of a hospital staff's spare time. The training period for the profession should not be left as simply a source of cheap labor for hospitals. We should remove every temptation to prolong the period of training beyond what is actually necessary for the conquest of the basic
materials and technics of the profession. And our program of training must recognize the social necessity for different professional levels inside the nursing profession. We must train very broadly and richly those nurses who are to bring leadership to the whole field of professional training. Society must provide well for the training of nurses for the specialized field of public health service. And our great educational centers must cooperate with the vast array of small hospitals in the development of better training programs for that army of less highly trained nurses for whom a distinct public need exists.

But, all this aside, I congratulate you upon being members of a profession marked by public service and personal satisfaction, a combination that enables you to find the durable satisfactions of life inside your work."

The meeting adjourned.

**Joint Session**

**American Nurses' Association**

**National League of Nursing Education**

**National Organization for Public Health Nursing**

**Tuesday, June 10, 9 a.m.**

Presiding: Elizabeth C. Burgess, President, National League of Nursing Education.

Subject: Legislation.

**GENERAL LEGISLATION**

**Anna C. Jammé, R.N.**

*Director at Headquarters, California State Nurses' Association*

Published in the Proceedings of the American Nurses' Association.

**PUBLIC HEALTH NURSING LEGISLATION**

**Pearl McIver, R.N.**

*Director of Public Health Nursing, Division of Child Hygiene, Department of Health, Missouri*

Published in *The Public Health Nurse* for July, 1930.
Effect of Legislation on Schools of Nursing

Adda Eldredge, R.N.
Director, Bureau of Nursing Education, Wisconsin

On successful legislation is founded all the control of schools of nursing, which is now centered in our State Boards of Examiners. The laws differ so much both in requirements and interpretation that what is possible in one state seems impossible in another. Again, one state law provides for supervision and control of the schools, while another is seemingly concerned rather with the control of those who practice. Both of these functions are a necessary part of the law.

Inspection is in some states made by a member of the Board, in others it is provided for in the law. Of the 51 states or territories given in the 1928 Digest of Laws, 15 have full-time inspectors or directors, 11 are inspected by members of the board, 7 definitely by the secretary, treasurer or president. In 11 states inspection is made, but whether it is by a full-time or part-time person is doubtful. Six have no inspection. One is inspected by the Department of Public Instruction. A recent opinion of the Attorney-General with regard to the powers of the Committee on Nursing Education in Wisconsin is quoted here as showing the powers of the committee as expressed in the law:

"To State Board of Health: You ask if the committee on nursing education appointed by the state board of health, under the provisions of sec. 149.01 has the power to make a rule whereby accredited training schools must require of a student nurse on admittance that she have a high school education or its equivalent before accepting a student nurse in training. You are advised that I think it can. Sec. 149.01 (4) expressly authorizes such committee to make rules for and supervise schools for nurses, and place them on the accredited list on application and proof of qualifications; make a study of nursing education and initiate rules, regulations and policies to improve it, and make rules and regulations for the administration of this chapter. That is a very broad power and vests in such committee power to exercise its judgment as to the scope and character of the rules to be made in the execution of its powers, and I do not think the courts or any other body can exercise that discretion vested in the committee or interfere in any way with its execution so long as it has a reasonable basis for its execution; and if the committee with its experience in administering the affairs of such an institution believes that is a proper regulation or restriction, I do not think that judgment of the committee can be controlled or set aside."

This interpretation of our Wisconsin law gives us a clearer perception of the powers and duties of the Committee on Nursing Education. It clarifies our thinking, but it impresses our responsibilities upon us. Most of the state laws regulating nursing need interpretation and clarification. Does a law with minimum educational requirements affect nursing schools? We can without reserve say "Yes." The education of the
students in Wisconsin schools is shown as follows: for 1924, 54.33% of students in the schools were high school graduates; in 1925, 66.66%; in 1926, 76.99%; in 1927, 82%. The Grading Committee in May said that Wisconsin had 87.5% high school graduates, and our October count shows 95%. We had 42 schools in 1921, 38 in 1929, and 37 today. Two years ago 18 schools required high school. To-day 30 require it—five of these schools have college or university affiliation, and therefore have university entrance requirements. Two say they will require high school with the next class. Of the remaining five, one requires two years, and four require one year.

If you look at the exhibition of Wisconsin's Bureau of Nursing Education you will see the graphs which show these advances. This is one of the end results of that legislation which gives the Committee on Nursing Education the responsibility of improving nursing education, and will show you some of the methods we have used. From a paper prepared by me for the I. C. N. in 1928 I quote as follows: "A certain hardship seems to be felt by nurses from other states who are obliged to meet requirements, in moving from one state to another or coming in from foreign countries, in that the so-called reciprocity is not always available. It would seem that as yet, with the great difference in standards, in education, and in training, in schools of nursing both in the various states and countries, that examination is the only fair method of determining whether the applicant meets the minimum required of graduates of our own schools. Requiring the same standards of graduates both from other states and from foreign schools should have a tendency to raise general standards of nursing education. Our laws have been looked upon in the past first as a protection for the graduate nurse and the public, and this is the ultimate result. Yet, in my nine years as Director of Nursing Education I have changed my opinions greatly. I have learned to look upon the value of the law chiefly as furnishing machinery—machinery for the operation of a force to improve nursing schools by raising the standards for entrance, by fixing a reasonable minimum curriculum, by supervising schools and through this supervision inspiring those in charge to strive for a standard far above the law."

It is interesting to see how often one changes one's mind, and if we are to believe the psychologist, this actually is an asset and not a sign of weakness. In 1928 I said that I believed that a standard of one year of high school and two years of training should be the minimum in every state, but the Grading Committee studies and the unemployment in nursing have again caused me to change my mind, and I believe now that we should have a high school requirement for entrance in every
state. But I continue to believe that certain requirements for the faculty, teaching of college grade, living conditions, etc., should be insisted upon before a high school requirement should be allowed by the State Board. I, however, have not altered my belief that much more can be accomplished with the laws now on the statute books—for in few states are they enforced as they should and could be. Even New York, which has done an excellent piece of work and helped us in every state by its inspection, enforces on us what she has been unable to enforce as yet in her own schools.

The most important standards in schools of nursing are, I believe, the qualifications of the Superintendent of Nurses, Instructors, and Supervisors, both as to general and professional education. And if this question is handled in the right way, and not made retroactive, a proper preparation could be demanded by most Boards of Examiners under their existing laws.

We can also require the four major services—medicine, surgery, obstetrics and pediatrics. We can, if we are not too precipitate, have affiliations and electives which will soon be a matter of course. As one superintendent said to me: "Did you hear our Chief of Staff telling to-night in his address what we are giving our students in the way of affiliation and electives? Well, it was interesting, for the doctors all fought our giving affiliations, but now they think they accomplished it—and I let them think so."

As to the wisdom of enforcing a maximum, it is uncertain whether we have yet arrived at the stage where with justice and looking to the best interests of all concerned, we should deliberately try to raise all schools to one level. It is so easy to lose what we have gained if it is only by law and not through public opinion that we have achieved our results. But when hospitals running schools of nursing have deliberately and of choice raised standards above the law, it is doubtful if any lowering by law would tend to change or affect the standards of the individual school. We were cautioned in 1928 by Chancellor Capen that one of the great dangers of an emerging profession was that just as soon as the standardizing machinery was set up it became a straitjacket. He said: "The criteria of standardization are all mechanical and superficial. They relate to externals—so much money, so many full-time teachers, so much equipment, so many semester hours or clock hours of instruction, etc." He says that of course we must have standards, but that he trusts that we will adopt more stimulating devices than the current quantitative procedures. He says we are committed to a program of standardization, but that we can make a national contribution if we have the ingenuity to put it on the new basis. There
has undoubtedly been a general raising of educational standards in all states, and if the present unemployment among graduate nurses in the private duty field does not react in the normal way—by sending young women into other fields, there is no reason to believe that these standards may not be maintained—but here is where the administration of the law, by demanding higher entrance qualifications, can maintain the standards necessary.

To summarize a few of the influences on schools of nursing which may become permanent through our laws, let me say: Legislation provides for inspection. Inspection gives the right to insist on certain minimum standards. Inspection gives the right to advise. Inspection gives contacts with Boards of Trustees, School of Nursing Committees, the Medical Staff, the Alumnae, and the local public. It gives the right to call for School of Nursing Committees to establish minimum standards of education, preparation for the Superintendent of Nurses and the faculty, for class rooms, laboratories, and even hospital equipment necessary for proper nursing education; also for proper and standardized teaching—a minimum curriculum, necessary affiliations as well as proper records.

The most necessary considerations in any school of nursing are the students and the faculty, says the Grading Committee. We venture to say there are two others of equal importance—the quality of the care given the patients, and the quality of instruction given the students. All of these can be obtained through the power of legislation giving authority to the inspector, secretary, director—whatever the title of the person authorized to give supervision or expert advice to those institutions which maintain schools of nursing.

Legislation has a much farther reaching effect on schools of nursing, on professional standards, than is seen at a glance. Nothing is more certain than that it is through and by our laws that our schools have progressed. Always we must admit that the Rockefeller Report—the work of the National League—the leadership of Teachers College, have influenced and supported the administration of our laws, and that the reports from the Grading Committee have literally levelled mountains for those of us engaged in the administration of these laws. Its warnings as to stabilizing student service with graduates on floor duty, its comments on the education and preparation of students and of faculty, etc.—I could go on indefinitely with each of its recommendations which are bearing fruit, but the crop would be light indeed, were it not for the power that legislation has given to Boards of Examiners, etc. While many of the progressive schools might and probably would use these
suggestions as needed, many would not, and many could not without
the help of that advice and supervision furnished through legislative
enactment.

Joint Session
American Nurses' Association
National League of Nursing Education
National Organization for Public Health Nursing
Tuesday, June 10, 11 a.m.

Presiding: Elnora E. Thomson, First Vice President, American
Nurses' Association.

COST OF NURSING SERVICE IN THE HOSPITAL
ROBERT E. NEFF

Administrator, University Hospitals, State University of Iowa

Deeply significant to-day is the subject of this discussion when con-
sidered in its relationships to nursing education. It is not ridiculous to
prophesy that nursing is due for a rapid and inevitable change in its
status before many more years have transpired. The Grading Survey,
the discussions relating to nursing education which we hear on every
hand, and the surveys of the various hospital and medical associations
and affiliated groups, tend to accentuate and substantiate this prediction.
The hospital administrator views the present trend in nursing educa-
tion and its interrelated nursing problems with deep interest and con-
cern, not with any concern of alarm or suspicion, but with one that
engages a consuming interest in one of the most important phases of his
hospital responsibilities.

Good nursing service is perhaps the best advertisement that a hos-
pital may have, consequently, the efficient nursing care of the patient is
an assurance which every hospital administrator constantly seeks.
The need of nursing service in the hospital instead of how many
students may be properly educated, has been the basis upon which our
training schools have been operated. The hospital, by reason of its
dependence upon student nurses, has been obliged to accept the matter
in that manner, since the cost of nursing education has been borne by
the hospital. The economic factors involved have forced hospitals and
training schools to this plan. According to custom and tradition we
have carried on a joint program of nursing education and patient nurs-
ing service. Thanks to the leaders in nursing education who, through
their studies, are pointing a way for better standards which we are sure,
with the help of the hospital authorities, can be accomplished in a reasonable degree and to the mutual satisfaction of all groups. The hospital is interested in nursing education and desires to maintain its place in the educational field. The hospital will be considered less progressive and less safe in which to care for the sick and injured unless it performs an educational service. Its excellence in respect to diagnosis and treatment of disease depends largely upon the extent to which it fulfills the educational function. It seems that hospitals have been satisfied to conduct training schools as long as they could be assured that the outlay for the education of the nurse would not exceed the returns in nursing service. It must be admitted that nursing education has failed to receive proper responsibility perhaps, and obligation on the part of the hospital authorities. The aspect of the hospital administrator toward the nursing problem has naturally involved the economic phases of the subject. Any severe financial burden imposed by the training school naturally strikes a chord, vital in its concern to the hospital administrators. No hospital should exploit the student nurse. The need of the hospital for cheap labor is not a legitimate reason for maintaining a school. Whatever financial returns are gained by the hospital through the services rendered by student nurses should be returned to the benefit of education. On the other hand, the hospital should not be expected to bear the financial burden in educating the nurse with a corresponding obligation on the patient’s purse.

On the basis of this even balance theory, we shall find it difficult to accomplish our aims in promoting better nursing education, just as we have in the past. To pay for her education with her services, a student has been compelled to spend more time in ward practice than the educational content justified, consequently, another basis must be sought.

Is it not feasible therefore, to consider nursing education as a separate and distinct problem, and place the schools of nursing under educational auspices, with hospital affiliations sufficient to provide the required ward practice? Schools of nursing should function on a strictly academic basis, the same as schools for other professional groups. Under this plan ward practice would be limited to the period of time necessary for educational purposes, and the academic requirements would receive paramount consideration with a lesser emphasis on the obligations of the school toward the nursing service needs of the hospital. Nursing education should be regarded as a public responsibility and further, if society wants good nursing service, it must pay the cost of nursing education just as it does educating physicians, lawyers, engineers and other professions.

The advancement of educational standards will result in a very
marked reduction in the number of schools. The raising of standards with its corresponding increase in the cost of nursing education, will tend to reduce the number of student nurses in training schools, just as medical students have been reduced in the past decade during the development of higher standards in medical education. The larger hospitals and the university schools will have to be depended upon chiefly to supply the demand for nurses. Hundreds of smaller schools will be eliminated with a marked reduction in the 20,000 or so graduate nurses now produced each year. All are familiar with the development of medical education with its far reaching and significant changes in the type and number of medical schools, as well as the reduction in the number of graduates. May we predict a somewhat similar course in the development of nursing education?

A greater dependence upon the service of graduate nurses is the alternate of the hospital. The adoption of the graduate nursing service plan will naturally, according to economic laws, tend to create a greater demand for graduate nurses with a corresponding reduction of their widespread unemployment. This fact, together with the reduction predicted in the number of nurses produced, creates no little concern in the mind of the hospital administrator. A shortage of graduate nurses would interfere seriously with the program of graduate nursing service as a substitute for student nursing service. Let us, therefore, consider this factor with careful and deliberate approach to the problem. The laws of supply and demand must be reckoned with and a failure to recognize this situation is sure to bring about financial embarrassment to the hospital.

The first impulse on the part of the hospital administrator is to count the cost. What is the substitution of graduate nursing service going to cost the hospital? This factor determines in a large measure, the extent to which the hospital may go in this plan. Every hospital administrator should know whether the training school is, or is not paying its way.

The graduate nursing service in many hospitals will impose additional financial burdens upon the hospital operating budget,—to what degree is a matter for each hospital to determine. We do not agree with the statement that all hospitals can operate at less cost with graduate nursing service than with student nursing, or even at the same cost. We do predict, however, that many hospitals may fall in line with the advancing standards of nursing education and substitute general duty graduate nursing service for student service, with a comparatively slight additional financial cost, provided the student nurse or her school through some avenue of financial assistance is willing to pay that portion of her expenses which her services do not pay for. Fortunate indeed
is that hospital which has not been exploiting its training school. That hospital, however, which through exploitation has infiltrated its training school advantages into its financial structure, will find it a difficult financial problem to conduct a school under the impending educational conditions. The exploiting hospital then is the one which will be chiefly concerned from the financial viewpoint. Can it endure the financial strain incident to the continuance of the training school under the improved standards? If not, then it will find itself in that group of hospitals whose training schools are not likely to survive.

At the University of Iowa a study has been made of the costs under the present conditions, with the conclusion that the school of three hundred students and the hospitals with seven hundred patients is rendering sufficient nursing service with its students to reimburse the hospital for the financial outlay necessary to conduct the school. A most pleasing situation from the standpoint of economics. Any appreciable change in the curriculum involving additional costs, or a lesser number of ward practice hours, however, would throw the balance against the school with a corresponding obligation of the school to meet the deficit.

In our contention that the nonexploiting hospital can meet the advancing standards, let us present the following table indicating the comparative cost of conducting a training school where the student by her services pays her way, with a plan whereby the ward practice hours may be reduced to a proper educational standard with a substitution of ward maid service and general duty graduate service. The table illustrates the plan for the three-year course on the basis of a forty-nine week year, a six-day week and an eight-hour day.

**Present Plan**

*Freshman Year:*
- Hours of nursing service rendered: 1,190
- Cost to hospital for maintenance and education: $650.00
- Cost per hour to hospital: 54.6c

*Junior Year:*
- Hours of nursing service rendered: 1,898
- Cost to hospital for maintenance and education: $650.00
- Cost per hour to hospital: 34.2c

*Senior Year:*
- Hours of nursing service rendered: 2,368
- Cost to hospital for maintenance and education: $650.00
- Cost per hour to hospital: 27.4c

The above indicates a total of 5,456 hours of nursing service rendered at a total cost of $1,950.00 to the hospital which means an average cost of 35.7c per hour paid by the hospital for student nursing service.
Alternate Plan

Proposes to substitute ward maid service for freshman service with a consequent elimination of the freshman student from ward practice assignment and further a reduction of 30% in the present number of ward practice hours for junior and senior students with a substitution of graduate nursing service therefor at the rate of 55c per hour. The rate for graduate service is based on a cost to the hospital of $85.00 per month salary, plus $41.70 per month for maintenance, for a forty-eight week year, a six-day week, and an eight-hour day.

Substitute for Present Plan

Freshman:

- No ward practice .......................................................... ........
- 1,190 hours’ service by ward maids @ 25c ................................ $295.00

Juniors:

- 1,329 hours’ service by junior students @ 30c ..................... 398.70
- 569 hours’ service by graduate nurse @ 55c ......................... 312.95

Senior:

- 1,658 hours’ service by senior students @ 45c .................... 746.10
- 710 hours’ service by graduate nurse @ 55c ......................... 390.50
- Total cost to hospital ...................................................... $2,143.25

Total number of service hours, 5,456 at a cost of $2,143.25 for the three-year period, or an average of 39.2c per hour. The elimination of freshman ward practice and the 30% reduction in junior and senior practice hours with the consequent total of 2,987 ward practice hours, we believe meets the approximate requirements according to better educational standards proposed at the present time.

As a matter of summary therefore, let us say that the student nurse who in three years serves 5,456 hours of ward service, pays her way and costs the hospital $1,950.00 for her maintenance and education. Also, we find that a reduction of the total number of her ward service hours from 5,456 to 2,987 with the substitution of nurse maid service and general duty graduate service to cover the reduction of the ward practice hours, means a total cost to the hospital of $2,143.25, or a net increase of $193.25 per student nurse per three-year period. This net figure represents an increase of 10% in nursing budget of the hospital.

Viewing the matter from the standpoint of the student with her ward practice reduced to 2,987 hours, she earns a total of $1,144.80 on the basis of 30c per hour for her junior service, and 45c per hour for her senior service. Allowing the student credit for this service against the total of $1,950.00 which represents the cost of her maintenance and education, we find that she is indebted to the hospital to the extent of
$805.20 for the three-year course, or the sum of $268.40 per year. Any additional costs for educational purposes would increase the obligation of the student accordingly. The student nurse seeking a three-year course under this plan, would find a curriculum of higher standard at a basic cost of $805.20, an amount which any seriously intentioned student could afford, especially when it is considered that she receives complete maintenance together with her education. Where is there a profession costing less, that ranks as high in the public esteem as the nursing profession? The financial obligation imposed upon the student will most certainly bring to our schools students with a higher and more serious purpose. The reduction in training school enrollments which has been advocated in our program for higher standards, will not require the attention of artificial methods under this plan.

Perhaps it should be emphasized that the cost figures in the foregoing statements are based on the fact that the hospital continue to provide maintenance for students. Most hospitals have considerable investments in nurses' residence property, and naturally desire to continue their use for that purpose. While only the three-year course has received consideration in this discussion, let us say that the principles set forth may be applied to the four- and five-year combined Arts-Nursing Courses.

We are confident that the progressive hospital is willing to assume the additional financial burden incident to the promotion of educational standards, and likewise that the training school or the student nurse should accept the added expense imposed by the advancing standards. The hospital should accept the challenge, not in the spirit of financial sacrifice, but with the conviction that it makes a contribution to nursing education and at the same time provides itself with a better type of nursing service.

GROUP NURSING

SHIRLEY TITUS, R.N.

Director of Nursing, University Hospital, Ann Arbor, Michigan


HOURLY NURSING FROM THE V. N. A. VIEWPOINT

RUTH HUBBARD, R.N.

Director, Visiting Nurse Society of Philadelphia, Philadelphia, Pennsylvania

Published in The Public Health Nurse, July, 1930.
THIRTY-SIXTH ANNUAL CONVENTION

HOURLY NURSING FROM THE REGISTRY VIEWPOINT
LYDA ANDERSON, R.N.

Executive Secretary, District No. 1, Michigan State Nurses' Association
Published in the Proceedings of the American Nurses' Association.

ORGANIZATION OF COMMUNITY NURSING RESOURCES
JOSEPHINE SMITH

Executive Secretary, Central Committee on Nursing, Cleveland, Ohio

Meeting adjourned.

Open Session Conducted by Advisory Council
Tuesday, June 10, 2:30 p.m.

Presiding: Elizabeth C. Burgess, President.

The roll call showed that more than ten states were represented by their presidents or their representatives.* Since a quorum was present the meeting was called to order. The State Leagues were called upon for their reports.

California: The California League of Nursing Education had a paid-up membership of 183 in April, 1930, of whom 111 were in the northern and 72 in the southern section. Each section has met regularly during the months from October to June, inclusive, with the exception of January, when the institutes were held.

Vocational conferences for senior students have been held under the auspices of the League, in San Francisco, Oakland, and Los Angeles.

Institutes were held in San Francisco and Los Angeles on clinical teaching, public health, supervision, and teaching.

A committee has been working on Junior College affiliations. Another has been observing and in a measure directing the activities of the California Association of Student Nurses.

"Trays" has been selected as the subject around which the exhibit at the State Convention will be planned. Posters, charts, miniature models, and trays as actually used, will be shown. The local committee are making extensive plans which promise something of interest to all nurses interested in nursing procedures.

* Article XI, Section 2. A quorum of the Advisory Council shall be ten members other than the officers.
Studies are now being made, and will be continued through 1931, on statistics of actual practical experience of students in the schools, and the actual cost of educating the student nurse.

District of Columbia: The District of Columbia League of Nursing Education numbered 57 in 1929-30.

A special committee of instructors and the Nurses’ Examining Board worked on a revision of the curriculum which was finally adopted by the League. The League has also worked with the Nurses’ Examining Board on desirable changes in their by-laws on reexaminations and on raising the standards of qualification of applicants.

The central school of nursing originally sponsored by the League was continued during the academic year at the George Washington University Medical School. It was attended by approximately 425 students.

There is a great desire to have an Instructors’ Section for considering the special problems of instructors. An effort is being made to have the League meetings attractive to the head nurses of the teaching hospitals, and to have considered a plan for staff education. Further study of the content of courses in the curriculum is urged, with a view toward improving the correlation between theory and practice.

Georgia: The Georgia League, for the past year, has sponsored the formation of Senior Student Nurses Clubs with varying degrees of success. The object of these clubs is to make the younger nurses better able to “carry on” when they shall be called upon to take up the work of nursing organizations, and to encourage them to join their Alumnae Associations as soon as possible.

One of these clubs has been very successful and with the aid and guidance of the directors of nurses and instructors, this club has been able to put on such programs as: Study in Parliamentary Law, Papers on Nursing Ethics, The Nurse and the Red Cross, The Harmon Plan, and other methods of advancement in nursing.

In other sections of the State excursions have been given to student nurses in connection with class work, and lectures in Psychiatry and Mental Hygiene. Ministers have taken an interest in promoting religious education among student nurses and have held chapel services. The annual “Delano Week” Red Cross Tea was held at State Headquarters to which all student nurses were invited.

There have been regular monthly meetings among the members of the faculties of various Schools of Nursing where round table discussions have been conducted by the Directors of Nurses on:

Director of Nurses and Her Relation to Various Departments, by the Instructors.
The Adoption of the Curriculum, by Supervisors.
The Responsibilities of the Supervisors and Head Nurses and their Relation to the Educational Department.

The Georgia Hospital Association during the Annual Convention held an evening session, conducted by the nurses, discussing the "Advisability of Maintaining a School of Nursing in Hospitals of Fifty Beds or Less."

The Georgia League sold one hundred and seventy-five (175) 1930 League Calendars and paid their pledge to the Grading Committee. It paid the president's expenses to the Southern Division Conference and part of the president's expenses to this convention, and has a small amount of cash on hand.

Illinois: The Illinois League of Nursing Education has a membership of 259. During this year 10 members were transferred to other states, 49 new members were accepted, 9 regular meetings were held. They were well attended, and much interest was shown in the various topics.

Two meetings were devoted to a discussion of Ward Administration, and the Teaching of Charting. Other topics which aroused much interest were: Recent Movements in Education, Development of Personality in Students, Education in Public Health Matters.

Opportunities for instruction in nursing in communicable disease nursing were studied by a special committee. It is significant to note that during the year, out of 4,537 students representing 68 schools, only 269 students, or 6% of this group, were adequately prepared by practical experience to give intelligent nursing care to patients suffering from acute infectious diseases, or who were competent to isolate such persons efficiently with a minimum of inconvenience. Are we fulfilling our obvious duty to the nurse and to the community?

The Committee on Education sent out a questionnaire relative to medical diseases considered necessary for students to nurse, those necessary to observe, those desirable to nurse, and those diseases that might be omitted. The committee believes that the present study based on the opinion of medical supervisors in 90 representative schools of nursing will be of value in planning the content of practical experience in medical nursing.

Although Illinois was fourth in the list of states in the sale of Calendars, the committee in charge found it difficult to arrange for the sale of the number ordered.

The program of the Grading Committee has been of vital interest. The League contributed $300.00 to help in this work. The University of Chicago School of Nursing Fund amounts to $11,310.07. The League
has assisted in promoting publicity for the course in nursing to be given during the summer quarter.

We honor the memory of Mary C. MacQuarrie and Jessie Breeze.

**Indiana:** The Indiana League of Nursing Education consists of forty-nine (49) active members.

During the past year two executive meetings and six general meetings were held—five of these in Indianapolis and one in Terre Haute.

Each meeting was conducted rather informally—somewhat in the nature of a round table. This seemed to bring about a freer discussion of the topics under consideration which consisted of: The Health of the Student; The Teaching of Ethics; Cerebrospinal Meningitis; Mental Hygiene for Nurses; Staff Education, Teaching of Pediatrics, and Teaching Materia Medica; A program presented by the Indianapolis Public Health Nurses' Association, on Criteria for Evaluating a Nursing Visit in the Home, and Dramatization of Communicable Disease Nursing Care.

The annual meeting will be held at West Baden Springs Hotel on September 27th. At this meeting the Grading of Schools will be discussed and a thorough exhibition will be made of the records used in each of the thirty-three accredited schools in the State.

We believe that the schools in Indiana are more alert to the necessity of sound teaching and it is our hope that satisfactory progress will be evident in the near future.

**Iowa:** The Iowa State League of Nursing Education met at Marshalltown in October, 1929, in conjunction with the Iowa State Association of Registered Nurses. At this meeting it was voted to hold the annual State meetings the day preceding the State Nurses' Association in order to devote more time to the League programs.

Fourteen new members were admitted, making a total membership of seventy-five.

One hundred and fifty Calendars were sold under the auspices of the State League. It was voted to recommend to the National League of Nursing Education that they use other means of procuring funds than by the sale of Calendars.

The Advisory Council to the State Board of Nurse Examiners has held regular meetings following each state examination. Several changes have gone into effect as a result which raises the standard for Iowa nurses. Entrance requirements to schools of nursing have been raised which has brought about the elimination of a few of the smaller schools.

A splendid program is planned for the annual meeting to be held in Burlington, October, 1930.
Kansas: We have had two well attended institutes. This year, the Kansas League bought some History of Nursing slides, which are to be rented to the different training schools of the state. Several schools have already used these slides and find them very interesting.

We have pledged $15.00 a year for five years to the Grading Committee. Part of this has been paid.

We had thirty-five members last year, and thirty-seven members this year. Six of these members are to be transferred to other states as soon as we can get the proper addresses.

The Educational Committee is working on a comparative study of educational requirements in the State of Kansas.

There are no local Leagues in Kansas as the schools are small, and the distances are too great.

Kentucky: Kentucky now has a membership of seventy, an increase of nineteen in the past year. We are especially glad to report, that supervisors are becoming more interested, and many are now members. We are devoting quite a bit of time to the idea that the supervisors and head nurses as well as the theoretical instructor, must be real teachers, if we are to graduate well qualified nurses.

We have held seven regular meetings and many board and committee meetings in the past year. All have been well attended. Programs of two were given over to the study of Nursing Education and advantages to be derived from an affiliation with the State Educational Association. Much time has been spent in the study of grading Schools of Nursing, Staff Conference in our Nursing Schools, Case Study, and Records during the past year. We held a three-day institute in January. We are urging all schools of nursing to accept only high school graduates as students, and are meeting with gratifying success, but do not believe it best yet to ask that law be made compulsory. We trust that within the next two years all will have entered high school ranks, because they realize the great advantage derived from higher preliminary education.

We have in the past two years, working with the Board of Nurse Examiners, been able to stress the need of pediatric service to such an extent that to-day all schools not able to give this service are affiliating. Next year we are expecting to stress the need in our schools of greater knowledge of Psychiatric and Tuberculosis nursing.

Louisiana: As there are only eighteen accredited schools of nursing in Louisiana, the membership of the Louisiana League is very small. We have 52 members, of whom 21 were added to our roll this year.
The League and the State Board of Examiners work very closely together. The League also has the full cooperation of the Louisiana State Hospital Association and the State Nurses' Association, and because of this harmony, Louisiana has not very many educational problems, and is therefore able to carry on a constructive program.

The annual meeting is held in the fall in conjunction with the Louisiana State Nurses' Association; each year in the spring a two-day institute is held immediately following the annual meeting of the State Hospital Association.

After the last State Hospital Association meeting, a committee was appointed from that Association to work with one from the League, to study Group Nursing and the nursing situation in general.

Last summer, at the request of the League, the Louisiana State University included a course in Nursing Education in its Summer School program. This summer, the League is cooperating with the State Nurses' Association in introducing a course in Nursing Education at Tulane University.

*Maryland:* Maryland State League has little to report. We are a small group, numbering only sixty-one members. Six meetings have been held during the year, and at each of these meetings the method of teaching some one subject was discussed, and a demonstration of nursing procedures was given to illustrate. The Educational Committee presented some valuable suggestions and have been helpful to the State Board of Examiners. Plans for an institute to be held next autumn are under way.

*Massachusetts:* The Massachusetts League of Nursing Education has 132 active members, 11 members having been added during the current year. The routine business of the League has been transacted during the year. The State League is again underwriting the 1930 summer session courses for nurses at Simmons College. The fifth annual Students' Night was held in Boston, May 23d. To this meeting, sponsored by the League, were invited the members of the graduating classes throughout the state. Over 400 students were present and representatives were sent from schools in distant parts of the state. Miss Beatrice Bowman, Superintendent of the Navy Nurse Corps, was the speaker of the evening, her subject being "Life of a Navy Nurse," which was illustrated by silent movies.

The League also has sponsored a series of eight lectures, given by Dr. Wilson, of the Harvard Graduate School of Education, on "The Principles of Education."
This series was followed by two lectures on "The Practical Phases of the Work," by Miss Mary Marvin, of Teachers College, Columbia University. Miss Marvin's subjects were "Teaching Nursing by the Use of Case Study" and "Some Characterizations of a Well Developed Program of Ward Teaching." Four hundred and forty nurses enrolled for this course, 150 of whom were head nurses. Fifty-five different nursing schools and nursing organizations were represented.

*Michigan:* Two projects which for some time have received the attention of the Michigan League have made decided progress during the past year. This was the third year that a joint committee from the League and from the State Board of Registration of Nurses has worked together to promote a uniformity of nursing standards within the state and to bring the Board of Registration into closer contact with the schools of nursing. During this past year a survey of all the schools in the state was made to find the number of hours of class work given in each subject and the minimum number of hours recommended, the textbooks used, and the first and second choice of textbooks in each subject. As a result of this study, recommendations are being made to the schools which will tend to bring greater uniformity and in some instances to raise the educational standards both in theory and practice. All schools will be required to offer a course in Chemistry in the future. One direct result of the work of this committee has been to acquaint the members of the Board of Registration very intimately with the educational problems in our schools of nursing.

Eight years ago the League, through a special committee, began the collection of material for publishing a History of Nursing in Michigan. This last year we have had the enthusiastic assistance of Miss McCabe, who is also engaged in compiling a History of Medicine in Michigan. Our history is now nearly ready for publication and we anticipate a volume that will be of special interest and value to every Michigan nurse.

The Michigan League made its annual contribution of twenty-five dollars to the Grading Fund and sent fifty dollars to the National League of Nursing Education in lieu of selling Calendars.

The annual meeting of the League held in Flint, April 30th and May 1st, was well attended. Our membership at the present time is eighty-six. In 1930 we hope to increase our membership and to continue to promote the best interests of nursing education.

*Minnesota:* During the past year we have held three regular and four board meetings in Minnesota. The average number attending each meet-
ing has been 65. The board meetings have been well attended. Meetings have been held alternately in Saint Paul and Minneapolis throughout the year.

Members and guests attending the meetings gave interest and attention to the programs presented, for which we are indebted jointly to the Educational Committee and the Program Committee, each responsible for their own part in the program.

To date we have 44 paid-up members for 1930.

Our growth has been slow, both in incoming members and in our ability to persuade members already in of the necessity of promptness in fulfilling their obligation through support by paying dues with business regularity.

Missouri: The Missouri League of Nursing Education has two local organizations, one in St. Louis and the other in Kansas City.

Most of the mid-year activities are carried on by these two groups. There are twenty-one members in Kansas City and fifty-two in St. Louis.

The Kansas City League will sponsor a "Refresher Course" to be conducted by Miss Mary Gladwin, June 16th to July 3d.

Activities of the Instructors' Section of the Kansas City League include weekly meetings to carry on the centralized teaching at Junior College and lectures for senior students (two each week) attended by all schools in the city. This closes the twelfth year of this service. The Instructors' Section has also aided in starting a library at the Kansas City Nurses' Clubhouse, making package libraries, cataloguing books and making card files for them.

In cooperation with other agencies, they have assisted the sale of tickets for the Passion Play sponsored by the Women's Federation of Clubs, and have made contributions to other community activities.

The St. Louis League also has monthly meetings and an active instructors' Section.

The State Educational Committee has two major projects, one, publicity in making the lay people of our state better acquainted with nursing problems and in interesting thinking people in better nursing. The first of a series of leaflets was entitled: "When You Need a Nurse."

The second project is the institute held annually following the meeting of the State Nurses' Association. This will be held in Columbia and a program is being planned featuring sociological problems and personnel management.

Nebraska: The Nebraska League is in a growing condition but still there is plenty of room for expansion. It is divided into two local sec-
tions—Lincoln and Omaha—with individual members who live outside of these districts. These local organizations have held regular meetings and considerable interest has been manifested.

The Lincoln organization has just had a membership drive and reports that it has been very satisfactory. This group of nurses has had interesting meetings and discussed topics pertaining to schools and their students' education. They had a campaign for raising funds and as a result contributed $75.00 to the State Association.

At Omaha meetings, several demonstrations by graduates and by students were given. They also arranged for an illustrated lecture on "Cancer" given under the auspices of the National Association for the Control of Cancer. This lecture was given at the University of Nebraska and all schools of Omaha sent their students. This group also sponsored the Calendar sale of 122 Calendars and the profits of $28.00 were sent to the Grading Committee. Miss Phoebe M. Kandel gave an interesting talk on "The Preparation of the Nurse for Service to the Public" to the Lincoln Branch of the American Association of University women.

Our State meeting was held in Lincoln in October, 1929, and we were very fortunate in having with us the Executive Secretary of the National League of Nursing Education, Miss Nina Gage. She not only gave to the whole convention assembly several splendid talks but was also very gracious in meeting with smaller groups. The students were especially enthusiastic about the round table conducted by Miss Gage. Nebraska nurses are very grateful to her for her willingness to help them with their problems and for the valuable information which she gave us.

New Jersey: The New Jersey League of Nursing Education has held five regular meetings including the annual meeting and a dinner meeting. The Instructors' Section has met quite regularly, having had a general educational program and conducting a two-day institute. The programs presented at the regular meetings during the year included talks on university affiliation, organization, and music as a factor in health.

Considerable effort has been made to increase the membership of the League, particularly among executives in hospitals and instructors of schools of nursing, and although the result has not been as satisfactory as hoped for, thirty new members were added this year.

The Legislative Committee, working with the State Legislative Committee, succeeded in defeating a bill which would have opened the waiver in New Jersey, and were also successful in having a bill providing for
appropriations for school nurses which read "graduate nurse" corrected to read "registered nurse."

New York: On May 1st the New York League had a paid-up membership of 344. The five local sections have aggregated 29 meetings during the year. The general theme has been the Improvement of Nursing Practice. To this end the New York City Section offered a ten-hour course of instruction to head nurses. The enrollment was so large that four groups were formed and the average weekly attendance was 126. Mimeographed outlines of this course were made available and hundreds of copies were sold. The average attendance of the monthly meetings of the New York and Brooklyn Section is over 200.

The Albany Section held an institute as its main project. An average attendance of over 100 proved this to be of interest. The program was largely on teaching principles and it included the needs of the graduate as well as the student nurse.

The Rochester Section is planning for an institute this fall, and also hopes to arrange for a credit course to graduate nurses in the Extension Department of the University of Rochester.

The Syracuse Section sponsored a short Public Health Course to the senior students of its five schools, and had an expert on Hospital Administration visit the city for two days, during which time she gave three lectures on this subject.

The Buffalo Section reports the possible affiliation of the City Hospital with the University of Buffalo.

There has been a general tendency throughout the state to relegate the business sessions to the smallest fraction of time, leaving an opportunity for the development of well-planned programs which certainly have stimulated a larger attendance. The social side likewise has been considered and has promoted much friendliness and interchange of ideas.

North Carolina: The North Carolina League of Nursing Education has an increase in membership for 1930 in spite of the fact that some of the charter members have been transferred to other states.

The president has made an effort to have a local League organized in each district of North Carolina, and we hope to accomplish this as soon as our membership is large enough.

The League through the Standardization Committee has increased educational requirements in the schools of nursing, and has closed the smaller schools that could not meet the requirements. There is one member of the League on the committee appointed by the State Nurses' Association to work out a plan by which the doctors will see the im-
importance of employing registered nurses for their office, and by which the nurses may be interested in office nursing.

The League sold two hundred 1930 Calendars sent from National Headquarters, and has given $10.00 to the Grading Committee for 1930.

At the 1929 meeting of the League, we had a special paper on the Harmon Annuity Plan emphasizing the importance and advantage of the plan to nurses. Our next meeting will be held in October, and we are planning at this time to initiate Miss Bessie Baker who has been appointed Dean of the School of Nursing and Professor of Nursing Education of the Medical School of Duke University, Durham, N. C.

**Oklahoma:** The Oklahoma League of Nursing Education for the past two years has been working under extreme difficulty caused by a rapid and very material change in membership, due to the frequent changes of superintendents of hospitals and training schools throughout the state. We have 30 members and 25 training schools in the state.

At the annual State Convention in October, 1929, the League planned to have an institute at the time of the mid-year meeting. This failed to materialize because of the facts previously mentioned.

The Board of Directors met at the Huckins Hotel in Oklahoma City, December 6, 1929. In addition to regular business it was decided that the Oklahoma League of Nursing Education continue to contribute $15.00 annually to the support of the Grading Committee, also that it urge its members to enter the Harmon Annuity Plan. The League is now lending its efforts toward having a profitable meeting with the Oklahoma Nurses' Association and the Oklahoma Public Health Nurses in October, 1930, and is making a drive for a 100% membership in the state by January, 1931.

**Pennsylvania:** The Pennsylvania League of Nursing Education numbers 218 members. The two local Leagues, one in Philadelphia and one in Pittsburgh, are particularly active sections.

The annual meeting of the Pennsylvania League was held in York, following the convention of the Graduate Nurses' Association, on Friday, October 25, 1929. A very excellent program, including a discussion on Opportunities of Postgraduate Study for Nurses, Problems of Ward Management and Teaching, and a conference on Student Participation in School Government was presented. Much interest centered around the New Pennsylvania State Curriculum for Schools of Nursing, which was presented, discussed, and approved.

Over 1,300 League Calendars were sold in Pennsylvania the past year. The Nurses' Institute, which is sponsored annually by the League, was
held in Harrisburg during the week of May 26, 1930. Over one hundred nurses registered for the courses, which included one on Supervision, by Miss Caroline Gray; one on Psychology, by Doctor Thyrsa W. Amos, of the University of Pittsburgh; one on State Government, under the direction of Professor Harwood Childs, of Bucknell; one on Mental Hygiene, and one on Orthopedics. A visit to the new State Hospital for Crippled Children in Elizabethtown was decidedly interesting and instructive. We believe the institutes to be very worthwhile contributions to nursing.

We regret that more progress has not been made in the study of the “Need in Our Schools of Nursing, for Some Knowledge of Nursing in the Mental and Nervous Diseases,” and are looking forward to greater progress during the present year.

Rhode Island: The Rhode Island League of Nursing Education has at present 44 members. During the year 14 new members have been admitted into the organization, but we have lost by transfer a number of our most active members. A small organization such as ours cannot help but feel these losses very keenly.

There have been during the year eight executive board meetings, four general meetings, one annual meeting, one joint meeting. They have been well attended and we believe both stimulating and helpful. For the programs, qualified speakers have presented some phase from the following subjects: psychology, philosophy, vocational guidance, postgraduate study for nurses. We also had the good fortune to have Miss Burgess, our National President, with us for one meeting.

We are pleased to report that Rhode Island made a very gratifying record in the sale of Calendars. Due to the efficiency of the committee, 466 Calendars were sold in our state.

Tentative plans are now being made to arrange a series of classes with demonstrations in the technique of effective bedside teaching, with the object of assisting head nurses and supervisors with their daily work.

Texas: The Texas League of Nursing Education has 79 active members. There are 82 accredited nursing schools in Texas. There are only 38 of these schools represented in the League by their directors and only 5 represented by their instructors. On the basis of 82 accredited schools, the Texas League should have between 250 and 300 members. In 1929 there were 50 active members; there was an increase of 29 for 1930. One of our objectives for this year is increasing the membership to at least 150.

The League held a three-day institute in Austin on November 6th,
7th and 8th. One hundred and four registered attendance. Active interest and enthusiasm was shown throughout the three days. Mrs. Alma Scott, Field Secretary from National Headquarters, and professors from the Education and Psychology Departments of the University of Texas contributed much to the interest and to the educational value of the institute.

The Texas League held its annual meeting in Beaumont on May 9th, immediately following the annual convention of the Texas Graduate Nurses' Association. The meeting was well attended and a well planned educational program carried out.

Through the efforts of the Joint Committees on Education from the State League and the State Nurses' Association, a summer course for graduate nurses has been arranged for in the University of Texas. The courses in Nursing Education include Administration, Supervision, and Teaching in Schools of Nursing. Miss Elsie M. Maurer, R. N., M. A., Director of School of Nursing, St. Mark's Hospital, New York City, will conduct the course this summer.

The League has placed the *American Journal of Nursing* in the reading room of the library of the University of Texas as a means of informing the Texas public about nurses and nursing.

The Calendar Committee of the League sold 200 Calendars in 1929. We expect to increase our sales considerably this year.

*Washington:* The Washington League of Nursing Education has thirty-nine paid-up members. It has had a meeting each month both in the Western and Eastern sections of the state. The meetings have been held in the hospitals of Seattle, Tacoma, Everett, Bellingham, Spokane and at the University of Washington.

During the current year the League took as its big project a study of the nursing laws of the State of Washington. In addition to the regular program of each meeting at least one-half hour was given to a general discussion of our existing laws, those of other states, and desirable changes. By the end of the year an agreement on these points had been reached by the League.

At the annual meeting in May the proposed changes were presented before the State Graduate Nurses' Association and the State Public Health Nursing Association. At this meeting it was voted to appoint a joint committee from the three groups to take steps to secure changes in the registration laws at the 1931 session of the legislature.

In addition the League has printed and distributed to all high schools in the state a suggested curriculum for girls who plan to enter nursing schools. It sold 100 Calendars.
The program throughout the year dealt with many interesting problems, such as Methods of Teaching, Assembling of Credentials for the University, Management, of Scholarship Loan Fund, Routing of Students through the Hospital, Educational Requirements for a Profession.

Pursuing its policy of making a thorough study of some one problem each year the League is planning for next year to study the possibility of securing and developing more graduate courses in the State of Washington.

The League has coöperated with the other two state organizations and the University of Washington in having an institute on problems in the nursing field. This is an annual event, and serves a large group of nurses.

The members of the League feel that this has been a most successful and profitable year.

**Wisconsin:** There are four active local Leagues in the state with a total membership of 102. Membership has been stressed and every effort made to keep increasing it.

During the holiday period 571 League Calendars were sold, and we found it to be a very good plan to have a state chairman for this sale. The State Nurses' Association helped us in selling these Calendars.

The 1929 institute held July 22d to 26th at Madison, was well attended, and you can gauge the success of it by the fact that another will be held this summer. The very able chairman of the Educational Committee of the Wisconsin League in coöperation with the Bureau of Nursing Education is again responsible for the interest shown.

Each district met at least four times during the year and District 4 and 5 had monthly meetings. The average attendance in this last group was 47.

The program project for increasing interest which was initiated by District 4 and 5 in 1928 has proven worth while. Each group, i. e., superintendents, floor supervisors, etc., have had programs relating especially to their field. At the general meeting the gist of these discussions was given and in addition the following topics were presented: Difficulties of the Registrar, Case Studies for Students, Efficiency Records, Program for the Institute, etc.

In District 3 the discussions have been intermingled with social meetings; plans for the year were taken up; state board examinations; a talk on encephalitis; "Ethics Applied to Nurses" was given by Dr. R. L. Sharp of the University of Wisconsin School of Philosophy.

In District 7, part of each meeting was given over to a discussion of
Nurses, Patients and Pocketbooks, but school problems were not forgotten.

District 10 devoted one meeting to a discussion of the Children’s Code, which was up before the legislature at that time. They notified their state representative of their support. This district also found food for discussion in Dr. Burgess’ book of 1928. Here too, a definite musical program was sponsored in connection with a bridge luncheon.

Contributions as pledged have been made to the Grading Committee.

To commemorate the birthday of Jane A. Delano a Red Cross Rally was held on March 6th. Eight hundred students in uniform came to pay tribute and hear the inspiring program. As a special form of membership stimulation 18 graduate nurses presented completed Red Cross applications in person to the district Red Cross chairman.

Miss Gladys Sellew gave a course in Ward Management at the University of Wisconsin Extension Division during the fall semester. These lectures were very popular.

Again in October, 1929, La Crosse opened its hospitable doors to us for the annual meeting in conjunction with the Wisconsin Nurses’ Association. After the business had been cleared away Professor Colbert of the University of Wisconsin talked to us on “The Place of Sociology in the Nursing School Curriculum.” It was a fruitful contribution, for many schools have since added this subject to the school schedule.

Lastly we have had an enjoyable busy time preparing for the biennial convention and we hope that we have succeeded in making everyone comfortable and happy.

Section on Education, Ohio: The Ohio State Nurses’ Association is made up of sixteen local districts. Four of these districts have local sections on nursing education; in the remaining twelve districts, which do not have local sections, a definite number of meetings are set aside for consideration of problems concerned with the education of student nurses. The State Section has 256 members. As a result of an intensive campaign instituted last year to increase the membership in the National League of Nursing Education, Ohio now has 92 members with the acceptance of 16 additional applications pending.

The State Section on Nursing Education held a joint meeting with the Private Duty Section and the Section on Public Health in Cleveland, October 30th to November 2. A series of lectures on Methods of Teaching, given by Dr. J. Jones Hudson, and on Teaching Psychology in Schools of Nursing, by Dr. Herbert Gurnee, both of Western Reserve University, as well as discussion and demonstration of methods of teaching in nursing schools proved of value to all who attended.
During the year, the local districts discussed the following topics:

1. Staff education, continued from last year.
2. The general duty nurse, her place in hospital organization, and our responsibility to her.
3. Methods of improving clinical instruction of student nurses such as: bedside clinics, morning conferences, case studies, experience records, and more careful planning of students' ward experiences.
4. Improvement of methods of keeping accurate records in schools of nursing as suggested by questionnaires sent out by the Grading Committee.

In accordance with the plan introduced by the officers of the State Section last year, the same important topics were included in the program of the Ohio State Nurses' Association at its annual meeting held in Lima, April 21-24, 1930. Miss Anna D. Wolf, Miss Mary Gladwin, and Miss Celia Cranz discussed the question of the general duty nurse not only in the light of existing conditions but in view of her steadily increasing usefulness and importance. The discussion of methods of clinical teaching brought to light the problem which instructors in small hospitals have in relation to this branch of teaching and left in the minds of all an important problem to be solved.

The Section on Education again took charge of the sale of the League Calendars in the state and were able to report the sale of 702 Calendars for the year 1929.

As the officers of the State Section on Nursing Education have not met to outline the program or appoint committees for the coming year, no definite statement can be made regarding the work to be undertaken.

At the annual meeting in Lima, the board of trustees of the Ohio State Nurses' Association recommended that the Section on Education make a thorough study of the actual cost of maintaining a school for nurses in Ohio, taking into consideration every possible expense that could be charged to the school of nursing, and when data is available, compare with the nursing cost where no students are used for care of patients, and submit the report at the annual meeting in 1931. This seems a very worthwhile piece of work to be undertaken at this time, in the light of work of the Grading Committee, and will, in all probability, be one of our major considerations for the year.

South Dakota: South Dakota does not have an organized State League, but at our state meeting we have an educational section which takes up the problems that have been before the group.

Discussion followed of how much the Calendar sale contributes to League finances, and of comparative ways of raising money for the League. Great interest was shown in the idea of some representatives
that when contributions to the Grading Committee are no longer needed
the State Leagues consider continuing these contributions and allocat-
ing them toward the work of the National League. But it was the
consensus of opinion that for the present the best way to get money
for the League is to sell as many Calendars as can be sold. The dele-
gates warmly applauded suggestions that they try to push Calendar
sales in every way possible.

The meeting adjourned.

Second Business Session
Tuesday, June 10, 4:40 p.m.

Presiding: Elizabeth C. Burgess, President.
A roll call showed that fifteen states were represented.

The secretary presented a recommendation from the Board of Di-
rectors that "the Editor of the American Journal of Nursing be an ex-
officio member of the Board of Directors and that the By-laws be
amended to provide for the same, and that the second sentence, Article
II, Section I, which now reads, 'These fourteen officers with the Presi-
dent of the A. N. A. and the President of the N. O. P. H. N. shall
constitute a Board of Directors,' be amended to read, 'These fourteen
officers with the President of the A. N. A., the President of the N. O.
P. H. N., and the Editor of the American Journal of Nursing, shall
constitute a Board of Directors.'"

Chair: I might say that in bringing forward an amendment to the By-
laws without previously submitting it to you, such an amendment would
necessarily have to be passed by a unanimous vote. The Section of
Article XVII under which this could be done reads as follows: "These
By-laws may be amended at any annual convention by the unanimous
vote of the active members present and voting, without previous notice."

After some discussion of the value of having the Editor of the
American Journal of Nursing constantly on the Board of Directors, the
vote was unanimous to pass the amendment as stated.

The meeting adjourned.

Joint Session
American Nurses' Association
National League of Nursing Education
National Organization for Public Health Nursing
Tuesday, June 10, 8:30 p.m.

Presiding: Anne L. Hansen, President, National Organization for
Public Health Nursing.

Subject: Medical Cost and Nurse Distribution.
COST OF MEDICAL CARE

DR. MICHAEL M. DAVIS

Director of Medical Services, Julius Rosenwald Fund, Chicago, Illinois

Published in the Proceedings of the American Nurses' Association.

DISTRIBUTION OF NURSING SERVICE*

MAY AYRES BURGESS, Ph.D.

Director, Committee on the Grading of Nursing Schools, New York, New York

A young profession, where standards are changing and rising, usually begins to show three signs of professional growth. The first sign is the desire to discover the truth about itself. Of the three signs of progress, this is perhaps the first and easiest. It is easy because in advance of a study one cannot predict the outcome, and, therefore, it needs only a little courage to embark on the self-survey process. It is also easy because a profession, to discover the truth about itself, need not do all of the work alone. It is always possible to hire a statistician.

The Program Committee has asked me to talk about the distribution of nursing service. We know that there is an uneven distribution in the nursing profession. Nurses are crowded into the cities far in excess of the needs of the population. Nurses are hard to find in the country and there are many parts of the United States where large areas are completely unreached by graduate nurses.

Nurses are eager for private duty in hospitals and they are reluctant to fill calls for private duty service in the home. There are too many nurses waiting for calls on week days and often too few ready to work over the holidays. There are many nurses trained and interested in taking surgical cases and there are very few trained and eager to take special types of medical cases. There are thousands of unemployed nurses eagerly seeking for opportunities to become self-supporting; but there are hundreds of unfilled positions which remain unfilled either because nurses are afraid or unwilling to undertake the work, or because there are not enough nurses with the specialized administrative or educational preparation for which some of the unfilled positions call.

It would seem a feasible and a desirable thing for state boards of nurse examiners, the secretaries of state associations, the heads of local registries, and the officers of district and state nurses' associations to work together in a systematic attempt to gather current information concerning the nursing needs and the nursing supply of their com-

* Address here somewhat abbreviated.
munity. The state board and the state nurses' association, working together, might well investigate conditions in the undernursed counties. They might perhaps get in touch with the physicians and hospitals in those counties to discover whether, if nurses were to move there, there would be enough work forthcoming to keep them busy. One can imagine these various state and district agencies getting together at monthly intervals in order to exchange information as to the problem of nursing distribution and to act as a clearing house, so that all nurses throughout the state, or other nurses interested in moving into the state, might readily know what the opportunities are for employment.

**Courage to Face Facts**

The second sign of progress in a profession, courage—intellectual honesty to face the facts squarely—is by far the most difficult and painful.

Straightforward analysis of the facts of nursing distribution leads one inevitably into dangerous channels. There are many county districts where there is a shortage of nurses; but it is increasingly true that in small as well as in large cities there is so great an over-production of nurses that the registries cannot possibly keep all of them employed.

Each district needs to ask: Is there unemployment among our private duty nurses? Have we more special nurses than our population really needs? Is our supply of new graduates, going into private duty, growing more rapidly than our supply of sick-a-bed patients? If the answers to these questions are all "yes," obviously the district association needs to do something about it.

**Reduce the Supply**

What can the district do? First of all, it can concentrate its attention on the source of supply—the local training schools. If there are too many nurses coming into the profession there is only one way to reduce the number, and that is to reduce the number of students admitted to the schools.

Over-production of graduates cannot be laid at the doors of the small schools. It is the large schools, not the small ones, which are directly responsible for unemployment in private duty nursing. If over-production is to be stopped, the big schools must stop enlarging their schools.

It is the task of the district association to bring these facts home to its members, and to the community, so emphatically that they cannot be ignored. Every superintendent of nurses whose entering class of students this fall is larger than it was last fall should feel the pressure of professional opinion upon her so strongly that she will feel called
upon to justify her action to the other members of her district association. She is not merely an official in a hospital, she is a member of a profession. And if by increasing the size of her school she is contributing towards unemployment in her profession, she is obviously under moral obligation to explain why.

If the superintendent of nurses has favored the enlargement of her school she faces a more difficult task in justifying her action to the profession. In a city where graduate nurses are unemployed, the superintendent of nurses who is continually enlarging her school on the plea that the "patients must be nursed" is encouraging the exploitation of nurses for the financial advantage of the hospital. Patients must be nursed, but if graduate nurses are available they should be called upon to do the nursing. Hospitals cannot be blamed for exploiting students when they are encouraged to do so by their own superintendents of nurses. Even when the quality of training is reasonably good, to encourage young women to prepare for a profession in which, after they enter, they will not be able to earn their daily bread, is exploitation.

There are probably only two conditions which justify the superintendent of nurses in increasing the number of her students. The first is where she can show that more graduate nurses, of the type the school produces, are really needed in the community, and cannot readily be secured from other sources. The second is where she can show that the preparation given in her school is not only better than, but different from, that given by most of the large schools from which the great bulk of graduates comes.

Almost every one of the large schools believes that it is better than the rest. Usually it is wrong. The rank and file of graduate nurses to-day have come, not from the many small schools, but from the comparatively few large schools. Very few indeed of the large schools give the type of preparation which sets their graduates very far above the rest. Most of them could reduce their annual production of graduates with benefit to the profession.

There are a few schools however which give their students something different. If a school has an opportunity to teach the nursing care of mental or nervous patients—really teach it so that its graduates can handle such cases skillfully and intelligently—it ought to admit as many students as its clinical material warrants. Other special services, rarely given adequate attention in the general hospitals, yet representing experience which is needed by graduate nurses, may justify a school in enlarging its student body.

Yet even in these special types of schools it is by no means certain that enlarging the school should mean increasing the number of under-
graduate students. With thousands of graduate nurses unable to find work, it may be that one of the forward steps for the profession is the development of post-graduate courses in those nursing specialties where the demand is still greater than the qualified supply.

It is not the schools alone which, after the facts are gathered, are under the necessity of facing them. The registries also have some responsibility.

**New Fields—a District Problem**

But while it is the registry which sees most clearly the problems of distribution and employment, the responsibility for remedying them does not rest only on the registry, it rests on the whole profession. It is the task, not only of the registry but of the district, to analyze the local needs for nurses, and to search for methods by which graduate nurses may be helped to withdraw from the overcrowded field of private duty, and to enter other types of nursing for which there is real demand.

One of the most encouraging developments in the past two years has been the number of hospitals which have undertaken constructive experiments for the express purpose of dignifying the position of the graduate floor-duty nurse. Reports come from all parts of the country, from small and large hospitals alike, telling of the increased employment of graduate nurses, the care taken in making the appointments, the careful adjustment of responsibilities so that students will have increasing respect for the superior abilities of the graduate floor nurses, and the resulting improvement in the quality of nursing service which these hospitals are able to provide for their patients. It is in this field that during the past two years the greatest progress has been visible. Other fields are receiving constructive attention. Hourly nursing is being tried in many places, and with varying degrees of success. Plans are being discussed for "refresher" or supplementary courses in order that otherwise competent nurses may be brought up to date in new technics, and so equipped to undertake work where there are unfilled calls. Nurses who are unable to handle the more serious types of illness and yet are eager to help with chronic or convalescent cases where a resident nurse is sometimes needed for weeks at a time, are being encouraged to undertake such cases, not at a daily rate but at a moderate weekly salary sufficient to provide them with a comfortable living and yet within the means of the ordinary family. To make nurses realize that such engagements are dignified, important, and ethically sound, is again a task for the whole district membership.

**Energy to Act**

The third sign of progress in a profession is the energy to act after the facts have been known and admitted.
Discovering facts is easy. Admitting them is hard. Acting on them takes the middle ground. Action cannot come until the profession has made good progress in gathering and facing the facts; and for that reason there is perhaps less to see under this third count than under either of the other two. Every one seems to be waiting for some one else to tell what to do.

The answer probably will not come from any single group. Little by little, from all sources, details of planning and action will grow. District, state, and national individuals are talking and thinking. The field is being prepared for courageous action. Specialists are being called in from other fields to help.

**Utilizing Specialists**

The beginning of utilizing the outside professions has been made, but it seems increasingly clear that if nursing wants to solve its many problems with the greatest rapidity, it needs to call upon outside professions to a far greater extent than has as yet been done.

The biggest problem for the profession has to do with the training schools for student nurses. It is primarily an educational problem. The fact that women are skillful nurses and skillful hospital administrators does not transform them into educators. Education within the past thirty years has become one of the great professions. Its methods have been refined and analyzed until they are rapidly approaching a science. Literally thousands of technical books on the science of education have been produced within the past thirty years, setting forth facts and philosophy and technics, a large part of which will be found to be directly applicable to nursing education. Professional educators could be of help to schools of nursing in solving their organization problems, their problems of curriculum, of course of study, and of teaching methods. The content and technics of textbook presentation, the administration of psychological tests and achievement tests, budget-planning, school-financing, record-keeping, public information, the writing of annual reports, the relation of the faculty and executive body to policy-forming boards, the relation of the school to the public, all of these and many more are problems to which professional educators have devoted years of study.

The League of Nursing Education has long been recommending that professional educators be added to the training school committee. It would seem equally necessary to add them to the boards of trustees of hospitals conducting training schools. Eventually nursing will develop its own body of professionally trained educators. In the interim there is great need for schools of nursing to call upon members of the edu-
cational profession to help them solve the more pressing of their immediate problems.

A similar situation is true in connection with other nursing questions. Nursing has already called upon economists and actuaries for help in solving some of its problems concerning annuities and insurance. It has called upon social service workers for help in studying its relief fund. It has from time to time sought the aid of statisticians, public information workers, and certified accountants to help with other specific problems. It is beginning to call upon personnel workers and heads of great professional employment bureaus for advice as to handling its registries. It is seeking closer touch with the professional and business women's clubs, with newspaper women and magazine writers. More and more this sane solution is being adopted of calling in specialists from other fields rather than continuing to struggle blindly as amateurs, with technics which nurses cannot be expected at the present time to handle correctly. Nurses are rapidly learning to make other professions work for them.

Nursing is beginning to awaken to the fact that it is only one of the many professions, and that the problems which it faces are, for the most part, exactly the same problems which all other professions have faced. In each case there is some peculiar twist or quirk which gives a different aspect, but there is very little in any profession which is genuinely unique.

The work of the Grading Committee is almost over. When the end comes, those of us who have been privileged to join with you in this undertaking will be able to look back, and trace through the five years of our participation, the evidences of steady progress in a great profession which is determined to find the truth, face it squarely, and do something about it.

**The New Epoch in Nursing**

_Annie W. Goodrich, R.N._

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

I should presume that there was only one answer to these matters which Mrs. Burgess has so ably presented. Dr. Davis has already given that answer, education and a committee.

I speak in all seriousness. I did not suppose I should ever live to see the day when it could be said with any possible degree of accuracy that nearly enough nurses had been produced to meet the community's need. There is, it is true, a gloomy side to this picture, but there is also a
happy one. At least it assures us that the nursing needs of a community may eventually be met by trained women. And if we have many problems yet to work out, I am sure you will agree with me that all of these problems have been faced and in some instances the means for dealing with them have already been instituted.

It is, I believe, true that we have reached a new epoch in nursing, and that is in itself an inspiring fact. We have passed the day when our objective is limited to the acquiring of the technical nursing procedures demanded by curative medicine, and we are now concerned to evolve the content of nursing education demanded by the field of preventive medicine.

At this late hour I can not attempt to discuss the great problems that the facts presented by Mrs. Burgess reveal. I can only briefly and sketchily touch upon certain points which I think important for your consideration. I said we needed education and a committee, and I said it advisedly. I believe that what has been developed in a number of localities should be universally and rapidly produced, namely a committee or council of persons to consider the health and sickness needs of the community, and the means by which these needs can be completely met. Such a council should be as representative as is the council appointed, shall we say, for the development and execution of a community chest. I am of the opinion that women should predominate in the membership. The council would function through committees, outstanding amongst which would be a committee to determine upon the machinery and the personnel required to meet the needs as presented through a study of the community, and a committee to study the professional preparation of the required personnel with due consideration of the educational resources not only of any given locality but of the state and the educational system at large.

Let me digress for a moment to consider this question of education. We often hear discussed, sometimes acrimoniously, sometimes encouragingly, the question of college education. What do we mean by "college education"? What do we imply when we say "degree"? We are simply summarizing the fact that to-day there is a body of knowledge that bears distinctly upon human life, that any such body of knowledge has a direct relationship to the profession with which we are concerned, that every day, even every hour, in the great laboratories of science that knowledge is changing. What created thing could be of greater importance than human life, and who is more concerned with the development of that creation than the nurse, except the parents, and even they can't escape the nurse; they may occasionally escape the physician, but to-day they rarely escape the nurse.
We must require of our women in the future two languages, the language of the people and the language of science. That nurses have learned the language of the people is evidenced by the group meeting here to-day. This great body of nurses could not have come into existence in these few years had they not ministered in some way to the people, and what is true of this continent is true of every other continent. But if we are truly concerned with our field of work we must speak also the language of science.

I agree with Mrs. Burgess that if we face the facts, our problems will not be difficult of solution, for the problems of nursing and nursing education do not differ from those of almost every branch of life activity. Business has found it necessary to relate itself to education, to wit, the Harvard, Columbia and other university schools of business, and has rapidly amassed a body of knowledge that relates to the conduct of business and through which it is hoped to make business methods economically sound. Many other branches might be cited, all of which I contend are secondary in importance to our own field of work, because we are assisting in the creation of future citizens.

Another committee I wish to mention is that of publicity. For a number of years we have been striving to bring before the young women of the community the importance of nursing, and this we must never cease to do, but a change of emphasis is called for. If nursing does not commend itself to parents as a desirable field for their daughters, and it does not, we must seek the reason. What is it that makes parents averse to letting their children enter nursing? Is it that the field itself is of such little importance, this bringing to light the ills of human beings and striving to avert or heal them,—is that an insignificant social contribution? I contend it is not. I contend it is one of the most important contributions.

We must make the community see that if the conditions are such in nursing and nursing education that the profession is not attracting our best educated women, then conditions must be changed. This means a study of the hospitals in relation to nursing education. Are the hours what they should be? Is the educational content what it should be? Can the parents be assured of conditions which will give their daughters that kind of joyous service Dr. Frank discussed last night? If not, why not?

There is another matter of importance for the council. What are we doing for the sickness and health needs of the small communities. We are informed that there is an over-supply of nurses for the cities, but that the small community and the rural areas have not an adequate supply. In this case should the local hospitals maintain schools of nurs-
ing and if so under what conditions? The small hospital offers certain advantages sometimes lost in the larger institution. Preéminently it demands an approach to and consideration of patients which is highly desirable in a program of nursing education; it provides for more personal understanding and direction of the student; it permits of more extended and thorough knowledge of the case; the atmosphere more nearly approximates the home environment of both patient and staff; it is believed that the students, limited in number, are a desirable factor in these small institutions; upon graduation, if their professional preparation is sound, they can serve equally well their own or the surrounding rural areas, or in the larger city with which they will be familiar through their preliminary and later affiliated courses.

It is important therefore to establish a program of centralized instruction particularly in the sciences, through which a recognized hospital in a given community may be assisted to maintain a school with justice to the student of nursing and the public that she is later to serve.

I have inspected hundreds of these small hospitals and know that many of them are beautifully equipped; that the clinical material offers under the right auspices excellent experience. It is perfectly possible through the ever increasing number of universities and colleges, many of which are already offering courses in nursing, to provide through extension courses a pre-nursing science course. So I hold a brief for the small hospital school if the education in these institutions is based on a sound foundation, which is a scientific foundation.

This is a brief consideration of some of the problems and the ways in which they may be solved. We need the right kind of publicity; we want to awaken in college girls an interest in nursing; we want the women of the community to appreciate its importance; we want the hospitals to shape or reshape the conditions in nursing so they will appeal to the type of student that we need. I believe there is no question that these changes can be brought about.

No one can attend these meetings without being impressed with the extraordinary growth of the nursing field. I refer not to its numerical growth but to the broadening view and the tremendous enrichment of the field evidenced by the papers presented and the subjects discussed.

We have no reason whatever to be discouraged. We are, I believe, at the turn of a road, but we have come to this with a far wider vision than has before been possible.

Let me briefly review our professional history. Guided by laywomen, nurses went into the hospitals something over fifty years ago and cleaned up those institutions. You have only to read the history of Bellevue and Blockley to appreciate the great change in the methods of
caring for patients. In those days the hospitals were for the pauper class alone. They were called asylums,—idiot, lunatic and pauper asylums,—terms no longer in use, an indication in itself of social evolution. Hospitals to-day take care of all classes of people. It is no longer a disgrace to go into the hospital for medical and nursing care, quite the contrary, although I must admit I recently heard of the case of a young husband who suffered a serious mental reaction which was finally traced to his distress that should his boy be born in a hospital he could not in after years point to the home in which he was born. This well illustrates the change that has come about.

Women have had much to do with these changes, and I see as the next step, as I hope you do, women going out into the streets, into the factories, into the tenements, into the prisons, and making those same changes in the community that have now been achieved in the hospitals.

If I have brought back but one impression from my journey to the Orient the inspiration which I received from it would have compensated for every day of absence. Let me preface my explanation by the following: Last year on their way home from the International Congress of Nurses held in Montreal, some of our foreign friends visited the United States. One of the things which impressed them was the absence of fences or high walls between the beautiful places in many of our smaller towns. They said, "These beautiful places unprotected and not overrun by the public! I should think you would like more privacy." It recalled a journey through southern England where we chose the old-time coach rather than the automobile in order that we might look over the walls surrounding the beautiful estates. The social significance of this change did not at first enter my mind. Light began to break when I reached China but it took the hours of meditation of the homeward voyage for the inspiring implication of this social evolution to dawn upon me.

Of the Great Wall of China we had for many years heard. In Peking we found the wall of the Tartar city, and the wall of the Chinese city, and as an outstanding building our attention was called to the Forbidden City. Wherever you go in Peking you will see the walls, the towers, the golden roof of the Forbidden City, a magnificent series of buildings for the use of the imperial group and their entourage, protected from all intruders by two walls and a moat. The Forbidden City is to-day a dead city, a city of the past with grass growing between the pavements, its buildings open now for a few coppers to any who choose to go through them. But there is another series of buildings which you will also see, the beautiful green enamel roofs of the Peking
Union Medical College and Hospital,—buildings reproducing the best of Chinese architecture. Around these buildings there are no walls, and under these roofs may be found both the wealthiest citizen and the poorest outcast in Peking. Never have I seen better equipment, better medical care nor nursing care than I saw in the Peking Medical School Hospital. In no other hospital have I been where there was a periodic health examination of every single individual in the institution. I presume we could never grasp at what cost medical men and nurses have helped China produce this, but this is not the point altogether. The point is that here you have a picture of something that is happening in this world of vital importance; here you have convincing evidence of social evolution.

We may have a long road over which to travel. We must make communities see that they must support the hospitals and not lean on student labor. We must so adjust our program of nursing service that the unneeded contribution of the private duty nurse can be applied to the greatly needed bedside nursing of the sick in the hospitals. The best bedside nurse instructors will be the successful private duty nurses, but in order to obtain their services in the hospital their hours of duty must be such as will enable them to enjoy their work. We must see to it that the advancement in their salaries will relieve the economic pressure. All this is perfectly possible for such a wealthy nation, and only through such adjustments shall we create a democracy in which we can believe.

Heartened by that wonderful picture of progress in far off China, let us press forward, and obtaining the aid and assistance of the women of the community let us seek to achieve this program of social betterment.

The meeting adjourned.

**Session Conducted by the Education Committee**

**Wednesday, June 11, 9 a.m.**

Presiding: Anna D. Wolf, Associate Professor of Nursing, University of Chicago, Superintendent of Nurses, University Clinics.

Subject: Staff Education:

**STAFF CONFERENCES AND CONFERENCE LEADERSHIP**

ROY SORENSON

*Regional Executive of the Boy’s Work of the Y. M. C. A., Chicago, Illinois*

It may be helpful to see Staff Conferences in their larger setting, in perspective, then to recall some of the advantages gained by the use
of the conference method, before listing some of the practical means of conducting good staff conferences.

I. Several things are converging to emphasize the potential power of "conferencing."

1. Group life, conferences, committee meetings are social phenomena of our times. It is not strange that a new social technique is growing up to facilitate the effective carrying on of all this group life. A group methodology has emerged.

The conference method is used extensively in business and industry. It is much more widely used in law than formerly. It has claimed the attention of social organizations to a remarkable degree.


2. The various aspects of the Adult Education Movement and the increased interest in many forms of professional and vocational education has created a need for a new methodology.

The motivation operative in adults is around immediate problems, some felt need. They have experience of some sort in the subject matter of their concern. The need to provide a setting in which mutual respect for each other as joint searchers is more necessary with adults. This has rendered the older teacher-pupil relation less effective and has created an urge for a new type of educational method.

3. As educational psychologists began to work experimentally, our concept of the learning process changed. The "laws of learning"—practice, effect, readiness, and the others laid the foundation for a new educational method. Social psychologists have strengthened this concept as they have shown us the power of the group in the education of the individual.

4. The result of the change in concept of the learning process has been a new philosophy of education. John Dewey's five steps in a complete act of thought, felt difficulty, alternative solutions, plan, execution, judgment, have replaced the Herbartian plan of
teaching with its five steps (preparation, presentation, comparison, generalization, and application). The project method, the situation-problem emphasis has shown new possibilities in conferring.

Thus the increased group life of our time, the growth of adult, professional and vocational education, the knowledge about learning gained through experimental psychology, and the emergence of a new philosophy of education, has shown us the sharp and effective tool within our hands in the form of workers’ conferences.

II. Even with the new possibilities we see in “conferencing,” our interest in Staff Conferences is not an isolated one, but one which has its setting in the larger range of educational supervision.

The 8th Superintendent’s Yearbook defines supervision as “a creative enterprise which seeks to provide an environment in which men and women of high professional ideals may live vigorous, intelligent, creative lives.”

Staff Conferences take their place in a proper balance of various supervisory functions:

- **Inspection** which discovers defects to be remedied and procedures which merit encouragement.
- **Research** which reveals principles which make for improvement.
- **Training** which familiarizes the person with principles so they are seen in concrete situations.
- **Guidance** which provides the inspirational and material environment necessary to incorporate understandings into practice.

These functions interrelate and play upon each other. Training Conferences are dependent upon the observations of inspection, upon the contributions of research, and upon the problems of guidance. Staff Conference is the way they get together.

In the school field, summary returns from fifty specialists, 100 superintendents, and 100 teachers, reported by the 8th Superintendent’s Yearbook, rated teachers meetings, of the group meeting sort, as the second most valuable means of teacher improvement. Classroom visitation was the only item which outranked the teachers’ meeting of the group meeting sort.

In the social organization field, meeting of case workers around cases, conferences of leaders of boys’ and girls’ groups around their immediate problem brings us like testimony.

Thus we have seen in perspective that the staff or workers’ conference is set in a series of social and educational trends, it is an important phase of educational supervision, and it is developing a methodology of its own.
Let us now examine the conference method somewhat for its advantages. Let us ask ourselves why the Staff Conference is such an effective tool in the hands of educational supervisors.

1. The conference method is efficient in securing learnings. It is very effective educationally. This is because it creates active participants rather than passive listeners. Thinking, instead of being wholly an intellectual procedure involves an integration of emotional and intellectual factors which the give and take of the discusional procedure utilizes. Subject-matter is dealt with in the situation form in which the need for knowledge arises. This makes the learner’s experience the resource of highest value. Readinesses are stimulated so that the stage is set for the useful appropriation of information. Facts are seized upon when they are needed. Dealing with situations and experience also keeps thinking in contact with realities.

The conference method of teaching substitutes:

- reasoning for memory.
- conduct for information for its own sake.
- priority of the problem for priority of the subject-matter.
- natural setting for learning for artificial setting for learning.

2. Workers’ Conferences create appreciation of new values, problems and people. The contagion of the group situation awakens concerns and appreciations not before felt. Not only does new light result for those who have the motive, but new motive is generated within the group process. What one person sees and feels in a problem stirs new awareness in the others, so that the groups’ differences in interest and impressionability yield a richer pattern for new experience.

3. The individuals participating get a new sense of their worth as persons. Without neglecting the thought of experts, it encourages everyday folks to respect their own experiences. Perhaps this renewed sense of the dignity of one’s own thinking and one’s own place in the total enterprise, frees folks to grow as few other things do.

Now with our Staff Conferences set in meanings arising from group life of our times, adult education movement, experimental psychology, and educational philosophy, and with several reasons before us of why Staff Conferences are important and effective, we can ask ourselves how to conduct them.

The leadership of a conference is a specialized skill. Understanding and continual practice must go into the attainment of skill. While the attitude of the leader is very important, it is not sufficient without attention to the way it is done.
In a study of faculty meetings by 198 public school teachers in Oakland, California, the following suggestions emerged: Have smaller groups; employ discussion group method; employ demonstration by teacher as a basis for discussion; have more pointed discussion of problems—be more definite and concrete.

To this list let me add:

(1.) Pay more attention to the appointments, such as kind and size of room, comfortable chairs, seating arrangement so all members of group can look in each other's faces. Avoid exact rows.

(2.) Provide a mood of informality and comradeship. The leader sets this mood in the first few minutes of the meeting. A glowing interest in the group, warmth, earnestness, genuineness, and a sense of humor contribute to its spirit. Some meetings are so grimly purposeful that half an hour is tiring. Others are so zestful several hours are not taxing.

(3.) Some realistic method of deciding upon the items for a conference agenda should be used. Situations revealed by inspection by the supervisor should be tested for importance, frequency, and educational potentiality. Questions like the following will help in deciding agenda: What is their situation? What are their questions? Where do their interests lie? By consulting with members of the group, either through a regular planning committee or by talking with a few individuals, help can be obtained in locating the most fruitful problems.

To the degree that the situation introduced is of concern to the group and the issues make any difference in their life, will there be deep emotional accompaniment. The ramifications from any situation or problem are so numerous and varied that the teaching objectives of the leader can be realized through the process.

4. When the situation, or problem, or topic, has been decided upon, careful preparation of the method of presentation is essential. The way in which the discussion is opened up is of the greatest importance and perhaps more discussions are ruined here than at any other point. The following ways are suggested:

   (1.) Picture a situation and ask what should be done in that situation.
   (2.) State a problem and ask what experiences are in the group which would throw any light on problem.
   (3.) Portray a case, go through a demonstration, and ask for judgments and opinions about aspects of that case or demonstration.
   (4.) Picture a situation and list multiple-choice alternatives.

b. Beginning with opinion measuring devices.
   (1.) Prepare a true-false test, give it to the group at one meeting, tabulate results, and introduce the points at which there are greatest
differences in answers for discussion. "Why did you answer this as you did?"

(2.) Check-lists that provide a range of opinions on a list of items, when tabulated, provides a good discussion device.

c. Beginning with some proposed topic of current interest.
   (1.) This requires connecting the topic with the experience and real concern of the group.
   (2.) Break up the topic into phases manageable in discussion.

d. Beginning with a textbook, speech, or other informational source.
   (1.) Books rarely start with situations. Therefore we need to ask: "Where does the material connect with the life of group?"
   (2.) Appeal to the experience of the group, ask for their discriminations.

5. One responsible for the meeting should arrange for some resource to be available. This will include books and people. The group is just as dependent as is the individual upon reliable data and upon the contribution of the expert. The difference in the conference method as over against the classroom teaching method is in the expert’s relation to the group. The books and expert should be present to help at the points where the group wants help.

6. The leader of the group needs patience, poise, and restraint. There are awkward moments through which to wait, irrelevant ideas of which to be tolerant, and heated, emotional speeches through which to remain calm and objective. The leader must be willing not to take part every time a member of the group speaks. Questions tossed into the group should be tossed back and forth within the group, not always between leader and group. The leader must be willing to refer questions back to the group and not answer them or call on the resource person until the group has worked with the question awhile, if the question is an important one. If a satisfactory answer can come from the group’s discussion, it is better not to use the resource. Patience is also required when time limitation tempts undue prodding.

7. The leader must be sensitive to the group. The many non-verbal means of participating must be observed and taken into account. Approvals and disapprovals, interest and lack of interest, agreement or difference in opinion, can be detected by the raised eyebrow, clouded countenance, vacant stare, quick leaning forward, fidgeting, and so on. By looking encouragingly at those who have not taken part, and avoiding looking at those who participate incessantly, the quality of the meeting is affected.

8. The art of asking good questions is needed throughout the group process. Following are some suggestions:

Questions should be penetrating and definite enough to arouse thought and broad enough to call for even a series of thoughts and comments.
Avoid:
   a. mere factual questions.
   b. guessing questions.
   c. self-evident and yes-no questions.
   d. indefinite ones.
   e. long and involved questions.
   f. questions not phrased in the language of the group.
   g. repeating a question too many times.

9. Summarize occasionally during the course of a discussion. A summary takes the place of motions; sifts the chaff from the grain (the irrelevant comments are ignored in the summary); allows the group to see progress.

   The summary should not be so frequent that it interrupts the process.

   Do not mistake a comment on something that suits the leader for a summary.

10. In a large conference it is wise to break into smaller groups for some parts of the process. For example the Springfield Council of Social Agencies, Y. W. C. A. National Convention.

11. Outside preparation and investigation by members of the group will grow out of concerns generated in discussion. Bibliography should usually follow and not precede group discussions on any matter.

12. An understanding of some of the mental hygiene reasons for "miss-fire" responses such as "side-channeling," "face saving," blame reactions, fixed idea reactions, word compulsions, "limelight seeking," approved answers, etc., enable wiser handling of them and prevent them from interfering with the group process.

   These suggestions about technique will grow into a much longer and richer list as your experience ripens in this area. May I challenge all of you to work consciously at gaining skill in this area as one of the most fruitful places for experimentation.

   Experimentation and skill by you in this matter will not only enrich the group with whom you work, and will not only make a contribution to your professional understanding and skill, but it will actually allow you to provide your share in the forging of a new social technique for enabling persons to grow richly and fully in our complex group civilization.
FUNCTIONS, VALUES AND METHODS OF CONDUCTING STAFF CONFERENCES IN A SCHOOL OF NURSING

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In planning our staff conferences we have several purposes in mind. We want to:

1. Develop leadership on the part of the various members of the staff. Through exchanging ideas, sharing experiences and presenting their contributions to the group, capacity to think straighter, judge more wisely, express themselves more clearly and steady themselves, should be developed.

2. Bring about a general understanding of and appreciation for the aims and policies of the institution, viz: adequate preparation of the students for their life work serving society; proper care of the patients and economical use of hospital equipment (furnished by public taxation). This should secure their whole-hearted coöperation.

3. Broaden the horizon of each individual member; keep her open-minded, interested and growing.

4. Develop the individual's ability to coöperate. Give the members of the group mutual understanding of one another's problems, ideals and aspirations; enable them to see their own departments in relation to others.

5. Give them the joy of sharing and helping and creating and contributing to the larger plan as well as to their own corner.

6. Make best possible use of opportunities for education on the job.

7. Standardize methods, techniques and equipment, but not people.


In my opinion there are several things which are fundamental in conferences:

(1) They should be democratic—all participants meeting on a level. This makes for freedom of expression and discussion.

(2) Everyone should be encouraged to make contributions and as far as is consistent with the efficient functioning of the whole, each person's ideas should be carried out.

(3) Definite programs of subjects for discussion should be prepared and published in advance. At the same time, there should be an opportunity at each meeting for any immediate problem which presents itself to be taken up.
(4) Certain pitfalls should be avoided. Among them, the danger of the conference degenerating into a place where petty faultfinding breaks the backs and murders the souls of the members. To avoid this, we make it our business to take care of the infinite number of details which need attention by personal conferences outside the meetings. This leaves the group conference free for constructive planning and other educational programs.

(5) Presiding or leading the conference should be done by different members, and if possible they should sit around a table, thus getting away from too much formality.

Our regular staff conferences are held weekly in on-duty hours in the classroom away from the hospital and the telephone. Provision is made for all members of the nursing school faculty, supervisors and head nurses to be present. We try never to hold conferences longer than forty-five minutes and we frequently serve “tea.”

In order that all may be familiar with our methods we have gone over our nursing techniques at these conferences. The instructor in nursing procedures demonstrates the method she is teaching. Free criticism is invited particularly regarding the possibility and probability of the technique being carried out in the hospital as taught in the classroom. Suggested changes are frequently tried out by a committee appointed to make further study. This committee reports back at a later conference. We are all familiar with the complaint that techniques taught in the classroom are elaborate, difficult, and require much more equipment and time than is available in the wards. Through free, frank discussion in conferences we try to avoid this happening. We are fortunate in having on our faculty members from many schools from various parts of the country. This brings to us varied ideas. By pooling these ideas we often work out quite new methods. When the group have come to an agreement as to the best method (and we try always to have that agreement unanimous) the instructor writes it up and it may be tried out in one ward for a time, after which it is again brought before the group for a final decision. Then it is mimeographed and put in the Ward Instruction Book and in the hands of the students. Thus the group feel that the method is their own and whole-heartedly cooperate in carrying it out. The standardization of equipment, including where it shall be kept, has been accomplished in this same fashion.

Among the committees mentioned above have been committees to study (1) Pre- and postoperative care of patients, (2) Thermometer tray and technique, (3) Economy methods, (4) Methods of charting intake and output of fluids, (5) Restraint of patients, (6) Dressing carriage,
(7) Rating scales for students, (8) Securing, conserving and keeping supplies, (9) Medicine lists and posters, and methods of administration.

We find it advantageous frequently to review our techniques and at the same time give the head nurses an opportunity to witness the problems of the young, learning student. So twice a year the preparatory students put on a demonstration of nursing procedures before the staff conference. After each demonstration there is an opportunity for discussion and for questioning the students.

Then we frequently have some one of our head nurses demonstrate and describe some technique that is her specialty or in which she needs the cooperation of the group. For example, the instructors presented the "Case Study" method of teaching with suggestions as to how the head nurses could assist. The operating supervisor demonstrated the use of the gurney. The night supervisor tells the group her problems and how they can assist her. We also allow head nurses to visit for study, other wards and we have taken each one through the entire plant, including engine room, kitchen and ice plant.

The policies and plans of the school are presented to the group. Reports of conventions and institutes are brought back by those who attend. Book reviews and articles of special interest are discussed.

In order to give each member of the staff a well rounded orientation in the community and the institution we have had each department head describe his or her work to them—giving plenty of opportunities for discussion. Amongst the people who have described their "job" and how we can help them are the medical director of the county, the director of dispensaries, the director of the visiting nurse association, the superintendent of health education in the schools, and the following hospital executives: the head social service worker, the dietitian, the housekeeper, the storekeeper, the historian, the laboratory technician, a teacher of home hygiene and care of the sick.

We often have smaller groups meet for special purposes. A disciplinary group of five meet to discuss special problems such as individual students who are not doing satisfactory work; any general tendency which gives us concern like illness or carelessness; future policies of the school and hospital such as requirements for admission and adequate clinical material.

At times the conference is broken up into several small groups each with a leader.

Looking back on the three years during which we have held these conferences it seems to me that among the values that stand out are:

1. The position of supervising nurse has been dignified. We have been able to promote our supervisors and to place more and more responsibility on their shoul-
ders. They have also (almost without exception) started and kept up university extension work and in various other ways shown their desire to keep on growing.

2. A pride in and loyalty to the policies of the school has been developed. At the same time a group spirit wherein a more sympathetic understanding of one another’s problems and appreciation for contributions made by others seems to be present.

3. Correlation of classroom teaching and ward practice has been improved. Supervising nurses report interesting “cases” to the instructors and arrange for bedside clinics in their wards.

4. Care of patients has improved.

5. Standardization of equipment and techniques has to a great extent been achieved. At the same time interest in (and even enthusiasm for) constantly improving methods of procedure and equipment has been aroused.

**Staff Conferences in a Public Health Nursing Organization**

**Amelia Grant, R.N.**

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Members of the Conference: We talk a great deal about staff meetings and staff conferences and group meetings, and Mr. Sorenson has said that they are part of the social order of the day, and that we should develop the techniques in connection with them. I suppose it is one of the methods of bringing about a democracy, rather than a theory, that we should really let people participate and so develop leaders. Certainly we need to develop such methods in our own professional groups, to help individual nurses to acquire the habit of independent thinking, to learn to think cooperatively, to learn to accept the best of several opinions and use them. To learn to work together in this way is one of the very important things for a group of professional people who are concerned with the kind of problems that nurses are to do.

We cannot just go on in our own lights, doing this particular job. We must be concerned with what many other people think about it. We must learn to take their point of view.

We have used staff conferences in public health nursing for a long time and I think perhaps in the beginning we used them as an administrative aid and by way of supplementing supervisory service. Because the public health nursing service is widely scattered, it is not concentrated as the nursing service is in a hospital; it is not easy to supervise the service. It is important that the last worker out in the field really should have the power of self-direction and the power to make decisions individually.

I think we have thought of it as an administrative and supervisory help, until recently, when our whole philosophy of education has changed,
and we have been taught to realize that the conference is one of our most valuable aids in the educational process for professional growth. And now of course we are considering it from the standpoint of the development of the individual, stressing it as an educational process.

There are two or three types of conferences. Just having meetings and calling them conferences is not an assurance that we are using successfully the conference method. There are types of conferences which are staff meetings which amount to this: there is something that must be done, a policy is already decided, a program already worked out, and it is a good thing to have everybody who is working help put it over, to create enthusiasm about it. Therefore we get somebody who is a good salesman to come before the group with the purpose of "selling" the idea, to get it going.

That is all right, perhaps, under some conditions, but it does not do this thing we need for the individual workers we have been talking about. It does not, I think, develop individual, independent thinking, cooperative thinking, the better thought of the individuals of the group which is to be brought together. It is just the consideration of an idea formulated above, somewhere, and "sold" to the group by this "high-powered salesmanship" which is also one of the present-day methods like the conference method. There is a great deal of this "high-pressure salesmanship" going on, and some staff conferences are that, and that only.

The other phase is where we have groups who can really decide a problem. A problem is left to them to decide and the leader acts simply as a guide, bringing stimulating thinking, to help that group find the best solution of that problem.

There are probably variations in between those two types of conferences, the one where a policy is just "put over," and the second, where that policy is developed by the thought of all the people in the group. I think even in the first type, where there is a plan already formulated to be put over, that sometimes there are details with which, after the general plan is discussed, a great deal of help can come from the group in working it out at the meeting.

I know that sometimes in our organization we have wandered into discussion of certain problems, where I have said I could not decide, and that our purpose is not to decide. It involves a great many more people than just this group. However, since we have thought a thing through and have reasoned on it and have an opinion, that should be presented as a recommendation to the groups who may be interested in changing their policies. We cannot do more. I think that presenting
that recommendation does not thwart the group in their thinking. It helps them. It helps them to see their position in the organization.

If the various groups know what their responsibility is and how far they may make decisions and how far they can contribute their thinking and their experiments in the form of a recommendation, and take that recommendation and judge its value, they can have a successful conference.

I think that while we may want to turn over all administrative problems to the various groups concerned with carrying on the work, it is impossible to use that method entirely in any administrative program. One thing is that it is time-consuming. We can not always take that much time. We must make a practical decision, things must be done, and we can not always go through that process. It is just as necessary in this age that we have law as that we have freedom, and a staff organized this way recognizes that certain decisions must be made and there is no difficulty about that.

We can, however, in this theory of group participation and really democratic leadership, work toward this—as the group develops an understanding and takes on more of the administrative problems to deal with, we can turn over more and more for them to think about and contribute from their experience. And I suppose we should measure the value of our staff conference work and decide whether we are really having a democratic forum, determining that on the basis of the progress we make in turning over these administrative problems to the group and getting help from them. It may be our ideal to have things decided in that way. But in this world, most of us only approximate our ideals, and I think if we go on toward approximating that ideal, we are going to do more and more of this turning over of problems to the group to decide.

There are many, many things to be thought about in having these conferences successful. We have had a great many suggestions, and from my point of view, I found a number of new things, or at least new because they have not been said in exactly the same way.

The first of these is the various groups to be brought together. To begin with, in our organization, staff conferences are not for any particular groups, but for every individual. They will all come in to this staff conference plan. For instance, there are conferences between the bureau heads, concerned with the same problems. There are staff meetings of our executive group, so-called, those with a little wider responsibility than that of the supervisors in the local districts, and conferences of supervisors and staff nurses. And again, the staff nursing group is divided according to their special service, because our nursing
organization happens to be on a specialized basis; there are groups doing
school work, other groups infant welfare, other groups tuberculosis
nursing, and those special groups come together and discuss their own
special problems. So the groups are made up, as we organized them,
of people with a background of experience, of interest, which makes it
possible for them to contribute to a discussion of the problem and to
share in it.

There is a tendency, I think, to want to have too many meetings. The
committee fad, calling meetings, appointing this, that and the other
committee to decide something, I find is a real administrative problem,
to know the time to spend on committee meetings, how much can be
spent with profit to the individual nurse or with profit to the organiza-
tion and to the work. Then, when will these meetings be held? Of
course, on the organization’s time. It is part of our work. The organi-
zation profits as well as the individual. It does not make so much dif-
fERENCE about the time, for if we have a group of workers sitting calmly
together who know a piece of work has not been neglected, and they are
really stimulated, they do not mind it. But they do not get much out
of their conference if it calls them away from something that at that
hour they feel is important.

I do not know the amount of time that it is best to spend. I think
we must have another committee to study how far these meetings are
profitable. I do not know whether we need statisticians or philosophers
or what, but sometimes I think we overdo it and sometimes I get the
sense of the group, that we are just “committed” to death. We have
meetings, meetings, meetings.

We do not have much trouble getting all our group to participate, and
if the group is small enough, one usually can encourage the more timid
ones to take part, and usually in one way or another keep the aggressive
ones from taking all the time and having all the limelight in the situation.

One of the things we find, too, is that there are people who have spe-
cial abilities, and during the conferences we find that some particular
persons do one thing particularly well. You know there are very few
of us who do a great many things particularly well; usually one person
does one thing better in a conference than another. We like to find
these people and use their special ability, to help other people along.
In giving demonstrations, particularly, is that true. A person may give
a very nice demonstration with the idea of helping some one else to give
a better demonstration.

Some one, I think it was Miss Urch, mentioned the difficulty of fault-
finders, or those who have ways of doing things we do not like. But we
can usually find ways of using those people without making their purpose so definite.

In our own organization a while ago, we had some demonstrations of certain techniques, and various members of the groups participated. There was some discussion of whether that was the better method, a very wholesome discussion. After summarizing the suggestions as to what perhaps would be better, we finally left that group meeting saying that we felt that every one would go home and think about what they had discussed and perhaps try out some of the suggestions. Then we could go very soon again to an entirely different unit demonstrating and discussing with them. A group immediately did volunteer to invite us to come to their meeting, saying they would like us to give the demonstration. Out of that meeting it was amazing to see what from my standard was a very decided improvement in the technique without anyone’s saying, “You must do it this way.” We just discussed it and went home and then came back, and not only was the performance of a higher standard in my judgment, but the freedom of the discussion was much better following the second demonstration than it was following the first. There was a wholly different background, a wholly different reasoning as to what was best to do.

I think this can be done without any great difficulties, without any definite criticism of anybody, and yet have a decision made if a really democratic conference is being conducted.

I think decisions that are accepted should be put into effect and there should be some definite plan made for putting those decisions into action. If subjects can not be discussed, as I said before, we must determine our own limitations, our own place. If there are certain problems that can not be decided frankly and fully, on which the opinion of the group can not be taken as a basis for action, then I think it is better to say, “We are discussing this for your opinion, but it is not one of the things we are putting into action. We are turning it over to the group”—if it is a thoroughly democratic group—“and whatever the decision is, it will be put into action by the leader of the group.” No matter what that group prefers, if it is a group decision, we must be perfectly willing to take their decision, however exactly contrary it may be to what we wanted.

It is dangerous to cloak a thing in our own terms so that it is made to be what we want it to be regardless of the decision of the group. They say we do not fool all the people all the time and I do not think we fool the groups, if we ask for their decisions and then turn about and use them as we like.

Miss Urch brought out the point that she aims at unanimous expres-
sion of opinion before a policy or a decision is accepted. I think that is an important thing, because often it is one outstanding person in your group who sees some reason for the things not being done. Maybe only one person thinks it unwise, but she may be a safety valve for the whole piece of work, making it be given more consideration. The majority is not always right, and we should have a unanimous opinion. It is not possible always to get it, but I think we should work for it.

The purpose of our various meetings of course varies, and sometimes we call together a group when the purpose is not to discuss a common problem, but to get more information about it. We may have a speaker who comes to a group to tell us about a specific problem. We are very anxious, I think, to use our larger staff meetings in this way. When one has a very large staff, as many of you have and as I happen to have, it is difficult to carry on group discussions and to arrive at decisions with the whole group present, but it can be done if it is carefully planned and the leader is skillful. However, we are not apt to use the larger groups for planning and making decisions, but to use the staff meetings primarily because they bring the whole staff together and help to unite us so that we become better acquainted and to make us feel that we are one organization with a common purpose. We try usually to select a topic in which a large number are interested and have a talk on this subject which appeals to them, to seek more information, always trying, of course, to have some discussion.

It seems to me the value of these staff conferences is not just because they are a new form of education. We are always interested, in staff education, which is in conformity with our education in other lines, to have each member participate, to have an opportunity to grow and get the greatest joy out of the work. But it is what we are doing for the work, what the organization gets, as well as what the worker gets from that kind of conference, which must be considered.

The benefit of the experience of the people who are actually working in the field close up to the homes, and the service they render, is absolutely necessary if we make our service of value. We must have the opinion from the field, the benefit of that experience brought back to the organization. It is possible to give good service to the people when we get the reaction of the group who meet the people, to determine whether the work is satisfactory and how it can be improved. In this way the work is definitely improved by staff conferences.

There is no problem in getting a staff to carry out a routine in a program which they themselves were active in building up. There is nothing in the world that a group likes more than to think they are worth while, and any plan giving them a self-respect, a respect for their
ability, that makes them feel they are an important cog in a wheel, improves the work. There is no problem at all in getting a staff to carry out enthusiastically the highest standards if they are actually participants in the formation of those standards. They then have the same sense and feeling about it as those who are concerned directly with the administration of the service.

As an administrator I want a group of people who can direct themselves, who can make their own decisions, their own judgments, and who can constantly supervise and correct and check up where they are going, to see if they are making improvements. It lessens by a large degree the amount of intensive supervision, particularly that phase that we think of as the inspectorial type, which is necessary in a certain degree to make sure your work is what you think it is. If you have a large staff, you must be able to know how the work is going on, but it lessens that phase, because each person himself is a self-appointed supervisor checking up on the work.

So I think that while we do not know how much time to devote to these conferences, nor how frequently we should call them, nor exactly what subjects to turn over to them completely, which of those upon which they can make recommendations (we have a great deal to learn about this), there is no question about these conferences adding to the quality of the service which we have to render to the community as well as to the individual workers.

Meeting adjourned.

General Session

Wednesday, June 11, 11 a.m.

Presiding: Elizabeth C. Burgess, President.
Subject: Selection of Students and Student Adjustments.

Selection of Students for College

Roy W. Bixler

University Examiner, University of Chicago, Chicago, Illinois

I. Introductory Statement.

I shall discuss the subject "Selection of Students for College" from the viewpoint of the officer of admissions in a college of liberal arts, assuming that there are general principles of, a good system of admissions that are quite applicable to any special situation.

A perusal of the educational literature of recent years convinces the reader that the problem of admission to college is being attacked in a
most serious manner. This is not at all surprising when the amazing
growth in the popularity of secondary education is taken into consid-
eration. There were more than nine times as many children in high
schools in this country in 1920 as there were in 1890, while the popu-
lation of the country increased only 73.5 per cent. Likewise there were
twice as many children in high schools in 1926 as there were in 1917.
Our people have taken seriously the principle of democracy in education
that has been presented so universally and championed so vociferously.

With high school graduates in larger and ever increasing numbers
clamoring for an opportunity to extend their educational experiences,
the colleges and universities have been driven to discover methods of
selective admissions. The situation to-day is totally different from that
of the days of our grandfathers, when all who went to the academies
and high schools went there to prepare for college, and the colleges ex-
pected to accept practically all who applied for admission. Our grand-
fathers, to qualify for admission to college, were required only to dem-
strate a good knowledge of Latin and Greek and a mastery of the
elements of Euclid. Our children must graduate from the modern high
school which is a university when measured by the college of two gen-
erations ago, and with a level of scholarship that places them in the
upper third of their classes. Having achieved this distinction, they must
submit to numerous types of scholastic aptitude tests.

The student who enters college to-day is very highly selected. He
would be highly selected if the colleges would accept every high school
graduate, for out of every 1,000 children entering the first grade, only
139 finish the high school course. However, the colleges are not sat-
isfied with the high grade of selection that comes about through elimi-
nation. These 139 students who graduate from high school are reduced
to 45 by the elimination of those who graduate in the lower two-thirds
of their classes, and these 45 are subjected to additional selective factors
in the form of scholastic aptitude tests of one type or another.

In spite of this system of rigorous natural and artificial selection,
less than 40.0 per cent of those who are finally accepted as college fresh-
men succeed in finishing the college course. It is evident, therefore,
that selective admission to college needs to be more thoroughly refined.
Our selective systems have not yet reached a stage of refinement that
makes it practicable to stress the selection of the best of the college
material. We are still very well satisfied if we can select those who can
get through college on any scholarship level.

I have tried to make it clear in this brief introductory statement that
admission to college is still very much of a problem, needing serious
study by every institution that opens its doors to high school graduates.
II. The Factors That Should Determine the Character of Admission Requirements.

Three factors should determine the general character of the admission requirements of a school, (1) the source of support, (2) the aim of school, and (3) the curriculum. Private schools supported by endowment are relatively free to restrict admissions, but publicly supported and publicly controlled institutions such as the state universities, find it very difficult to introduce a selective system of admissions.

The general aim of the school should be considered with great care in determining the character of admission requirements. For example, I am thinking of two types of medical schools, one stressing the training of research workers and teachers in the field of medicine, and the other placing the emphasis on the training of practitioners.

The curriculum is closely related to and conditioned by the aim of the school. The personal qualifications of the applicant should, probably, become increasingly significant as the aim of the school is considered, while consideration of the curriculum should shift the emphasis to academic and scholastic qualifications.

The business of a school is to produce alumni. An intelligent institution will determine very carefully what kind of alumni it desires to produce, and will mold its curriculum and select its students with that objective in view.

III. The Elements of a System of Selective Admissions.

The elements of a selective system of admissions will be modified by the factors already discussed, and will, of necessity, vary from school to school, but careful studies have revealed certain fairly reliable indexes of success in college. None of these is wholly reliable when considered alone, but surprisingly accurate predictions can be made when several are considered together. Let us discuss some of these most common elements.

1. Scholastic Preparation.

Three phases of scholastic preparation are worthy of consideration, (1) the kind of high school, (2) the type of high school curriculum, and (3) the quality of scholarship.

A knowledge of the high school is extremely important. Scates,¹ at the University of Chicago, found that the public high schools of Chicago do not mark consistently among themselves, some schools marking relatively high and others marking relatively low. He also found that the high school grades of graduates of Chicago high schools were more

¹ Douglas E. Scates, Selective Admission and Selective Retention of College Students at the University of Chicago, University of Chicago, 1926, pp. 173-193.
reliable in predicting scholarship in the University of Chicago than were the grades of graduates of high schools outside of Chicago. Other investigators have found that the grades in small high schools do not constitute as reliable an index of the college record as do the grades in the large high schools.

The marking tendency of the high school should, therefore, be known if grades are to be used with any degree of accuracy in predicting success in college.

Some have attempted to discover a relationship between type of curriculum in high school and degree of success in college. A study\(^2\) made at Stanford University showed that students who presented three or more vocational units among their high school credits did about as well at college as those who pursued a more typically college preparatory course. There is very little evidence that the nature of the high school program has any relation to success in college. This item has been presented to guide us away from a common error based upon the assumption that such a relationship does exist.

It is not what was studied in high school that counts, but how well it was studied. The quality of scholarship is, probably, the most significant single index of probable success in college. Many studies of this factor have been made with similar results. I shall refer to only one of these studies as typical of the group. Scates, in a study\(^3\) of the records of 1,707 students at the University of Chicago showed that only 154 with grades above 85 in high school made below a C average in the University, while 362 with grades below 85 made below a C average. The coefficient of correlation between high school grades and college grades was 61, with a probable error of .01. This represents a significant relationship.

2. Scholastic Aptitude.

The scholastic aptitude test is only about twelve years old. It will be remembered that there was much experimentation during the World War with the so-called "intelligence test," and it was discovered that these tests could be used for measuring aptitude for college work. After the war, certain colleges began to use them as a part of their systems of admission. It is regrettable that these tests have been called intelligence tests, because it is generally conceded now that there are many kinds of intelligence and that no single test can possibly measure them all. It can be demonstrated, however, that many of these tests do measure scholastic aptitude.

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\(^3\) Ibid, p. 4.
I shall refer to a few typical studies to illustrate this fact.

A study by MacPhail at Brown University, involving the scores of three tests, the Brown, Thorndike, and Army Alpha, revealed a very close relationship between low test scores and poor college work. MacPhail concluded that the order of validity of various criteria of college success was, from most to least valid: intelligence tests, high scholarship in high school, comprehensive entrance examinations, and "old type" entrance examinations (referring to the examinations of the College Entrance Examination Board). He concluded also that refusing to admit an applicant because of a low psychological test score is more just than dismissing him at the end of the first semester because of unsatisfactory work.

The College Entrance Examination Board has used a Scholastic Aptitude Test since 1926 and has made very careful studies of the relation of the scores to success in college. Following are several types of evidence revealed by these studies of the validity of the test in predicting success in college.

(1) Ninety-six per cent of those with A grades in the test entering college in 1926 were still in college in 1929, while only 24.0 per cent of those with E grades, entering in 1926, were retained until 1929.

(2) Seventy-two per cent of those with A grades in the test were in the upper 31.0 per cent of their graduating class in college, while only 3.0 per cent of those with E grades achieved that distinction.

(3) Of 82 students standing in the upper 31.0 per cent of their class only 9 had less than a C rating in the aptitude test, while of 84 standing in the lowest 31.0 per cent, only 12 had a rating of better than C.

Studies at the University of Chicago have classified as poor risks and not eligible for admission those who make percentile scores of less than 35 in the American Council Psychological Examination, and have an average grade in high school of less than 85.

3. Intellectual Aptitude.

Intellectual aptitude may seem to be an intangible quality, but some have attempted with favorable results to isolate it. W. H. Hughes devised a scale for rating students in twelve traits. He rated students by this scale while they were still in high school and studied the relationship between the ratings and success in college. He found that a rating in the lowest quarter of the high school class in such traits as control of attention, sense of accuracy, and quickness of thought pre-

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dicted failure in college. C. W. Flemming found that ratings in school attitude, industry, physical energy, desire to excel, and persistence correlated highly with school achievement.

4. Moral and Social Qualities.

Moral and social qualities are more difficult to study. In one study at the University of Chicago 200 of the poorest students and 200 of the best students scholastically, in a freshman class, were contrasted with reference to personal traits. Students having all desirable qualities according to teacher ratings were indicated by a “plus,” those having a number of undesirable qualities by a “minus,” and those having a balance of desirable and undesirable qualities by a “zero.” The significance of the personal traits was established by the fact that 86.0 per cent of the good students were rated “plus” and none were rated “minus,” while 43.0 per cent of the poor students were rated “plus,” 7.0 per cent “minus” and 42.0 per cent “zero.” Eight per cent could not be classified.

Without referring to specific investigations, I wish to mention two other factors that most schools desire to take into consideration as elements of a selective system of admission, viz., Health Qualities and Financial or Economic Status.

5. Health Qualities.

The health of the applicant can, of course, be appraised only by a competent physician. Some schools accept a certificate of health from the family physician. Others require the applicant to submit to an examination by their own health officers. Still others require both. At the University of Chicago tentative acceptance is granted on a certificate of health from the family physician, but each applicant is required to undergo a thorough examination in the Student Health Department before his admission is finally confirmed.

For the past two years we have been experimenting, under the direction of Professor Thurstone of the Department of Psychology, with a test devised to identify individuals with neurotic tendencies. This test has not been given as a requirement for admission, but has been given to all freshmen after admission. The experiment is far from complete, but preliminary results indicate that the test can be used effectively for the purpose for which it was designed. Such a test could, of course, be used in the selection of students.

6. Financial or Economic Status.

The economic status can be appraised by information that can be

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obtained in the application blank such as the occupation of the parents, the source from which the applicant expects to receive financial support while in college, etc.

IV. The Personal Interview.

The appraisal of the applicant on the basis of the qualifications discussed can be greatly assisted by a personal interview. A photograph, which is now required by many institutions is very helpful, but there is nothing quite as valuable as the personal contact. Some schools value it so highly that they enlist the alumni to assist in the interviewing of applicants who are too far away to present themselves at the school.

V. Educational Guidance.

With the selection of the freshman class the process of selection has just begun, for, as I have said before, many students are eliminated by our educational process. Too many schools have a faulty concept of the obligations of the institution in the guidance of the students selected. We cannot cut short the process of securing information about the student when his certificate of admission is in the mail. The information already accumulated should be made available for the deans and other officers responsible for educational guidance and the educational machinery should be set up so as to make the process of finding out things about the student continuous throughout his college course. It is necessary, for example, to find out just what degree of mastery he has attained in the subjects he wishes to pursue in college. This cannot always be determined by the courses pursued in high school, but a variety of placement tests are available for such purposes. If such tests are used, it will be possible to avoid the common error of putting students into classes too advanced, or causing them to mark time in classes that are too elementary. Placement in classes is certainly a part of the process of admissions. In fact we should get into the habit of thinking of the process of selective admissions as continuing throughout the whole educational process. As evidence that this habit of thinking has gained some headway allow me to call your attention to a common terminology in the literature, "Selective Admissions and Selective Retention of College Students."

VI. Is Selective Admission Undemocratic?

I do not wish to close without referring to the frequent criticism of selective systems of admission on the ground that they are undemocratic. This seems to me to be a most naive criticism. Democracy is equality of opportunity, but in educational matters opportunity is conditioned by native capacity to achieve an education. Perhaps it is the
duty of our system of education to provide opportunity for each child to get the amount and kind of education that he is capable of assimilating, but it is certainly not the duty of every institution to provide all of these opportunities. As I have said before, it is the duty of every school to decide what kind of alumni it wishes to produce and to select its students with that end in view.

**Summary**

1. The amazing growth in the popularity of secondary education has driven many colleges to adopt selective systems of admissions.
2. The character of the admission requirements of a school should be determined by the source of support, the aim, and the curriculum.
3. The common elements of a selective system of admissions should be (a) scholastic preparation, (b) scholastic aptitude, (c) intellectual aptitude, (d) moral and social qualities, (e) health qualities, (f) financial or economic status.
4. The personal interview is extremely valuable in rounding out the appraisal of the candidate.
5. The process of admission should be thought of as continuing throughout the college course. Selective admission and selective retention are inseparable.
6. Selective admission to college is not undemocratic.

**Student Adjustments**

_Florence K. Root_

_Deep of Women, College of Wooster, Wooster, Ohio_

To-day as never before the question of the adjustment of the individual to his environment is in the thoughts of educators and those who are interested in the progress of our civilization. So complex is this everyday life into which we must plunge if we are to maintain our existence as individuals, that men like Spengler see nothing ahead for this civilization of ours but destruction. We seem to have set in motion something that we are powerless to stop. I shall not argue the case with Spengler nor unhesitatingly agree. I am using his philosophy merely for evidence that the whole process of our civilization and our own adjustment to it are commanding the attention of the great minds of to-day.

Charles Beard says:

The battle over the meaning and course of machine civilization grows apace, with resounding blows along the whole front. No theme, not even religion, engages more attention among those who take thought about life, as well as living:
no class of thinkers or doers can go far without encountering it. A synthesis of modern aspiration, the very concept of this civilization as destiny and opportunity, arrests even the witless, and especially invites all who possess the power of brains or money to stop short in their path and consider what work, under the shadow of this challenge, is most worth while here and now.

This is the sentence I want you to notice particularly: "Consider what work, under the shadow of this challenge (the challenge of our machine civilization) is most worth while here and now."

We might call this vocational adjustment and its demand is imperative. We shall consider it more carefully a little later. But now we must ask further, is this physical adjustment, this fitting into the mechanical scheme of things, enough to ensure progress, satisfaction, and happiness?

Lewis Mumford says:

Plainly, if human life consisted, as the new mechanists suppose, in adjustment to the dominant physical environment, man would have left the world as he found it. Man's uniqueness consists in the fact that, since the equipoise he seeks involves more than his physiological balance, he has created standards and ends and purposes of his own which he imposes upon nature.

Again quoting from Mr. Mumford:

When Mr. John Dewey says that the salvation of the modern individual lies in making his own chaotic personality conform to the corporate pattern that has been automatically created by modern technology and finance, one wonders if he can possibly be conscious of the defeatism involved in such a position.

That is, according to Mr. Mumford, man can and must create standards, ends, and purposes, that go far beyond the mere adjustment to the physical environment. And that is the second thing that I want you to notice, a creative spiritual energy which transcends the conformity to modern technology and finance.

I have quoted Mr. Beard and Mr. Mumford as a background for what I have to say, that we may realize that there is, or should be, a philosophic foundation for our efforts toward student adjustment. And we should regard it not as a few mechanical devices to make the machinery run more smoothly during the first year of a student's life in college, but as an effort to obtain a sane and wholesome and normal reaction and attitude toward one's immediate environment, and also to start the formulation of a philosophy of life.

How important is this adjustment and how much should be done about it? As I have been thinking about this for the past months I have come to feel more and more that this is very important and that it needs something more than orientation lectures or "Freshman week." And sometimes I fear that our personnel work with its bureaus and records is being caught up in the same machine and I want to insert a little plea
for less formal organization. We all are responsible, let’s not leave it to one person entirely.

All this talk about education, how little we are accomplishing, et cetera, et cetera. Well, whose fault is it? Not the students’ entirely. We must secure a different idea of what education is and how it is obtained. Sometimes I think that it is the older generation which needs adjustment to this high pressure machine age, to which the younger generation takes like a duck to water. But after all, that is only the mechanical and superficial adjustment, and comparatively less important. What we want is to instill in the mind of the young person the idea that this hurrying, worrying, outside world is not the whole of life—that the world of the spirit and its evaluation is of far greater importance.

Too often we make the mistake of thinking that student adjustment is different from that of other young people. That is not the case. Whether it be college or business or profession, there comes a time when every young woman is thrown more on her own responsibility than ever before. She generally needs some help. One of the difficulties is that she often does not recognize any lack in herself nor any need, and the help therefore must be unobtrusive and anything but patronizing.

When we speak of student adjustment we are apt to think of social adjustment. In reality there are various phases and I want to speak of four of these:

1. Vocational or economic.
2. Intellectual.
3. Social or emotional.
4. Spiritual.

I am afraid I am going to speak from my failures rather than my successes. Getting ready for this talk crystallized my idea of what I want to accomplish rather than what I have accomplished. And from now on I am going to limit my discussion to the young woman from 17 (possibly 16) to 20 who is starting upon this new profession; that is, we are dealing with the later adolescent period. Now is there any one word which can describe that somewhat incoherent state of body, mind, and soul that we find? I believe awkwardness is the key word. The head of our psychology department has been conducting some very interesting investigations of the ordinary conduct of students, and he gave me that word, awkwardness, as the keynote.

We are quick to recognize and excuse the physical awkwardness of this period. But this physical awkwardness is quickly overcome and for
the most part has changed into grace and sometimes surprising loveliness by the time the girls come into our sphere of influence. But there is an economic, an intellectual, an emotional, and a spiritual awkwardness, or a lack of coherence, that is not yet outgrown. For mere physical development does not help the situation here. The maturity must come from experience and a certain amount of knowledge, and from the actual accumulation of information. Some people never seem to get beyond the adolescent stage in thinking, in feeling, and in their general attitude toward their relation to society. We are not going to bother about them to-day. But what of these young people in their late 'teens, who are trying to find their balance, and coordinate the muscles of their minds, and strengthen the sinews of their soul, and harden the flesh of the spirit, that it may stand the hard knocks of life and not be bruised?

Do we show as much tolerance and good nature toward this inner and more distressing awkwardness as we did toward its earlier physical manifestations? Let us consider it along the four lines which I have mentioned, and remember this—not all are awkward along all the lines. Some may have achieved a nice balance in certain lines and be hopelessly awkward in others.

**VOCATIONAL OR ECONOMIC**

The Freshman is generally quite at loss from the economic viewpoint. Her needs for money are many; her source of supply, small. Of the many demands made upon her by her own desires for spending, she doesn’t know which is of the most importance and so she flounders. She wants so many things so very much, pretty clothes, theatres, things to eat, movies—the demand is great, the supply of ready money small, and because of lack of experience little things loom big. As a result the property rights of others are fearfully trampled upon—borrowing right and left, yes, and occasionally theft. How can we give her a sense of property rights, instill a sense of values, and a realization of the relative unimportance of some things even if everyone is doing them? Somehow she must get the idea of real democracy where personality, not money, counts, and lasting friendships are of more value than short-lived popularity.

But what of the adjustment to the larger economic world? How shall I earn my living? There ordinarily the Freshman is hopelessly lost and stumbles awkwardly along, trying now this path and now that, worried and anxious. Here the awkwardness is due to her lack of knowledge both of her own ability and of the fields of occupation that are open to her.
You do not have to meet that problem of vocational adjustment except in the case of misfits, for when the student comes to you she has chosen her profession. On the other hand I imagine that you often have to help the student make a quick adjustment between what she has imagined the nursing profession to be and what it really is. And at this point I can give you no advice. I can only take off my hat to you and wish that I could get across to my students the idea of what education in a liberal arts college really is, as quickly as you imbue your students with the professional attitude.

Let me stress the importance of this professional attitude, whether it be nursing or business or teaching—the lack of it so often hinders a girl from the advancement she would otherwise have. We should use every possible means to do away with that bad habit of taking everything personally. I feel that student government and student authority are in no way successful until penalties can be imposed and received without jeopardizing the friendship of those involved, and it is valuable in so far as it helps a girl to recognize that she is a part of an organization and responsible for the welfare of that organization.

In the same way the suggestions and criticisms of some older person, someone in authority, may be valuable not only for the immediate reaction but because it should accustom her to taking suggestion and even criticism, understanding that the friendship is no less strong. And while we are about it, let us try to help the over-sensitive and thin-skinned to feel hurt less often.

Another necessary element is pride. Pride in one's profession is essential for any satisfaction.

Remember what Mr. Beard said—"the very concept of this civilization as destiny and opportunity ... invites all ... to stop short in their path and consider what work under the shadow of this challenge is most worth while here and now." Can you make your student feel that she has chosen the most worth-while work? Then her success is likely to be swift and permanent.

INTELLECTUAL ADJUSTMENT

Have you ever been exasperated beyond words by the reasoning (so-called), the arguments, of your students? I have. But after all, isn't it just that their reasoning processes are still in the awkward stage? They haven't control of the process yet. Or perhaps they haven't the necessary information. They don't know the facts, but that doesn't prevent their arguing. They love it. They like the mental exhilaration that it gives, a sense of intellectual might and power. And they are keen too. I believe if we can just remember this awkward-
ness, we shall be less inclined to exasperation. We can afford to present the facts somewhat more carefully and point out defects of the argument while we respect the ingenuity that it represents. Sometimes the manifestation of this awkwardness is quite different, there is the laziness and indolence and lack of fire and energy which we deplore but which should be a challenge to us to wake up this clumsy, awkward mind.

The Social Side

Now what about the social side? Probably here we find the most obvious manifestations of the awkward age and perhaps here we can be most useful in our adjustments. If any girl is to be a success and go with self-confidence about any chosen profession, she must feel at ease in her surroundings. She must be so sure of how to conduct herself that she can give her mind to other things. You have in your nursing a certain amount of professional etiquette which must be observed. I wish we were as strict about the ordinary social observances. I think we have no right to let our students be handicapped all through their course and, in fact, all through their lives, because they do not know how things should be done. In every dormitory or house there should be some woman of pleasing personality to whom that task belongs. It can be done without offense to anyone. In fact, I find that girls are most eager to find out what is the proper way to do things and are grateful for information, and in later years they are appreciative of whatever insistence there has been on the observance of good form. It saves them many humiliating moments.

What about social adjustments in a somewhat broader sense? How are they all going to learn to live happily together with the least amount of friction, heartbreak, and hurt feelings? The shy girl who is really charming but doesn't know it; how shall we bring her out? The girl who is good as gold but altogether lacking in personality and really unattractive. Can we help her overcome that handicap? The girl who is over-emotional or over-restrained?

I know from experience that there are two especially effective means of bringing about this social adjustment: first, through the head of the dormitory or house in which students live, if she is a woman with tact and personality and good sense, and an interest in her group; second, and even more effective, through a group of upper-class girls.

Perhaps it will be worthwhile to tell you somewhat in detail about my Senior Counsellors. They are the twelve senior women chosen by the whole student body, who are considered to be best suited to take charge of a group of freshmen. These girls meet their freshman groups
once a week for the first few weeks and then every two weeks. They aim to know them well personally and see that they know each other. They stand ready to answer any questions, to discuss any subject, and find out the difficulties.

This group meets with me each week before having the discussion with their freshmen and in this way I can keep in touch with the freshman girls and smooth over difficulties that otherwise I would know nothing about. This is just a limited sketch of the purpose and duties of the group.

**Creative Spiritual Energy**

As we take up our last point—that inner or spiritual awkwardness that demands adjustment, I want you to recall the creative spiritual energy that I spoke of earlier, which creates standards and purposes that go far beyond conformity to the physical and mechanical environment in which we live. After all that is the kind of adjustment we want for our students, isn’t it? A steady and individual growth, a purposeful development of latent possibilities, an inner adjustment to the joys and sorrows of life—its successes and failures, a growing appreciation of life’s opportunities, a deepening and enrichment of life, a realization that education goes on after the training is over.

Can we do anything to bring that about? Yes. Not a great deal perhaps, and not in the lives of many students, but occasionally and imperfectly we achieve something of what we are after and then we know that it isn’t a fruitless task we are undertaking. In these few cases lies our great reward, and the joy of the work.

Before I stop I want to make a few very practical suggestions of ways and means for making these adjustments. You will notice that I have talked entirely of the normal average student. I purposely have avoided the cases that demand more than an elementary knowledge of mental hygiene. What we might call the “problem” cases are so widely discussed in these days and their treatment by specialists could be so easily obtained by you through your hospitals, that I have not felt it necessary for me to discuss this.

To return then to the adjustment of the average student and the ways and means of doing this. In this whole matter I believe very strongly in any conferences or committees that will bring the older women and the younger together to talk things over. That division that rose up suddenly between the two generations soon after the war was most deplorable and I am glad to say that I think it is decidedly on the wane.

I believe that we of the older generation were largely to blame. We
were afraid of this lively, energetic, somewhat cynical, and altogether independent group. We feared their criticism and to avoid this I think we were too prone to lower our standards, to condone much because every one was doing it. In short I think that we didn't make a very good showing at that time. We were not sure of ourselves. There seems to be every indication now that both groups are seeing the need of each other. It is much easier now for us all to work together, and I think that any form of dormitory or college government should be co-operative rather than divided. That is the truly democratic way.

We say that the younger generation must make their own mistakes. That is only partially true. They must make their own decisions and sometimes these will be mistaken ones, and when the mistakes are once made we must not be too harsh. But we can and should do our part in setting up standards, in giving them a right sense of values, in surrounding them with the best influences during these formative years. When the time for decisions comes, we cannot, and probably should not, have very great influence. But we shall have done our part if we have given them some sound basis for their decision, and some standards by which to form their judgments.

Now as to ways and means. In the first place, and of prime importance, there must be some older person who is primarily interested in this. She may be some administrative officer, some house director—whatever your scheme of organization suggests.

In the second place, we cannot expect the student to take the initiative. In the obvious cases of lack of adjustment, don't be afraid to act, let it be through whatever channel seems best. I mean, don't be afraid of interfering and of hurting feelings. I find that I have regretted the failure to come forward with the helpful suggestion far more than any over-zeal. But the trouble is that there may be serious cases of lack of adjustment, such as to cause unhappiness, that could be remedied if we knew about them. But we are quite unaware of their existence. For that reason I think that there should be regularly assigned personal conferences. If the person conducting the interview is sympathetic and on the watch, it is amazing the number of unexpected things that will come to light—interests, hobbies, worries, disappointments, and ambitions. Then don't try to meet all these yourself but have others help you. And this brings me to my second point. There must be a large group to help you. Of great importance I consider the heads of your student houses. The influence of the atmosphere of the house in which the student lives is most far-reaching. That is a channel for student adjustment and development that is often given far less importance than it should have. Use your faculty or assistants. Have upper-class
students who are working with you to orient the freshmen. I cannot
over-emphasize the value of such a group if you are really working
together.

Remember that the adjustment comes from within, and cannot be
superimposed. I happen to know well one outstanding example among
educational institutions where the cultivation of the inner spirit is made
of paramount importance: the Clark School for the Deaf. They create
a spirit of contentment and courtesy, and take away that suspicious
attitude that is apt to be found among the deaf. I know they begin
training when they are young, but think of the handicap. Can't we do
as much for the normal girl, fully equipped, as they do for those who
start out in life at such a disadvantage?

And as my last word to you—this adjustment is not just for the
freshman year or while the girl is in training. It is her adjustment to
life. During these years of training the lines along which she is to
develop are becoming well determined. There are many phases which
she may outgrow—lack of confidence, over-sensitiveness, or on the other
hand cynicism and intolerance. But the foundation for future growth
must be laid during her training. And when education and experience
have done away with awkwardness, and brought her to maturity of mind
and spirit, she is grateful if she can feel that she has a firm foundation
on which to build.

THE SELECTION OF STUDENTS FOR SCHOOLS OF NURSING
AND PROBLEMS OF ADJUSTMENT

CLARIBEL WHEELER, R.N.

Director, School of Nursing, Washington University,
St. Louis, Missouri

The question of admission of students to our schools of nursing
presents a problem which commands the attention of every thinking
person responsible for the selection of such candidates. Secondary to
this, and of almost equal importance, is the problem of assisting these
students after entrance to adapt themselves to the unusual environment
into which they have come.

The applicants must have had sufficient educational background and
native intelligence to enable them to pursue the course to the greatest
advantage; they must possess those innate personal qualities which shall
render them adaptable and acceptable in their profession. In addition,
they must be imbued with a steadfast purpose in entering the vocation
of nursing.
I am convinced, from the statistics which have been made available to me from state boards of nurse examiners, and from some of our most representative schools, that the selection of candidates for the nursing course is not receiving the attention which it deserves. We are admitting to our schools hundreds of young women who are personally unqualified for nursing, many of whom never complete the course. The Grading Committee has pointed out to us the peril which now confronts us—that of over-supply. It has also given as the first answer to this question, more careful selection of applicants. Is it not more or less true, that hospitals have brought so much pressure upon schools to supply them with an adequate number of students to care for the patients, that the heads of such schools have been compelled to take in nearly all those who have applied at their doors? The result of such a system is very wasteful and extravagant. Mr. E. Everett Cottright in his enlightening article in the May Journal recognized this when he said: "Nursing Education costs somebody something." He was also right when he concluded that this "somebody" is the patient in the hospital.

Educational Background of Students

The Grading Committee has made public the educational background of 63,000 students as found in our schools of nursing a year ago. This report is significant in several ways. It shows how many schools are just meeting the minimum legal requirement, and it demonstrates how short we have fallen from our ideal of a four-year high school entrance requirement. A surprising fact is revealed when it is found that some of the states with a four-year high school requirement do not rank at the head of the list which has been compiled by the Grading Committee. On the other hand, some of those with a low requirement stand at the top. It is encouraging, however, to see how far some of our states have progressed, and we may be justly proud of their record.

Although I sent questionnaires to all the states, only ten could furnish me with the statistics which I desired. The study which I have made of these ten states shows that there has been a steady increase in the number of high school graduates entering schools of nursing. Since 1925, over a period of five years, there has been an increase of 155 percent in the number of high school graduates entered. This is, without doubt, encouraging; yet if schools of nursing are to attain the status of other educational institutions, obviously one of the first steps is to make the minimum entrance requirement at least a high school education in every registered school, and to live up to it once it is made.

In case we are able to effect a four-year entrance requirement in all states, in the near future, it will not solve the whole problem; there
are high schools and high schools. There is considerable difference between a high school graduate who ranks in the upper third of her class in a city school and a graduate of the upper third of a second rate rural high school. A graduate of the latter may lack the power of concentration, and the ability to study intelligently. The students who have taken domestic science courses, or courses in commercial subjects do not come with the same background as those who have had the regular academic course. Such students do not have an equal chance with their more fortunate sisters. The school is also confronted with the problem of teaching these students how to study, and they often require extra help in class work. It is difficult for them to keep up with daily assignments; the result is they are usually dropped in the middle, or at the end of the first term. Such students may rank normal in an intelligence test. The trouble lies in faulty teaching and lack of application on the part of the student.

**What Is the Cultural Background of Our Students?**

A factor which should be taken into consideration is the social class from which our students come. I have found no statistics in regard to such data concerning our schools of nursing. We often hear, however, that the strong wholesome country girl is the one who makes the best nurse. This is mere supposition. Here again, I do not believe we have sufficiently studied the matter. Intelligence tests given in the United States Army in 1917 showed that there was a definite relationship between types of occupation and intelligence. Men in occupations classed as unskilled manual work were found to rate decidedly lower than those in the learned professions. The relationship between parental occupations and intelligence of offspring has been demonstrated in such experiments as those made with school children in Madison, Wisconsin, and in the survey in Northumberland, England. It was found that the I. Q. of children of professional men was much higher than the I. Q. of unskilled laborers. There was, nevertheless, some overlapping in each group. This fact should be taken into consideration in the study of a problem such as ours.

**Intelligence Tests**

Psychologists are coming to believe that one of the most valuable instruments of guidance, that has yet been devised, is the mental test. Since the French psychologist, Alfred Binet, was able, in 1904, to separate intelligently incompetent children from those who were normal or above, great progress has been made in mental testing. It has been definitely proven that many students who enter high school do not possess the intelligence to do work of high school rank.
Two years ago, Marian Faber and Louise Metcalf gave to the League the results of a study in mental testing in schools of nursing. Their conclusions showed that intelligence tests, properly administered, were invaluable in determining a student’s native mental capacity, and were, therefore, useful in the selection of students and in determining whether poor scholarship is due to lack of intelligence, lack of application, or lack of interest. Not infrequently one discovers that students are doing work far below their mental capacity for such scope of effort. On the other hand, certain students by hard work and power of concentration do surprisingly well in relation to their capacity. Although the correlation between nursing practice and intelligence ratings is not satisfying, there seems to be a definite tendency to indicate that the better student in practice is the one who stands high in the scale of intelligence.

There seems to be an inclination among certain high school teachers and vocational guidance people to feel that the girls who are not particularly bright in high school, or the ones whom they would not recommend for college entrance, may do for the nursing course. This is an erroneous opinion, and most unfortunate. Without doubt, the fault is our own; we have not made the matter clear to high school officials. It would seem wise to establish a practice requiring students entering schools of nursing to possess the same degree of intelligence as those entering collegiate education.

There are other determinants of vocational choice besides intelligence tests which must be equally stressed, and which I shall mention later.

**Students Who Resign or Are Dismissed**

I have made an endeavor to study the admission of students to our schools in relation to the number graduated. In order to do this, I have taken the ten states which are fairly typical as they include all sections of the country, and represent states which have both large and small enrollments. In fact, some of the smaller states are keeping the best statistical records. In addition, I have studied sixteen representative schools. As the number of students admitted is not the same in each year, and I could secure only the number of those admitted and graduated, the figures give only a general picture; yet they seem sufficient to show what is happening.

The majority of students who drop out of the course do so in the first year, many of them during the preliminary term, although the process of elimination continues throughout the course. In the ten states studied, the number of students who had resigned or were dismissed varied from 21 per cent to 69 per cent with an average of 46 per cent.
In the individual schools, there was a loss of from 12 per cent to 60 per cent with an average of 44 per cent.

<table>
<thead>
<tr>
<th>States</th>
<th>54 per cent</th>
<th>56 per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduates</td>
<td>46 per cent</td>
<td>44 per cent</td>
</tr>
<tr>
<td>Resigned and dropped</td>
<td>64 per cent</td>
<td>44 per cent</td>
</tr>
<tr>
<td>Dropped</td>
<td>36 per cent</td>
<td>56 per cent</td>
</tr>
</tbody>
</table>

In the Washington University School of Nursing, where we could definitely trace through each class from the time of entrance until graduation, the figures are as follows:

**WASHINGTON UNIVERSITY SCHOOL OF NURSING**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Students admitted (1923-27)</td>
<td>293</td>
</tr>
<tr>
<td>Graduated</td>
<td>178–60 per cent</td>
</tr>
<tr>
<td>Resigned</td>
<td>79–27 per cent</td>
</tr>
<tr>
<td>Dropped</td>
<td>36–13 per cent</td>
</tr>
</tbody>
</table>

The entrance requirement to this school is a four-year high school course acceptable for matriculation in the university. All individual schools studied had a high school entrance requirement, but this was not true of any of the states studied.

Reasons for resignation are varied. The most usual ones being: dislike of the work, unfitness for the work, inability to carry theory, illness, marriage, homesickness, unfavorable home conditions, infringement of rules, undesirability, transfer, and death.

New York State, which has a large number of schools, and consequently a large number of students, has kept such excellent statistical records that I am able to give you the following analysis for the period 1924–28 inclusive:

**REASONS FOR STUDENTS LEAVING SCHOOLS IN NEW YORK STATE**

<table>
<thead>
<tr>
<th>Period five years</th>
<th>No.</th>
<th>Per-students centage</th>
<th>No.</th>
<th>Per-students centage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Went back to school</td>
<td>20</td>
<td>0.5</td>
<td>Misconduct</td>
<td>247</td>
</tr>
<tr>
<td>Went into other work</td>
<td>42</td>
<td>1</td>
<td>Not competent</td>
<td>374</td>
</tr>
<tr>
<td>Death</td>
<td>47</td>
<td>1</td>
<td>Married</td>
<td>441</td>
</tr>
<tr>
<td>Infringement of rules</td>
<td>93</td>
<td>2.5</td>
<td>Dislike of work</td>
<td>482</td>
</tr>
<tr>
<td>Not desirable</td>
<td>149</td>
<td>3</td>
<td>Home conditions</td>
<td>485</td>
</tr>
<tr>
<td>Unable to carry theory</td>
<td>176</td>
<td>4</td>
<td>Illness</td>
<td>867</td>
</tr>
<tr>
<td>Personal reasons</td>
<td>231</td>
<td>5</td>
<td>Not fitted for work</td>
<td>1,040</td>
</tr>
<tr>
<td>Transferred</td>
<td>234</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total | 4,929 | 100 |
If we separate from this tabulation the number definitely not qualified, or those who possess undesirable qualities for the profession of nursing, we find that 38 per cent come under this heading:

<table>
<thead>
<tr>
<th>Those With Undesirable Qualities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not fitted for the work</td>
<td>1,040</td>
</tr>
<tr>
<td>Not competent</td>
<td>374</td>
</tr>
<tr>
<td>Misconduct</td>
<td>247</td>
</tr>
<tr>
<td>Not desirable</td>
<td>149</td>
</tr>
<tr>
<td>Infringement of rules</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>1,903 or 38%</td>
</tr>
</tbody>
</table>

In another state, covering a period of three years, the number of undesirables proved to be 27 per cent. These figures lead to one definite conclusion; there is too great a waste in such a system. Ways and means should be found to insure a better selection of applicants.

It is difficult to make comparisons between a school of nursing and other schools as conditions are so different. I was interested, nevertheless, to compare our own school with other professional schools in the university. In the School of Business and Public Administration about 65 per cent graduate, and in the School of Medicine about 67 per cent graduate. In the former the students are all juniors and seniors, while in the latter they are graduate students. The schools therefore, which are most comparable to ours are the schools of Engineering and Architecture to which the students are admitted from high school. They graduate 87 per cent of the students admitted, while the School of Nursing graduates 60 per cent.

The Need for Some Means of Testing Character Traits

If I were to pass around a questionnaire in this audience asking those present to give the causes of failure of graduate nurses whom they have known, I believe that the returns would show that the majority of such failures were not due to lack of theoretical or practical ability but to personality difficulties. It is, of course, a tragedy that anti-social or undesirable traits could not be discovered early in a student's course, and either corrected or continuance in the school discouraged. The need for some means of testing character traits of applicants is strongly felt by many.

A concrete illustration of the point that women may measure up in intelligence and still be unfitted for the profession of nursing comes to mind. Two young women with excellent educational preparation entered the school with which I am connected. One was a college graduate who had, for several years, been a teacher in a country school, the
other was a young woman who lacked only a few units of credit for her A.B. degree. At the end of the first semester these students ranked at the head of their class in scholarship. Notwithstanding, they were both handicapped by personality difficulties. Much time was spent in conference with these women in trying to assist them to make the adjustment. However, greater contact with them in ward situations revealed that one was incapable of accepting suggestions from those in authority, that she was unkind, unsympathetic, and had an overbearing attitude toward her patients. The other student was utterly incapable of organizing her work; one patient would be well cared for while the others would suffer from neglect. It was necessary, after six months, to advise both students to seek other fields of work. Without question, we should have had either better knowledge of the character of these young women before they were admitted to the school, or we should have employed better means to help them make the adjustment after admission.

Edward K. Strong, Jr., Professor of Psychology at Stanford University, has done some work in this direction, in devising vocational tests which show a student's likes, dislikes, interest and lack of interest in certain things. These help to determine fitness for a certain kind of work. Theodore F. Lentz, Jr., Assistant Professor of Education at Washington University, in an article entitled "Character Research and Human Happiness" makes a plea for the financing of a scientific project in character research. May we not look forward to the time when the National League of Nursing Education may secure funds to undertake such a project? It is, perhaps, more needed in the vocation of nursing than in any other profession and offers a field of research presenting undreamed-of possibilities.

Personal Contact With Students Before Admission

It would undoubtedly be a great advantage to establish some means of personal contact with students before admission to the school, either by an individual interview at the school or by a home visit. Some schools require the former, but there seems to be very little done in the way of visiting the prospective applicant in her home. This form of contact offers several advantages. Meeting a student in her home environment relieves her of any embarrassment or timidity, and it offers an opportunity to meet the parents and to discuss with them the question of the daughter's future. Many prejudices on the part of parents may be overcome in this way. This also affords an opportunity to look into the financial status of the family, and to discuss with them the cost of such a course. Students are very much handicapped when
they enter the school with such limited resources that they are unable to
dress in the same manner as their associates, or to take part in the social
activities of the school.

The employment of a field representative who can make such per-
sonal contact with applicants, and who can (at the same time) visit the
high school and have a conference with the vocational director or dean
of girls in regard to them, would be a desirable addition to any school
faculty. It would, undoubtedly, save the school from admitting many
undesirable students.

PROBLEMS OF ADJUSTMENT

The more careful a selection of students, the less difficult will be the
problem of adjustment after entrance. Schools of nursing do present
problems in adjustment which are different from those found in board-
ing schools or colleges. Hospital life is rather unusual in character,
and is entirely new to young women entering our schools. A student
must adapt herself to strange routines, to a system of hospital etiquette
which often seems meaningless, to working with all kinds of people
whether pleasant or disagreeable. Here many a girl, who has always
been the object of affection and attention at home, finds herself a mem-
ber of a large group where no one receives individual consideration.
With the exception of a very short vacation period, the student must
live the entire three years under the regulations of the school. This may
prove extremely irksome to her, and she may chafe under the restric-
tions which it involves. Having had her own way in most things at
home, it is difficult for a young woman with boundless initiative and
enthusiasm to work under the direction of others, unless she receives
very wise guidance and direction. To one who has never been away
from home, the adjustment to dormitory life with its many distractions,
is difficult. If a girl is attractive and popular, her room may be always
filled with visitors, who prevent her from studying. In her class work
she is confronted with an amazing number of new subjects. She must
keep up each day with her lessons or she soon finds herself behind.
She has no sooner become accustomed to the routine of study than she
is introduced to the hospital ward with its bewildering number of sick
patients, doctors, nurses and medical students, and is expected to adjust
herself to this environment in a very short time. Such an experience
is a severe tax on the emotional equipment of any girl. Obviously,
there has been nothing in her past experience to compare with it. It is
imperative, therefore, that students have a guiding hand and an under-
standing heart during this period of their course. Undoubtedly, too
much is expected of the young students who enter our schools. Many
are too young to assume the responsibilities which are often thrust upon them. It would be an advantage both to the student and to the school if the age requirement for entrance could be placed at twenty years. Ordinarily, students come filled with zeal and enthusiasm for the work they are to undertake. We must see to it that this spirit is not dimmed or snuffed out entirely, as is sometimes the case. The answer to this problem is adequate, wise and painstaking supervision.

Vocational Guidance in High Schools

This discussion seems to bring us to the conclusion that there is need for better vocational guidance in high schools. Mr. Harry Kitson, Professor of Education, Teachers College, Columbia University, stresses in the May number of the Record, the importance of special preparation for those who are engaged in vocational guidance in secondary schools and colleges. Some large city systems have well organized bureaus of vocational guidance with a director and a staff of experts. Certainly all high schools should have a qualified person to advise the students. It is to such people as these that we must go, to make known our particular needs. Steps in this direction have been taken in several places, the most noteworthy being the work done recently in the State of Washington by the League of Nursing Education. In consultation with high school authorities they have worked out a suggested course which is to be used in high schools for pupils who wish to become nurses. The program includes four years of English, two years of Latin, two years of modern language, one year of medieval and modern history, one year of United States history and civics, one year of chemistry, one year of biology or physics, one year of algebra, one year of economics, and one year of geometry. This curriculum has been sent to every high school, and to every school of nursing in the state. When such a piece of work has been accomplished in all our states, we will have done much in the way of solving some of our admission problems.

Cost of Nursing Education

Students in other professional schools pay fees which at least partly meet the cost of their education. In some colleges, it is estimated that the students pay about one-half the cost of their education. It may be true that students in the school of nursing pay a higher tuition than many college students, but this is true of only those who complete the nursing course. They do pay their tuition in long hours of service to the hospital. Those students who are dropped at the end of the preliminary course or during the first year, do not in any way meet the cost
of their education. They represent a great expense to the school, or to the hospital which supports it.

In the Washington University School of Nursing, the average daily cost per student for the year 1929 was $2.66, $915.04 per year and $2,745.12 for three years.

The cost of students in the preliminary course is much greater than that of the older students, owing to the fact that that part of the work is almost entirely theoretical, and includes all the courses in the basic sciences, which are costly because of the character of instruction given and the equipment used. Probably a conservative estimate would be $3.00 per day for such students. This would represent an expenditure of $360 for four months of the preliminary course. Where from 20 per cent to 25 per cent of a class is dropped at the end of this period, one finds that a surprisingly large sum of money has been expended.

The majority of our schools of nursing charge no fees for this period although a few have always done so. At the University of Wisconsin, students pay the same fees for the preliminary course as other students in the university, including room, board, and laundry. This would seem a wise solution to the problem in a university school and it would appear equally just to require a good stiff tuition fee in hospital schools.

Conclusions

If we are to secure fewer and better candidates for our schools of nursing, and wish to eliminate the waste in our present extravagant system of nursing education, we must begin to pay more attention to the social, economic and intellectual background of our students. Those unfitted for the profession will have to be rejected through the use of intelligence and character tests. States must establish laws with a minimum entrance requirement of four years high school, and stick to this requirement. High schools, through their vocational guidance departments, must be informed as to our needs, so that they can intelligently advise young women who are thinking of entering our profession. Courses must be made available in high schools which will insure a better background for the nursing course. Students must meet a part of the cost of their education, especially for the preliminary course, by the payment of tuition fees, the same as other college students. Then, and only then, will some of the problems of admission and adjustment be solved in our schools of nursing.

Meeting adjourned.

Wednesday, June 11, 2 p.m.

Visits to schools of nursing, hospitals, and health institutions in Milwaukee.
Session Conducted by the Instructors’ Section

Thursday, June 12, 9 a.m.

Presiding: Ruth Sleeper, Chairman of Instructors’ Section, Instructor in Anatomy and Physiology, Western Reserve University School of Nursing, Cleveland, Ohio.

OBJECTIVE METHODS IN CLASSROOM TESTS

BY T. L. TORGERSON

College of Education, University of Wisconsin

Examinations are looked upon by most college students as a necessary evil, as the favorite indoor sport of college professors, and as a disturbing factor to their general peace of mind. To the average college faculty, a stack of blue books is just another reminder that the zero hour has again arrived when the deck must be cleared and the blue pencil brought into action. In common with other college traditions, examinations have been handed down to us from the distant past, and to question their validity or present usefulness would seem highly unconventional if not sacrilegious.

Examinations are not new, but, on the contrary, they are as old as formal education itself. The Greeks, the Romans, and the Chinese employed elaborate examination schemes centuries ago. Public examinations played a prominent part in education during the Middle Ages. These examinations prior to the nineteenth century, however, were largely oral. In 1845 Horace Mann vigorously set forth the advantages of the written or the “new” examination over the oral, especially pointing out its advantages from the standpoint of uniformity, that is, the fact that the same examination could be given to all pupils in a class.

Education has made pronounced strides during the past quarter of a century. Consider such phases of education as the curriculum, textbooks, methods, equipment, building, etc. I am sure you are all aware of the remarkable changes that have taken place. Has the technique of examinations shown the same progress? Consider such examination questions as the following:

For what were the Egyptians distinguished?
Give an account of the feudal system.
What do you understand by an embargo?

These questions are identical or parallel to the typical questions of the essay type of examination of the present time; yet, they were selected from an examination given in the city of Boston in 1845. The
fact remains that we are asking the students to compare, define, describe, discuss, and explain in their examinations to-day as we did a century ago. The curriculum has changed; methods of instruction have improved, but the traditional examinations with subjective methods of scoring remain unchanged.

While we frequently question the old, the mere fact that it is old is in itself no criterion of its lack of worth. One must consider the results of experimentation as to the merits and demerits of the traditional essay examination.

Time will not permit a review of the many studies that have been made with regard to the effectiveness of the essay or traditional examinations. The results shall be briefly summarized of one of the first investigations which, perhaps, has attracted more attention than any other single study dealing with this subject.

In 1916, Professor Starch of the University of Wisconsin conducted a careful investigation among a group of teachers from high schools of the North Central Association. A photographic reproduction was made of English, Geometry, and History examination papers, written at the end of the first year in high school. The papers were marked by 142 English teachers, 115 mathematics teachers, and 70 history teachers. All papers were marked on a percentage basis of 100. Some startling results were found. The marks on the English paper ranged from 60 to 95, on the history paper from 40 to 90, and on the geometry paper from 28 to 93. Similar studies have been made since that time, and with the same results. The writer has conducted such an experiment a number of times in his classes in measurements composed of experienced teachers by placing in their hands a copy of an arithmetic examination consisting of ten problems of about the seventh grade level. The results have been practically the same in every instance, the marks ranging from 40 to 90. The studies made during the past ten years all confirm the conclusion that there is a wide disagreement between the marks given to the same examination paper by different examiners and the marks given to the same paper at different times by the same examiner. The following interesting occurrence is reported by Wood of Columbia in the grading of history papers by a group of college professors of history in the summer of 1921. One of the five or six expert readers assigned to a certain group of history papers, after scoring a few, wrote out for his own convenience what he considered a model paper for the given set of ten questions. By some mischance, this model fell into the hands of another reader who graded it in perfectly bona fide fashion. The mark he assigned to it was below passing, and, in accordance with the custom, this model was rated by a number of other expert readers
in order to insure that it was properly marked. The marks assigned to it by these readers varied from 40 to 90.

Largely as a result of the studies made of the traditional examination, there has developed a new and objective examination employing the technique used in the standardized test. This new examination has won favor and has been widely accepted in the elementary and secondary schools of the country, but has not been taken seriously by many college faculties outside of departments of education and psychology.

Written examinations may be classified as essay or traditional, informal objective, and standardized. The traditional type is subjective in character while the new or informal and the standardized types are objective. This paper will be limited to a discussion of the traditional and the informal objective types. The informal objective type employs questions commonly referred to as true-false, simple recall, completion, multiple choice, and matching.

What are the purposes or functions of examinations? It is generally agreed that examinations are instruments of motivation and measurement. While training in written expression has also been proposed as a legitimate function of the examination, it cannot be considered seriously. At best, the examination can only hope to provide indirectly an inadequate measure of, and not training in, written expression. It is one of the functions of the curriculum in English to provide definite training directly in this field.

Observation and experimental study has shown that examinations serve to motivate students to make more careful daily preparation, and to organize the course material into related units for proper assimilation and later recall. Overlearning is a valuable means of insuring the retention of material to be learned beyond immediate recall. The examination has proven to be a useful stimulus to insure a greater amount of overlearning.

While we have no experimental evidence, it is probably true that the type of examination that motivates most is the examination that is most interesting to the student and impresses him as being fair.

In an investigation by Somers with respect to the attitude of students toward examination 163 students were asked to place in rank order eighteen activities on a scale of pleasant to unpleasant. It was found that attending classes, attending assembly, writing a story or theme, performing laboratory experiments, cleaning the room, and washing dishes were all more pleasant tasks than writing an essay examination. In a study by Hughes, University of Pittsburgh, in which 157 students
evaluated the relative merits of the essay and objective examination, the following results were secured:

<table>
<thead>
<tr>
<th>Type of Examination</th>
<th>Objective</th>
<th>Essay</th>
<th>No choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type most enjoyed</td>
<td>98%</td>
<td>.6%</td>
<td>.6%</td>
</tr>
<tr>
<td>Type covering your own knowledge with greatest justice</td>
<td>78%</td>
<td>14.7%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Type furnishing greatest incentive to careful evaluation of materials covered</td>
<td>67.5%</td>
<td>19.1%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Type preferred if considerable part of grade depends upon final examination</td>
<td>92.4%</td>
<td>5.7%</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

Measurement as a function of the examination is of paramount importance. On the college level we should measure in order to diagnose student difficulties, and to diagnose weaknesses in teaching, as well as to determine credits, honors or basis for promotion. Too often we use examinations for the sole purpose of measuring the outcomes of instruction at the end of the semester as a basis for promotion or grades for the course. Measuring in order to diagnose student difficulties and in order to diagnose weaknesses in instruction is practically an untouched field on the college level. I am firmly convinced that most students’ learning difficulties are the result of ineffective teaching. Most of us have survived as teachers, not because we have been successful in motivating and stimulating average and mediocre students, but because of the achievement of superior students, not realizing that most superior students succeed in spite of poor teaching. Professor Starch told elementary and secondary teachers fifteen years ago that they were spending one-third of the time teaching pupils what they already knew and one-third of the time in teaching them what they did not need to know. Franzen, in speaking of the wide range of talent in the average class and the attempt of the teacher to apply the same standards to all pupils said, “We bore the upper third and mystify the lower third.” These statements are indictments of our formal methods of instruction and lack of provision for individual differences, and are as applicable to the college level to-day as they were to the elementary and secondary levels fifteen years ago.

The point that I wish to emphasize is that the most important function of the examination is diagnosis. As a diagnostic instrument, a reliable examination is indispensable in the teaching process. We have learned that it is a mistake to assume that students at the beginning of a course have no knowledge of its content. A pretest on a unit in many courses will reveal degrees of mastery of the new field varying from zero to nearly a perfect mastery. A diagnostic test at the close of each unit will reveal teaching weaknesses and pupil difficulties which will
serve as the basis for remedial individual and class instruction before attacking the new unit. The instructor that uses a pretest before the unit, a period of intensive study and teaching of the unit, a diagnostic test covering the unit taught, followed by remedial instruction based upon an analysis of the test, will increase his effectiveness many fold. The college teachers who agree with the college professor who said the college would be a delightful place were it not for the students, will, of course, not sympathize with this point of view.

What are the relative merits of the traditional examination and the informal objective examination? In order to compare these examinations it is necessary to set up criteria for their evaluation. When is an examination a good examination? An examination is a good examination when it measures what it is supposed to measure, and measures it accurately. When an examination measures what it is supposed to measure it is valid, and when it measures accurately it is reliable. In other words, a good examination is valid and reliable. An examination in one subject has no validity as a measure of attainment in another subject. An examination that has been prepared by one instructor will not have a high validity if given to a class in the same subject in another institution where the text, lectures, and laboratory work are not the same. To insure a high curricular validity the examination must provide an extensive sampling of the work covered by a particular class. The questions must not be ambiguous, and the results must not be influenced by such extraneous facts as spelling, handwriting, fatigue, etc.

In order to insure reliability the examination must provide for extensive sampling and subjectivity, or the personal equation of the examiner must be eliminated. This means that the examination must be objective and, instead of five to ten questions, there must be at least fifty, preferably 100 questions. The reliability of a test is generally expressed in terms of a coefficient of reliability. This coefficient of reliability is found by correlating the scores on two applications of the same or parallel forms of a test given to the same pupils by the same examiner. If the pupils receive the same scores or retain the same relative positions in the class on the two applications of the test, the test has a perfect positive coefficient of reliability of 1.00. If there is no relationship between the scores the coefficient is zero, and the test has no reliability. Reliability is always a matter of degree; the more nearly the coefficient approaches 1.00 the more reliable is the test. What standard of reliability should be expected? An accurate measure of a class as a whole may be secured by a test with a reliability coefficient of .70. Class averages, however, are of little practical value; we are concerned with the individuals in the class, and an acceptably accurate measure of
the individual pupils requires a reliability coefficient of .90. How do the traditional and objective examinations compare with regard to reliability?

Ruch has assembled from a number of sources, principally from the writings of Monroe, Wood, and his own researches, a total of 285 reliability coefficients for the traditional examination. These coefficients range from slightly below zero to positive .97 with a median of .59. Only 21 of the coefficients reached or exceeded .90. The middle 50 per cent ranged from .40 to .75. These data tend to show that the average reliability of the old type traditional examination does not exceed .60 to .65. The average reliability of 16 State Diploma Examinations in Social Science, in an investigation by Ruch, was about .50. The average reliability of the New York Regents examination in the Social Studies in 1923 and 1924 as investigated by Gordon was approximately .50. A coefficient of .50 is 13 per cent better than a pure guess, while a coefficient of .60 is but 20 per cent better than a pure guess.

In an investigation by Wood of Columbia on the relative reliabilities of the old and the new type New York Regents Examinations he found the following results: The reliability of the old type 90-minute Regents Examination in French II was .788, French III .738, French IV .695, Spanish II .722, Spanish III .700, and Spanish IV .695. The reliability of the new type objective 90-minute examination in French was .962, Spanish .965, German .962, and Physics .863. The highest reliability for the old type was .79 and lowest for the new type was .86. In 1921 Wood found that the College Entrance Board examination in Algebra had a reliability of .76 and the examination in Geometry a reliability of .61. These examinations are three hours in length. The results of these studies seem to justify the conclusion that the traditional examination may be reliable enough to determine group averages, but is too unreliable for individual measurement, while the objective examination will readily yield coefficients above .85 and thus provide reliable measures of individual student performance.

Wood correlated the marks received on the traditional examination and the marks received on an objective examination by the same students over the same content in law courses, with their course marks. The traditional examination correlated with their course marks to the extent of .46, while the objective examination correlated with their course marks to the extent of .76. This tends to give some measure of the validity of the new as compared with the old examination.

Ruch has raised the interesting question of what fraction of a student's knowledge is elicited when a pupil is asked to discuss a certain problem. He attempted to answer this question by giving students an
examination of the traditional type consisting of as many essay type questions as was necessary to cover the content of a chapter. The following day the same classes took an objective test covering every fact of importance in the chapter. On the basis of the results Ruch arrives at the following conclusions:

1. On the average the essay question calls forth less than half of the pupil's knowledge, two-fifths being a closer estimate.
2. The essay examination requires approximately twice as much time as the objective test for a given unit of subject matter, if the unit is treated exhaustively.
3. Since the essay examination requires twice as much time and evokes less than half as much knowledge, the objective test is from four to five times as efficient as a device for sampling.

The writer of this paper does not intend to imply that the essay or traditional type of examination should be abolished and supplanted by the objective type, but rather that it should be improved and used to supplement the objective type. The essay examination can be improved, by being made more objective and more comprehensive in its sampling.

Time permits setting forth only a few of the outstanding advantages and disadvantages of the traditional examination and of the objective examination. These advantages and disadvantages will be enumerated without discussion:

**Advantages of the Essay or Traditional Examination**

1. Useful as a measure of attitudes.
2. Useful in securing a measure of organized and connected discussion.
3. Useful in measuring the student's ability to apply principles.
4. Wide applicability.
5. Guessing is reduced to a minimum.

**Disadvantages**

1. Low validity because of limited sampling and measurement of irrelevant factors.
2. Low reliability because of subjectivity and limited sampling.
3. Scoring difficult and time consuming.
4. Encourages bluffing.
5. Not useful as an instrument of research.

**Advantages of the Informal Objective Examination**

1. High validity and reliability.
2. Can be made highly diagnostic.
3. Valuable for instructional purposes (pretesting and diagnostic testing).
4. Prevents bluffing.
5. Interesting to students.

**Disadvantages**

1. Tendency to become highly factual.
2. Danger of over-emphasizing memory questions.
3. Difficult to prepare.
4. Limited use in some subjects.
5. Little opportunity for student self-expression.

I shall close my discussion by references to the use of objective tests in higher education as reported in the last two issues of the Yearbook of the National Society of College Teaching of Education. In the Yearbook for 1929 the committee in charge stated that in response to their questionnaire it appeared that about one-fifth of the colleges were engaged in activities centering around the improvement of examinations, involving the adoption of the new type test or the use of the comprehensive examination. In the Yearbook for 1930, Pressey of Ohio State says, "The use of quantitative measurement for making educational diagnosis of the difficulties which students in their college work experience is receiving attention at many institutions of higher learning. The emphasis on the use of such measurement in the field of higher education is relatively new, although the instruments of measurement for this purpose have been used for more than a decade in the field of elementary and secondary education."

On the basis of 100 replies from 318 members of the National Society of College Teachers of Education, Manuel states, "The essay test is far from being abandoned by members of the National Society of College Teachers of Education. Many mention it specifically, and a few indicate that chief dependence is placed upon it. There is a marked tendency, however, toward preference for the so-called new-type or objective tests, and in some cases these tests are used exclusively."

In closing, may I repeat that the traditional examination as an instrument of measurement and diagnosis is unscientific and inefficient. Its chief weaknesses are those of subjectivity and limited sampling, resulting in highly unreliable measures. The more modern and efficient classroom examination is known as the informal objective test. It is highly reliable because it is objective and employs a wide sampling of material. It can be made highly diagnostic and is, therefore, a valuable instructional test. While the new type examination is more difficult to construct, progressive teachers will not place themselves in a class with the woodchopper who was attempting to chop wood with a dull axe and who, upon being asked why he did not sharpen his axe, replied, "I haven't time; I have to chop wood."

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THE USE OF PRE-TESTING IN THE NURSING SCHOOL CURRICULUM

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Instructor and Supervisor of Medical Nursing, Western Reserve University School of Nursing, Cleveland, Ohio

Professor John Dale Russell of the University of Kentucky tells of his experience in organizing the material for a new course in education.* He had outlined his course and had checked it with others to prevent overlapping. Then he wondered, “How much of this material do the students already know?” To determine this he evolved a series of true-false questions covering a large part of the material included in reading assignments. He administered this test—called a pre-test—early in the course and discovered thereby the amount of pre-knowledge possessed by the students. The results—in which no consideration was made of individual scores but only of the number of students who missed each particular question—made it possible for him to determine the content which might be passed over quickly as well as that which required special stress because of the general lack of information on the part of those for whom the course was being taught. The aim was to avoid unnecessary duplication and to place teaching emphasis where emphasis was essential.

Pre-testing, as such, is probably almost unknown in nursing schools. Perhaps, had something of the kind been done in my own student days we should not have heard about one particular disease in nearly every course of doctors’ lectures. Much additional opportunity to study the disease came as a result of the fact that large numbers of these patients came under our daily observation in the open wards. This first hand

* Educational Administration and Supervision, January, 1930.
experience, preceded by or simultaneous with one good course, would have covered the subject sufficiently well and left more time for other things. Since then, in this school and in others, much has been done to eliminate this duplication simply by checking the content of one course with that of another. Yet how much do you think we should still find if we were thoroughly to investigate the material we include not only in doctors’ lectures, but in our nursing classes as well? How much of our difficulty in getting good results do you think might be due to a lack of teaching emphasis where emphasis is necessary? As vivid as the recollection of the boredom which followed too frequent repetition in the discussion of certain diseases is that of the dismay of a supervisor who for some reason was led to question many students on duty one morning concerning the solution of a simple problem in drugs. Not one could do it. I was one of the students but did not then realize that perhaps part of the difficulty lay in the fact that a perfectly good course much earlier in our training had not been followed by sufficient stressing in the relation of its content to the study of nursing and disease as we were actually experiencing it on the wards.

When a nursing student, as any other, begins a certain course she comes with knowledge acquired in three different ways: 1. Some is a part of her general fund of information. 2. Part is that which she has derived from previous courses. 3. A portion has come as a result of her practical experience. This last one we realize is of greatest value, though it can be so only with a good foundation of the others. We recall Dr. Burgess’ statement in the early days of the work of the Grading Committee: “Learning to nurse is nursing.” Even with its disadvantages we think it our greatest asset. Why do we not realize that knowledge so acquired is that best retained? Why stress and re-stress certain aspects of it in formal classes, if students already know? Why repeat material adequately presented in other courses? Why discuss phlebitis at length in Pathology, Medicine, Surgery and Obstetrics? Why dwell upon acute rheumatic fever and chorea and their nursing care, except from the standpoint of adaptation, if the lesson has been well learned in general medicine? Why not spend more time upon adaptations necessary in the home care of these diseases? Why not devote some of the course to the study of a normal infant? One pre-test has shown that students well in their second year and beyond show an amazing lack of information concerning certain aspects of a normal, healthy child. Another shows the same students to be quite well versed in pathological conditions of the respiratory tract even before the course was given to the group. Is the distribution of emphasis of the best?
Frankly, the work which we have been doing in pre-testing in the Western Reserve University School of Nursing received its impetus from the desire to make a study for this paper. Interest has grown, however, and five of the six instructors, whose results I am going to show you, are planning very definitely to use tests of a similar nature again. Many of the questions may well be improved. A few will change with different circumstances, as I shall explain to you. But even with these first somewhat hurried attempts the results have been worth while.

Our school year is divided into three terms of four months each, and at the end of the term each clinical group of students changes to another service. For example, the entire group of students now on medicine will change in mid-September to four months of experience in surgery. Students in medicine have all their formal teaching in that subject while they are actually having medical experience. Since there has been only one change of term since the assignment of this subject, "pre-testing," it has only been tried once. Hence more valuable results will be revealed in another year, as tests are improved and more figures are available. So far, tests have been given in the following subjects: Nutrition, personal hygiene, and anatomy and physiology (all of which are pre-clinical subjects and are given before any formal clinical instruction), medicine, surgery, pediatrics, and materia medica (which is a part of medicine). In each case I have divided the questions into three different groups: 1. The percentage of the entire number of questions missed by less than twenty per cent of the students. 2. The percentage of the questions missed by twenty to fifty per cent of the students. 3. The percentage of questions missed by more than fifty per cent of the students. The percentages of students are, of course, arbitrarily set and may not be the best division. Assuming with Professor Russell that questions which were missed by less than twenty per cent of the students need little classroom emphasis but may be adequately covered in reading assignments, I have chosen that as the first one. I have added to that a differentiation between questions missed by half or more of the students, and those missed by any number between these two extremes. All in these two groups would need classroom discussion but certainly those missed by more than half of the students would need a great deal of emphasis. In all of these pre-tests, attempts were made to cover part of the material usually presented in the course, whether it be by textbook, assignment or otherwise. The questions were true-false, or of the completion type. Papers were checked to determine the number of students failing any given question. Individual scores, as such, were not even determined, though
of course one of the values of a test of this kind might well be that it offers a means of discovering the special difficulties of individuals. Students were told definitely that no grades would be taken, so that they should not have a feeling of panic, and that the sole purpose was to determine what material we should stress most and what needed little emphasis.

The results were as follows:

Nutrition.

<table>
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<tr>
<th>Less than 20% of students</th>
<th>20-50% of students</th>
<th>50% or more of students</th>
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<tr>
<td>36% of questions</td>
<td>27% of questions</td>
<td>37% of questions</td>
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Of this test the instructor says: "This pre-test was composed of questions for the most part which an intelligent person without specific training but possessing a moderate degree of curiosity concerning nutrition, could answer. A few technical questions which were included could not be answered unless the one examined had had a course." As high schools are giving more and better courses in nutrition and as nursing schools are admitting more and more students with a background of high school and beyond, the need for determining something of the knowledge the students possess is also increasing. A very well prepared group should have many changes made in the course which would be given to students less well prepared. In this particular group, somewhat more than one third of the material covered by the pre-test may be passed over very quickly.

Very similar conclusions may be drawn about personal hygiene, the results of which are as follows:

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<th>Less than 20% of students</th>
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<th>50% or more of students</th>
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<tr>
<td>31% of questions</td>
<td>35% of questions</td>
<td>34% of questions</td>
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In anatomy and physiology the results are somewhat different. The first figures represent a fairly comprehensive set of questions given at the beginning of the course. The second group shows the results of a test given before the unit on the study of muscles was begun.

<table>
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<th>Less than 20% of students</th>
<th>20-50% of students</th>
<th>50% of students</th>
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<tr>
<td>1. 3% of questions</td>
<td>18% of questions</td>
<td>79% of questions</td>
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<tr>
<td>2. 19% of questions</td>
<td>42% of questions</td>
<td>39% of questions</td>
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If one is justified in drawing conclusions about two tests given only to one group, it would seem that there is less possibility of giving material to the students of anatomy and physiology which they already know. The instructor cites several values of pre-testing:

1. It shows the student how she may use her high school sciences.
2. It gives the student a survey of the course which may stimulate her to greater effort in the beginning.
3. It shows individual differences in preparation. This will be more and more valuable as increasing numbers of college students and students with advanced standing come into nursing schools. It will be a guide for the instructor in choosing special reading assignments.

The instructor adds that she would like to give the same tests at the end of the course to encourage the student to compete with her own record. She prefers not to use the true-false questions as—they allow more guessing, they do not give the student’s own ideas, they may give false impressions.

For the most part, the questions given to the medical and surgical groups might be more properly called a test of general information than of actual pre-knowledge in the two clinical fields. Neither group had had any formal teaching in medicine and surgery. The aim was to test how material acquired in the preliminary course might be applied. Some of the questions were on material which could be learned only from ward observation. In the fall, the questions will be changed considerably as each group will have had a four months’ term of clinical experience and formal classes and much repetition is possible in these two services.

**Surgical Group.**

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<th>Less than 20% of students</th>
<th>20-50% of students</th>
<th>50% or more of students</th>
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<tr>
<td>16% of questions</td>
<td>24% of questions</td>
<td>60% of questions</td>
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**Medical Group.**

| 29% of questions         | 21% of questions   | 50% of questions       |

Thirty of the thirty-seven questions were the same and the results therefore indicate a slight difference in the groups, though part of this is due to the relative difficulty of the remaining seven questions. Both instructors feel that there has not been sufficient emphasis on knowledge assumed to have been retained from earlier teaching. Students are weak in methods of cleaning and sterilizing needles, syringes, et cetera, probably due to the fact that they have had little actual ward practice in this. They absorb little concerning laboratory results found on patients’ charts—due to our failure to point it out to them. They retain a great deal of that which has been definitely related to their nursing procedures—temperatures of solutions used in various procedures were given with little variation from the accepted standard.

The tests in *pediatrics* included questions concerning the characteristics, special senses, development, hygiene and care of the normal child, the care of the premature, feeding, prevention, stools, behavior and habit formation. One test was given on respiratory diseases. The results of this last test are quite significant. All of the students have had
medicine and surgery, and some of them have had obstetrics and communicable diseases. The results show very clearly the potential duplication for students who have had these previous clinical experiences.

**Test on Respiratory Diseases**

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<th>Less than 20% of students</th>
<th>20-50% of students</th>
<th>50% or more of students</th>
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<tbody>
<tr>
<td>86% of questions</td>
<td>14% of questions</td>
<td>0</td>
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The instructor concludes from her results:

1. There should be stress laid upon the necessity for the adaptations in the procedures and nursing care, especially in position for examination, precautions, seriousness of complications, et cetera.

2. Some duplication is practically inevitable.

3. There should be some careful analysis of the apparent duplication in medical, communicable and pediatric nursing in pneumonia and similar diseases. The results in her test concerning the *normal child* were so interesting that I have divided them. The first figures represent the results from the entire test:

<table>
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<th>Less than 20% of students</th>
<th>20-50% of students</th>
<th>50% or more of students</th>
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<tbody>
<tr>
<td>39% of questions</td>
<td>36% of questions</td>
<td>25% of questions</td>
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On the questions concerning *characteristics*, special senses, development and stools the results were:

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<th>Less than 20% of students</th>
<th>20-50% of students</th>
<th>50% or more of students</th>
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<tr>
<td>11% of questions</td>
<td>39% of questions</td>
<td>50% of questions</td>
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On *hygiene and care* the results were:

100% of questions missed by less than 20% of students.

From these she concludes:

1. The inability to answer questions on mental development shows that a foundation needs to be built first, so that the student will know something of the normal child before the abnormal is taught.

2. There is little knowledge of types of feedings and corresponding stools. (She adds that she believes that they have heretofore placed too little emphasis on this).

3. The lectures on hygiene, prematures, breast feeding, and preparation of milk are to be given only for intensity.

It was the results of a test given in *drugs and solutions* which made me realize that students do not fully grasp the difficulties of this subject now any better than several years ago unless there is much stress and repetition.

<table>
<thead>
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<th>Less than 20% of students</th>
<th>20-50% of students</th>
<th>50% or more of students</th>
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<tbody>
<tr>
<td>0</td>
<td>80% of questions</td>
<td>20% of questions</td>
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There were only ten questions but they were kinds which had actually occurred on the ward, and represented nearly every type a student
might be called upon to solve. A comparison with the final examination results of these same students shows the difficulty not to lie with the original course, but in the failure to make vital in actual experience material which may otherwise seem to have no real bearing on nursing and hence is quickly forgotten. Clinical subjects might well eliminate some of the subject matter now given undue emphasis and include the application of problems in drugs and solutions which may actually occur in these services. Perhaps were we to follow the "Mastery formula" of Henry T. Morrison, "Pre-test, teach, test the result, adapt the procedure, teach, and test again to the point of learning," we should not find drugs and solutions so quickly forgotten by students. He makes an apt comparison with the physician, who, he says, does not merely dismiss a difficult case with the verdict "Failed to recover," but modifies his treatment and tests his results again and again.

In actual numbers of questions our pre-tests are quite inadequate. The brevity of our courses makes it inadvisable to take more than one hour for this testing. On the other hand, this very thing makes it doubly important to eliminate unnecessary duplication and emphasize where emphasis is essential. Too, it is generally conceded that the tests need not be given to every group because information concerning the relative difficulty of different items remains fairly constant. We believe that further tests are entirely to be desired because we have already gained valuable information. Content which we have taken for granted needs stressing; some material acquired in earlier courses needs, on the other hand, little emphasis in future courses; the teacher has a better conception of her problem and the student has a keener appreciation of the relation of courses and different fields of experience and of the common relationship of some problems to various fields; she learns that background has some real purpose, and feels a responsibility for bringing as much knowledge gained from it as she can; she finds stimulus to learn new material and to relearn what she has forgotten. One student wrote across the bottom of her paper in the drugs and solution test cited above: "I have forgotten how to do these, but I shall look them up" (proof that she did so came very soon); and another greeted the instructor on the ward with: "I could not work that problem on potassium iodid on that test, but I can now, and I'll not forget it again." Of course the value of such statements would only be shown by permanent results, but incentive is always worth while. In different schools, with such varying schemes of education, the tests would necessarily be different also. It may be true that you, whose students are not having medical experience when they are having classes in medicine and whose entire background of ward experience at any given
time may be much more varied than in a school where there is a definite rotation of services, would profit even more by these tests. Perhaps it is also true that were all of us to attain the aim of the pre-test and so pitch our courses at a level to challenge the effort of our students we should find an ever increasing interest and the same lively enthusiasm that characterizes the probationers who came, new to our school, equally characteristic of our senior students.

TESTING THE OUTCOMES OF OUR CLINICAL TEACHING

Edith Margaret Potts, R.N.

Tuesday evening Mrs. Burgess put to us a very pertinent and thought provoking question. She asked, "Is the set fee, regardless of the quality of the nursing service rendered, justified ethically?" If we decide to answer this question in the negative we are at once faced with another. "How can we learn what quality of nursing service any given nurse is capable of giving to her patients?" In other words, how shall we test the results of our clinical teaching?

The word test has, in educational circles, during the past few years, come to have a rather specialized meaning. Formerly we meant by this word a set of questions concerning a limited amount of subject matter which should, as the word implied, test the amount of knowledge which the pupil possessed concerning that subject matter. This meaning has been somewhat amplified. Today we test not alone the pupil's information concerning subject matter covered in the immediate past, but also her possession of general information, of special capacities and abilities, and her personal characteristics and attitudes. The general testing program is one which is rather badly misapprehended by the majority of people. Even if they do not misunderstand the phrase they tend to misunderstand the function of the tests, and the type and amount of aid which we may hope to gain from them. Hence many people say, "No, I don't believe in this testing idea," when what they do not believe in is not the testing idea at all but their own misconception of that idea. The psychologist of a few years ago is perhaps somewhat to blame for this lack of faith in the testing program. In his enthusiasm he at times made somewhat extravagant claims for his tests, which failed to be substantiated in actual practice. The psychologist of today is less positive in his statements, perhaps because he is more sure of his facts. He makes no pretense to infallibility in vocational selection, the discovery of relative abilities, or the detection
of character or personality traits. There are several things, however, of which he is reasonably certain and for which he maintains that tests are of value. Among these the following are of value for our use.

1. By means of properly constructed and adequately standardized tests it is possible to assign individuals to the general group of intelligence, special capacity or proficiency to which they belong. It is probably usually possible to place them within the appropriate fifth of the general population; it is often possible to place them much more accurately than this.

2. Standard tests are of less value for placing an individual than for placing a group. The score of an individual might not accurately represent his actual ability because of a number of personal factors (fatigue, illness, lack of effort, worry over some other matter)—that of the group would probably not be much affected by these same factors.

3. High test scores are more dependable in individual cases than are low ones. It is readily possible than an individual, as indicated above, will not make the highest score of which he is capable, scarcely probable that he will make a much higher one.

4. Because of the many factors involved in success in any given vocation completely satisfactory tests for prognosticating the success of an individual will probably never be evolved. It should be—and is—possible, however, to devise a battery of tests for use in vocational selection and to establish critical scores; that is, in low scores failure is more probable than success. Since many vocations demand somewhat the same abilities these critical scores will tend to point out a hierarchy or group of occupations in which success is not probable, rather than to demonstrate fitness or unfitness for some one vocation.

5. It is possible, and relatively easy, to devise and to standardize tests which shall give an idea of the proficiency of individuals or of groups along certain vocational lines. This has been widely done in regard to school subjects, and to a somewhat lesser extent along certain vocational lines. By such a test in a vocation it is comparatively easy to separate novices from those who have a little experience, both of these from good workmen, and all these groups from those who are really experts along the lines of the particular vocation.

Schools of nursing have done certain isolated pieces of work with the so called prognostic tests. This has been largely in an effort to determine a level of intelligence below which it is not probable that a person will succeed in carrying the work of the course. In one or two cases there has been some similar work done along lines of emotional stability. But each of these pieces of work has as a rule been an isolated unit carried on with a relatively small number of students
and in one or at the most two or three schools. Proficiency tests in the field of nursing will probably not be developed in this way. To begin with, the experimenters in schools of nursing do not have the time necessary for developing such tests. In the second place, such a piece of work demands a larger field for experimentation than any one school, or even any one local group of schools, can offer. It seems more probable that this work, if it is to be completed in a really satisfactory fashion, will be the work of some university department of nursing education in connection with the department of educational psychology and with the aid of schools of nursing in many parts of the country.

The thought may come to some of you that the state board examinations determine the standing and proficiency of the nurse. Would you, upon sober second thought, really like to think that it does? There are several reasons why these examinations are not suited to be considered adequate tests of proficiency in the profession of nursing:

1. State board examinations must be suited to those students in a state who are known to have the minimum of preparation recognized by that state. This fact in itself would preclude all thought that the state board examinations might distinguish among the various levels of proficiency. An examination which is suited to the capacity of those with the minimum amount of preparation is not suited to test those with much more.

2. State board examination papers are set new each time. There is no opportunity for questions to be tried out, to learn the relative difficulty, the power of each question to distinguish a good nurse from a poor one. To learn this fact demands that a question be tried on a large number of persons of known ability and that the results from this tryout be carefully analyzed. State board examiners usually lack the time, the specialized technical preparation and the wide field for experimentation necessary to carry this project out in its entirety.

3. Not only the individual questions but the entire assembled examination must, if it is really to place the nurse in that section of the entire group to which her proficiency entitles her, be carefully standardized and have well established norms, this again demands time, technical preparation, and a wide field for experimentation.

Having considered some of the reasons why proficiency or achievement tests would seem to be necessary in the field of nursing education, if we are really to know the outcomes of our clinical teaching, let us consider some of the characteristics of achievement tests in general and then we can discover how to go about constructing tests of proficiency which shall be of value in the field of nursing.
An achievement test must possess certain characteristics.

1. When the test is given to a large number of persons selected at random the scores should form approximately a normal curve—that is, there should be a few low scores, the greater part of the scores should be grouped fairly closely around a central point, and there should be approximately as many high scores as low ones.

2. When the average scores of groups having varying amounts of preparation and experience are compared there should be a steady rise in those averages. If, for example, the average score of a preliminary class in a pediatrics test should be ten, that of the junior class should be probably fifteen or twenty. A second year student who has had neither her class work nor her ward experience in pediatrics might be expected to make a slightly higher score. The average of the scores of those students who have had both class work and ward experience in pediatrics, however, might be expected to be many points above this. The average of a group of nurses who had had several years of experience in pediatric work might be expected to be still higher. If a test does not show such progress in its average scores it is not a good test no matter how up to the minute the information which is required, nor how skilfully phrased is each individual question.

3. An achievement test, if it is to be really valuable, should consist of several forms of approximately the same difficulty. This is for two purposes.

a. Different forms may be used at various times during the student's progress through the school in order to test her gains in knowledge.

b. The use of different forms is to prevent the possibility of invalidation of the test through coaching.

4. The material upon which the test is based should be material which is essential to the practice of the profession, should be professional in its nature (that is of a type not to be readily picked up in ordinary contacts by those who are not members of the profession), and should be of a type obtainable through the actual practice of the profession rather than entirely from textbooks.

How, then, can we work out a satisfactory set of achievement tests for the profession of nursing? The first step must be an analysis of the job of nursing. By this is not meant an analysis of nursing in general, but of each individual job. We can know if a nurse is a fair, a good, or an excellent obstetrical nurse, for instance, only if we know what fair, good, and excellent obstetrical care includes. This is obviously work to be done by experts in each branch of nursing. When such standards have been worked out and agreed upon, the next step would be the formulation of questions which should satisfactorily elicit
the knowledge of persons taking the test, and their ability to meet these standards. More easily said than done. As those of you who have had experience in making out examination questions well know, a question which seems very clear to the maker may be interpreted in almost as many ways as there are persons taking the examination. The making of these questions, therefore, should be in the hands of a person who is not only conversant with the standards and the techniques of the profession, but who is also an expert in the matter of making questions. This person would rather naturally be a member of the profession with the added technical knowledge of examinations necessary.

When a set of questions has been worked out, the next step should be to submit it to the scrutiny and discussion of a group of experts in the profession. They should criticize the questions from the standpoint of correctness of the information desired and also for any possible ambiguity. After this the test may be tried upon a group of persons whose ability in the profession is known. This should include poor as well as average and excellent nurses. It is only in this way that the power of each question to distinguish among the various types of nurses can be discovered. The results of this trial must now be carefully analyzed. Not to go into technical details this consists of the following steps:

a. The discovery of the percentage of persons answering each question correctly, the percentage answering it incorrectly, the percentage omitting it altogether, and the percentage who consider that it is stated ambiguously. This gives an idea as to the relative value of the questions. Any question which is answered by practically all of the persons taking the examination is usually considered to be too easy to be of much value. They may sometimes be retained at the beginning of the finished product simply to give the examinees a feeling of ease by finding that they can answer the first part of the examination without difficulty. Any questions which are answered incorrectly by practically all persons taking the examination are also scrutinized carefully. It may be that the answer as given in the key may prove to be wrong. This of course necessitates a remarking of the question. It may be that the question is upon a matter where opinions and practices differ in various parts of the country. In that case, no matter how good a question it might be for local use, it is not suitable for inclusion in a standard test.

b. The questions are ranged in the order of their difficulty as discovered by the results in "a."

c. The questions are studied in their relationship to the final scores.
It is in this way that we discover which questions are persistently answered incorrectly by persons making low scores but correctly by those making high scores. These are naturally the questions which are of most value in distinguishing between the two groups of persons.

d. Each question is studied in its relationship to the rating of the persons answering it correctly. If the number of persons answering a question correctly is as great among those ranked as poor in the profession as among those ranked as excellent, it is obvious that this question is of little value for distinguishing between these two groups.

It can be readily seen that through all these studies many of the original questions will be eliminated. This is true, and therefore the original set of questions must have in it many more questions than the final set is expected to have. After the careful analysis indicated above (which may be the work of months) the examination is reformulated, retried, and reanalyzed. When the examination itself is considered to be as good as it can be made, the work of establishing norms is begun. The examination is again given and scored. The scores are then tabulated and compared with the ratings of the persons taking the examinations. Levels or critical scores are then determined. This again, through the sheer magnitude of the clerical work needed, may be the work of months rather than days or weeks. It is in no sense a spare moment job.

How can these steps be carried out by the nursing profession? Not easily, nor quickly, yet it can be done. The essentials of the various types of nursing care can be agreed upon by experts, the information desired can be put into questions by some person (preferably a nurse) who has had special experience and training along this line, the examination can be submitted to a group of experts for criticism. All of this can be done in some one place, probably, as indicated, at one of the university departments of nursing education. But the next step demands the cooperation of the entire nursing group. Those who are in a position to know whether certain nurses are poor, average, or excellent nurses, will need to be willing to rate these nurses carefully and then to see that these nurses take the examination. The analysis of the results will again demand the time and services of those trained in statistical methods, and can probably best be carried on at the original central point. The reformulated examination will need once more to be given to a large number of persons over the entire nursing field, and here once more the success of the entire undertaking rests upon the cooperation of those in that field. The entire group of tests could not be expected to be ready for general use in less than a matter of several years, for such work cannot be hurried under any circumstances.
The undertaking is not a cheap one, yet its cost can be lessened by the willingness of those asked to cooperate to do so promptly and accurately.

If successful achievement tests can be worked out for the profession of nursing they should be valuable in several ways. It would be possible to use the separate parts of the test, that is one form concerning one type of nursing, as final examinations at the end of a student's period of service in a department. When norms had once been established this should demonstrate whether or not the student had gained the average amount from her experience. Conspicuous failure to approach the standard for her level of preparation might point to the need of longer service in the department with more careful supervision, and repeated failures to approach the standard might be sufficient reason for advising the student against remaining in the school. There are too many poor nurses now for us willingly and knowingly to increase the number. The failure of many students to reach the norm in one department when the same students have been able to do successful work in other departments might very well point to the need of a more careful study of the supervision and teaching in that department, and thus a weak spot in an otherwise strong school be strengthened.

The use of standard tests would enable the faculty of the school to see how the results of their clinical teaching compared with that considered as a fair standard. Continued deviation from this standard, especially a lower than standard average, should demand careful scrutiny of the curriculum and the teaching methods.

Standard tests should be useful for testing the remote memory for subject matter as well as the immediate memory. In this connection they might well be used at the end of the course in the school over all services covered during the entire time spent in the school. Another desirable and possible outcome of the use of such tests might well be the discovery of the best size for a school of nursing. If students of a school of any one size consistently average markedly above or markedly below the standard score this should point toward efficiency in teaching or the lack of such efficiency on the part of those schools.

To summarize briefly; achievement tests can be made and standardized for the profession of nursing; these tests are needed; they can be completed only with the cooperation of those actively engaged in the profession of nursing, but the actual technical work will probably need to be done by some one specially trained in some work; and when completed they should be of value in placing in their proper levels both individual nurses and schools of nursing.
Nomination and Election of Officers of Section

Ella G. Best, Assistant to the Dean, Cook County Hospital School of Nursing, Chicago, was nominated for Chairman. It was moved, seconded, and carried, that the nominations be closed.

Nell Goody, Instructor, Central School of Nursing, Milwaukee, was nominated for Secretary. It was moved, seconded, and carried that the nominations be closed.

It was moved by Miss Rottman, seconded, and carried, that the Secretary cast a unanimous vote for these nominees, and the officers of the section declared elected for 1930-31 are:

Chairman—Ella Best
Secretary—Nell Goody

Meeting adjourned.

General Session

Thursday, June 12, 11 a.m.

Presiding: Elizabeth C. Burgess, President.
Subject: Administering Affiliations.

THE RESPONSIBILITIES AND PROBLEMS OF THE SCHOOL RECEIVING AFFILIATING STUDENTS

MARIAN ROTTMAN, R.N.

Director, Division of Nursing, Department of Hospitals, City of New York

The rapidity with which affiliating courses for nursing schools have increased in the last decade would seem to indicate some progress in the attainment of standards of nursing education. In the State of New York, where there is a total of 135 schools of nursing, 110 affiliate for one or more courses. These courses range from one month for practical dietetics to twelve months for a general nursing course. The School of Nursing at Bellevue has been a pioneer in affiliating courses, starting in 1910 or earlier. Annie W. Goodrich, then General Director, experimented in adapting a program to meet the needs of students from a variety of schools with a variety of standards.

In discussing affiliations, this presentation will be from the point of view of the receiving school. In offering affiliations it is customary to enter into contract with the different schools, and for that reason we will begin the discussion there.

A contract is nothing more nor less than an agreement between two schools, and should be so considered in this connection. The affiliating
school agrees to send a certain number of students for affiliating courses at definite and stated intervals. In the agreement it is specified that these must have completed certain fundamental courses in the home school before entering upon the affiliation. Division of services, the amount of classwork to be given, maintenance, care when ill, travel expenses, discipline, and exchange of records should all be agreed upon. The length of time required to abrogate the contract must also be stated. This is very necessary for the protection of both the students in affiliation and the nursing service in the receiving hospital.

There should be no justification for either school or hospital to fail to live up to the terms of the contract. And here I might say difficulties sometimes do arise. A conference between principals is all that is usually necessary, if enough notice is given, when it appears that it will be impossible to abide by the terms of the contract. I refer here to the failure of affiliating schools to send their full quota of students or the necessity of increasing the number. At least three months' notification is necessary to make adjustments to meet these requests. Failure to live up to the terms of the contract by either school would justify its abrogation.

The division of services and the amount of instruction, at least the minimum, is determined by the State Department of Education through the Division of Nursing Education. Maintenance, as well as care when ill, is usually given by the receiving school. Here there are frequent problems which will be discussed under health requirements. Travel expenses are cared for by the home school. The exchange of records requires more than mere mention and will be taken up as a single topic.

**Instruction**

No school should accept affiliating students unless there is enough clinical material available for instruction for the number of nurses assigned to the service. To lessen the opportunity for education of the regular nursing students in favor of the affiliating students is unfair, and should be prohibited by the State Department or the Nurses' Examining Board. There should also be adequate supervision for the number of students accepted. In all courses for which affiliating students are accepted, the classwork and service should be correlated. If instruction is given during practice periods, not only the education of the students is enhanced, but the nursing care of the patient is far more intelligent and effective. This can be done through the block system. Certain fundamental courses must be completed in the home school before affiliation takes place. This, of course, depends on the
services in which affiliation is given. For courses in pediatrics and medicine, which are perhaps the most common, the students should have completed their operating-room duty. In addition to their basic sciences they should have completed materia medica, dietotherapy and pathology. It may seem superfluous to mention this, but it has to be checked very closely. When the affiliation is for communicable-disease nursing the student should have completed operating-room duty and pediatrics. If the affiliation is for public health nursing with a visiting nurse association, the student's experience should have included not only medical and surgical nursing but, in addition, operating room, diet kitchen, pediatrics, obstetrics and communicable-disease nursing. This not only ensures more effective care to district patients, and less worry and responsibility for the district supervisor, but the return in better education by reason of this background of experience cannot be compared with that acquired by students less well prepared.

The long term affiliations, covering a year of general nursing, should have as a prerequisite not only the basic preliminary course, but materia medica, the theory of diet in disease, and pathology as well. The services for which students are in affiliation should provide lectures, nursing classes and clinics closely correlated with the nursing care of the patients of that service. Since all of these students have had the principles and practice of nursing in their home schools, one can readily see what the problem would be in regard to methods and technic. How then is it possible to insure uniformity in ward and nursing methods and procedures, when students from a number of different schools are distributed throughout the nursing service of a hospital? This was the situation which confronted the nursing school at Bellevue.

In this school which averages a turnover of 250 affiliating students during the year, there are long-term and short-term affiliations. The long term covers twelve months in a general nursing course, the short term, a six months' period divided between two nursing services.

In an attempt to solve the problem, in the spring of 1926, it was decided to hold an institute for directors of long-term affiliating schools and their instructors in nursing practice. Every school accepted the invitation and sent its representatives. Standards of work and uniformity of methods were discussed and procedures were demonstrated. Following this the schools adopted the Bellevue technic and methods. This was the first step taken to overcome the problems facing head nurses and supervisors in their programs of ward teaching and supervision. The students coming for short-term affiliations, those of six months, are given a short intensive course in ward nursing procedures
immediately upon entering the school. With this beginning, a fair degree of uniformity of method becomes possible as a background of common procedure from which instruction can proceed.

If students enter for a service shorter in time than the course of the regular students, a proportionate number of hours of classwork is given, always covering, however, the minimum number of hours required by the State for that subject.

**Health Requirements**

It is gratifying to find year by year improvement in the health education programs of affiliating schools. There is still, however, much to be desired. I have heard directors of large schools offering affiliations say that the affiliating student presents a very great administrative problem. In our largest affiliating schools the loss of time by this group of students is two to one as compared with the regular students of the school. What is the reason for it? It would appear that first of all these is not a careful selection on the basis of physical fitness. There is not the early reporting of symptoms that there should be, so that instead of preventing absence from duty by early treatment of symptoms, the student stays on duty without reporting until she is no longer able to do so, thus exposing her patients and her coworkers to all sorts of acute infections. At the end of six months or a year, when she has learned to cooperate in the health program, she returns to the home school, is replaced by another with whom we have practically the same experience. There is also another group of students who are off duty a large portion of their time. This group appears to be uninterested and finds it easier to be in the infirmary than on duty. When the exchange date comes, these students either have to remain to complete their duties and classwork, or they must return if more than the regular allowance of sick time is lost. Both groups are problems. I do not mean to say that every affiliating student is included in these two groups. Fortunately there are many who do cooperate, but the number could be larger.

Within the last year the home school has been asked to appoint a group leader who acts as a liaison officer between the two schools. This has been very successful from the point of view of the receiving school. In all cases of minor illness where a student is off duty for a day or two, the home school principal is kept informed through the group leader. In cases of severe illness or emergency operations, the home school is informed through the Health Service. In order to reduce the amount of time lost through illness the affiliating schools are notified of conditions which will eliminate students from the affiliation. These include thyroid conditions, flat feet, hypertrophied tonsils with symp-
toms—history of previous attacks of rheumatism, major heart lesions
of any kind, and frequent headaches.

Social and Recreational Activities

All students, be they affiliating or regular, should have the same
privilege in the home and social life of the school, unless this is not
permitted by the home school. Frequently, by request of the home
school, affiliating students are not granted the overnight leave. In all
instances the responsibility for this permission is shared by the parent
or legal guardian. Other privileges extend to hours off duty, late
leaves, attendance at school parties, membership in the Students’ Asso-
ciation and all of its clubs. As associate members they pay dues, but
are not eligible for office. The same rules and regulations apply to all
living in the students’ halls, and occasionally we find a tendency to
disregard them. In students where this has occurred there seems to be
a lack of the proper attitude toward rules, and regulation and authority.
The only reason for regulation is the welfare of the student both
physically and morally. Frequently affiliating students are not inter-
ested in participating in school activities. This may be due to strange-
ness at first. From observation it seems, in some instances, to be a
lack of interest in maintaining professional standing or of knowledge
or appreciation of the ideals of the profession.

Discipline

Since the same privileges of membership in all student activities and
home life are extended to the affiliating student, at least some of the
responsibilities are hers. Respect for the profession in general and the
receiving school in particular should be expected. At times a single act
of one student on the ward or on the street may bring criticism and
reflection on all the students in the school; for the patients, visitors
and their friends do not always understand the intricacies of adminis-
tration and to them a nurse is a nurse, and reflects either credit or
discredit on the hospital with which she is connected. She should, then,
guard the reputation of the receiving school as she would her own.
When the attitude of any student is such that she cannot give her
loyalty to the hospital and school, she should no longer be retained.
This applies equally to the affiliating student. She should be returned
to the home school with a full statement and reason for this action.
Depending on the seriousness of the offense, the student may be received
for another trial or that privilege may be denied her. The receiving
school has no right to dismiss her; that is the prerogative alone of the
home school. I have known directors of schools who have dismissed
students returned for disciplinary reasons. This I do not believe is fair. Dismissal should depend on the nature and seriousness of the offense. Minor discipline, such as loss of late leaves, etc., is administered to all students by the Head of Residence.

Efficiency Ratings

Here again there is apt to be misunderstanding if the efficiency report is not thoroughly understood. One could wish that there might be some degree of uniformity in the system of marking in nursing schools. The letter “C,” which means average, may have a numerical value anywhere from 70 per cent to 85 per cent. Since “C” is average, it should stand half way between failure and the highest rating, and since 50 per cent of all persons are supposed to be average it would appear to be a fairly good grade. Too often in schools of nursing the students are graded as “A” and “B” when “C” would be more indicative of their ability. For this reason many students receiving “C” will protest and insist that “A” or “B” plus has constituted the record in the home school. If these same students are judged in comparison with their coworkers on a distribution curve, we find them in “C,” and perhaps the lower quartile. In all of the schools in the Department of Hospitals of New York we have adopted 83 per cent as the numerical value of “C,” and 75 per cent or “D” as passing. It requires educating the student to this point of view, and the affiliating student will usually say, “My superintendent won’t understand.” For this reason the home school is informed of our grading schedule.

In grading the students we have tried to develop two reports. One, the student sees and signs after a conference with the head nurse and supervisor. She then knows why she has received the grades given, and if there is objection on her part the supervisor can relate specific instances of poor work from her “rounds record.” It is an efficiency record of her technical and professional skill. The other, still in the process of consideration, gives a confidential report concerning feelings and intangible somethings of which those directing and supervising the student become aware. How many of us have heard a head nurse or supervisor say: “I have a feeling about that student that I can’t define; I don’t trust her.” Certainly, nursing as a profession should be guarded as carefully as law or medicine, and if a student radiates that impression to a head nurse or supervisor or a group of them, some attention should be given to it. One cannot expect the head nurse to put this on the report to be seen by the student, but a confidential report should give an opportunity to clear the student or eliminate her if tangible evidence can be secured. The confidential report is strictly what
its name implies and gives us an idea of the student not so much as a nurse, but as a woman.

Records

A pre-affiliating record of the amount of classwork covered, the services completed and the student’s standing in the home school should be sent to the receiving school. A complete physical examination of the student as she enters upon affiliation should accompany her records. All prophylactic sera and tests should be completed before affiliation, unless there is a good reason for not doing so, and such reason should be stated in the health record. I believe it would be helpful if a student’s health attitude could be stated. It would thus be possible to follow more carefully those students whose attitude on health needs help. In order to hold the student up to her capabilities, her rank in her own school should be stated.

Upon completion of the course, records should be returned to the home school as early as possible. These should be as complete as those required upon application. A copy of the record of service, classwork, efficiency and any other statement which might be valuable as future reference should be filed at the receiving school in addition to those sent to the home school. Usually application for membership in the American Red Cross or for college entrance will require a statement from the receiving school with a transcript of the record.

In closing, I want to express an appreciation of the very fine attitude of the majority of students affiliating with our schools. As a rule the students come to the office of the school to thank the staff for the courtesy and opportunities which have been extended to them. Occasionally the attitude of a superintendent of nurses is reflected in her students, when she feels that the affiliation is maintained only because the State Department of Education requires it, not because the students derive any benefit from it. Those students are rare, but easy to identify by the quality of their work.

THE RESPONSIBILITIES AND PROBLEMS OF THE SCHOOL SENDING AFFILIATING STUDENTS

CARRIE M. HALL, R.N.

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

Affiliations seem to me to be both a joy and a sorrow. I say this because of the well-known dual responsibility which rests on most
directors of schools of nursing. From the angle of the principal of a school of nursing, the opportunities for affiliations are an unquestioned blessing. From the point of view of the superintendent of nurses, who is responsible for the nursing care of the sick, the necessity for sending students continually for affiliation is a tremendous problem. It is obvious, I think, that affiliations should be planned with a definite educational purpose in view.

They appear to me to be of two kinds—first for teaching and experience in basic subjects, essential for insuring the school a place on the registered or approved lists and enabling the graduates of the school to become registered nurses; second, supplementary or elective affiliations in those branches of nursing which it is desirable to give to students, such as psychiatric nursing, public health nursing, communicable disease nursing, and nursing of diseases of eye, ear, nose, and throat.

I assume that the problems are similar in most schools. I can only tell my personal experiences. My school averages 136 students and is connected with a hospital which gives experience in only two of the four basic subjects, medical and surgical nursing. We, therefore, must affiliate for obstetrics and pediatrics. Forty students are sent yearly for three months each for each of these services. In other words, every student must be absent for a period of six months for affiliations in basic subjects.

Added to this we offer three so-called elective affiliations: one of four months in public health nursing; one of two months in nursing of eye, ear, nose, and throat cases; one of three months in nursing of mental diseases. Students may signify their preferences for these opportunities and they are granted if their records warrant and if the quotas allow.

Most of our affiliations occur in the third year. We begin to send students during the last quarter of the second year. Not all students follow the same path. Some have obstetrics before pediatrics and others have pediatrics before obstetrics; some have eye and ear affiliation before either; some after. One group of students on public health affiliation has both pediatrics and obstetrics before affiliation; the other group has only obstetrics.

In the case of the two basic affiliations, the affiliations for nursing diseases of eye, ear, nose, and throat cases, and for psychiatric nursing, the students receive full maintenance, in addition to teaching and experience in these subjects. In the case of affiliations for public health nursing at Simmons College, the hospital pays the tuition fee of $30 for each student and maintains her during the four-month period at a cost which is estimated roughly at $166, making a total cost to the
hospital, per student, of approximately $200. The number of nurses who may be sent in any one year is limited, by vote of the board of trustees, to twelve.

The two basic courses, pediatrics and obstetrics, require that students shall be sent all the year. The eye and ear affiliation of two months offers affiliations the year around. Public health nursing, a field work of four months with classes and conferences at Simmons College, is given twice a year, leaving four summer months free from this work. The affiliation which we have made for psychiatric nursing of three months is offered only twice in the year—October to December inclusive, and February to April inclusive.

For the past three years we have sent students annually as follows:

| Field work in public health nursing | 12 |
| Nursing of diseases of eye, ear, nose, and throat | 13 |
| Psychiatric nursing | 4 |
| **Total** | **29** |

As an average of thirty-eight students graduates yearly, it will be seen that 75 per cent of each senior class is given an elective affiliation. For these twenty-nine affiliations the average length of time is three months each, therefore, 100 per cent of senior students are away on affiliated duty for six months and 75 per cent of senior students are absent three months in addition. Or an average of twenty-eight senior students are always on duty in some institution other than the home hospital. Added to this there are two entering classes a year with preliminary courses of four months, so that eight months of the year, twenty to thirty-six students are not on duty in wards or other departments. The other four months of the year are vacation months when allowance must always be made for having from twenty to twenty-eight students absent constantly on vacations. Deduct the students in the preliminary course, students away on vacations, and the number on affiliations, from the total census of the school and the result is that at all times of the year there are 40 per cent of the students who are not available for the care of the sick in the hospital. Counting the absentee for affiliations and the students in the preliminary course, only, we find that the school is larger by about 30 per cent in the interests of giving education to its students than it would need to be to supply nursing care to the patients in the hospital.

This will show, what you probably already know, that maintaining a large number of affiliations requires a much larger school than is necessary to nurse the sick in the hospital. The more affiliations there are,
the larger the school must be unless it is fortunate in having a graduate floor-duty staff. The greater the size of the school becomes, the greater the numbers must be who are sent yearly for these affiliations. It is a vicious circle, or a constantly increasing pyramid. It is not difficult to understand what this does to the housing and maintenance problems of a hospital. If trustees fully understood this situation, it would appear that they could not be so sure that maintaining a training school offers the cheapest means of nursing the sick in the hospital. I marvel at those hospitals which seem to find economy in sending students hundreds of miles for essential affiliations.

It is the responsibility of the school sending students to select affiliation agencies with care. In an effort to give a broader education and a glimpse of more fields of nursing it is quite possible to exploit students shamefully.

The director of the school sending students should know before entering into such contracts, what are the living conditions, hours of duty, facilities for teaching, quality of instructors and lecturers, clinical facilities, and whether the institution or organization is receiving such students merely to supplement the working staff or whether genuine experience is being offered and supervised in a way to make it of true educational value.

Schools sending students for affiliations should be responsible for careful selection of students, and I believe should maintain substantially the same standards of educational preparation for admission as the schools which they are asking to receive their students. There are many valuable features for the students other than their actual education. They make contacts with students from other schools and acquire an understanding of nursing and the common problems of all schools in a way that they never could do in their own schools. They make friends in those other schools who often come to be of genuine assistance in their later graduate work. It is, therefore, particularly desirable that the affiliation meeting-ground should accept only students from schools in which the essential requirements of previous education, preliminary courses, hours of duty, etc., are of uniform standards.

Schools should see to it that all students going for these affiliations have successfully completed the subjects in the preliminary course and have demonstrated by a period of ward service that they have at least average ability and are reasonably well adapted to bedside nursing. They should also have had courses in dietetics, materia medica and therapeutics, pathology, psychology, and at least foundation courses in general medical and surgical diseases. For obstetrical affiliations it
is very desirable, and sometimes required, that students shall previously have had teaching and experience in operating-room technic.

Schools sending students should exert considerable effort to send their students in as good physical condition as possible. It is undesirable to assign nurses to a definite affiliation period in a new environment at the end of a hard year of work when they may be thoroughly tired. It is very helpful if a student be given her annual vacation just before being sent for a term of affiliated duty. Quite definite arrangements should be adopted at the start for determining responsibility for the care of students who become ill while away on affiliations.

One of the interesting features of the affiliation program comes from studying the individual reports as submitted by the affiliated schools. We usually assure our students that they are entering this new work with clean slates and that no advance reports of a prejudicial nature have been sent. It is surprising to find in how many instances the reports summarize briefly and well our own estimates of students' abilities. It is also necessary to scrutinize reports from time to time to make sure that the students continue to receive the particular teaching and experiences for which they are being sent, also those which are required by the state boards.

These heavy affiliation programs make the senior year a very difficult one in the matter of the third year class and lecture work in the home school. If the affiliating schools are geographically near each other, it is frequently possible to bring students back three or four hours a week for this work. If they are geographically widely separated the difficulties are much greater. In any event, one has to grant that the work of the affiliated course is the most important and must take first place. If there is an exchange affiliation the problem offers much in the way of reciprocal arrangements. Both the school sending and the school receiving students should expect to alter contracts and terminate relationship only after due notice has been given and accepted.

I imagine that directors of schools in which all the basic subjects are provided, and some of the desirable ones as well, do not realize the difficult problems which they are spared. It is true that they must make assignments for these same duties within their own walls, but I would think such arrangements would admit of great flexibility. The affiliation program requires that definite obligations must be met at stated periods and many events may occur to make this difficult.

On the whole I think I may say that our relationships with affiliated schools have been cordial and happy.
The Responsibilities of State Boards of Nurse Examiners in Requiring Affiliations

Adda Eldredge, R.N.
Director, Bureau of Nursing Education, State Board of Health, Madison, Wisconsin

In discussing the matter of affiliations from the standpoint of the Committee on Nursing Education or Board of Examiners, we must start from a very definite statement of what is a minimum standard of clinical experience without which no student should be graduated. For of course our governing body deals first, last and always with requirements which can be enforced, and these must always be a minimum.

In the United States we say that these minimum requirements must be experience in the four major services—Surgical, Medical, Pediatric and Obstetrical. Yet we know and the Grading Committee's report shows that many nurses have had no experience or very inadequate experience in two of these fundamentals—Pediatrics and Obstetrics.

The Board of Examiners must determine whether these services in the hospital are adequate. This is sometimes a bit difficult. In determining this in Wisconsin we first said that the minimum school, then 15 students with a daily average of 20 patients, must have a segregated Pediatric Department where there were at least 10 beds, 8 of which must be continually full. This, we all know, is impossible for hospitals of such a size, and we also found that many of the hospitals reckoned their Pediatrics by counting tonsil and adenoid cases and newborn babies. We then insisted on a count which left the newborn as Obstetrical and the tonsil and adenoid cases, if counted in Pediatrics, shall be as additional Surgical Pediatrics. We then had to ask for at least 4 medical cases; later we adopted New York's system of counting this experience, which has proved fairly adequate. It is applied as follows: Three months in such a segregated ward, where the daily average of babies and children under twelve years of age is 8, provided 4 of these are medical patients, will be accepted as a minimum in a school of the above size, i.e. 20 patients. Our minimum for new schools is now a daily average of 30 patients. This course should include experience in the milk laboratory or the preparation of formulas and the diet of infants.

The following table evolved from the above can be used to judge the adequacy of this service:
1 student in department 4 medical children
2 " " " 8 " "
3 " " " 8 " "
4 " " " 9 " "
5 " " " 10 " "
6 " " " 11 " 

Increase in ratio of one student nurse (in department) to one patient beyond 11.

Schools unable to meet the above must affiliate. In special cases, this experience may be supplemented with the approval of the Committee on Nursing Education.

Each hospital which gives its own Pediatric experience sends us a report of its clinical experience under the following heads: Medical, Surgical, and Feeding Cases.

The following statement is made in our Rules and Requirements as to affiliations: "All affiliations must be approved by the Committee on Nursing Education. Lists of schools approved for affiliation may be obtained from the Bureau on request. Affiliation in tuberculosis has been obtained and an effort to obtain affiliation in communicable diseases and mental nursing within the state is still being made."

Since publishing New York's method in our Rules and Requirements several schools have voluntarily affiliated for at least a part of their student body.

In Obstetrics we require a segregated department with a supervisor who has had special experience. The usual time is three months, divided between care of the mothers, the nursery, and the delivery room, the minimum being that the nurse scrubs for at least 12 cases and cares for an equal number during the period.

I think in all states we find that after all it is medicine for which we need the most affiliation, and that this and Pediatrics are the most difficult to obtain. We accept Tuberculosis, Psychiatry, and Communicable Diseases as adding to this medical experience.

It is a great question for many states where affiliation in Pediatrics is to be found, while in most cases Obstetrics is much too heavy in many of the hospitals, and the excess should be cared for by graduate nurses.

The Inspector must not too quickly prescribe affiliations, for first we must study where this affiliation is to be found. In Wisconsin we have the Milwaukee Children's Hospital, which has no school, and yet it cannot take all of the students in the state needing Pediatric training. The schools are affiliating both in Chicago and St. Paul.

It is required that the students affiliating must have the theory in the affiliating school. In small schools affiliations and electives take
up a great deal of the third year. We find that electives have a tendency to grow into affiliations. It is a mistake to believe that it is the small school only which needs affiliation. It is often the large school, and the school connected with the small hospital in the small community often shows a better percentage of Medicine to Surgery than the larger city hospitals which have a greater number of men on the Surgical staff.

It is important, I believe, that the Board of Examiners study:

1st. The need for affiliation.
2d. The opportunities for affiliation.
3d. That the requirements be the same for the institution receiving students as for the home school, that is as to qualifications of the faculty, living conditions, quality of instruction, etc.
4th. That the affiliating school be given the same inspection as the home school.
5th. That the affiliating school send reports to the Board as well as to the home school (that we may be certain that all students get this affiliation).
6th. That the Board require that students in affiliating schools remain in the school to repeat the course, if a failure is made, at their own loss of time.
7th. That no practical nurses work with the students.
8th. That proper supervision be given these students, i.e., a sufficient number of supervisors, supervision of health and recreation.
9th. That agreements and contracts shall be submitted by both parties for approval of the Board, thus preventing misunderstandings.
10th. That proper class rooms and equipment be required.

In other words that the body in authority set minimum standards for the schools in their own state to which students are sent for affiliation, and are careful to require the same standards in schools outside the state; that the outside school must be approved by the Board, though arrangements should be made by the home school.

I have practically given you the requirements for affiliation in Wisconsin, for after all one can only speak on the subject from her own experience. I have not mentioned many of the affiliations which would be of value to the student, such as Eye, Ear, Nose and Throat; Urological; Public Health, etc.; because valuable as these are, we cannot all provide opportunity for them all.

We give a number of electives, for each student must have one in her senior year. I look forward to the time when all schools will use the third year for specialties, and affiliation will be given in all fields necessary for a well rounded nursing education.

The meeting adjourned.
THIRTY-SIXTH ANNUAL CONVENTION

Joint Session
American Nurses’ Association
National League of Nursing Education
National Organization for Public Health Nursing
Thursday, June 12, 8:30 p.m.

Presiding: Elizabeth C. Burgess, President, National League of Nursing Education.

The Walter Burns Saunders medal for distinguished service in the cause of nursing was awarded posthumously to S. Lillian Clayton, R.N., President of the American Nurses Association, and Director of the School of Nursing of the Philadelphia General Hospital. The presentation was made by Dr. Joseph C. Doane, Medical Director of the Jewish Hospital, Philadelphia, Pennsylvania, and the medal was received for the School of Nursing of the Philadelphia General Hospital by Constance White, President of the Student Government Association of that school. The speeches of presentation and acceptance are published in the proceedings of the American Nurses Association.

Subject of the evening meeting—Education.

RECENT CONCEPTIONS IN EDUCATION

By Dr. Clarence Stone Yoakum
Dean, College of Liberal Arts, Northwestern University, Evanston, Illinois

Each of us realizes that his outlook on life is changed from day to day. No one of us would be willing to say that he is less capable or uses less judgment today than he did on any preceding day. Rather, we are somewhat confident the things we do produce increased skill in their doing; and frequent flashes of understanding come which add to our sense of individual accomplishment. It is within these experiences that the learning process finds its locus and all education is primarily concerned with the facilitation of such changes.

Formal education differs only that obtaining such increases in skills and such flashes of understanding is assumed to be the particular business of those in school. They are expected to spend the major portion of their time and energy in accumulating, presumably for future satisfactions, such tools and practices and understandings as will enable them to accumulate still others more accurately and more rapidly. If the formal educational process fail in this objective the outstanding differences between those who take it and those who do not, is a long
period of wasted effort. Contrasting those who take formal training with those who do not, we are constrained to believe that there is relatively serious question whether the difference just mentioned is a real difference. Many cases are cited by the proponents of one or the other view to indicate that formal education is of great value or of practically no value. Certainly our methods of measurement and evaluation are not very satisfactory when it comes to determining the relative significance of either formal or informal education.

The contrast may be made somewhat sharper if we turn back to educational theories and practices some fifty or a hundred years ago to the time when formal education consisted of reading and writing and some arithmetic, to the time when higher education consisted in Greek and Latin and philosophy with now and then mathematics. The earlier education particularly in the United States, aimed to give us a literate people. The sense of right and of justice, the understanding of practical life, together with its skills, came either as Socrates conceived it, as a fundamental characteristic of human nature, or as practical men still understand it, as something to be learned through doing. There were no schools to teach rightness, simply methods of punishing wrongness. There was no effort in these early curricula to teach things which directly improved one's skill at his job.

Common school education prepared one to use the simpler tools of literacy. Knowledge, wisdom, and practical efficiency came as we have said, either as gifts from God or as the products of trial and error. In the college, or as we would need to say now, in the high school and college, the curriculum was supposed to train in knowledge and the things of a cultured life; cultured because somehow those people who belonged to the professions had always studied them. The children of business men, of farmers, of fishermen, did not study subjects of this type.

In addition, to be a curriculum of a traditional sort, a traditional theory of its effect also persisted. To study Latin, Greek, or philosophy, or even mathematics, meant to train the mind in processes and skills which no other subject matter could do. In other words, besides containing certain highly valued forms of knowledge, a type of training was effected which differed from the training produced by any other mental exercise. It was assumed that the mental processes of the merchant or the farmer would not be like those of the college graduate. This assumption running down through the history of education still lingers with us in the notion that hiring a college graduate means hiring brains which are totally different from other sorts of brains.

In academic circles, the theory and its tradition persist in slightly
different form: to take mathematics and Latin means that you have studied those subjects which must have given you the finest of knowledge, of culture, and of mental power. It is the aristocratic thing to do, or to put it in another way, only intellectual aristocrats take such subjects. It is believed traditionally in many a college today, oftentimes without the saving clause "other things being equal," that no one is educated unless he has taken these subjects. To have included Greek in one’s curriculum means the added touch of the bluest of blue blood in educational circles.

To be of the elite not merely should one have taken these courses but he should have taken little else! This latter point of view constitutes a serious matter. I have stated it in extreme form. In discussion it comes up with varying degree of virulence under the general subject of "variations in educational values." Any college catalog will give us the clue. The subjects taken in high school or that may be taken in high school are graded A, B, C, and D. A subjects are of such great value to a college course that they are ordinarily required. Among the B subjects, enough others to make the standard number of units must be taken, and of the C subjects a few are allowed. This is the evaluation process generally agreed upon and its customary form of statement.

Another interesting characteristic of education fifty and a hundred years ago is contained in the assumption that all subjects matter could be presented by the use of a single teaching method, that teaching method which had developed out of years of teaching languages and disputation. Here was the only method by which the things in formal education could be presented. It seems strange to hear a chemist of 1930 arguing that the methods of teaching developed through centuries should not be set aside because they are doubtless good methods. This chemist has undoubtedly forgotten that his subject was not originally taught by any of the methods used by formal education. It was not taught at all. It was a practical subject to be learned as an art. Strangely enough, this belief is stronger in its implication than I have just stated it. Because a certain method is efficacious in presenting Latin and Greek, it is assumed that the same method will be equally valuable in presenting the subjects of physics and chemistry, or any new subject matter when it first appears in the curriculum. Fortunately for physics and chemistry, and the sciences generally,—they came into the curriculum with at least a small portion of their origin still clinging to them. The soil of discovery and of practical experience could not be easily removed. New methods of teaching them rose in spite of the theory.

Education of whatever sort seeks to increase our skill in managing
recalcitrant nature. It also hopes to improve the breadth and depth of our reflections about the relations of things and events. Particular subjects tend to lose caste as the nature of our surroundings changes. Others become important. The aristocracy of the intellect replaces that of subject matter and so-called practical matters replace mere knowledge. New teaching methods have slowly appeared.

The peculiarity which persists through much of what has just been said, lies in the misunderstanding at the root of all curriculum making. This peculiarity is essentially one of blind faith in one's own accomplishments, one of seeking out in others the apparent similarities of mental growth and of erecting these into laws. The chemist to whom I referred a moment ago remarks, "A pronounced deficiency in disciplinary training is clearly evident." He adds, "This is due to a lack of 'honest-to-goodness' work in subjects like algebra, geometry, Latin, physics, and chemistry." Further along in his argument, we learn that educators are not as cautious or rigid as scientists in their research or in drawing conclusions from their premises or in formulating their theories.

This blind faith and unsupported theorizing of classicist, of chemist, of educator, has led us to overlook the processes of mental growth, and the great variety in educational change. No one need deny the values given the world by either classicist, chemist or educator, to realize that each has stressed his subject, his results, and the importance of his place in the social structure beyond the elastic limits of the direction in which the world seems to be going. Education of whatever nature is not to be found within the limits of a single subject. Nor may we depend upon one single sort of training to produce the needful citizenry of this earth.

If we continue this line of thought, not stressing now the general appearance of the educational lunch counter, we may note several interesting changes in dietetic theory.

The formal discipline theory still lingers in the curriculum and in the methods of teaching subject matter in all our schools. Certain features of society and of industrial changes have introduced new elements into the actual operation of the theory. One of the most striking processes to be observed among these changes is the enormous increase in material presented through formal instruction. Practically any topic that has occurred to the mind of man may be found in our educational curricula today. The subjects taught in a modern university are sufficiently numerous to bewilder the most expert of bibliographers.

The effect of this pressure upon the older and narrowly limited curriculum has not been to reduce its potency but rather proportionately
to limit its clientele. More students take Latin and Greek and mathematics today than at any time in the history of formal education. On the other hand an even greater number of students now take English, modern languages, history and social sciences than at any time in the history of formal education. These latter subjects have merely grown more rapidly in the numbers who pursue them than have the older subjects of the curriculum.

One of the theories necessitated by these changes in curriculum and by the increasing number of students who receive degrees though they took little Latin and less Greek, has been called the "patch work stage of education." Culture was redefined; a broad training which contained the so-called essentials of many subjects took the place of years of training in a few subjects. Culture became breadth of knowledge rather than depth. Like those who were great when the sum total of knowledge was small, the student was urged to acquaint himself with all fields.

A necessary and very interesting change in the conception soon appeared, largely because of the enormous number of subjects laid out in tempting array before the student. In early theory certain subjects bore in their very name the stamp of educational approval. With the enormous variety of courses now available, some theory was needed to enable the student to select his courses. The elective system with its principle of self-selection based on individual interest took the place of traditional authority.

Another feature should be mentioned at this point. The introduction of many new subjects produced an important effect on the length of time a student could give to a subject if he expected to cover any substantial number in a four-year college course. The practice of breaking up the work of the year in college into semesters and quarters enabled the student to shift from subject to subject both in college and in high school until he had covered a very considerable number of the subjects presented in the overcrowded curriculum.

Combining the theory of the elective system, the enormous increase in number of subjects and the opportunity introduced by breaking up the academic year into parts, with the evanescent or shifting interest of the student, he was enabled to take a program which sometimes resulted in a new series of topics as often as twice a year, and certainly as often as once a year.

This extreme swing of the pendulum naturally resulted in certain changes. At Hopkins, President Gilman proposed a sequence of courses so that no student might graduate who had not done advanced study in some chosen line of work. To show the need for this restriction a
considerable number of studies investigated the distribution of students in courses. One study indicated that of the 357 courses in 23 departments, 25% of these courses contained all levels of students from the freshman through the sophomore, junior, senior, and graduate levels. Sixty-one per cent contained four of these five levels, 80% of the courses contained three, and only 10% contained one only of the levels indicated. All grades of students were mainly pursuing elementary work.

Another factor which had considerable effect in modifying the elective system was the belief that a student should know some one thing well. The flow of graduate students to Germany and their return to our higher educational institutions in the late 80's and 90's of the last century brought with it conceptions of research and of advanced study which effectually stopped the extension of the elective system and the theory of broad training as a cultural process. The introduction of advanced study in a chosen line and later the major subject with its minors and limitations in number of subjects that could be taken, are breaks which minimized certain of the unfortunate results of the elective system.

A further blow at the aristocracy of certain subjects was given by White of Cornell when he maintained that each study, provided it offered valuable subject matter, carried in it equal value for discipline and mental growth. We have needed to wait until recent years and the development of educational psychology to find more scientific proof of this thesis. Thorndike has shown in his studies of high school children that the mental development of high school students as shown by their ability to solve problems of increasing difficulty is neither reduced nor enhanced by the nature of the subject matter studied. Theoretically these experiments prove all that White of Cornell demanded when he placed the agricultural school on a level with classics.

There should be no hint in what has just been said which will convey to the unwary reader any thought that the acquisition of any mental pabulum gives control over other subjects or other methods, nor should it convey the impression that any subject is of equal value for a particular purpose, nor that one can obtain entree to the circle of those who talk in classical allusion by familiarizing himself with the technical language of veterinary surgery.

Among the subjects which appeared in the curriculum in its process of expansion was the group of physical and biological sciences. As mentioned briefly above, science in its earliest stages was taught by the presentation of principles, the solution of abstract problems, and the memorization of information. The very rapidity of the growth of
science itself aided in destroying the time-honored methods of instruction which had been transferred from earlier subjects. The student was actually permitted in some instances to see a classical experiment progress to its conclusion under his own eyes and later through his own manipulation of the experiment. The laboratory had come to stay as a new method of presenting subject matter. Almost at the same time Langdell introduced the case method into the study of law at Harvard. The slogan of the laboratory and of the case method was "contact with things studied."

Almost side by side with the rapid growth of subjects to be studied and changing ideas of the intellectual life, came the professional aim. To its purposes the elective system, the decreased size of units for credit, advanced study, concentration, and equal valuation of subject matter lent their aid. What was left of liberal arts took refuge in research. The student as an individual with special needs became submerged once more. Formal discipline had not needed to trouble itself about the nature of minds. The content and method, fixed and determined, gave the required results. The elective system assumed that nature made no mistakes. Within the professional aim, we accept both fallacies. Whatever makes a good specialist, *ipso facto*, makes a good citizen, a cultured man, and a wise one. Select your profession freely, pursue the studies laid down for that profession and after a certain period you are a professional. All else is added unto you.

One event of great importance to education was in progress during the period covered by these educational changes I have just described. For a hundred years psychology has been slowly developing into a science. For the last fifty years of its history it has struggled to become an experimental and exact science.

I will not undertake the impossible task of summarizing all results of psychological investigations. One discovery is, I believe, of great importance in understanding recent educational changes. The psychologist has discovered and is exploring the field of individual differences. He has energetically examined relations between physical structure and intellectual progress, between physiological phenomena and mental states. He has measured relative abilities in many mental activities.

He has found that differences in mental ability are greater than those in any physical characteristic; that the interests of individuals in one profession vary greatly from those in a different profession; that these interests are relatively stable. He has undertaken to measure the different degrees of emotional stability and of uprightness of character as exhibited in relative frequencies of cheating and lying, as well as in numerous other forms of human behavior.
The application of these findings to educational theory is only begin-
ning to be apparent. The significance of the elective system is exhibited
in the mental differences and special interests which psychology has
explored. The discovery that different intellects are limited in different
ways in their ability to cope with different degrees of complexity has,
briefly speaking, ruined all existing high school and college curricula.
In answer to discoveries on this point alone, colleges are introducing
such devices as honors courses, independent readings, work and study
conferences, plans for preceptorial and tutorial systems. In the elemen-
tary school, X, Y, and Z sections are maintained, moving with different
speeds and covering widely different amounts of subject matter. The
lock step of our public school system and the four-year curriculum of
120 hours' credit are doomed because of these discoveries in the psy-
chology of individual differences.

Differences in ability are physical, mental, and temperamental. Edu-
cation has principally concerned itself with the mental differences. The
effects of specialization in the economic world have extended our interest
to emotional and temperamental differences. Vocations are looking for
measurements of these also, in order that the adjustments shall be more
acceptable to both employer and employee. It is proposed that educa-
tion, culture, and wisdom may well be accompaniments of many sorts of
courses of study. The satisfactions of the individual are determined by
ability, special interest, successful effort, and social approval. Recent
educational programs tend to express these findings in their curricula,
their methods of teaching, their attempts to develop vocational coun-
seling.

I have suggested that two major factors are at present affecting our
conceptions of education. The first of these in importance I believe to
be the discovery of individual differences. The second I conceive to be
the growing necessity for a similar examination of human relations.
Since the industrial revolution to which all economists refer, we have
moved rapidly in the western hemisphere into a position of industrial
and economic supremacy. This increased social importance has come
through the growth of our knowledge of science and its subsequent
applications which have greatly magnified human power in its control
over natural resources.

I need not take the time here to describe in detail what many others
have pictured far better than I can. The enormous increase in indus-
trial efficiency, the world-wide distribution of economic goods, the
opening up of hitherto unheard of channels of communication and trans-
portation, have altered customs, traditions, and active social relation-
ships. The effect of this to which we wish to call your attention is that
each of us is brought into closer physical, mental, and social contact with his neighbor than ever before. The results have not been altogether happy.

The social sciences, even though relatively undevloped, have warned us that the accumulation of habits, of customs, and of traditions, is a slow process extending over many generations. A modification of these habits and customs takes place even more slowly. Through mechanical invention, on the other hand, the entire face of the earth has rapidly taken on an entirely new aspect. The habits, traditions, and customs of the man who would live in this new environment are largely the same that he used in a less strenuous time. His laws and even his legislative machinery are incapable of coping with these changed social relations. The procedures of direction and control, our system of social checks and balances, exhibit the characteristics of worn out mechanisms under the pressure of this greater mobility of human action.

A few days ago two anxious parents consulted me with respect to the school most suitable for their boy who is entering college this fall. In the course of the discussion they exhibited anxiety lest their son should fall into some college where he would be taught socialism, bolshevism and other radical social theories. One of them remarked, "I am sure you do not realize how many parents are worried about where to send their children because of just this problem. They do not want them to be filled with these radical social theories about which they hear so much and understand so little." It would be difficult, I imagine, to picture parents taking a similar attitude toward the latest developments in chemistry or advanced studies in literature or art. In science, it is true we do find many who are fearful lest somewhere their children will actually hear the word "evolution" or become aware that there is a growth process.

My point here, as it relates to education, is that we have talked so little either in formal education or elsewhere about human relations and the problems which arise therein, that the old, indirect methods of learning the facts of human life and of human relations through translation of foreign languages, reading English literature, and the like, are still considered the more appropriate fields of instruction.

It is in this field that I believe one of the greatest changes in educational outlook is taking place. You will note in every curriculum increased emphasis on the so-called social sciences. There is, I think, an increased understanding of their significance for human life; and practical men and women are calling upon research workers in these fields for information all too badly needed.

William Lowe Bryan sums up the situation in an appeal for Federal
aid: "The outstanding fact of our time, as we all see, is our enormous success in dealing with things by the application of physical science and our relative failure in dealing with human relations—a failure so great that, as our President (Hoover) said, 'We face a subsidence of foundations. What our government is doing is to give—as it should do—increasing millions to aid in the further mastery of things where our success is already supremely great, while it adds nothing in support of the scientific mastery of the human problems which we must solve or perish.'"

In conclusion there is a further change in point of view in education which in the opinion of the present writer is of greater importance than those previously mentioned. It is an outgrowth of the struggle which psychology is making to become an exact science. It presents itself in the social sciences and particularly in the educational field as a desire to discover methods which are scientific in character and as an effort to apply these methods in rigorous fashion to the great problems of a social character which arise in a democracy. Here and there throughout the educational field we may discover signs of the advance which science is making in this new territory. The point of view and the articles which express it are still few in number and almost anyone with a little critical ability may, as yet, pick flaws in their conclusions. Nevertheless, the spirit of openmindedness and of objective research for fact which animates these investigations is, we believe, the sign of a new era for education.

Throughout the discussion just outlined, you will have noted the great preponderance of theory, of tradition, and of fashion in the forming of curricula and in the notions which prevail regarding those methods which most successfully give students that knowledge considered most valuable. Because of this lack of fundamental facts, we are compelled to record changes which are ephemeral as well as confusing. There is no definite body of principles to guide discussion and practice. It is to this growth of the scientific spirit and the development of fundamental methods of research in the field of education that I believe we may look for steady development in educational procedure.

Elsewhere I have undertaken to warn the nursing profession against too hasty generalizations respecting their curriculum and the forms of training most suitable. The relations which the forms of service rendered, the financial returns to be expected and the social significance of the profession are to bear to the time spent in preparation and to the nature of that preparation, are not clearly indicated in existing social theory. What does seem to be indicated is scientific caution in accepting plausibly set forth proposals and strenuous thinking in building wisely
for a more distant future than educational theory and practice have habitually done.

THE COMMUNITY AND NURSING EDUCATION

STELLA GOOSTRAY, R.N.

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"Nursing is an art which concerns every family in the world." When Miss Nightingale wrote those words some seventy-odd years ago, the fields of nursing were limited to bedside nursing in the home and in the hospital. To-day these fields have multiplied many fold and involve not only bedside nursing but preventive work as well. The development of preventive medicine with all that it implies in community health programs, has placed upon the community responsibilities which it in turn cannot meet without the coöperation of the nurse. It matters not whether she works in New York, or in the mountains of Kentucky, or on an island off the coast of Maine, the problems with which she concerns herself are essentially community problems. She gives to the community professional service. Surely then the community which utilizes her service should not only know something of the system which produces her, but take some responsibility to insure that the basic training she receives is adequately fitting her for her work.

Each year there go out into the community from our schools of nursing literally thousands of young women. It is the obligation of the school of nursing to fit these young women for their work. I am concerning myself with the education of the student nurses, and what I have to say is based on the assumption that all education of the student nurse has for its goal the safety of the patient both in the hospital and in the community, and the prevention of disease.

At the outset of our discussion it is important that we keep in mind that the nursing service of a hospital and a school of nursing are not synonymous terms, and conducting a hospital does not necessarily imply conducting a school of nursing. I assume that we will all agree that the primary and legitimate function of a hospital is the care of the sick with all that it implies in medical care, nursing care, and research. How the hospital provides for that care becomes its problem. Its obligation to the community demands that it provide skilled nursing care for its patients at the lowest possible cost, just as it will provide equipment, laboratory materials, etc., at the best figure available for reliable goods.
The hospital may or may not, as it chooses, assume the function of educating student nurses; but if it does accept this voluntary responsibility it imposes upon itself the moral obligation to give the student nurses whom it receives a satisfactory preparation for their profession. It has voluntarily assumed an educational function.

For a moment let us consider some of the other functions which a hospital may assume. It may undertake to provide experience for medical students, for social workers, for dietitians, for physiotherapists. What determines whether a particular hospital shall assume these functions? There is only one ground on which it can, and that is that the hospital wards can provide the educational experience which is necessary for these professions. In each instance critical examination is made of the kind and amount of material available before the affiliation is made. But this is not true in all instances before starting a school of nursing. These other groups are having their basic training just as the student nurses. Why is it necessary in one instance to survey the ground well before assuming this function, and in the other make no attempt to evaluate the educational experience available for the student nurse?

Herbert Spencer in discussing social reformers said that sometimes these people were like a man repairing a tin pan with a dent in it. In an effort to repair the dent he hits it with a hammer. The blow overcomes the dent, but it is at the same time a cause of new dents. I am inclined to think it is much the same way in many communities when they start a school of nursing. They have the very laudable desire to have the sick in the community cared for—hence they start a school of nursing. No critical examination is made of the kind of clinical material which is available; no provision is made for the proper education of the students beyond the nursing care of a limited number of patients, in many cases largely surgical cases. They may meet the requirements of the law for an accredited school but we know well that the laws in our states make in all cases only minimum requirements. When people are asked why they start a school of nursing, the reply is that they not only wish to take care of the sick but also give the young women in the community a chance to prepare for a profession. One reason which is not always given is that it enables them to obtain cheap nursing care by the use of student nurses. A table in the *American Journal of Nursing* recently showed that there were 75 hospitals out of those which sent reports to the Grading Committee which were conducting schools of nursing though the hospitals had a daily average of 19 or fewer patients. Is this a sufficiently rich clinical experience for a young woman who is to go out into the community and care for the sick? Has a physician a right to expect when he asks for a nurse that she has a
fundamental basic training which makes her safe for the patient? What is happening in these so-called schools of three, four, or five students? If these schools are meeting their responsibility in educating their student nurses by supplying a minimum curriculum, they are doing it at the expense of the community. But the difficulty is not only with the so-called “small” school, although I doubt if any thoughtful person would defend a school where the clinical experience is limited. A small school which assumes all the responsibility for its students, providing by affiliation experience in fields in which it is lacking, may be doing a good job educationally. The fact that a school is in a large hospital does not guarantee that its students are receiving a satisfactory fundamental nursing education.

One of the marks of a profession is that it is based on the ideal of service. In nursing this has been the one ideal that we have clung to for centuries. It is the sole reason of our being. But is there any other profession which must give service in its basic training? In any hospital which has undertaken to provide undergraduate basic training for medical students, student social workers, student dietitians, student physiotherapists, and student nurses, of this group it is only the school of nursing on which the full care of the patient in that hospital depends. In the case of the other groups the student experience is always based on its educational value. The hospital does not expect to save money by having the students there. Do not misunderstand me. There can never be a time when the student of nursing will receive her education apart from the hospital for her nursing practice. There can never be a time in the nursing profession when the ideal of service should be forgotten, and we have said that no woman is welcome to the ranks of nursing who does not put the ideal of service before that of financial remuneration.

Again for these other types of education there are endowments and state and municipal appropriations. The hospital assumes the cost of conducting a school of nursing in return for its nursing service, almost entirely student service. We agree that the hospital should not spend a cent for nursing education for which it is not receiving full value in nursing service. But I venture to say that if every hospital conducting a school of nursing—even those schools which are considered to-day as doing good educational jobs—were to count up what it would cost them to care for all their patients with graduate nurses and then what it costs for their school of nursing, including all items, there would be a large credit balance in favor of the schools.

I have said that the student nurse cannot receive her education apart from the hospital, but the way that she receives it is another matter.
One of the requirements of an educational institution is that it have a
curriculum, adhered to in practice. From some of the reports received
by the Grading Committee it is evident that there are still a good many
schools which do not have a formulated curriculum, especially in regard
to that very essential part of the nurses' education—the practice. We
should expect the distribution of services for each student in a profes-
sional school to be approximately the same. But we find an extremely
wide range of differences. The reason is not far to seek. Hospital
needs are being confused with educational functions. The student nurse
is not only being prepared for the nursing care of the sick in the hos-
pital but in the community. This means that we must constantly call
to mind in a school of nursing that the assignment of the student cannot
be governed by hospital needs. The nurse must have well distributed
experience in all branches of nursing if she is to be adequately prepared
to meet the need of the community in taking care of the sick and in
the prevention of disease.

If it were true that all the time the nurse is in the hospital were spent
in the nursing care of the patients with a very minimum of routine work,
that would be one thing. But what is happening? How much of her
time is spent in routine duties which have no relation to the care of the
patient? We frequently have to ask ourselves in schools of nursing
such questions as these in assigning students:

1. Is this service necessary for the student nurse's education?
2. Is the student doing work which might properly and more economically be
handled by an untrained person?
3. Is it work which should not be handled by student nurses because it requires
technical knowledge they are not supposed to possess, so that the safety of the
patients may be jeopardized?

It is a teaching principle that there should be a definite progression
from the simple to the more difficult and responsible duties. We should
not, therefore, find young women who have been in their school two,
three, or four months, assigned to the care of patients where the nursing
is difficult and presupposes much more knowledge and skill than the
student nurse has attained. This is a necessary safeguard for the pa-
tients as well as sound educational practice.

If I am stressing what seem to be very elementary procedures to the
professional group it is because I have been reading reports of many
schools where student nurses who have been in the school less than four
months are on night duty. In one school a student who had been in the
school two and one-half months was on night duty specialising a patient.
There were many instances of students in the first four months who
were on duty 6 to 10 hours in addition to any classes. Or we find state-
ments such as these: "We have to have more nurses because we have nearly all private cases," or "The hospital being a private institution, the patients require more attention, and therefore the nurse is usually assigned the entire care of two or more patients, depending on the illness of the patients." Are these sound criteria for judging either the care of patients or the education of student nurses? Or we find the superintendent also acting as superintendent of nurses, and as the head nurse in the operating room, and teaching anywhere from eight to fifteen subjects. What happens if there is an emergency operation while she is teaching a class? I honestly hope she goes to the operating room. But what happens to her class? We hope the hospital will keep faith with the patient, but if it does so under these circumstances, it cannot keep faith with the young women whom it voluntarily accepted as students of nursing. How can one woman be expected to function satisfactorily in all these capacities?

Nursing is not a static profession. Scientific discoveries bring new responsibilities. The development of medical science has given the physician more tools for the practice of his healing art. The nurse of to-day must be prepared to collaborate with him that his scientific work may not go for naught through her ignorance. Nursing must needs keep pace with the development of science.

The Supply and Demand Study of the Grading Committee showed conclusively that there is an oversupply of poorly trained nurses in this country. Some of the reasons for it I have already indicated. Another reason is the acceptance into schools of nursing of young women who are not fitted for nursing either by academic preparation or personal qualifications. If the schools live up to their obligations to the community, neither will they retain because of hospital needs young women who are not qualified for nursing. We do not want merely trained hands, but intelligent, well educated young women. It would be a simple thing if we were able to foretell the result when two personalities come together, the nurse and the patient, as we are when we put certain proportions of an acid and a base together. In this latter case, we always get the same result. But not so with persons. It, then, behooves the school of nursing to select with the utmost care the young women who are to nurse the patients in the hospital, and later go out into the community as graduate nurses. The young woman who is entering the school of nursing to-day is bringing much that is splendid, but she also brings youth and immaturity. We have, therefore, a great responsibility in our schools in helping these young women make the adjustment from carefree high school days to a life filled with responsibility. The school must provide much supervision not only for her nursing
practice, but for her health, and her social and recreational life in the school.

I think that we may have been just a little bit too satisfied with the developments in our group. We have made tremendous progress in twenty-five years, but there has been an inclination to predicate of all schools what is true of a relatively small number. We need to arrive at some permanent method of appraising our schools. We have made a beginning. Back in 1911 the Education Committee of the National League of Nursing Education applied to the Carnegie Foundation for an appraisal of our schools of nursing. That did not come. In 1923 the Rockefeller Foundation made a report of a study of a relatively small number of schools. They made certain recommendations. Now the Grading Committee has just about completed its first grading of schools. What are we of the profession going to do about it? What is the public going to do?

We already have certain standards. The Board of Directors of the American Nurses' Association on May 9, 1918, went on record as believing that the minimum standard for entrance for an accredited school after January 1, 1922, should be evidence of four years of high school education. The National League of Nursing Education likewise has adopted four years of high school education as a prerequisite for nursing education. And yet the Grading Committee found that only half of the schools reporting had two-thirds of their students high school graduates. In these days when graduation from high school is considered fundamental for much less exacting and responsible work than nursing, it would seem justifiable for us to consider graduation from a four-year high school as a minimum requirement. The change in standard may come by legislation or by moulding public opinion, and when the community realizes that the standard is based on a sound principle, we shall not need to resort to legislation. Wisconsin has not changed its law as to high school requirements, yet only five schools out of 37 to-day do not require high school graduation for entrance, and 95 per cent of all the students in the nursing schools in this state are high school graduates.

One quarter of the schools studied by the Grading Committee had 65 per cent or more of their students on duty more than eight hours. These hours of duty were hours actually spent on the wards and did not include class time, study time, or time for meals. Long hours of night duty, 9-12 hours, are still the rule. Certainly such hours, when in most cases students are also carrying class work, result in fatigue which is not conducive to the safety of patients or the health and education of
these young women. For years the League has advocated an eight-hour day.

I have indicated some of the deterrents to sound nursing education. In the last analysis they all focus on the point of economics. The Grading Committee in the spring of 1928 went on record as holding strongly to two principles:

1. "No hospital should be expected to bear the cost of nursing education out of funds collected for the care of the sick. The education of nurses is as much a public responsibility as is the education of physicians, public school teachers, librarians, ministers, lawyers, and other students planning to engage in professional public service, and the cost of such education should come, not out of the hospital budget, but from private or public funds.

2. "The fact that a hospital is faced with serious financial difficulties should have no bearing upon whether or not it will conduct a school of nursing. The need of a hospital for cheap labor should not be considered a legitimate argument for maintaining such a school. The decision as to whether or not a school of nursing should be conducted in cooperation with a given hospital should be based solely upon the kinds and amounts of educational experience which that hospital is prepared to offer."

These, then, are the objectives which the modern school of nursing should set before itself:

1. To develop a skill, a fine art, which is to be used in the alleviation of suffering and the prevention of disease.

2. To give a sound scientific basis for the skill, that there may not merely be a technique, but an intelligent understanding of the sciences which underlie and contribute to nursing practice.

3. To provide for the development of the nurse's own personality, for, no matter how finished the technique may be, the art is not complete unless her personality is part and parcel of it.

It can achieve these objectives only through providing for these essentials:

1. Adequate clinical material either in the hospital in which the school is established or through affiliation with another hospital.

2. Properly prepared instructors.

3. Well equipped classrooms and laboratories.

4. A curriculum, adhered to in practice, which provides for a well balanced distribution of clinical experience and sound instruction in the underlying theory.

5. Living and working conditions which furnish the individual with opportunity for study, privacy, health, social life, and recreation.

6. Carefully selected student nurses with at least a full high school education, and the early elimination of students found to be unsuited to nursing.

7. Such standards that its graduates are eligible for registration in any state, for membership in the American Red Cross Nursing Service, and in the national nursing organizations.

There is need for thoughtful, open-minded, unselfish consideration of our schools of nursing. Let us stop going on like Don Quixote, who, you will remember, mended his helmet with pasteboard, but did not
submit it to a test. Instead, he resolved that it should pass to all intents and purposes for a full and sufficient helmet. This is what is happening to some of our schools of nursing.

Perhaps my lay audience may think I have said little about that most important person, the patient. Not in so many words, but if you will think a minute you will realize that we have been thinking of the patient preeminently. We are interested in education for nursing, not education for nurses. No matter how fine the teaching in the classroom, no hospital is a good teaching field for student nurses unless the patients in that hospital are getting adequate and high-grade nursing service. In other words, a good school of nursing can exist only in a hospital which gives to its patients good nursing care and at the same time recognizes the educational needs of its student nurses, so that every other patient in the community may receive equally skilled care.

The problem of providing sound nursing education which results in skilled and intelligent nursing in the community is not one to be considered merely by those intimately connected with nursing education. No graduate of an accredited school, no matter in what field of nursing she functions, can hold herself aloof from the problems of nursing education, because they are at the basis of the problems of our whole profession. As Miss Clayton once expressed it, "The private duty nurse is one of the strongest connecting links between the profession which she represents and the public to which she must act as interpreter."

But the profession alone cannot solve the problem. It is a community problem and it will not be solved until profession and community are conscious that a school of nursing is an educational institution, and to be judged by educational standards.

Meeting adjourned.

**General Session**

*Friday, June 13, 9:15 a.m.*

Presiding: Elizabeth C. Burgess, President.

Subject: Supervision.

**The General Functions and Organization of Supervision**

Dr. W. H. Burton

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I would begin by presenting a very general definition of supervision. Supervision is an expert, technical service designed to improve the efficiency of groups of workers under supervision. To teachers,
technical business of supervision is to improve the efficiency of the classroom teacher or to further the chief business of education which is the learning process in pupils. You can translate that for yourselves better than I can.

The business of supervision with you is to improve the efficiency of people in training or of those who have completed their training but are still doing technical work where oversight is needed.

I will go further and quote another definition, from Nancy W. Dunn, of Teachers College, famous in the field of education, who has defined supervision very nicely in one long sentence. I like it because it stresses the major point in supervision and then breaks it up into the ideal and the commonsense views. It is very skillfully done:

Instructional supervision has the large purpose of improving the quality of instruction, primarily by promoting the professional growth of all teachers, and secondarily and temporarily, by correcting deficiencies of preliminary preparation for teaching by training teachers in service.

Thus, primarily, supervision should promote the growth and the development and the better efficiency, personal and professional, of the people under supervision. Primarily it should do that. But we all know that, with the people we usually supervise, either their training was not complete, or they themselves are not completely up to par, and for various reasons we have to develop and correct deficiencies and to give specific directions as to what to do.

You can translate that, of course. The chief business of supervision in your field is to promote the growth of the people under supervision by any means that you can; to train them to take initiative, to take responsibility, to think for themselves, to go ahead on their own, and so on. But, secondarily, you are going to have to correct those people, to train them in service, tell them what to do, and correct them in their deficiencies.

So far I have presented general definitions. Specifically, how do we do these things? I shall give what I like to call a master definition, not because it is a master in the sense of being perfect and inviolable, but it is a master definition in the sense that it is pervasive and reasonably complete.

Supervision does four things in the main: First, inspection. And I stop there for just a minute to postulate that that is not all it does. Too often that is all it does, particularly in education. I do not know how you feel about it, but the first thing that supervision does is to inspect. It has to get facts. It must know the status; it must know what is going on. I will say how in just a minute.
The second thing that supervision does is training. That is, having inspected, obtained facts, discovered the situation, its needs, its weaknesses, its strong points, then supervision plans a definite program of training for the people in the situation, the training aimed directly at the situation, at the needs and deficiencies of the people. I shall elaborate on that at the end of my talk.

The third thing that supervision does is guidance. Some people do not see very much difference between training and guiding. I will make a distinction for you. In addition to guiding the workers, that is, in the sense of training them, telling them, directing them, it is also well always to lay plans and supervision programs for the stimulation of initiative and responsibility.

I said a moment ago, Guide the workers in trying things out for themselves. Because I do not know you, or what you can do in this field, let me take two minutes to present a situation from education, and, perhaps you can parallel it better than I can.

In the teaching field, in addition to training our teachers and telling them what to do, we want to stimulate the best teachers to try things out for themselves, to experiment with methods of teaching. I can see that it would be very dangerous to experiment in your field in the giving of medicines or in trying out certain treatments but, as I say, I am not sure of the details there. In education we do try to have the teacher go beyond the routine, to figure out things for himself, to express himself.

The third major function of supervision would be guidance in the sense of stimulation and encouragement of initiative, and participation, and thinking on the job.

There is a fourth thing that supervision does, and in the field of education this is really deep water and I anticipate it will be for you, because we cannot do much of it under practical conditions. The fourth thing supervision does it to carry on a little practical research on the actual, immediate problems of the situation. I do not mean extensive pure research, such as the discovery of truth, but I do mean that the supervisory staff, be that staff one worker as an individual, or a dozen, or fifty, has as one of its inescapable obligations the obligation to do more than furnish a guide. Many problems ought to be met by carrying out some practical research procedures. Again, I cannot illustrate from your field, but I can illustrate from the educational field at considerable length.

Let me go back and go over those a bit. I want to say some things about them. Let's go back to the first one, inspection. In the good
old days in education, I suppose also in your field, supervision consisted of inspection. You probably have among your workers a slang term that was tacked on to those who did supervision. They call it "snoopervision." You doubtless have heard that. But that embodies a good deal of truth as regards the old type of supervision. It was detective work, it was "gumshoe" work, it was catching the worker, it was watching the deficiencies. That is almost entirely wrong. But I do want to point out that inspection, properly conceived, is still one of the four major, important, and basic functions of all supervisory officers, but with different technic, and with a totally different spirit.

In education we inspect by giving tests and using rating cards. I suspect you have rating cards. We inspect by visits. We go around and see things, take a look. We inspect by interviews, we inspect by checking with three or four advisers, and so on. At any rate, there are four or five legitimate data-gathering technics. You have them in your field. These are operated to find the facts. They are not operated to catch a worker, to trip a worker, to embarrass a worker; they are used to find, impersonally, the actual status. I mean by "status" what work is developing, what work is middling, and what work is poor; what work has not carried over with some people or with all people, what new things are needed in the situation, new equipment, new regulations, new adjustments of hours and loads and duties, and so on. That is inspection to-day. It is operated in an above-board, fair-minded, modern way, for the sake of coming in touch with the situation in which the people under supervision are working.

Inspection, of course, involves not only the personalities of your people and their actual technics; it involves also their equipment—their physical equipment, their arrangements of hours, their distribution of duties and functions and responsibilities, and I have not the slightest hesitation in saying that it might involve also their personal lives outside of the actual clinical and hospital work.

Of course teachers always resent that and I am sure your people do, too. Very obviously, workers do dissipate their time and they, very obviously, cannot be at a high level of efficiency on the job. Within reasonable, decent, fair limits, inspection extends beyond the actual rooms of the laboratory or clinic where you do your inspecting.

What is the purpose of inspecting? As I have said, to find the facts, to know the situation, particularly the weaknesses, deficiencies, and possible betterments.

That leads right up to the second major function, the training of the workers. I want to point out that, in the old days in education, visita—
tion—visiting the workers, going to see them—was a major phase of supervision and it probably was with you. It is not major at all. It is one of the functions for finding facts. You never can supervise properly by visiting a nurse, or a clinical worker of any sort, and helping her at the time, then visiting the next one and helping her at the time, and the next one. That is patchwork supervision. It is good to be sure, if you have nothing better, but it is random, it is desultory, and haphazard. It is not conclusive and coherent and consecutive. That is, the training program of supervision is not a haphazard affair of training this worker. If this will help him, it is good, to be sure, but I want to point out the great possibilities of organizing for a period of six months. In schools we do it on semester, quarterly and yearly basis. I mean the organizing for a long period of time of a definite program of training. Your inspectional procedure this year with the group of nurses you have now may reveal that their needs are these, and these, and these. Last year your class was particularly good in two of these points and poor in something else. Therefore, for each year, whether you divide it into quarters or six months or any given periods, you organize a program of training based upon the needs of that particular group.

I will discuss that part of my talk, that technic of training. You directly improve the worker on the job and then you inject into the training program certain things which we may call the general improvement of the worker in service. Let me illustrate from teaching, as I know that best.

In the training program with teachers we do two things. We train them and improve them in the direct performance of the classroom acts, we give them training in the direct technics of teaching. We give them training in things other than the direct classroom technics. We give them supplementary reading. We have conferences on things not directly concerned with the actual technics but remotely concerned with them, background material; we even sometimes have to give attention to health and recreational agencies of training.

Let's go to the third thing. I am not so sure this holds for you. I am a little bit in doubt here on the matter of guidance in education. We stimulate the better teachers to take on experiments, to help us plan the program of supervision, to make suggestions as to what ought to be done in supervision.

Then in your tentative suggestions, in so far as you can, you will guide your better people to assume responsibility, to develop beyond the routine level, and to look forward to better positions and better types of
work. You will pick out the better teachers and stimulate them to look for promotion, and further training, and advancement.

There is one item in guidance in education, however, which is vitally important, and which I have no doubt does apply to your field as well. One of the items under guidance in supervision is the extremely important business of developing and maintaining morale, professional spirit, esprit de corps. Morale is a common word and I like it very much.

As we go about the country we find many good school buildings, but we find in the same cities mediocre and poor school buildings. We are almost ready to say, in education, that the good school buildings are always to be found where you have a fine principal at the top. Pretty nearly every time you may have very good teachers but, unless they are stimulated, led, guided, and inspired by good leaders, they only do average work. Here and there, of course, individuals stand out. In this business of developing morale, esprit de corps, or fine professional feeling and spirit, the supervisory officer can contribute one of the greatest things to the efficiency of the worker and the betterment of the general situation.

How do you develop morale, esprit de corps? That is important enough for me to take a minute or two. There are differing technics for developing morale. One is, of course, to maintain a personal attitude which is fair, sympathetic, kindly, and tolerant.

I shall never forget a young woman who came to my office in tears. I was assistant superintendent in a little city. She came in with her troubles and began to cry. She cried a bit and could not tell me what the trouble was. I tried to encourage her to tell me what it was all about. She had had trouble with her principal, no explanation, but this is what I got out between sobs: “He bellows at me.” She didn’t have to say any more after that. Even if he were dead right, he had no business in the principalship, and we had to tell him so.

Any group of workers, no matter if they make awful mistakes, are entitled to a courteous hearing the first time. If they repeat the same mistake, then you can be as rough as you want to. But the attitude of the person who leads, directs, guides, helps, corrects, should be one of sympathetic understanding. That is an enormously important item in maintaining morale.

Second is this: Within the limits of time and energy, the supervisor should give help when it is needed. That poor frightened young teacher, who had caught herself in a jam, needed assistance. She needs assistance right now. It may not be the time, or it may not be the best time,
for you to tell her not to get into that jam again. But help willingly and happily when it is needed.

The third thing is even more important and has a very grave implication. The third way of developing and maintaining morale is to ensure that the supervisory staff themselves know their stuff. That is, a supervisor has a difficult job. She ought not only to know the difficulties but she must know some suggestions to offer. She must really be sure on some of the things that are constantly coming to her, in order to help beginners, people in training and new people. The fact that a supervisor knows, and is sure and confident, has a great deal to do with getting the support and enthusiastic following of the people under supervision.

To go back to my last point,—research. As I say, that is deep water for everybody. In educational work we talk about it and we know how to do it, but we don’t do much of it because we do not have the money nor the time. We are trying to do it. I suspect that in your field, as time goes on and it develops, and as you get more time and more money and more help and more equipment, you can undertake, on the job, certain minor or practical pieces of experimental tryout.

I very often ask if we in the professional field are not as bad as any other. I happen to use an illustration in your own. I had to go to a hospital. I was astounded at the professional level of nurses. I was there quite a while. It was a painful and unpleasant business, but I learned a great deal and I had a lot of fun.

I was staggered by some of the leading physicians in the hospital. One of them used one of these new rigs to extract tonsils. He showed it very proudly around the staff room. One or two of the older surgeons, men of consequence, would not look at it at all. One said, “I have been doing it this way for twenty-five years, and it has been quite successful, and I am not going to fool with anything else.” Needless to say, he did not do any operating on me.

I was astonished, but we are just as bad in teaching. The worst thing you can do is suggest to an old-timer something that has come from a scientific laboratory, because she knows it is wrong before she has tried it. I wonder how many of these practical school administrators know this new education is wrong and are sure it is wrong. I wonder how they know, because they never tried.

To go back, in your field you can try out some of the new things. Where it is dangerous, it is going to get you into trouble. You can try some experimental technics, you can try out new things. I cannot talk your language very well, but, at least, I can stress the research point of view.
To summarize: The functions of supervision are to inspect the situation. On the basis of that, to give the workers guidance, which is merely direction, training, help, and assistance; then guidance in the sense of stimulation. And lastly, do such research as you can.

I want to develop four other points each of this nature. I want to present to you four points which contrast traditional, old-time supervision with modern, scientific supervision. There are other points; these are the four most important, to my mind.

In the first place, modern supervision is not confined to visiting and conferring with the worker himself. Supervision to-day is an extensive, complicated, and far-flung program, involving many things beyond visiting the worker.

As I pointed out earlier, visitation will get you into a round of patchwork and of random and desultory supervision. Mark well, lots of it is good, it is very helpful at times, but the help is not continuous, but piecemeal.

Supervision to-day rests upon a planned program of objectives and means of attainment.

I want to make this second point. What is inspection? To-day it is help and assistance and encouragement.

The third contrast (and I am sure this holds true for you as well as it does for us) is that traditional supervision was usually done by one person. To-day in education from two to twenty people may supervise a given group of workers. And I think, from what little I know, you ought to have several supervisory contacts. Two or three judges are better than one, and two or three instructors, or two or three people planning, training, and guiding, are better than one. Let me put it this way: Traditional supervision is usually done by one person; modern supervision is usually a co-operative undertaking of two or more.

The last and fourth contrast in points that I will make is this: Supervision is not imposed from above. It is not authoritarian. Mark well, it directs from above when it has to. There must be authority up there, but supervision develops out of the situation, supervision develops out of the need of the workers under supervision. It is not imposed from above by a staff, but it is based on what the staff finds in the actual situation.

Those are the four points I wanted to make. I did not have to bring them out a great deal in detail, but I mentioned them for the sake of emphasis, and perhaps it may clear up one or two points for some of you. I assume that most of you in this audience accept supervision; that is, you do not argue about it. You believe in it, in the main. In
education, as you know, until just recently we have had to fight for supervision. In this decade it is all right; we “get by” with it now. But until recently supervision was under fire, under suspicion. To the word “supervision” teachers were very antagonistic. Many of the old-timers still are.

I want to develop three or four reasons why supervision has taken hold.

In the first place, supervision is an accepted business principle in any complex human undertaking; that is, any undertaking in which several people work together needs unification and coördination. It is quite normal for people to differ in the way they do things, in the way they envisage the end, in the way they think of achieving those ends. In complex and important business it is necessary that somebody be responsible for unification and coördination. It is an accepted business principle.

One of my graduates brought in, the other day, a set of score cards from a dairy company which distributes milk and dairy products all through this region. They have estimates, as we say, technic of supervision. They have score cards just as we do. They have rating cards, they have inspectors, they have little booklets that tell how they improve the morale and efficiency of their workers on the farm or wherever it may be. They have supervision.

Some years ago, in Cincinnati, I had an interesting experience in renting my home for the summer to a gentleman who came there to be the head of one of the life insurance agencies. I turned over my home to him and told him, of course, to use anything there was in the house. In looking around the place he found some books. As it happened two or three of them were mine. I did not think he would read them. In fact, I thought he would not. He picked one of them up during the summer, and when I came back three months later he told me, very proudly, that he had presented to his company an organized plan of administration for a supervising agency, for insurance agents all over America. He presented it to the home office in New York and, with some modifications, the plan was adopted. It is now in use in that insurance company all over America, and others follow it.

The point I am making is that supervision is an accepted business principle in many business corporations. The trained nurses and even the physicians have some sort of professional supervision, though it is not of the rigid sort that we have.

The second is that among educators, the workers in business fields are presumed to be on a level with nurses. I suspect that the best trained nurse is undertrained in this country still. The best trained
in all these fields is undertrained, in terms of an ideal, so that supervision is necessary, because the average worker in any field is not a highly trained individual.

The last reason I would give is particularly true in education and I suppose it is with you, too; that even if the worker were trained, she could not keep up with the new developments in the field. In education no school-teacher could attempt to keep up with the developments in the science of education. She has to have an agency, a supervisory staff, which reads, digests, and corrects the new material to the level of the classroom worker.

That is enough on supervision, its functions, the contrast of the old and new, and the reasons for it. I am going to break away from that and present my last point.

In this connection I have mentioned several times the fact that supervision should be a planned program. Let me go through it rapidly. This is too good a point not to repeat. Supervision is not visitation. It is not helping this worker, and this worker, and this worker, though that is good. It is planning, in advance, things to be done over a period of several weeks or several months.

The first thing to do is the inspection I have been talking about. Then, having inspected the situation, you make a list of all its needs. They may be deficiencies in the training of the workers, they may be new departures that should be injected, they may be corrections of procedures now being used. Whatever they are, make a long list. In college we get a list of forty. We pick out from that list, two, three, four or five (not more than four or five) major items, and make them objectives. We may inspect a school and find that the children are below par in both speed and comprehension in arithmetic, speed in reading, or in both speed and knowledge. We have definite tests. A child in the fourth grade should be so good in speed. He should read so fast, and be able to comprehend completely a certain per cent of the material. We naturally test, and ordinarily children will be up to par if there is not something the matter. You have to plan a perfectly definite program to eliminate that difference, when they are found deficient. In another session you may find that a whole school of children is prone to use certain language errors. You have noticed in your own every-day experience that in certain localities certain language errors are common. Everybody uses them. At least there are certain deficiencies of grammatical construction. In the old days we used to say: "We will give him more reading, give him more of the same."

We don’t do that any more in education. If a child cannot read, we find out what is the matter. Very often it is the kind of book or
choice of material. We diagnose the case (that should be a familiar word with you) and then we prescribe. And, by the way, that is the very term we use in the field of remedial teaching. After we have diagnosed the case, we plan a program for remedial teaching. You see what I mean. You plan a definite program. We find the books that are useful and we prepare them in advance and talk about the material in the book. It is of no avail to hand out books and bulletins and then have everybody meet and talk about them, but we talk about them in advance of the bulletins. I do a good deal of that. We have group meetings and so on. We do a great many things like that. We actually check back to see if we get it right.

The great difficulty of educational supervision has been until recently, I think, that we set up a splendid program of supervision, issued bulletins, and read some books, and had lots of fuss. At the end of the year we checked up and found that some children are better, but that some are badly taught.

I remember a youngster who lived down on the shore where we were spending the summer. He played with me as a boy. We had great sport making a mark and shooting at it. He was a very much better shot than I was. It irritated me a great deal and was very annoying. I could not shoot as well as he did, until I “got wise” to his system. Then it was nip and tuck. His system was this: He always announced what he was shooting at, after he had shot.

In the school business we have a little of that, but not much. We have principals and superintendents who issue annual reports pointing out what they have done. It is much better to set up a supervisory program earlier in the year and say, “We are shooting at that,” and then go back and inspect it and see how well you have progressed.

I have tried very briefly to present to you the four major functions of supervision, certain points of contrast between traditional and modern supervision, to investigate the necessity of a planned and organized program of supervision so that you can carry on continuous work with the people you are supervising throughout the period involved.

**SUPERVISION IN CLINICAL INSTRUCTION**

**MARY M. MARVIN, R.N.**

_Instructor in Nursing Education, Teachers’ College, Columbia University, New York, New York_

The first problem with which one is confronted in this discussion is that of defining the scope of clinical instruction. Is clinical teaching limited to the teaching which takes place in a hospital ward or does it
also include the teaching of the nursing classes following the physician's lectures?

Supervisors of departments like the pediatrics and surgical, who are familiar with the ward activities ought to be the best prepared to teach the nursing classes related to these specialties. If these classes are well correlated with the work of the wards and are taught by the heads of the special departments, should clinical teaching not include the teaching of the clinical nursing subjects as well as the teaching in the ward? If this were done, there would be two distinct groups of clinical teachers, the supervisors and the head nurses.

To distinguish between these two positions the definition stated in the 33d report of the National League of Nursing Education will be used: "In order that all should have the same meaning of the terms supervisor and head nurse, it was decided to call a graduate nurse who was responsible for two or more wards in care of charge nurses, a supervisor, whereas a graduate in charge of a smaller unit would be referred to as a head nurse."

There are many reasons for the prevailing interest in more systematic programs of ward teaching which it might be well to review at this point. First, and foremost, the hospital wards, the laboratories of the nursing schools, are the only places in the world where students, through long continued practice can learn the art of nursing. This in itself makes an adequate supervision of the practical work imperative.

Another factor which has influenced the demand for better organized supervision is the increased amount of medical research carried on in the hospital. Numerous new cardiac and kidney tests, new hydrotherapy and psychotherapy treatments, and all sorts of other special medical procedures are evolving. Although physicians initiate and direct these experiments, it has been necessary to delegate an unlimited number of exacting tasks to the nurses. Naturally this has resulted in the building up of a whole group of new nursing procedures which are necessary in carrying them out. The increased number and the delicate nature of many of these tests and procedures are making heavy demands on the time and energy of supervisors.

Along with the growth of American hospitals, and the increase in the number of patients has come the admission of younger women to the schools. Because of this, a vigorous and competent type of supervision is needed in taking care of patients, and providing satisfactory service to the physician. That is not all, however. During the period when immature undergraduates are forced to assume difficult and taxing responsibilities, the school is under obligations to give them protection.

Still another stimulating influence in improving supervision may be
attributed to the better qualified administrators and teachers. They appreciate that the best results from classroom instruction can be brought about only through coordinated plans of ward teaching.

To sum up: first, the adult education movement in the country; second, the fact that enormous numbers of young people find it possible and necessary to give themselves a college preparation; and third, the increase in the number of nursing organization meetings with stimulating programs in supervision all have challenged the interest and fired the ambition of great numbers of supervisors and head nurses. For all these reasons, well planned programs of supervision are appearing in many places and have functioned long enough to prove that they are indispensable to the progress of every modern school of nursing.

At this particular stage of our professional development, when we are experimenting with various phases of a new kind of supervision, it might be rather helpful to know just what an analysis of a week's work of several individuals shows about the jobs at the present time. To this end, one hundred nurses in these two positions were asked to keep diaries indicating all the professional activities participated in for one entire week. Of the hundred special forms sent around the country, only twenty were returned that could be used for this purpose. These diaries represented the activities of eleven supervisors and nine head nurses for one week which totalled one hundred forty days, or a period of four and one-half months. It is regrettable that a larger number were unable to keep detailed records but in most cases, not all, they had to keep the record and do the work too. Is it not safe to assume that the results shown by this study representing a week's work of twenty individuals from good schools in different parts of the country are at least an index to the situation in many other schools?

The studies of the work of supervisors and head nurses were made separately although the same technique was followed for each. In brief, the steps taken in making the studies were as follows:

First. Separating each function listed on the diary from every other function by copying it on a piece of paper, stating the performance time, the date, and the name of the individual.

Second. Classifying the functions of each individual by grouping separately all like functions for each day of the week, and determining the time spent on each; for example, the amount of time spent in taking and giving reports on Monday, and finally the amount of time spent in giving and taking reports all week.

Third. Adding the amount of time spent in the performance of each function for the whole group for a week; for example, the time spent by all head nurses or all supervisors in giving and taking reports for the week.

Fourth. Mathematically transposing the figures representing the time spent in
each activity by each individual, so that figures for the whole group of head
nurses or supervisors would be on the same basis for purposes of comparison.

*Fifth.* Making three calculations to show the percentage time of the individual
who spent the least time, the one who spent the most time, and finally the per-
centage time spent by the average of each group.

*Sixth.* Making graphs to show the results of each step described. The whole
set of graphs will not be shown here. Those most pertinent to our problem will
be discussed. They show the percentage time spent by each individual taking care
of patients; housekeeping; teaching and supervising patients; and teaching and
supervising nurses. Two other activities were added to these because of their
special significance, the time spent in "rounds" by a supervisor, and the time
spent in "writing reports and requisitions" by head nurses.

The activity mentioned first was that of nursing patients. This con-
sisted of giving baths and enemata, catheterizing, irrigating wounds,
assisting with dressings, giving hypodermics, and the like. If these
duties are inconsistent with the work of the head of the ward, certainly
they should not be expected to be performed by the head of a whole
department. One supervisor spent 20 per cent of her time in nursing
patients.

It seems incredible that a supervisor in a modern school of nursing
should be expected to spend over one-fifth of a whole week, that is over
forty hours, actually giving nursing care to patients.

The next activity mentioned was housekeeping. It consisted of in-
specting equipment, cleaning the office, taking inventories, supervising
the cleaning done by maids and orderlies, checking up and ordering
household supplies, setting up standards for various kinds of ward
supplies, and the like. The time spent varied from 8.5 per cent to 17.5
per cent. Some aspects of housekeeping are essential in the efficient
supervision of a department, but many functions mentioned might better
have been done by maids.

The third activity mentioned was supervising and teaching patients.
The latter included instruction in matters related to diet, personal hy-
giene, home care and prevention. The time spent in teaching patients
or in supervising the teaching of patients by students by any one per-
sion was almost negligible. The most time spent was 6.5 per cent.

One regrets the lost opportunities of teaching patients how to take
care of themselves before they leave the institution which should rep-
resent a great health center of the community.

The teaching seemed to be rather incidental and superficial. Sup-
visors must take the lead and they should help head nurses initiate regu-
lar programs of health teaching which the students can conduct, and
thus gain experience along that line.

The fourth function suggested was supervising and teaching pupil
nurses. The teaching done by head nurses consisted of conducting morning reports and nursing clinics, and giving demonstrations of procedures in the wards. On the other hand, teaching by supervisors included giving instruction in the clinical subjects such as the surgical nursing classes. Thus in reality most of the ward teaching was done by head nurses.

The time spent in teaching ranged from an average of one-half hour per day on the part of one individual, .02 per cent, to over four hours per day on the part of another, 31 per cent. How interesting and enlightening it would have been to know the quality of nursing care given to patients in those two situations. It is likely that well directed teaching in the ward is consistent with treatments given properly and on time, completely recorded as a result of intelligent observation of the reaction of the patient.

It is gratifying to know that in some cases the wards are really functioning as nursing laboratories where a teacher spends a third of a whole week guiding the activities of the students.

The fifth and sixth activities mentioned were concerned with the work of supervisors and head nurses taken separately. Rounds made by a supervisor seems plausible until one analyzes the day’s work of the individual and finds that it does not include rounds with the physicians, nor rounds for the purpose of supervision of the student nurses’ work.

One wonders what these trips called “rounds” amount to. Real supervision is such a different matter. It entails observation of the students’ work, preferably in action. It consists of giving help and inspiration to the students, making the necessary constructive criticism, evaluating the work of each, estimating the progress made, et cetera. While this kind of work is only one aspect of the whole supervisory program, on the other hand, it is in reality the whole heart of nursing supervision. It is the test of the technical, as well as the art side of supervision, and calls for systematic planning in order that the supervisor may keep in close touch with the most crucial proceedings in her department. When the head of a whole department spends one-fifth of her time for an entire week in this way, one must challenge the structure of the supervisory plan that allows it.

The last activity mentioned was reported upon by head nurses who spent from three and a half hours in one instance, to thirty-five and a half hours in another, writing reports and requisitions.

Two possible causes of this pernicious practice are, inefficient management on the part of head nurses who copy all sorts of daily sheets and books unnecessarily, or on the other hand, too much “red tape” on the part of a hospital that requires an inordinate amount of clerical work
from a nursing staff. To correct this, mimeographed or printed sheets such as those used for requisitions, inventories, time slips, assignment and treatment sheets would curtail much of the handwriting, and at the same time conserve a great deal of time and energy, which could be put to far better use.

Altogether, this limited analysis reveals some interesting facts about these two positions. In certain instances, supervisors who were heads of departments, and head nurses in charge of wards, were doing work practically identical and the supervisors could not be said to be on a distinctly higher level.

It is disappointing to find so little difference in the time spent by the average of the two groups in the important functions of teaching and supervising student nurses. The average supervisor spent only sixteen per cent of the week in teaching, whereas the average head nurse spent fourteen per cent of hers in the same way. It is natural to expect the older, more experienced, higher paid group of supervisors to take more responsibility in developing the educational work of the department.

Moreover, a supervisor's assuming the nursing care of patients is incompatible with the good management of a busy ward, much less the management of a whole department. There are several possible causes for the situation which existed in a few cases. The condition of understaffing, which is hazardous for patients, compels head nurses and supervisors to give personal nursing care to the patients. Poor management in arranging the work may be another cause, although it does not seem as though this could altogether account for the situation. Finally, the week chosen for recording the activities may have been an irregular or an emergency week. The latter situation seems unlikely, inasmuch as this was not stated by anyone keeping a diary. In the case of each group the time spent by the average individual in nursing patients ranged from three and a half to six hours per week. Surely it must be a matter of deep concern for the principal of the school that these members of her staff have to spend so much of their time doing other people's work.

The function of teaching patients was nil in many cases, whereas supervising patients was most inadequate in others. Flying trips through wards of a department can scarcely amount to more than a superficial inspection and it cannot be considered supervision of patients and nurses.

One of the most outstanding characteristics of the whole study is the great discrepancy between the way in which the individuals of the same group spend their time. In one case there was nineteen and a half hours' difference in the time spent by two head nurses doing the same thing.

Why is this? Do head nurses interpret their jobs differently? Do
supervisors? If one person spends an enormous amount of time writing reports, while another finds time for teaching nurses, the two individuals must interpret their positions very differently. It must be seen that the new head nurse applicant has the right conception of her responsibilities before she is accepted for the position. She must realize that her new duties are to be housekeeping, nursing, and management, as well as teaching.

To summarize briefly, the analysis shows that the first plank in the program of supervision is the analysis, study, and reorganization of the work of both positions in order that there shall be two groups of workers on two distinct levels, one the head nurse level, the other the supervision.

In many schools earnest efforts are being made to improve the supervision very fundamentally. Some of the most important ones will be enumerated here:

First. The employment of a sufficient number of graduate nurses to insure good nursing in the hospital. This is basic.

Second. Arrangements of programs of staff education for the general duty group, to make them more valuable to the hospital employing them, and at the same time to make them happier by offering them an opportunity for personal and professional growth.

Third. Giving supervisors an opportunity to help in the selection of new members of their immediate staff.

Fourth. Developing further the "in service" programs in preparation of head nurses, inasmuch as most of them cannot secure previous training. These programs may include special plans for the introduction of new head nurses to the wards, similar to ones now used for students. There would be several advantages to this kind of a plan. The new head nurse would know what was expected of her at the start; she would have time to learn many of her responsibilities before actually having to assume them; the students would not suffer a loss in their experience during the interval when head nurses were changing; and finally the newcomer could learn something of the larger plan of the whole department rather than just the detached plan for her own individual ward.

Fifth. Encouraging supervisors to equip themselves, and giving them time to assist with, or direct special important departmental studies. Careful studies must be made to throw light on problems which now stand in the way of progress in supervision. Because of the tremendous importance of getting at these studies soon, a few of the more pressing ones will be mentioned here:
First. Making studies similar to those by Miss Margaret Tracy of Yale, Miss Gladys Sellew of the Cook County School of Nursing, and the present cost study under way in Cleveland. These studies will throw light on the factor which very nearly controls the success with which any supervisory plan can be operated. The number of nurses needed in different services at all seasons of the year, at special hours of the day, compared with the number of nurses provided at all these times must be faced squarely before anything like a real educational program of supervision can be developed and maintained.

Second. Finding out what the traits and qualifications are which are essential to the supervisor and head nurse in accordance with the modern conception of these positions. The Education Committee of the National League is now at work on such a study.

Third. Determining the limitation of the size of departments, that is, the number of patients, head nurses, and students which one individual supervisor should be expected to manage efficiently.

Fourth. Estimating the size of a ward or floor for which a head nurse should be expected to be responsible, with or without the assistance of another graduate.

Fifth. Developing a rating scale which could be used by supervisors in evaluating the work of individual head nurses for the purpose of stimulating their growth as well as for the identification of these qualities which are needed in positions of still greater responsibility.

Sixth. Determining standards for evaluating the adequacy of the supervision of any given department.

Seventh. Arriving at a good practical method of evaluating the quality of nursing care. Such a scale is much needed by scores of clinical teachers. They want a set of standards to help them judge the nursing work of the day for their patients. This measurement would help us to provide the only kind of nursing care which ought to be acceptable in our schools to-day. It must be the all-round care which implies a great deal more than skill in performance of procedures. It must include the proper consideration of preventive aspects, health teaching, but most of all it must involve an understanding of the individual patient and his needs.

These are only a few of the problems which compel our interest in improving the supervision in this new era of nursing education.

Discussion was opened by Miss Carrington.

DISCUSSION

MARGARET CARRINGTON, R.N.
Assistant Dean and Associate Professor of Nursing Education, Western Reserve University School of Nursing, Cleveland, Ohio

After listening to these two splendid papers dealing with the subject of supervision, I fear that you will find my brief remarks merely echoes of what Dr. Burton and Miss Marvin have discussed so ably. However, it may be helpful to review briefly the different conceptions of supervision in schools of nursing expressed during the past decade and to reëmphasize a few of the important problems which confront us.
About ten years ago we considered that the supervisor’s function was mainly concerned with administration. She had little time for teaching at the bedside and, indeed, this type of teaching was not included in her range of activity but was usually delegated to the instructor in the principles and practice of nursing and her assistants or the head nurses. Since neither the supervisor nor the head nurses whose main responsibilities were administrative, nor the instructor whose main responsibility was classroom teaching, had time to develop and to carry out a program of ward teaching, the need was felt for someone who could do this, and the position of teaching supervisor was created. In the light of our modern interpretation of supervision this was probably a poor title, since supervision means teaching, but it seemed advisable in the beginning, at least, to emphasize in the title the main responsibilities of this position.

That the need for this emphasis has not disappeared entirely is shown in Miss Marvin’s studies. We hope, however, that as the members of our profession become more familiar with the true meaning of supervision which was discussed by Dr. Burton we shall no longer have need for the title and will substitute in its stead simply “supervisor.”

It seems that two of the most important problems confronting us as suggested by Miss Marvin are: first, an analysis of what duties should be assigned to a supervisor, and second, the determination of what should be a normal supervisory load.

In analyzing the functions of a supervisor in a school of nursing we find, as Dr. Burton stated, that they fall under the four main topics. First, inspection. The supervisor observes closely the type of nursing care given by student and general duty nurses to be sure that the patients’ needs are recognized and met, that the physician’s orders are carried out promptly and accurately, and that the observation of symptoms and results of treatments and medications are recorded promptly.

In addition, the supervisor, in order to insure that conditions are conducive for the students and other nurses to give satisfactory care to the patient, and to carry out nursing procedures as they are taught in the classroom, must be responsible for maintenance of standard ward equipment. Under this heading we should also include her responsibility for seeing that at all times the wards assigned to her are in clean, sanitary condition.

Second, guiding and training. I group the two in order to save time. Because up to the present time many of the head nurses are young and inexperienced and have had little preparation for their work, the supervisor must help them to achieve their greatest efficiency, and this will be
accomplished only through the kind of sympathetic understanding and assistance Dr. Burton has mentioned.

In this connection it might be well to emphasize the rôle the supervisor plays in creating that type of morale or esprit de corps which is the basis for the smooth administration of any unit. Team play is the spirit underlying this happy outcome. As soon as we begin to think in terms of "our ward," "our patient," "we are working together," etc., we are laying the foundation for the creation of this atmosphere.

One of the many effective lessons we learned from Colonel Lindbergh's epochal flight across the ocean was the significance and the beauty of the word "we."

Under training and guidance we also think of the supervisor's influence in teaching the head nurses how to teach students. Head nurses should be encouraged in every way possible to use the various methods of bedside teaching which are easily applied in our hospital wards.

May I again emphasize what Dr. Burton has said, namely, that the supervisor should encourage the head nurse to experiment with the various teaching methods and to work out on her own initiative new devices and ideas.

In addition to guiding and directing the head nurses' teaching activities, the supervisor should also demonstrate the best and most efficient methods of administering the wards so that friction will be reduced to the minimum, and the work of the ward will go smoothly. In this connection we think of the supervisor's assistance in helping the head nurse to plan the time schedule for the entire personnel, so that she covers her ward at all times as satisfactorily as she can with the staff assigned to her. We also think of the supervisor's responsibility for helping the head nurse to plan the clinical experience of the students assigned to her. I think that this is a very important responsibility because of the many factors involved. However, because our time is very limited, I shall not press this point further save to say that if learning is to take place in our wards, the laboratories of our schools of nursing, our students must not be handicapped by too heavy a nursing load.

Fourth, research. Little if any progress can be made either in nursing education or in the improvement of the nursing care given to the patients until we develop research techniques. I feel very definitely that each supervisor should map out a program of research in her department. Because of the heavy demands on her time and energy she will probably have difficulty in finding an opportunity for research. However, if she begins with some less complicated problem, her interest in research will develop and she will not rest after she has had results from her first study but will go on with further studies.
This brief and incomplete analysis of the supervisor’s functions was presented in order to illustrate how we may apply the modern concept of supervision to our own situation.

The next problem we shall consider is: How much should we expect of our supervisors? In college, a normal load for an instructor usually consists of not more than twelve hours of classroom teaching per week, and the number of students permitted to register for a given course is limited. Should we not as clearly define a normal supervisory load in terms of, first, the number of students to be supervised by one person; second, the number of wards under her direction; third, the number of hours of classroom teaching for which she is responsible; fourth, the other duties which are not directly related to teaching. Not until we have this information can we allocate responsibility fairly and intelligently and put into effect a real supervisory program as described by Dr. Burton.

As a beginning we have the studies presented this morning which seem to indicate the necessity of limiting the number and types of administrative responsibilities now being assumed by supervisors in order that they may have more time for teaching. A supervisor having only fifteen students under her direction (and this is probably a conservative figure) has only 28 minutes a day per student for teaching purposes if she uses every available minute for teaching. I arrived at that figure in the following way: Assuming that the supervisor works forty-eight hours per week, or 2,880 minutes, subtracting from that figure six hours of classroom teaching, or 360 minutes, we have left 2,520 minutes, and this divided by fifteen gives 168 minutes of teaching for each student per week, or 28 minutes a day if we consider that each student works only six days in each week. We all know that in supervising special procedures, a supervisor may spend at least one hour with one student who is carrying out for the first time some more complicated technique, with the result that the other students may receive little or no assistance from the supervisor on that particular day. We also know that it is highly improbable that any supervisor will be at liberty to use the entire 2,520 minutes exclusively for teaching, so numerous and varied are the administrative duties assigned to her. Therefore it appears that we should define very clearly what we expect of our supervisors. If we feel that they should teach in the wards, then we must make it possible for them to do so.

The second problem which I should like to discuss briefly is concerned with the preparation of supervisors. One of our greatest needs to-day is for specially prepared women for this type of teaching. We cannot hope to have efficient supervisors in our wards until we have more
women specially trained to carry out the highly exacting techniques involved.

The solution to this problem seems to rest, at least in part, with the director or the principal. She has an opportunity of detecting in her students signs of potential teaching and executive ability, and when her attention is directed to a promising young woman she should encourage her to continue her education by taking courses in ward management and teaching, psychology, sociology, etc., thus preparing herself for the position of supervisor.

There are many other lines of thought suggested by the papers given this morning which I might pursue, but perhaps I had better stop speaking so that we may have time for further discussion.

Meeting adjourned.

Closing Business Session
Friday, June 13, 1:30 p.m.

Presiding: Elizabeth C. Burgess, President.

SUMMARIES OF CONFERENCES

CONFERENCE ON THE PROBLEM OF TRANSFERRING GRADUATE NURSES' RECORDS

Elsie M. Lawler, Chairman

Problems presented from the experience of the group were:

1. Requests for records come from so many different sources; colleges, universities, state examining boards, schools of nursing giving postgraduate courses, and agencies or institutions employing graduate nurses.

2. The same information is asked for in many different ways. This requires interpretation of school records in terms of the information sought. Because of her familiarity with the records and her understanding of the blanks this usually devolves upon the superintendent of nurses.

3. Some state boards require as much or more detailed information as do colleges and universities.

4. One graduate may require several records, no two transcribed in exactly the same way, e. g., university, registration by reciprocity in another state, and application for a position.
5. Records of students graduating 20 or more years ago must be evaluated by some one who knew the situation as it was then. The records are inadequate.

6. Expense of time and energy.

AIMS

The following aims toward which to work were suggested:

1. Greater uniformity in demands made by state boards of examiners.
2. A National Board of Examiners.
3. More efficient and complete records in schools of nursing.
4. The same standards maintained by other educational institutions.

RECOMMENDATIONS

1. That each accredited school of nursing be urged to simplify and make their records more uniform.
2. That boards of examiners study their records and make them simpler and more uniform.
3. That the subject be presented in much greater detail in the program at the next convention of the N. L. N. E.

JUNE A. RAMSEY, Secretary.

CONFERENCE ON SELECTION AND GRADUATION OF STUDENTS

The Conference on Selection and Graduation of Students discussed from two points of view: First, are schools of nursing meeting their responsibilities (a) in clearly defining criteria for determining selection of students, and (b) are these schools meeting their responsibility in refusing to retain and graduate students who lack personal and professional equipment necessary to succeed in nursing?

A very short time was spent in the discussion of whether or not superintendents of nurses were assuming their full responsibility in refusing to retain and graduate students who do not have the proper qualifications. One thing brought out at that time was that superintendents of nurses are too frequently not free to dismiss students when they realize that they are not going to “make good.”

DAISY DEAN URCH, Chairman.

On motion of Miss Urch, seconded and carried, at the closing business session, the following paper, given at this conference, is printed in full:
THE PROBLEM OF SELECTING APPLICANTS FOR SCHOOLS OF NURSING

MAUDE B. MUSE, R.N.
Assistant Professor of Nursing Education, Teachers College, Columbia University, New York, New York

The aspect of this topic assigned to me was: Have schools of nursing assumed their full responsibility in the establishment of criteria for the selection of applicants? Before we can discuss this question, we must ask ourselves, What are the existing criteria of selection in the average school of nursing? They appear to be as follows:

1. an academic requirement, usually that set by the state;
2. an age limit—minimum and maximum;
3. a certificate of physical fitness filled in by the family physician and usually supplemented by a complete physical examination after admission to the school;
4. testimonials concerning character and morals; and
5. a personal interview with the applicant whenever this is possible.

In many schools mental tests are given after admission to the preliminary course. Up to the present the findings of these tests have been used largely for purposes of elimination rather than for selection.

Suppose we analyze each of these criteria to discover whether the average school of nursing is assuming its full responsibility; whether methods of selection are as scientific and systematic as possible and whether we are doing everything in our power to secure improved methods of selection in the near future.

The academic requirement of one year to four years' high school should provide a rough estimate of two important factors, namely, the general intelligence and the subject matter information of the applicant. The academic requirement becomes a reliable criterion, however, only in case the high school is an accredited institution and the scholastic standing of the applicant is considered. Is it always recognized how little as well as how much a high school diploma can signify? It is true that the character traits, and general intelligence required to do first class work in high school are usually sufficient guarantee of success in the school of nursing. It is equally true that students of inferior ability have been known to "sit through" high school and eventually to graduate without passing a single course with credit. It goes without saying that the poor student in high school will be a poorer student in the school of nursing. A first step, therefore, toward improving our academic requirement as a criterion of selection is to give preference
to students of accredited schools and to demand satisfactory scholastic records.

Why is it that certain vocational guidance agencies continue to pilot the weaker of their high school students toward nursing? We have only ourselves to blame. We have been less exacting and less discriminating than other professional schools in our acceptance of high school credits, and we have been strangely blind to the fact that a record of one year high school to-day often, if not usually, spells a failing student.

More important than the actual grades of the applicant is her relative standing in her class. Few, if any, students from the lower quartile of a high school group will qualify as nurses. Selection should be made whenever possible from students of above the average in scholastic achievement.

For the evaluation of high school credits it is important to keep an up-to-date list of accredited high schools. Such a list may be secured from the several accrediting associations, conveniently located in various parts of the country.

The latest recommendation of the National Education Association on High School Curricula distributes the fifteen units required for high school graduation, as follows:

- English and Literature (4 years) .......... 3 units
- Social Studies ................................ 3 units
- Foreign Languages (3 years) .......... 9 units
- Mathematics (any of three) .......... 9 units
- Science ..................................... 1-2 units
- Any field approved by State Department .......... 1-2 units
- Free electives ................................ 2 units
  **Total** .................................. 15 units

A satisfactory preparation for the course in nursing would be distributed somewhat like this:

- English and Literature (4 years) .......... 3 units
- Mathematics (Algebra and Geometry) .......... 3 units
- History (U.S., General, and Civics) .......... 3 units
- Natural Sciences (Biology, Chemistry, Physics) ..... 3 units
- Household Sciences (Household Chemistry, Cooking, Sewing, etc.) .......... 2 units
- Commercial Subjects (Stenography and Typewriting) .......... 2 units
  **Total** .................................. 15 units

The evaluation of high school credits and high school equivalents presents a variety of other problems which demand careful consideration. Providing, for example, that one year high school is accepted
as the academic requirement, what work beyond the grades should be accepted? Should four successive years of work in any one subject, such as art, music, or commercial subjects, be considered the equivalent of four units, or should the one-year high school requirement always include the regulation distribution of subjects? Probably the latter. Of course, otherwise the applicant may not possess the minimum information for nursing courses.

We have said that the graduate of an accredited school with satisfactory scholastic attainment should qualify intellectually for work in the schools of nursing. Obviously, however, such applicants may constitute a minority. Applicants from non-accredited institutions, public and private; other applicants whose academic records are not available; yet others whose scholastic attainment makes them doubtful risks, constitute the majority and must be otherwise checked up.

It is now possible to ascertain the students’ knowledge of basic subject matter by giving one of the standardized High School Achievement Tests, those most frequently made use of by nursing schools being the Iowa and Sones-Harris which are described on the sheets in your hands.

The usefulness of the standard intelligence tests in selection of applicants can scarcely be overestimated, nor does their utility end with selection of applicants. Providing the administrators and teachers of the school of nursing are expert in the interpretation of test results, the usefulness of intelligence test scores of the students who are retained may be prolonged throughout the professional course. How intelligent should an applicant be to become a successful nurse? That there is a minimum rating on intelligence below which an applicant should be rejected, goes without saying. Just what this limit should be has not been satisfactorily determined. In lieu of actual knowledge the lower range of 105-107 I. Q. has been tentatively accepted since that degree of intelligence is required to carry high school work satisfactorily.

The age requirements for applicants are usually sufficiently elastic to take care of exceptional cases. This is important since it is evident that mental and emotional maturity are not always highly correlated with chronological age.

While the physical fitness of the applicant is fairly well checked up, few are willing to say that there is nothing else which might be done. In case of colored students, for instance, experience has proved that more careful examination to discover the stage and degree of latent tuberculosis may save much trouble and expense for both the school and the student.

It has long been realized that, important as is the mental ability of the
applicant, it is but one factor in the makeup of a successful, competent nurse. All nursing schools require several recommendations concerning character, personality and morals. This requirement is usually recognized as a significant gesture, and often proves to be little more than that. Is there some better method of discovering whether the applicant is a fairly well-integrated person, or markedly unstable, whether her total habit systems are such as will respond favorably under professional teaching and training, or such as will be progressively disintegrated by the inevitable stress and strains of an exacting profession? Is there some way to determine the dominant drives of the applicant, her tendencies to aggressiveness and submissiveness, some way of revealing any handicapping characteristics which cannot be corrected by even the wisest direction and guidance? Yes, and no. Yes, there are several available standardized personality and character tests which should serve to detect outstanding deviations from the normal. No, there is not any magical test, or hierarchy of tests, which will arbitrarily determine vocational fitness. So intangible is human personality, so variable is the personal equation of the applicants, that we cannot hope that the best test which will ever be secured will be an infallible guide.

In 1928, a committee, acting under the Instructors' Section of the National League, started very hopefully to work on an adaptation of existing intelligence, character and motor tests for use as a Vocational Aptitude Test for applicants to schools of nursing. But they were too optimistic. The task proved to be one which could not be accomplished without a long period of intensive research, and nothing tangible was accomplished. Other groups, however, are reported to be working upon this problem and will probably tell us the results of their effort to-day.

Some character and personality tests which seem to have proven most useful for our purpose are: "The Allport A. S. Social Reaction Test." This has numerous advocates. It reveals the pathological extremes of aggressiveness and submissiveness and may serve to detect possibilities of leadership; The Woodworth Psychoneurotic Questionnaire, some modification of it, is the one used to detect the constitutional neurotic.

The desirability of a personal interview with the applicant is recognized by all. The distance from which students are drawn frequently makes this impossible, however, unless we follow the example of certain colleges and at least one school of nursing. These institutions delegate to well qualified members of their alumnæ in various parts of the country the task of interviewing applicants. This preliminary sifting tends to safeguard both the institution and the individual.

While we await more or less impatiently that "Omnibus Test of
Nursing Aptitudes and Ability” which we have so long anticipated, there
appear to be several important things to keep in mind:
1. That preference should be given to graduates of accredited high schools pre-
senting a scholastic standing above the average.
2. That doubtful records are more economically checked up by intelligence and
achievement test than by waiting until the student flounders through the prelimi-
nary subjects and eventually fails.
3. That personality tests are useful to supplement the testimonials and personal
interview but are not sufficiently standardized to be used too autocratically.
4. That if we are to have a standardized test of vocational aptitudes we must
all cooperate during the experimental stages. Such an instrument will be best
evolved under the guidance of a trained person with wide experience in psychology,
tests and measurements, and statistics. Its development, with the alternate forms
which are necessary might well occupy the entire time of this person over a period
of several years. The value of such a diagnostic measure is so great as to warrant
the loyal cooperation of the entire profession.

CONFERENCE ON EXTRA-CURRICULAR ACTIVITIES
IN SCHOOLS OF NURSING

Miss Titus, Chairman of the Sub-Committee on Extra-Curricular
Activities in Schools of Nursing, before introducing Miss Claribel A.
Wheeler, Director, School of Nursing, Washington University, St.
Louis, Missouri, who was to take charge of the Round Table, stated
briefly that the Sub-Committee on Extra-Curricular Activities in Schools
of Nursing, had been broken into eight groups, each group handling
one of the eight phases of the extra-curricular program, to wit:
Forensic and Civic, Social Amenities and Activities, Literature and
Drama, Music, Art, Religious Activities, Athletics, Health. When each
of these eight Sub-Committees had covered sufficient work on their
project to make a report, the report was given at the Round Table on
Extra-Curricular Activities in Schools of Nursing at the annual con-
vention of the National League of Nursing Education. This report
was to act as the basis of the Round Table, and the Chairman of the
Sub-Committee submitting the report was to act as leader of the Round
Table. “Health” and “Athletics” had been reported at previous con-
ventions. “Social Activities” was to be the phase of the extra-curri-
culum reported at this particular convention. The Chairman, Miss
Titus, therefore, turned over the Round Table to Miss Wheeler who
submitted the findings of her committee. Miss Wheeler’s paper was
supplemented by the reports of the social activities in the University
of Wisconsin School of Nursing and the Hartford General Hospital
School of Nursing, Hartford, Conn. (Miss Marion Zelly, of the Uni-
versity of Wisconsin School of Nursing, giving the report of the former
and Miss Rachel McConnell, Superintendent of Nurses, Hartford General Hospital, the latter).

A brief discussion of these reports and Miss Wheeler's paper followed, which discussion was terminated by the expiration of the hour's time allotted to the Round Table.

Shirley C. Titus, Chairman.

Conference on the Value of Extra-Hospital Experience in Obstetrical Nursing and in Pediatric Nursing

The Chairman, Miss Helen Wood, had previously asked two speakers each to present briefly the views and problems of the obstetrical hospital, the pediatric hospital, and the public health nursing association, and a state board examiner to give the reasons for state board requirements.

This program did not allow time for discussion. The points emphasized were:

1. That extra-hospital experience should not take the place of the obstetric or pediatric training in hospitals but would be very valuable as a supplement to it.

2. If given as supplementary work it must be under ideal or very close supervision.

3. That most public health nursing associations could arrange to give the course if seven students were accepted at the same time and continuously for training. This, however, would require a full-time supervisor.

4. The hospital should meet the expense of the supervisor, dividing the cost according to the number of students sent.

5. That pediatrics was the real problem, as obstetrical hospital cases are increasing, therefore solving the majority of our difficulties in that line.

6. That the entire group felt that one hour for this discussion was entirely too short and the subject should be given more time and study at a very near future time.

Respectfully submitted,

Mary M. Anderson, Secretary.

After quoting from the By-laws, Article IX, Section 1, "A convention of the National League of Nursing Education shall be held annually. In the even-numbered years it shall be held conjointly with the convention of the American Nurses' Association, in the odd-numbered
years it shall be held at such time and place as shall be determined by
the Board of Directors and recommended to the League for its action
at the convention next preceding,” the president asked the secretary to
read the recommendation from the Board of Directors.

Miss Goosney: It was moved, seconded and carried that the Board
of Directors recommend to the National League that the next conven-
tion be held in Atlanta, Georgia.

It was moved, seconded, and carried that the recommendation be ac-
cepted, and that the League meet in Atlanta, Georgia, in 1931, the exact
date to be left to the Board of Directors for decision.

The League registration was reported as 504, from the following
states:

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The National League of Nursing Education wishes to express its
gratitude and appreciation to all those who have had a part in making
this convention so helpful and stimulating for its members. We espe-
cially desire to thank the various committees of the state and local
organizations, of the Wisconsin State Nurses Association, Wisconsin
State League of Nursing Education and the Wisconsin Organization of
Public Health Nursing and also, all other groups and individuals who
have participated, such as the state and city officials who have welcomed
us so graciously, the Student Nurse Chorus for their delightful musical
program, and the Program Committee for the varied, constructive and inspiring subjects presented.

We endorse the recommendation set forth by the Board of Directors for the addition of a research worker to the Staff at National Headquarters.

Also, we welcome the facts given us by the Grading Committee, accept the responsibilities for these conditions as a challenge, and pledge ourselves ready to follow through with all policies which will lead to the soundest education of the nurse and to the best care of the patient.

Respectfully submitted,

Helen A. Potter
Nellie Brown
Helen Morton
Florence A. Ambler
Daisy Dean Urch, Chairman.

REPORT OF THE TELLERS

Total number of ballots cast .................................................. 191
Number of legal ballots cast ................................................. 185
Disqualified .......................................................... 6

President
Elizabeth C. Burgess .................................................. 167

First Vice-President
Elsie M. Lawler .................................................. 104
Daisy Dean Urch .................................................. 80
— 184

Second Vice-President
Anna D. Wolf .................................................. 112
Elizabeth Soule .................................................. 72
— 184

Secretary
Stella Goosfay .................................................. 176

Treasurer
Marian Rottman .................................................. 178

Directors
Carrie M. Hall .................................................. 155
Nellie X. Hawkinson .................................................. 130
Claribel A. Wheeler .................................................. 129
Gladys Sellew .................................................. 102
Mary M. Pickering .................................................. 89
The officers for 1930 of the National League of Nursing Education are:

President: Elizabeth C. Burgess  
First Vice President: Elsie M. Lawler  
Second Vice President: Anna D. Wolf  
Secretary: Stella Goosray  
Treasurer: Marian Rottman  
Directors: Carrie M. Hall  
Nellie X. Hawkins  
Claribel A. Wheeler  
Gladys Sellew

Respectfully submitted,

Blanche Blackman.  
Margaret Carrington.  
A. Isabelle Byrne, Chairman.

The report was accepted and the motion was carried to destroy the ballots.

The new officers were introduced.

Committee on Nominations for 1931

The Chair then reviewed the fact that the By-laws provide that the Chair shall appoint two members to the Committee on Nominations, and the house three. The Chair appointed Helen Wood, of Rochester, New York, and Nellie S. Parks, of Cleveland, Ohio.

Nominations from the floor were:

Margaret Dieter, Massachusetts  
Evelyn Wood, Illinois  
E. A. Kelley, North Carolina

On motion made, seconded, and carried, these nominees were elected. The Chair made some suggestions about the need of the Nominating Committee and the Program Committee for help and suggestions from the members.

Evelyn Wood, of Chicago, spoke of the exposition to be held in Chicago in 1933 and the fact that other educational organizations, like the American Association of University Women, are planning definitely for a part in that exposition. She asked that steps be taken to arrange for an exhibit of nursing in this exposition. The matter was referred to the Board of Directors.

There being no other business to come before the meeting, the Chair declared adjourned the Thirty-sixth Annual Convention of the National League of Nursing Education.
NATIONAL LEAGUE OF NURSING EDUCATION

CERTIFICATE OF INCORPORATION RECORD IN THE OFFICE OF THE RECORDER OF DEEDS FOR THE DISTRICT OF COLUMBIA, APRIL 18, 1918. ACCEPTED AS THE CHARTER OF THE NATIONAL LEAGUE OF NURSING EDUCATION, APRIL 20, 1918

By-Laws amended June 21, 1924; May 29, 1925; May 22, 1926; June 17, 1929; June 10, 1930.

CERTIFICATE OF INCORPORATION

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

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

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

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

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

IN WITNESS WHEREOF we have hereunto set our hands and seals on this 13th day of March, 1917.

James Picker, E. J. Morton as to .......... Elizabeth Greener, R. N. (Seal)
                                      Lillian Clayton, R. N. (Seal)
                                      [Jane A. Delano (Seal)
                                      Georgia Nevins (Seal)
                                      [Clara D. Noyes (Seal)

BY-LAWS

ARTICLE I

Membership

Section 1. Membership in the National League of Nursing Education shall consist of two classes:

a. Active.
b. Associate.

Sec. 2. An applicant for active membership shall qualify by:

a. Having graduated from a school of nursing accredited by the State Board of Nurse Examiners, the hospital with which the school is connected having a mini-
mum daily average of 30 patients, the course in theory and practice covering a period of not less than two years;

b. Having become a registered nurse in one or more states;

c. Being a member in good standing, resident or nonresident, of her Alumnae Association;

d. Being a member of the American Nurses' Association of the state in which she is residing;

e. Holding an advisory, executive or teaching position in an educational, preventive or government nursing organization;

f. Being recommended for active membership by the Committee on Eligibility.

Sec. 3. An applicant for active membership in the National League of Nursing Education may be accepted in one of three ways:

a. As a member of a Local League of Nursing Education which gives automatic membership into State and National Leagues of Nursing Education;

b. As a member of a State League where there is no Local League and which gives automatic membership into the National League of Nursing Education;

c. As an individual member in such instances as there is no State League of Nursing Education or upon special action by the Board of Directors.

Sec. 4. An applicant for associate membership shall qualify by:

a. Having graduated from a school of nursing accredited by the State Board of Nurse Examiners, the hospital with which the school is connected having a minimum daily average of 30 patients, the course in theory and practice covering a period of not less than two years;

b. Having become a registered nurse in one or more states;

c. Being a member in good standing, resident or nonresident, of her Alumnae Association;

d. Being enrolled as a student in university or college nursing courses, an executive or instructor in an accredited school of nursing, or in a hospital or school of nursing in a foreign country;

e. Being recommended for associate membership by the Committee on Eligibility or by special action by the Board of Directors.

Sec. 5. a. A State League of Nursing Education desiring to join the National League of Nursing Education shall make application on a blank form furnished by the Secretary or Executive Secretary. The form, after being properly filled in, meeting the requirements specified and to which is attached a card of approval of its Constitution and By-Laws, signed by the Chairman of the Committee on Revision of the National League of Nursing Education, shall be sent with a copy of the Constitution and By-Laws to the Executive Secretary.

b. Applicants for individual membership desiring to join the National League of Nursing Education shall make application on a blank form furnished by the Secretary or Executive Secretary. The form after being properly filled in shall be sent with the required dues to the Executive Secretary.

Sec. 6. An active or associate member in good standing in any State League who changes her residence to another state, may be admitted by transfer sent by the Secretary of the State League she is leaving to the Secretary of the State League to which she is going, entitling her to membership for the remainder of the fiscal year without further payment of dues. At that time she may continue her membership only through the State League of the state in which she is a resident.

Sec. 7. An active or associate member having withdrawn from the National League of Nursing Education, or whose membership has lapsed on account of non-
payment of dues, may be reinstated by making application on the regular form and by paying the regular annual dues for the current year.

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

**Article II**

**Officers**

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

**Article III**

**Elections**

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

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

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

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

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

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

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

**Article IV**

**Duties of the Board of Directors and Officers**

Section 1. The Board of Directors shall:

a. Hold a business meeting immediately preceding and immediately following each convention and shall meet at other times at the call of the President or at the request of five (5) or more members of the Board.

b. Transact the general business of the League in the interim between annual conventions.

c. Report to the League at each annual convention the business transacted by it during the preceding year.

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

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

f. Provide for the auditing of accounts.
g. Provide for the maintenance of National Headquarters and for the making of
this office the center of all activity of the League in connection with the American
Nurses’ Association and the National Organization for Public Health Nursing.
h. Appoint an Executive Secretary, define her duties and fix her compensation.
i. Appoint all standing committees not otherwise provided for.
j. Act upon applications for membership.
k. Determine the hours during which polls shall be open for election.
l. Supervise the affairs of the League, devise and mature measures for its growth
and prosperity.
Sec. 2. The President shall preside at all meetings of the Board of Directors
and Advisory Council and be a member, ex officio, of all committees.
Sec. 3. The Secretary shall:
a. Keep the minutes of the meetings of the Board of Directors and of the Ad-
visory Council.
b. Preserve all papers, letters, and records of all transactions, and have custody
of the corporate seal.
c. Present to the Board of Directors all applications for membership together
with the recommendations of the Committee on Eligibility.
d. Report to the Board of Directors at each annual convention or upon request.
e. Within one month after retiring, deliver to the new Secretary all books, papers
and reports of the League in her custody with a supplemental report covering all
transactions from January 1 to the close of the annual convention.
f. Send a notice of the annual convention to each member at least one month in
advance.
Sec. 4. The Treasurer shall:
a. Collect, receive and have charge of all funds of the League, and shall deposit
such funds in a bank designated by the Board of Directors.
b. Pay only such bills as have been ordered by the President.
c. Give a bond subject to the approval of the Board of Directors for the faithful
performance of her duties.
d. Report to the Board of Directors the financial standing of the League at each
annual convention and upon request.
e. Deliver, one month after retiring, to the new Treasurer all papers, books, rec-
ords, money of the League in her custody, with a supplemental report covering all
transactions from January 1 to the close of the annual convention.
Sec. 5. Necessary expenses incurred by officers or committees in the service of
the League and such portion of the necessary traveling expenses of the Directors
in attending meetings of the League shall be refunded from the general treasury
by order of the Board of Directors, if previously approved by them.
Sec. 6. Nonattendance upon three consecutive meetings without sufficient reason
will be considered a resignation. Notification for such nonattendance will be sent
by the Secretary.

ARTICLE V

Advisory Council

Section 1. The officers of the National League and the Presidents of the State
Leagues belonging to the National League shall constitute an Advisory Council.
Sec. 2. The duties of the Advisory Council shall be to keep the National League
informed of the progress of nursing education in the states represented and to co-
operate with the National League of Nursing Education.
Sec. 3. Meetings of the Advisory Council shall be held in connection with each annual convention, at such times as shall be designated in the program. The members shall be prepared to report on the work in their respective State Leagues.

Sec. 4. In the absence of the President a State League may be represented in the Advisory Council by an alternate appointed by the State League.

ARTICLE VI

Executive Secretary

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

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

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

ARTICLE VII

Standing Committees

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

a. Accrediting of Schools of Nursing.
b. Convention Arrangements.
c. Education.
d. Eligibility.
e. Finance.
f. Nominations.
g. Program.
h. Publications.
i. Study of Nursing Education in Colleges and Universities.

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

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

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

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

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

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

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

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

Sec. 9. The Committee on Study of Nursing Education in Colleges and Universities. This committee shall study existing university schools of nursing to the end that it may act as a source of information regarding the standards by which university schools of nursing may be judged.

Sec. 10. Each committee shall present a written report of its activities at the annual convention and at the January meeting, and keep the Executive Secretary informed of its work, as may be indicated, during the year.

**ARTICLE VIII**

**Dues**

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

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

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

*The individual member through the State League pays $3.00 plus State League dues, which are kept by the State League for its own expenses.
Sec. 4. Any State League or individual member failing to pay the annual dues by the first day of April shall receive a notice from the Treasurer, and if the dues are not paid within two months they shall have forfeited all privileges of membership. Active individual members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

Associate members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

ARTICLE IX

Meetings

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

Sec. 2. The order of business at each convention shall be in accordance with the program adopted at the beginning of the convention and shall include:

a. Annual reports of all officers.
b. Annual reports of all Presidents of all State Leagues of Nursing Education.
c. Annual reports of all Standing Committees.
d. Report of Instructors' Section.
e. Address of President.
f. Miscellaneous business.
g. Election of officers.
h. Reading of the minutes.

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

ARTICLE X

Representation

Section 1. The voting body at the Annual Convention of the National League of Nursing Education shall consist of active members of State Leagues in good standing, and individual active members in good standing.

Sec. 2. The associate members shall have no vote at State or National meetings.

ARTICLE XI

Quorum

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

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

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

ARTICLE XII

Fiscal Year

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

ARTICLE XIII

Application of the Term "State League"

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

ARTICLE XIV

Duties of States Leagues

It shall be the duty of each State League:

a. To know that all requirements for membership in the State and Local Leagues
meet the requirements for membership in the National League of Nursing Educa-
tion;

b. To know that the dues are paid by the first day of April of each year on the
basis of membership the first day of March of each year;

c. To send to the President, Secretary and Executive Secretary of the National
League of Nursing Education and to The American Journal of Nursing, the names
and addresses of all officers, immediately after their election or appointment, to-
gether with the date and place of their next annual meeting;

d. To report the activities of the State and Local Leagues at the annual conven-
tion, and at such other times as may be required;

e. To confer with the Committee on Revision of the National League of Nursing
Education, regarding changes in their State Constitution and By-Laws; all such
changes to be made shall have attached to them a card of approval, signed by the
Chairman of the Committee on Revision of the National League of Nursing Edu-
cation, before presented to the State League for action; upon the adoption of any
changes by a State League, three copies of the changes adopted, accompanied by
the card of approval, shall be sent to the Executive Secretary, one copy shall be
retained at National Headquarters, one copy sent to the Secretary and one to the
Chairman of the Committee on Revision;

f. To help organize Local Leagues when desired;

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

ARTICLE XV

Parliamentary Authority

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

ARTICLE XVI

The Official Organ

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

ARTICLE XVII

Amendments

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

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

HONORARY MEMBERS

Beard, Richard, O., M.D. .... University of Minnesota, Minneapolis, Minn.
Boardman, Mabel T. .......... The American Red Cross, Washington, D. C.
Bolton, Chester C. (Mrs.) .... Franchester Farm, South Euclid, Ohio
Penwick, Bedford (Mrs.) .... 39, Portland Place, London W. 1, England
Jenkins, Helen Hartley (Mrs.) ... 232 Madison Avenue, New York, N. Y.
Jones, M. Cadwalader (Mrs.) .. 21 East 11th Street, New York, N. Y.
Lockwood, Charles (Mrs.) .. 295 Markham Place, Pasadena, Cal.
Osborne, Wm. Church (Mrs.) ... 40 East 36th Street, New York, N. Y.
Winslow, C.-E. A., D.P.H. .... School of Public Health, Yale University, New Haven, Conn.

LIFE MEMBERS

Alline, Anna L. ............... Memorial Hospital, Albany, N. Y.
Snively, Mary A. .............. 50 Maitland Street, Toronto, Ont., Canada

ASSOCIATE MEMBERS

Harrell, Virginia .............. American Hospital of Paris, Neuilly-sur-Seine, Paris, France
Lawrie, Annie Florence ...... Royal Alexandra Hospital, Edmonton, Alberta, Canada
Macaraig, Enriqueta .......... Philippine General Hospital, Manila, Philippine Islands
Molina, Martina Guevara ..... San Lazaro 476, Habana, Cuba
Read, Elsie A. ................ British American Hospital, Callao, Peru, South America
Van Zandt, Jane Elizabeth ... American University, Beirut, Syria
ACTIVE MEMBERS

ALABAMA

McFadden, Anne E. .......... T. C. I. Employees' Hospital, Fairfield
MacLean, Helen .......... Norwood Hospital, Birmingham
Newington, Jeanne .......... South Highland Infirmary, Birmingham
Sister Emile .......... St. Vincent's Hospital, Birmingham

ARIZONA

Beecroft, Laura A. .......... U. S. Veterans' Hospital No. 51, Tucson
Hefner, Augusta J. .......... St. Joseph's Hospital, Phoenix
Sister M. Aloysius Phelan .. St. Joseph's Hospital, Phoenix
Sister M. Berchmans .......... St. Joseph's Hospital, Phoenix

ARKANSAS

Buffalo, Rachel E. .......... St. Joseph's Hospital, Hot Springs
MacNally, Mary Agnes .......... Ozark Sanatorium, Hot Springs
Rose, Daisy .......... Baptist Hospital, Little Rock
Sister M. Hilda .......... St. Bernard's Hospital, Jonesboro
Sister M. Pia .......... St. Bernard's Hospital, Jonesboro

CALIFORNIA

Alford, Marian .......... 3698 California Street, San Francisco
Angus, Olive C. .......... 1414 South Hope Street, Los Angeles
Atkinson, Sidney Mae .......... Fabiola Hospital, Oakland
Bachinger, Elizabeth .......... 1322 North Vermont Avenue, Los Angeles
Bagley, Alice .......... 600 Stockton Street, San Francisco
Baldwin, Ione .......... 1155 Pine Street, San Francisco
Barnes, Sarah Bessie .......... County Hospital, San Diego
Bates, Alta .......... 3000 Regent Street, Berkeley
Belli, Rose M. .......... St. Luke's Hospital, San Francisco
Bertold, Hedda Evelyn .......... 4309 Gilbert Street, Oakland
B'Vend, Olga Elizabeth .......... Hospital of the Good Samaritan, Los Angeles
Black, Margaret Nancy .......... Pasadena Hospital, Pasadena
Bloom, Sara H. .......... 1401 East 14th Street, Oakland
Blumenthal, Ann .......... 1322 North Vermont Avenue, Los Angeles
Borg, Martha E. .......... White Memorial Hospital, Los Angeles
Bowers, Marian H. .......... Box 17, Loma Linda
Boyce, Ada M. .......... Children's Hospital, San Francisco
Brown, Elizabeth Helen .......... 4432 Kinswell Avenue, Los Angeles
Bruce, Mary Dickson .......... 4616 Sunset Boulevard, Los Angeles
Bryan, Edith .......... University of California, Berkeley
Caffin, Freda M. .......... 1982 Broadway, San Francisco
Campbell, Elizabeth F. .......... 1212 Shatto Street, Los Angeles
Castile, Pearl Ida .......... Pasadena Hospital, Pasadena
Chaffey, Shiesta Ellswood .......... San Bernardino General Hospital, San Bernar-dino
Christofferson, Olga .......... 1322 North Vermont Avenue, Los Angeles
Church, Ellen E. .......... French Hospital, San Francisco

224
COBBAN, FRANKE F. .................. St. Helena Sanitarium, St. Helena
COBY, MARY HELEN ................. White Memorial School of Nursing, Los Angeles

COLE, MARY L. ...................... University Hospital, San Francisco
CORBETT, MARY M. ................ Alta Bates Hospital, Berkeley
CURTIS, MATILDA S. ............... St. Joseph's Hospital, San Francisco
DAGGER, RILLA H. .................. 312 North Boyle Avenue, Los Angeles
DAVIS, LINAL ....................... Knapp College of Nursing, Santa Barbara

DAVIS, MARY ELIZABETH .......... 335 State Building, San Francisco

DECEU, CLARE L. .................. U. S. Navy Department, San Diego
DEUTSCH, NAOMI .................... 1636 Bush Street, San Francisco

DOUGLASS, KATE S. ............... 7227 Franklin Avenue, Los Angeles
DOWNIE, OCTAVIA ................. 630 Mariposa Avenue, Oakland

DOZIER, S. GOTEA ................... 2037 Larkin Street, San Francisco

EASLEY, MARY RIVES .............. 1100 Mission Road, Los Angeles
EBINGER, ANNA ..................... Mercy Hospital, Bakersfield
EDGAR, MARY ....................... 1212 Shatto Street, Los Angeles

ELLIS, RUTH J. ..................... 2395 Pacific Avenue, San Francisco

ESTES, LEOTA ...................... Box 222, Loma Linda

FERENS, MARGARET S. ............. 3204 East 23rd Street, Oakland
FITZGERALD, MARY C. E. .......... 2028 Howard Avenue, San Diego

FLINN, RUTH M. .................... 1259 Fifth Avenue, San Francisco

FOLENDORE, GERTRUDE R. ....... Shriners' Hospital, San Francisco

FORES, KATHLEEN M. ............. Third and Parnassus Avenue, San Francisco

FORTH, FANNIE R. ................. Methodist Hospital, Los Angeles

FOSTER, MARIAN B. ............... Alta Bates Hospital, Berkeley

FRANKLIN, DOROTHY Dobbins .... Route 11, Box 47, Pasadena

GABBARD, MARGARET ............... 1100 Mission Road, Los Angeles

GILLEN, ROSE M. .................. 214 Haight Street, San Francisco

GORMAN, BERNICE L. ............. French Hospital, San Francisco

GOSS, ELEANOR CLAIRE .......... Highland Hospital, Oakland

GOSS, ETHEL E. ................... Children's Hospital, San Francisco

GRUBB, FLORENCE C. .............. Alameda Sanitarium, Alameda

GUSTAFSON, RUTH H. .............. San Francisco Hospital, San Francisco

GUTERMUTE, HARRIET S. .......... 610 Parnassus Avenue, San Francisco

HAIG, RENA ......................... Civic Auditorium, San Francisco

HALL, MARION C. ................ Barlow Sanitarium, Los Angeles

HALL, MARY IRENE ................ 6101 Doncaster Place, Oakland

HANSEN, HELEN F. ................. Bureau of Registration of Nurses, State Office Building, Sacramento

HARRIS, MATILDA .................. Highland Hospital, Oakland

HARTLEY, FLORENCE ............... St. Luke's Hospital, San Francisco

HARTLEY, HELEN S. ............... 130 South America Street, Stockton

HARTMAN, THERMA FAY ............ 4660 Sunset Boulevard, Los Angeles

HASSETT, MAY A. .................. Merritt Hospital, Oakland

HERRELL, CARMEN ................. 139 Hugo Street, San Francisco

HOLT, GERTRUDE M. .............. Fresno General Hospital, Fresno

HORNBEEK, BESS C. ............... Seaside Hospital, Long Beach

HOWLAND, MARY S. ............... 1100 Mission Road, Los Angeles

HUGHES, ANNA A. .................. Mater Misericordiae Hospital, Sacramento
<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Ingmire, Alice E.</td>
<td>Santa Clara County Hospital, San Jose</td>
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<td>Jordan, Mary Esther</td>
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<td>Keating, Mary H.</td>
<td>2301 Bellevue Avenue, Los Angeles</td>
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<td>Kellogg, Lila Pierce</td>
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<td>Linquist, Elizabeth</td>
<td>445 Homer Avenue, Palo Alto</td>
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<td>Logee, Eva Bothwell</td>
<td>San Francisco Hospital, San Francisco</td>
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<td>Glendale Sanitarium, Glendale</td>
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<td>Martin, Anna Woolf</td>
<td>Sacramento Hospital, Sacramento</td>
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<td>Mason, Ruth Elizabeth</td>
<td>University Hospital, San Francisco</td>
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<td>Maxwell, Mary Myrtle</td>
<td>668 Witmer Street, Los Angeles</td>
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<td>Meikle, Jessie W.</td>
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<td>Mitchell, Elsie</td>
<td>French Hospital, San Francisco</td>
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<td>Moebe, Lena E.</td>
<td>952 South New Hampshire Street, Los Angeles</td>
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<td>2200 Post Street, San Francisco</td>
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<td>Hospital of the Good Samaritan, Los Angeles</td>
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<td>Moyer, Louise M.</td>
<td>4417 Towne Avenue, Los Angeles</td>
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<td>Sacramento Hospital, Sacramento</td>
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</table>
MULVANE, Gabrielle Tissot
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NELSON, Elvira
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NELSON, Esther I.
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OLSON, Harriet
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2826 South Hope Street, Los Angeles

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Los Angeles County Hospital, Los Angeles

POLLEY, Angeline R.
938 Post Street, San Francisco

POPE, Amy
1523 Sacramento Street, San Francisco

PORTER, Nellie M.
3654 Columbia Avenue, Los Angeles

PRALL, Laura
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Conrad, Dorothy Watkins Visiting Nurse Association, Denver
Cushman, Oca Children's Hospital, Denver
Dalton, Carol Colorado General Hospital, Denver
Dickey, Gladys Colorado General Hospital, Denver
Dwyer, Margaret Mary St. Joseph's Hospital, Denver
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Howertor, Anna Caroline Colorado General Hospital, Denver
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<thead>
<tr>
<th>Name</th>
<th>Address/Location</th>
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<td>BALLARD, Miriam Frye</td>
<td>Apt. 47, 1701 Oregon Avenue, Washington</td>
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<td>BOWLING, Gertrude H.</td>
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<td>BLACKMAN, Josephine W.</td>
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<td>BOWMAN, Josephine Beatrice</td>
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<td>Hay Adams House, Washington</td>
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<td>CADEL, Inez Louise</td>
<td>1900 F Street, N.W., Washington</td>
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<td>CARMODY, Mary Margaret</td>
<td>Children's Hospital, Washington</td>
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<td>CHAVEZ, Thelma S.</td>
<td>Sibley Memorial Hospital, Washington</td>
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<td>CONNOR, Mary Catherine</td>
<td>2308 Ashmead Place, N.W., Washington</td>
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<td>DEMPSEY, Elizabeth</td>
<td>Homeopathic Hospital, Washington</td>
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<td>DUTTON, Harriett Riley</td>
<td>1705 C Street, S.E., Washington</td>
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<td>FISH, Janet</td>
<td>Central Dispensary and Emergency Hospital, Washington</td>
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<td>FLIKKE, Julia O.</td>
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<td>GAFFNEY, Mary Clare</td>
<td>16 7th Street, S.W., Washington</td>
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<td>HAMILTON, Margaret</td>
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<td>HASSELBUSCH, Charlotte</td>
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<td>McAfee, Bertha E.</td>
<td>1337 K Street, N.W., Washington</td>
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<td>Martin, Myrtle M.</td>
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<td>MAYER, Betty Wright</td>
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<td>Stilwell, Florence Belle</td>
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<td>Torin, Mary Winifred</td>
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<td>White, Lyda Arnold</td>
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<td>Wilson, Emma</td>
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<td>Adkins, Katherine</td>
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<td>Benham, Louisa Bryan</td>
<td>McMeekin Place, Hawthorne</td>
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<td>Hammond, Emma Bernice</td>
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<td>Kennedy, Mary C.</td>
<td>Jackson Memorial Hospital, Miami</td>
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<td>Laird, Grace P.</td>
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<td>Leach, Julia May</td>
<td>Halifax District Hospital, Daytona Beach</td>
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<td>Lyon, Lucy E.</td>
<td>St. Luke's Hospital, Jacksonville</td>
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<td>Mackey, Rose C.</td>
<td>Jackson Memorial Hospital, Miami</td>
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<td>Miller, Gladys Townsend</td>
<td>St. Luke's Hospital, Jacksonville</td>
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<td>Miscally, Elizabeth</td>
<td>Good Samaritan Hospital, West Palm Beach</td>
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<td>Pagonis, Margaret</td>
<td>Good Samaritan Hospital, West Palm Beach</td>
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<td>Payne, Lulu B.</td>
<td>Jackson Memorial Hospital, Miami</td>
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<td>Riley, Georgia H.</td>
<td>Jackson Memorial Hospital, Miami</td>
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<tr>
<td>Ryan, Otta M.</td>
<td>St. Luke's Hospital, Jacksonville</td>
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<tr>
<td>Sister Margarette Crotty</td>
<td>St. Vincent's Hospital, Jacksonville</td>
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<td>Spears, Sarah W.</td>
<td>Riverside Hospital, Jacksonville</td>
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<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>
</tr>
<tr>
<td>Wilson, Jane</td>
<td>St. Luke's Hospital, Jacksonville</td>
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<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>
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<td>Bass, Minnie B.</td>
<td>Wesley Memorial Hospital, Emory</td>
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<td>Brown, E. Alma</td>
<td>University Hospital, Augusta</td>
</tr>
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<td>Byers, Cora E.</td>
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<td>Campbell, Mary</td>
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<td>Candlish, Jessie M.</td>
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<tr>
<td>Cumbee, Lillian</td>
<td>Piedmont Hospital, Atlanta</td>
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<tr>
<td>Davis, Effie</td>
<td>Patterson Hospital, Cuthbert</td>
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<td>Dillon, Josephine Ann</td>
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<tr>
<td>Duke, Lillian N.</td>
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<tr>
<td>Feebeck, Annie Bess</td>
<td>Grady Hospital, Atlanta</td>
</tr>
</tbody>
</table>
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JOHNSON, CHARLOTTE .........637 South Wood Street, Chicago
JOHNSON, HAZEL M. ..........2449 South Dearborn Street, Chicago
JOHNSON, VIVIAN WINIFRED ....4614 Lake Parke Avenue, Chicago
JONES, LUCILLE R. ..........426 East 51st Street, Chicago
KALLAS, M. CATHERINE .......1044 North Francisco Avenue, Chicago
KEARLEY, MIMI .................4058 Melrose Avenue, Chicago
KENDALL, JESSIE ..........637 South Wood Street, Chicago
KENNEDY, MAY .................6400 Irving Park Boulevard, Chicago
KNAPP, BERTHA L. ..........2449 South Dearborn Street, Chicago
KNUTSON, RUTH E. ..........509 South Honore Street, Chicago
KOCHLING, AGNES ..........509 South Honore Street, Chicago
KOENIG, ANNA .................2750 West 15th Place, Chicago
KOGER, ORPHA E. ..........6400 Irving Park Boulevard, Chicago
KOHL, JENNIE MARIE .......426 Addison Street, Elgin
KOLANDER, ESTHER J. .......Postgraduate Hospital, Chicago
KOST, CASSIE ELIZABETH ......509 South Honore Street, Chicago
KOVAR, ANN FRANCES .......2449 South Dearborn Street, Chicago
KRICK, JOSEPHINE .........2816 Ellis Avenue, Chicago
KVMME, FLORA ELINA .........934 Center Street, Elgin
KYLE, ETHEL B. ..........Kewanee Public Hospital, Kewanee
LEACH, JANE .................2449 South Dearborn Street, Chicago
LEVINE, DORA ..........Mount Sinai Hospital, Chicago
LEVREAU, HATTIE ..........Dixon State Hospital, Dixon
LEWIS, DOLLIE ANN .........Wesley Hospital, Chicago
LIGHTBODY, ELSETH MCMURDO .518 North Austin Boulevard, Oak Park
LOGAN, LAURA R. ..........509 South Honore Street, Chicago
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logan, Lucy Jean</td>
<td>707 Fullerton Avenue, Chicago</td>
</tr>
<tr>
<td>Looby, Mary Catherine</td>
<td>5738 South Sacramento Avenue, Chicago</td>
</tr>
<tr>
<td>Lowe, Edna M.</td>
<td>1517 South Michigan Avenue, Chicago</td>
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<tr>
<td>Lutz, Zoe</td>
<td>Findlay</td>
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<tr>
<td>McCleery, Ada Belle</td>
<td>2650 Ridge Avenue, Evanston</td>
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<tr>
<td>McCune, Gladys</td>
<td>509 South Honore Street, Chicago</td>
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<tr>
<td>McLaughlin, Jane R.</td>
<td>1819 West Polk Street, Chicago</td>
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<td>McMillan, M. Helena</td>
<td>1750 West Congress Street, Chicago</td>
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<tr>
<td>Marsden, Esther Wang</td>
<td>Presbyterian Hospital, Chicago</td>
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<tr>
<td>Martin, Grace Glee</td>
<td>4756 Drexel Boulevard, Chicago</td>
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<tr>
<td>Mattson, Anna E.</td>
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<td>Millard, Nellie D.</td>
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<tr>
<td>Miller, Irene Trumble</td>
<td>208 North Wildwood Avenue, Kankakee</td>
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<td>Miller, Virginia B.</td>
<td>195 East Chestnut Street, Chicago</td>
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<td>Mitchell, Ruth E.</td>
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<td>Moench, Malinda</td>
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<td>Moran, Berneta Frances</td>
<td>950 East 59th Street, Chicago</td>
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<td>Moreau, Helen</td>
<td>2816 Ellis Avenue, Chicago</td>
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<td>Mosiman, Margaret Alice</td>
<td>1917 Wilson Avenue, Chicago</td>
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<tr>
<td>Muraro, Frances Antoinette</td>
<td>1200 Gilpin Place, Chicago</td>
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<tr>
<td>Nelson, Anna</td>
<td>509 South Honore Street, Chicago</td>
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<td>Nelson, Augusta M.</td>
<td>1856 North Sawyer Avenue, Chicago</td>
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<tr>
<td>Nelson, Carrie</td>
<td>212 Pennsylvania Avenue, Peoria</td>
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<td>Nelson, Lillie H.</td>
<td>Illinois Masonic Hospital, Chicago</td>
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<tr>
<td>Nelson, Selma E.</td>
<td>5145 North California Avenue, Chicago</td>
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<tr>
<td>Newkirk, Mildred</td>
<td>Kewanee Public Hospital, Kewanee</td>
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<tr>
<td>Newman, Edna Sadie</td>
<td>509 South Honore Street, Chicago</td>
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<td>Nord, Ragna</td>
<td>1138 North Leavitt Street, Chicago</td>
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<td>Northwood, Maud M.</td>
<td>Burnham City Hospital, Champaign</td>
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<tr>
<td>Odell, Elizabeth</td>
<td>Evanston Hospital, Evanston</td>
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<tr>
<td>Oliver, Edith May</td>
<td>1622 West Jackson Boulevard, Chicago</td>
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<td>Olmstead, Florence</td>
<td>2710 Prairie Avenue, Chicago</td>
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<tr>
<td>Olson, Helen E.</td>
<td>427 Garfield Avenue, Chicago</td>
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<td>O'Shea, Lyda</td>
<td>4322 Drexel Boulevard, Chicago</td>
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<tr>
<td>Owen, Ida R.</td>
<td>5421 South Morgan Street, Chicago</td>
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<tr>
<td>Paul, Elizabeth</td>
<td>1200 Gilpin Place, Chicago</td>
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<tr>
<td>Peterson, Ada Josephine</td>
<td>1519 West Warren Boulevard, Chicago</td>
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<tr>
<td>Place, Sara B.</td>
<td>203 North Wabash Avenue, Chicago</td>
</tr>
<tr>
<td>Ploeger, Millie E.</td>
<td>420 South Harlem Avenue, Freeport</td>
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<tr>
<td>Poindecker, Ruth Wadsworth</td>
<td>St. Luke's Hospital, Chicago</td>
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<tr>
<td>Pollock, Helen M.</td>
<td>411 Garfield Boulevard, Chicago</td>
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<tr>
<td>Powell, Katherine C.</td>
<td>628 University Place, Evanston</td>
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<tr>
<td>Raasch, Edna</td>
<td>1044 North Francisco Avenue, Chicago</td>
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<tr>
<td>Raymond, Dorothy May</td>
<td>950 East 59th Street, Chicago</td>
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<tr>
<td>Rockwell, Emily</td>
<td>Lexington Hotel, Chicago</td>
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<tr>
<td>Rosenbahl, Geda J.</td>
<td>1044 North Francisco Avenue, Chicago</td>
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<tr>
<td>Russell, May L.</td>
<td>1750 West Congress Street, Chicago</td>
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<tr>
<td>Savage, Marie Peterson</td>
<td>310 Buell Avenue, Joliet</td>
</tr>
<tr>
<td>Scherer, Elizabeth</td>
<td>509 South Honore Street, Chicago</td>
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<tr>
<td>Schultejann, Kathryn A.</td>
<td>2875 West 19th Street, Chicago</td>
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</table>
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SISTER MARY BERNADETTE ......... 767 30th Street, Rock Island
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WEBER, MINNIE R. ..............606-610 East Main Street, Olney
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McCRACKEN, MABEL C. ..........St. Mary's Hospital, Evansville
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SISTER ROSE .................St. Vincent's Hospital, Indianapolis
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SMITH, BERNETHA ............Reid Memorial Hospital, Richmond
SPRINGE, ELIZABETH .........Huntingdon County Hospital, Huntingdon
SWEETMAN, ELIZABETH THERESA .Sunnyside Sanatorium, Oaklandon
URFJOHN, GERTRUDE ..........Deaconess Hospital, Evansville
WALSH, MARY T. .............St. Mary's Mercy Hospital, Gary
WILKINSON, MYRTLE E. .......412 South East Fourth Street, Evansville
WILLIS, EDITH G. ............Good Samaritan Hospital, Vincennes
WOLBACH, FLORA E. ...........Union Hospital, Terre Haute
ZURSTADT, CLARA LOUISE ......1100 West Illinois Street, Evansville

IOWA

BRAMMER, LYDIA ANN ..........Lutheran Hospital, Hampton
CAIRNS, SYLVIA ANNIE ......State University Hospital, Iowa City
CORDER, LOIS BLANCHE ......State University Hospital, Iowa City
DRAEGER, LUCY C. ...........Jane Lamb Hospital, Clinton
ELDER, MARY L. ..............Burlington Hospital, Burlington
HEIN, MARTHA ...............Lutheran Hospital, Hampton
HENDERSON, LAURA ..........Broadlawns Hospital, Des Moines
HIERSTEIN, HELEN ..........Finley Hospital, Dubuque
HOBBS, ALIDA A. .............Iowa Methodist Hospital, Des Moines
HUTCHINSON, FRANCES G. ...551 Franklin Avenue, Council Bluffs
JACKSON, ESTHER T. ........Lutheran Hospital, Sioux City
JACOBSEN, MILLIE A. .......Iowa Lutheran Hospital, Des Moines
KLEIN, HARRIET ..............State University Hospital, Iowa City
LACEY, KATHERINE M. .......St. Vincent's Hospital, Sioux City
LINDSAY, LOLA ..............University of Iowa Hospital, Iowa City
MCAHREN, MYRTLE ............St. Luke's Hospital, Cedar Rapids
MCGURK, BLANCHE C. ..........University Hospital, Iowa City
MURRAY, CORA GAUGER .......Jefferson County Hospital, Fairfield
NORTON, MERYL ..............Burlington Hospital, Burlington
PAGE, MARY .................2714 Pierce Street, Sioux City
SHELEY, VERDA ...............Methodist Hospital, Sioux City
SISTER ERNA SCHWEER .......Evangelist Deaconess Hospital, Marshalltown
SISTER MARY ALBERTA .........Mercy Hospital, Council Bluffs
SISTER MARY BEATRICE .......St. Joseph's Mercy Hospital, Sioux City
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SISTER MARY CAMILLUS ........Mercy Hospital, Council Bluffs
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SISTER MARY DEODATA FROELICH ...St. Anthony Hospital, Carroll
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SISTER MARY IMMACULATA .......St. Joseph's Hospital, Centerville
SISTER MARY IRENE ..............Merry Hospital, Davenport
SISTER MARY MAGDALENE ........Merry Hospital, Marshalltown
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SISTER MARY PLACID .............St. Joseph's Hospital, Sioux City
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SISTER MARY THOMAS .............Merry Hospital, Des Moines
SQUIRE, ESTHER MAY .......Community Hospital, Grinnell
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SUTTON, MAUDE E. ..............State Department of Health, Des Moines
STODDARD, MARGARET M. .......Newton Hospital, Newton
WESSLUND, FLORENCE H. .......Iowa Methodist Hospital, Des Moines
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BAUMGARTNER, BERTHA IDA ...Halstead Hospital, Halstead
DAVIS, BEULAH GUSTIN .......Axtell Christian Hospital, Newton
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MEKER, VERA JOSEPHINE ......Epworth Hospital, Liberal
MILLER, CORA ABBIE .........Newman Memorial Hospital, Emporia
PACE, BERTHA ELIZABETH ....Clay Center Hospital, Clay Center
PAPASS, FLORENCE R. ..........Bell Memorial Hospital, Kansas City
SANDERSON, ELSIE M. ........Epworth Hospital, Liberal
SCHAPLOWSKY, MARTHA M. ....Halstead Hospital, Halstead
SISTER LENA MAE SMITH ......Bethel Deaconess Hospital, Newton
SISTER MARIA DORA RICHERY ...Bethel Deaconess Hospital, Newton
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SISTER MARY TERESA SCHICK ...St. Francis Hospital, Wichita
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BECKMAN, Ida .................... 922 South Sixth Street, Louisville
BLAIR, MABEL VINCENT .......... City Hospital, Bowling Green
BRECKENRIDGE, Mary ............. Hyden, Leslie County
CARR, VIRGINIA .................... Sts. Mary and Elizabeth Hospital, Louisville
CARTWRIGHT, ELLA G. ............. U. S. Marine Hospital, Louisville
COWLES, ANNETTE B. ............. Children's Free Hospital, Louisville
CLARK, ALICE ..................... Sts. Mary and Elizabeth Hospital, Louisville
CONWAY, EMMA LOUISE .......... 1412 Short Avenue, Louisville
DENVER, NINA M. ................. Deaconess Hospital, Louisville
EAST, MARGARET L. .............. 409 Fountain Court, Louisville
FOREMAN, MARY E. ............... City Hospital, Louisville
FRAZER, JAY ..................... Jewish Hospital, Louisville
GAGGS, ALICE M. ................ Norton Memorial Infirmary, Louisville
GIBSON, FLORENCE ISABELL ....... College Hospital, Berea
GIBSON, LELAH DALE ............. Massie Memorial Hospital, Paris
GREATHOUSE, JESSIE ............. Shriners' Hospital, Lexington
GREIFENKAMP, AGNES JANE ......... Doctors' Building, Covington
HAFER, GEORGE LORENA .......... Berea College Hospital, Berea
HAYES, LUCY MABEL .............. Shriners' Hospital, Lexington
HICKS, VIRGINIA H. .............. Norton Memorial Infirmary, Louisville
HOUSTON, EDNA PEARL ............ Booth Memorial Hospital, Covington
JOHNSON, LAKE ................... Good Samaritan Hospital, Lexington
JOHNSON, MARY CELIA ........... Good Samaritan Hospital, Lexington
KEEN, FLORA E. ................. 416 West Breckenridge Street, Louisville
KRAEWEISE, EMMA HUNT .......... 2513 Glenmary Avenue, Louisville
LIGHTSEY, CAROLYN T. ........... Wickliffe, Ballard County
LOCKHART, ANNA F. ............. Riverside Hospital, Paducah
LUSBY, BEATRICE ................. Louisville City Hospital, Louisville
MCDONALD, BETTY W. .......... 215 East Walnut Street, Louisville
MARTIN, VIRGINIA P. .......... 227 North Upper Street, Lexington
MASTERSION, STELLA MARY ....... St. Anthony's Hospital, Louisville
MERRIFIELD, RUTH .............. 529 South Eighth Street, Louisville
MEYER, RITA CATHERINE ......... St. Anthony's Hospital, Louisville
MORIARTY, VERA M. .............. Mason Hospital, Murray
MURPHY, HONOR ................. 96 Valley Road, Castlewood, Louisville
O’ROE, AGNES ELIZABETH ....... 982 Eastern Parkway, Louisville
PAYNE, BEATRICE ............... Norton Memorial Infirmary, Louisville
PARELEGE, EMMA ................. 1401 South 28th Street, Louisville
POTTINGER, LOUKEE ............. Kentucky Baptist Hospital, Louisville
PURCELL, LILLIAN MAE .......... Massie Memorial Hospital, Paris
RAU, KATHERINE LOUISE ........ Norton Memorial Infirmary, Louisville
RAVENSCRAFT, LAURA ESTHER .... Norton Memorial Infirmary, Louisville
RYAN, ANNA H. ................. Jewish Hospital, Louisville
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TAYLOR, NOLA .................. Middlesboro Hospital, Middlesboro
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CLAIBORNE, FRANCES ......... Touro Infirmary, New Orleans
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JANVIER, CELESTE .......... Touro Infirmary, New Orleans
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KORNOLD, JANET FENMORE .... Touro Infirmary, New Orleans
MCMAHON, MARY A. .......... St. Francis Sanitarium, Monroe
MARTIN, NANCIE MAE .......... Hotel Dieu, New Orleans
MATHER, HARRIET L. ......... Southern Baptist Hospital, New Orleans
MYERS, DELLA E. ............. General Hospital, Baton Rouge
NEWBIL, KATHERINE W. ....... Touro Infirmary, New Orleans
NEWMAN, PEARL MCBRIDE ..... 264 Robinson Place, Shreveport
PAGAUD, MARY VIRGINIA ...... 362 Audubon Building, New Orleans
PRICE, MARGARET A. ......... Hotel Dieu, New Orleans
SAMPLE, DIXIE MARGARET ... 2700 Napoleon Avenue, New Orleans
SCHMITT, SADIE FAGAN ....... 701 South Orange Street, Monroe
SISTER ANNE AYCOCK ......... Charity Hospital, New Orleans
SISTER BONIFACE KEMP ....... Charity Hospital, New Orleans
SISTER CELESTINE STROSINA ... Hotel Dieu, New Orleans
THIRTY-SIXTH ANNUAL CONVENTION

SISTER GONZAGA WALL ...........Charity Hospital, New Orleans
SISTER HENRIETTA DEISSKE ......St. Francis Sanitarium, Monroe
SISTER KOSTKA SWOBODA ......Charity Hospital, New Orleans
SISTER MARIE DE BETHANIE
Crowley ................................Our Lady of the Lake Sanitarium, Baton Rouge
SISTER MARIE DE NAZARETH
McGuin ................................St. Francis Sanitarium, Monroe
SISTER MARIE EVANGELIST
L'ESTRANGE .............................Mercy Hospital, New Orleans
SISTER MARIE MADELINE
Lemoine .................................Our Lady of the Lake Sanitarium, Baton Rouge
SISTER MARY BENIGNUS CROWLY .Schumpert Sanitarium, Shreveport
SISTER MARY BRIGID BROUSSARD ..1326 Annunciation Street, New Orleans
SISTER MARY INCARNATION
McGowan ...............................Schumpert Sanitarium, Shreveport
SISTER MARY IRENE BROUSSARD ..1321 Annunciation Street, New Orleans
SISTER MARY JOSEPH WALSH ........1321 Annunciation Street, New Orleans
SISTER MARY PATRICA HENNESSY .Our Lady of the Lake Sanitarium, Baton Rouge
SISTER ROBERTA DEGNAN ............Hotel Dieu, New Orleans
SMITH, ANNIE L. ......................2605 Pyrtania Street, New Orleans
STEWART, STELLA ....................Highland Sanitarium, Shreveport
STUART, MARY .........................Charity Hospital, New Orleans
TEBO, JULIE C. .......................1329 Seventh Street, New Orleans
TOURNON, ARMANDE ..................Hotel Dieu, New Orleans
WALDRUN, BENNIE ...................Highland Sanitarium, Shreveport
WATSON, FLORENCE MABEL .............Tri-State Hospital, Shreveport
WRIGHT, CHRISTINE ..................Charity Hospital, New Orleans

MAINE

BAILEY, HARRIET ..............28 Grant Street, Bangor
BRYANT, MARGARET ANNETTE ........Eastern Maine General Hospital, Bangor
Daly, ELLEN C. ..................Rockland Hospital, Rockland
HENNESSY, AGNES V. ............Rumford Community Hospital, Rumford
INCH, EBBIE MOTT .................Augusta State Hospital, Augusta
LUFFOLD, MARIE LOUISE .......Maine General Hospital, Portland
MACKAY, MARY JANE .............Eastern Maine General Hospital, Bangor
OSBORNE, MARY R. ...............Maine General Hospital, Portland
OTTO, MARGARET TAYLOR ......Maine General Hospital, Portland
SISTER AMANDA POIRIER .........318 Sabattus Street, Lewiston
SISTER EULALIA HARBAUGH ......Sisters' Hospital, Waterville
SISTER FRANCIS MALONEY ......Sisters' Hospital, Waterville
WESCOTT, ALICE MARIA ...........Central Maine General Hospital, Lewiston

MARYLAND

AUDL, HARRIET ......................Johns Hopkins Hospital, Baltimore
BALL, ROBERTA L. ..............Union Memorial Hospital, Baltimore
BARLEY, HELEN CONKLING ........604 Reservoir Street, Baltimore
BELYEA, MARGARET S. ...........Sheppard and Enoch Pratt Hospital, Towson
BRANLEY, FRANCES M. ............University Hospital, Baltimore
CRAIGEN, CLAIRE .................Union Memorial Hospital, Baltimore
MEMBERS

CRAWFORD, HELEN HAMILTON ... Johns Hopkins Hospital, Baltimore
CREUTZBURG, FRED A ... Church Home and Infirmary, Baltimore
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CRISMAN, MARION ... Union Memorial Hospital, Baltimore
DURRANT, CONSTANCE S ... Church Home and Infirmary, Baltimore
ELLINGT, MARGARET ... Church Home and Infirmary, Baltimore
EWING, MAUD L ... Johns Hopkins Hospital, Baltimore
FORRESTER, CLARA ... Maryland General Hospital, Baltimore
FREDERICK, HESTER K ... Johns Hopkins Hospital, Baltimore
FRIEND, MARTHA E ... 604 Reservoir Street, Baltimore
GALLAGHER, ELIZABETH A ... Emergency Hospital, Annapolis
GARDNER, MAUD M ... Hospital for Women of Maryland, Baltimore
GASSAWAY, HELEN M ... Church Home and Infirmary, Baltimore
GOUGH, MARGARET ... 1800 North Charles Street, Baltimore
GROSS, ELSIE ... South Baltimore General Hospital, Baltimore
HAY, MARIE N ... Johns Hopkins Hospital, Baltimore
HEARN, GERTRUDE AMY ... Sheppard and Enoch Pratt Hospital, Towson
HILDEBRANDT, MARY A ... Hospital for Women of Maryland, Baltimore
HOFFMAN, BERTHA ... University Hospital, Baltimore
HOKE, LILLIE R ... University Hospital, Baltimore
JAMES, S EDYTH TERRILL ... Washington Sanitarium and Hospital, Takoma Park
KELLER, KATHERINE ... Church Home and Infirmary, Baltimore
KELTY, ANNE PIERPONT ... Sinai Hospital, Baltimore
KINDEY, LOULA ESDALE ... Johns Hopkins Hospital, Baltimore
LAWLER, E. M ... Johns Hopkins Hospital, Baltimore
MANAHAN, MAUD ESTELLE ... South Baltimore General Hospital, Baltimore
MARTZ, HELEN ... Church Home and Infirmary, Baltimore
MILLER, GERTRUDE ASHBY ... 219½ East North Avenue, Baltimore
NASH, JANE E ... Church Home and Infirmary, Baltimore
NIES, MARY L ... Frederick City Hospital, Frederick
NORTHAM, ETHEL ... Johns Hopkins Hospital, Baltimore
ROBINSON, SUE ... Maryland General Hospital, Baltimore
ROSENTHAL, ADA R ... Sinai Hospital, Baltimore
SAGE, LOUISE ... Sinai Hospital, Baltimore
SHEARSTON, HELEN ELIZABETH ... Hospital for the Women of Maryland, Baltimore
SISTER ANNA CONLEY ... St. Agnes Hospital, Baltimore
SISTER MARY ANITA STOUTENBURGH ... Mercy Hospital, Baltimore
SISTER MARY GERALDINE WAGMAN ... Mercy Hospital, Baltimore
SISTER MARY HELEN RYAN ... Mercy Hospital, Baltimore
SISTER MARY HILDEGARD HOLBEIN ... Mercy Hospital, Baltimore
SISTER MARY JOAN OF ARC
WILSON ... Mercy Hospital, Baltimore
SISTER MARY VERONICA DAILY ... Mercy Hospital, Baltimore
SLEDGE, DOROTHY AMY DIGNER ... Baltimore City Hospitals, Baltimore
SNOW, CHARLOTTE ANNE ... Sinai Hospital, Baltimore
STUMPF, SOPHIE ... Sinai Hospital, Baltimore
WALKER, M. EVELYN ............1601 Bolton Street, Baltimore
WARFIELD, ELIZABETH POLK ....219½ East North Avenue, Baltimore
WILSON, CORA MAESON .........University Hospital, Baltimore
WRIGHT, HELEN E. .............University Hospital, Baltimore
ZIMMERMAN, ISABEL ..........Sinai Hospital, Baltimore

MASSACHUSETTS

ADIE, RUTH JEAN ..............Quincy City Hospital, Quincy
ALLAN, VERA AGNES ...........Lynn Hospital, Lynn
ALLEN, BERTHA W. ............Newton Hospital, Newton Lower Falls
AVARD, MARTHA JANE ..........Addison Gilbert Hospital, Gloucester
BANNERMAN, MARGARET ANN ...Mary A. Alley Emergency Hospital, Marblehead
BARCLAY, ANNIE S. ..........Franklin County Hospital, Greenfield
BARNABY, MARIETTA D. .......Heywood Hospital, Gardner
BEATTIE, GRACE B. ..........10 Delaware Street, Somerville
BEDELL, ALICE E. .............State Hospital, Northampton
BELL, KATHARINE ..........721 Huntington Avenue, Boston
BENNETT, EDITH FRANCES ....1 Vesper Street, Worcester
BLACKMAN, BLANCHE A. .......Springfield Hospital, Springfield
BLANCHARD, MARION E. .......Box 206, Tewksbury
BLISS, MARY E. G. ..........80 Elm Street, West Newton
BOOTH, MABEL F. ..........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, 37 Bennett Street, Boston
CAMPBELL, ELSIE LOIS ......Heywood Memorial Hospital, Gardner
CAMPBELL, KATHARINE A. ....Lynn Hospital, Lynn
CARLETON, ELIZABETH G. ....15 Deaconess Road, Boston
CARTLAND, MILDRED HOWELL ...Memorial Hospital, Worcester
CAYTON, JESSIE E. ..........New England Hospital for Women and Children, Roxbury
CLELAND, REBECCA HELEN .......65 Suffolk Road, Chestnut Hill
COE, ALICE B. .................Hale Hospital, Haverhill
COOK, MELISSA J. ..........Melrose Hospital, Melrose
COX, EDITH ISABEL ............Robert B. Brigham Hospital, Boston
CULLEN, KATHARINE A. ......Worcester City Hospital, Worcester
CURRIER, DELLA M. ...........Boston City Hospital, Boston
DAMON, MILDRED P. ..........166 Pilgrim Road, Boston
DAWES, DOROTHY ELIZABETH ...34 Jason Street, Arlington
DENiORD, OLIVE GRACE .......Lynn Hospital, Lynn
DENNISON, CLARE ..........Massachusetts General Hospital, Boston
DIETER, MARGARET ..........Massachusetts Memorial Hospitals, Boston
DRAPER, LAURA ALMA .........37 Forest Street, Medford
DUNN, MINNIE FRANCES .....State Infirmary, Tewksbury
DURGIN, KATHERINE .........State Infirmary, Tewksbury
EGAN, SARAH ALOYSIA ......40 Wigglesworth Street, Boston
EICKE, BETTY .................Norwood Hospital, Norwood
ERPESTAD, ASTA .............Leonard Morse Hospital, Natick
FALLON, MARGARET .................. Long Island Hospital, Boston
FECKLER, ARVILLA .................. 140 Federal Street, Salem
GIBSON, ANNA L. .................. Collis P. Huntington Memorial Hospital, Boston
GILLIS, GEORGIA S. ................. Union Avenue Hospital, Framingham
GILLIS, MARY ADELAIDE .......... Salem Hospital, Salem
GILMORE, MARY CELENDA .......... 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. ............... Chelsea Memorial Hospital, Chelsea
HALL, CARRIE M. .................. Peter Bent Brigham Hospital, Boston
HANSEN, ELIZABETH I. ............. Clinton Hospital, Clinton
HAYES, ANNA G. ................... Fay School, Southboro
HAYWARD, EDNA MAUDE ............. Wesson Maternity Hospital, Springfield
HINES, ETHEL WASHBURN .......... McLean Hospital, Waverly
HUGHES, WILKIE ................. New England Hospital for Women and Children, Boston 19
HUMPHREYS, RUTH I. .............. Framingham Hospital, Framingham
HUNT, BERTHA A. ............... Brockton Hospital, Brockton
JACOBUS, ROSABELLE ............. 2 State Street, Worcester
JACQUIETH, LUCIA LAVINIA .......... Memorial Hospital, Worcester
JENNEY, MARY OLIVE ............. 118 Parker Hill Avenue, Boston
JOHNSON, SALLY ................. Massachusetts General Hospital, Boston
JONES, DELIGHT STANDISH .......... Truesdale Hospital, Fall River
KEY, SARA LENTZ ................. St. Luke's Hospital, New Bedford
KIRKE, VIOLET LAURA ............. Anna Jaques Hospital, Newburyport
KNOWLTON, CARRIE BLANCHE ........ Lowell General Hospital, Lowell
LADD, FRANCES .................. Faulkner Hospital, Boston
LARTER, MARY .................. North Adams Hospital, North Adams
LEE, HELEN G. ................... 36 Aborn Street, Peabody
LOW, BERTHA MAY ............... Salem Hospital, Salem
MCCRAE, ANNABELLA ............... Massachusetts General Hospital, Boston
MCCULLACH, JEAN MC M ORAN ........ 31 Morrell Street, North Weymouth
MCDONALD, ANNE GERTRUDE ........ State Infirmary, Tewksbury
MCIVOR, ANNA .................. Leonard Morse Hospital, Natick
MCKAY, MINA AILEEN ............ Massachusetts General Hospital, Boston
MCKENNA, MARY C. ............... 34 Fayette Street, Cambridge
MCMAHAN, MARY ALICE .......... Boston State Hospital, Dorchester Center Station
MCVICKER, MABEL ............... New England Deaconess Hospital, Boston
MACFADDEN, SHANNAH ........... Leominster Hospital, Leominster
MACLAUCHLIN, ZILLA .......... Massachusetts Women's Hospital, Boston
MACLEOD, CHRISTINE .......... Lowell General Hospital, Lowell
MACNEIL, LIZZIE LAKE ........... House of Mercy Hospital, Pittsfield
MALONEY, GERTRUDE E. .......... Children's Hospital, Boston
MANAGHAN, CLARA FRANCES ... Boston City Hospital, Boston
MARDEN, EDITH .................. Waltham Hospital, Waltham
MARSH, ALICE WARREN .......... Worcester Memorial Hospital, Worcester
MAY, RUTH ISABELLA ........... Heywood Memorial Hospital, Gardner
<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>MILTON, EDITH H.</td>
<td>100 Bellingham Street, Chelsea</td>
</tr>
<tr>
<td>MORGAN, EDITH L.</td>
<td>Choate Memorial Hospital, Woburn</td>
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<td>MORSE, EDNA CURTIS</td>
<td>New England Baptist Hospital, Boston</td>
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<td>MORTIMER, EMMA A.</td>
<td>Hale Hospital, Haverhill</td>
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<td>NELSON, GERTRUDE B.</td>
<td>Leonard Morse Hospital, Natick</td>
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<tr>
<td>NELSON, SOPHIE C.</td>
<td>197 Clarendon Street, Boston</td>
</tr>
<tr>
<td>NEWHALL, HELEN A.</td>
<td>721 Huntington Avenue, Boston</td>
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<tr>
<td>NORCROSS, MARY E.</td>
<td>Children's Hospital, Boston</td>
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<td>ODEL, RUTH</td>
<td>Leonard Morse Hospital, Natick</td>
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<td>PARSONS, MARION G.</td>
<td>Boston City Hospital, Boston</td>
</tr>
<tr>
<td>PATTERSON, FLORENCE M.</td>
<td>5 River Street, Boston</td>
</tr>
<tr>
<td>PATTERSON, FLORENCE NIGHTINGALE</td>
<td>9 Draper Street, Canton</td>
</tr>
</tbody>
</table>
MEMBERS

MICHIGAN

ANDERSON, Lyda W. ..........51 West Warren Avenue, Detroit
APTEK, Susan Fisher ..........444 Lyon Street, S. E., Grand Rapids
AUSTIN, Anne L. .............Harper Hospital, Detroit
BARTLETT, Barbara H. ..........1700 Fenwood Drive, Ann Arbor
BEARSCH, Kathryn B. ..........6520 Wabash Avenue, Detroit
BEERS, Adelaide ..............Hakley Hospital, Muskegon
BEERS, Amy ..................Hakley Hospital, Muskegon
BERGSTROM, Selma Christine .Blodgett Memorial Hospital, Grand Rapids
BONG, Ernestine H. ..........Henry Ford Hospital, Detroit
BURGDORF, Flora M. ..........138 Glendale Avenue, Detroit
CHADWICK, Bessie ..........Highland Park Nurses' Home, Highland Park
CLARK, Frances S. ..........51 Elm Street, S. W., Grand Rapids
COWLEY, Helen A. ..........City Hospital, Grand Rapids
DeLONG, Della ..............Grace Hospital, Detroit
DRAHER, Ann Gwinn ..........Bronson Hospital, Kalamazoo
DURELL, Marian ..........University Hospital, Ann Arbor
FEIST, Louise E. ..........Children's Hospital, Detroit
FOY, Mary Staines ..........Battle Creek Sanitarium, Battle Creek
GEORGE, Juliet A. ..........Henry Ford Hospital, Detroit
GERMANI, Lucy Domanc ........1010 Richardson Street, Port Huron
GIBBONS, Margaret Irene ....622 State Office Building, Lansing
GILES, Mary Dodd ...........Couzens Hall, Ann Arbor
GRAY, A. Madeline ..........Hakley Hospital, Muskegon
GRETTER, Lystra .............887 Pallister Avenue, Detroit
HART, Katherine ..........722 State Office Building, Lansing
HURBELL, Ida May ..........Harper Hospital, Detroit
HULL, Alice E. ...........320 Gladstone Street, S. E., Grand Rapids
JANATA, Barbara ..........Hurley Hospital, Flint
KEELER, Doris Evelyn .......Highland Park General Hospital, Highland Park
KEMPFF, Florence ..........Couzens Hall, Ann Arbor
KOLIFRATH, Margaret .........Highland Park General Hospital, Highland Park
LEESON, Lillian ..........Oakwood Manor, Grand Rapids
LEYCH, Annie ..........Woman's Hospital, Detroit
LYNCH, Rosemary ..........Memorial Hospital, Owosso
MACCALLUM, S. Belle ..Butterworth Hospital, Grand Rapids
McNEAL, Marie L. ..........Henry Ford Hospital, Detroit
MAYNES, Rosella A. ..........Providence Hospital, Detroit
MIDGLEY, Jessie E. ..........340 Champion Street, Battle Creek
MOORE, Helen De Spelder ....State Department of Health, Lansing
NICHOLS, Josephine E. ........Nichols Hospital, Battle Creek
NOETZEL, Manila P. ..........Calumet Hospital, Larium
NORTH, Helen B. ..........Harper Hospital, Detroit
NORTHAM, Adelaide Lou ....Sparrow Hospital, Lansing
PEARSE, Muriel Ferris .......Port Huron Hospital, Port Huron
PEMBERTON, Fantine C. ....Oaklawn Hospital, Marshall
POFFS, Henrietta J. .......Children's Hospital, Detroit
PUTNEY, Elizabeth E. ..........Sunshine Hospital, Grand Rapids
RAMSEY, June A. ..........Harper Hospital, Detroit
RANKIN, Emily N. ..........2404 West Grand Boulevard, Detroit
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REHM, ESTHER H. .......... Blodgett Memorial Hospital, Grand Rapids
REYNOLDS, SARA .......... Memorial Hospital, Owosso
RIEDEL, MARTHA .......... Saginaw General Hospital, Saginaw
ROBINSON, NORA GARDEN ... Harper Hospital, Detroit
ROGERS, MARGARET ANNE .. Children's Free Hospital, Detroit
ROSS, GRACE .......... 646 Hazelwood Street, Detroit
SARGENT, EMILIE C. ....... 51 West Warren Avenue, Detroit
SCHNEIDER, ELIZABETH .... Petoskey Hospital, Petoskey
SEWELL, OLIVE .......... 206 Capital Loan and Savings Building, Lansing
SIEBERT, FERN .......... Battle Creek Sanitarium, Battle Creek
SISTER EMMA MARZAHN .... 3245 East Jefferson Avenue, Detroit
SISTER MARY FIDELIS BRECHTING .Mercy Hospital, Bay City
SISTER MARY GIOVANNI .... St. Joseph's Mercy Hospital, Ann Arbor
SISTER MARY GONZALES BAUMAN .1521 Jefferson Street, Muskegon
SISTER MARY LAVOYA ...... Leila Post Montgomery Hospital, Battle Creek
SISTER MARY LOURDES LAWLER ... St. Joseph's Mercy Hospital, Pontiac
SISTER MARY PAULINE THEISEN .Mercy Hospital, Jackson
SISTER MARY STANISLAS POULIN .. Mercy Hospital, Jackson
SISTER MARY XAVIER KINNEY ... Mercy Hospital, Cadillac
SMALLEY, ETHEL LEE .......... Highland Park General Hospital, Highland Park
STAHLNECKER, ELLEN LEE .... 314 United Building, Lansing
SWEET, ADAI MCINTYRE ...... Women's Hospital, Detroit
SWEET, LEONE .......... Battle Creek Sanitarium, Battle Creek
SYVASSINE, MARIAN ......... Blodgett Memorial Hospital, Grand Rapids
TUTTS, LEWIE .......... Highland Park General Hospital, Highland Park
VANDOMILEN, MARY .......... 284 Warren Avenue, East, Detroit
WADDELL, ELIZABETH C. ..... Woman's Hospital, Detroit
WALLACE, KATE MAUDE ...... Detroit Tuberculosis Sanitarium, Detroit
WATSON, ELIZABETH ......... Blodgett Memorial Hospital, Grand Rapids
WELSH, MARY A. ........ Blodgett Memorial Hospital, Grand Rapids
WESTON, ALICE A. .......... University Hospital, Ann Arbor
WHEELER, MARY C. .......... Box 915, Parcel Post Station, Lansing
WHITE, ELIZABETH .......... 1010 Richardson Avenue, Port Huron
YOUNG, KATHLEEN F. ........ Evangelical Deaconess Hospital, Detroit
ZEGLER, WILHELMINE H. ...... Woman's Hospital, Detroit

MINNESOTA

ACKERMAN, ETHEL AMY ..... Bethesda Hospital, St. Paul
BAER, MAPLE ALICE .......... St. John's Hospital, St. Paul
BERG, INGER .......... Lutheran Deaconess Hospital, Minneapolis
CARLSTED, EMMA S. .......... Swedish Hospital, Minneapolis
COREY, MARY ETHEL ........ St. Barnabas Hospital, Minneapolis
CROWL, MARGARET A. ......... St. Mary's Hospital, Minneapolis
DENS福德, KATHARINE J. ... University of Minnesota, Minneapolis
DICKY, MINerva LUCE ....... Ancker Hospital, St. Paul
ERICKSON, R. ESTHER .......... Montevideo Hospital, Montevideo
GABRIELSON, HAZEL ELIDA .... St. Luke's Hospital, Duluth
GARRE, MARIE HELEN .......... Montevideo Hospital, Montevideo
GINTHER, LENA ........ St. Joseph's Hospital, St. Paul
GUEST, MaudE ESTELL ........ Glen Lake Sanatorium, Oak Terrace
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital, City</th>
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<tbody>
<tr>
<td>Hiersche, Hazelle Adeline</td>
<td>St. Peter State Hospital, St. Peter</td>
</tr>
<tr>
<td>Hines, Delphine</td>
<td>Ancker Hospital, St. Paul</td>
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<tr>
<td>Howalt, Ida Belle</td>
<td>St. Luke's Hospital, Duluth</td>
</tr>
<tr>
<td>Hughes, Margaret</td>
<td>389 Dayton Avenue, St. Paul</td>
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<tr>
<td>Johnson, Elsa Anna C.</td>
<td>Ancker Hospital, St. Paul</td>
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<tr>
<td>Kurtzman, Dorothy S.</td>
<td>University Hospital, Minneapolis</td>
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<tr>
<td>McGregor, Margaret A.</td>
<td>Gillette Hospital, St. Paul</td>
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<tr>
<td>McEwen, Irene M.</td>
<td>1946 Oliver Avenue, Minneapolis</td>
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<tr>
<td>Madsen, Laura C.</td>
<td>Fairview Hospital, Minneapolis</td>
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<td>Melby, Sylvia May</td>
<td>Ancker Hospital, St. Paul</td>
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<tr>
<td>Miller, Julia May</td>
<td>University Hospital, Minneapolis</td>
</tr>
<tr>
<td>Muckley, Mary Margaret</td>
<td>1100 Doanldson Building, Minneapolis</td>
</tr>
<tr>
<td>Nathe, Gertrude E.</td>
<td>St. Mary's Hospital, Minneapolis</td>
</tr>
<tr>
<td>Naysmith, Sue Triece</td>
<td>Glen Lake Sanatorium, Oak Terrace</td>
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<tr>
<td>Newcombe, Louise</td>
<td>St. Luke's Hospital, Duluth</td>
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<tr>
<td>Petry, Hulda</td>
<td>Montevideo Hospital, Montevideo</td>
</tr>
<tr>
<td>Petry, Lucille</td>
<td>1000 University Avenue, S. E., Minneapolis</td>
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<tr>
<td>Prill, Gertrude A.</td>
<td>Ancker Hospital, St. Paul</td>
</tr>
<tr>
<td>Rankiellour, Caroline M.</td>
<td>2700 Blaisdell Avenue, Minneapolis</td>
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<tr>
<td>Rau, Magdalena</td>
<td>St. John's Hospital, St. Paul</td>
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<td>Rhodes, M. Dorothy</td>
<td>St. Barnabas Hospital, Minneapolis</td>
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<tr>
<td>Saunders, Lulu A.</td>
<td>Kahler Hospital, Rochester</td>
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<td>Scott, Anna Grace</td>
<td>St. Luke's Hospital, St. Paul</td>
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<tr>
<td>Shepard, S. Julia</td>
<td>Montevideo Hospital, Montevideo</td>
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<tr>
<td>Sister Mary Jerome</td>
<td>St. Joseph's Hospital, St. Paul</td>
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<tr>
<td>Sister Mary Oswald</td>
<td>St. Joseph's Hospital, St. Paul</td>
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<td>Smith, Frances Mary</td>
<td>St. Luke's Hospital, St. Paul</td>
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<td>Taylor, Agnes J.</td>
<td>Asbury Hospital, Minneapolis</td>
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<td>Thompson, Barbara</td>
<td>General Hospital, Minneapolis</td>
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<td>Thompson, Esther M.</td>
<td>University Hospital, Minneapolis</td>
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<td>Toftte, Bright</td>
<td>Ancker Hospital, St. Paul</td>
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<tr>
<td>Vannier, Marian L.</td>
<td>103 Millard Hall, University of Minnesota, Minneapolis</td>
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</tbody>
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**MISSOURI**

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<tr>
<th>Name</th>
<th>Hospital, City</th>
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<tbody>
<tr>
<td>Anderson, Anna</td>
<td>Mercy Hospital, Kansas City</td>
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<tr>
<td>Bayless, Cora A.</td>
<td>General Hospital, Kansas City</td>
</tr>
<tr>
<td>Benham, Carrie A.</td>
<td>416 South Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Boge, Anna</td>
<td>Missouri Baptist Hospital, St. Louis</td>
</tr>
<tr>
<td>Bollinger, Mayme W.</td>
<td>4233 Fland Avenue, St. Louis</td>
</tr>
<tr>
<td>Bond, Janet C.</td>
<td>City Hospital, St. Louis</td>
</tr>
<tr>
<td>Breeze, Catharine</td>
<td>5535 Delmar Boulevard, St. Louis</td>
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<tr>
<td>Brennen, Frieda</td>
<td>Lutheran Hospital, St. Louis</td>
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<tr>
<td>Brockman, Marie</td>
<td>3444a Crittenden Street, St. Louis</td>
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<tr>
<td>Brunk, Josephine</td>
<td>600 East 59th Street, Kansas City</td>
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<tr>
<td>Butterfield, Ann</td>
<td>416 South Kingshighway, St. Louis</td>
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<td>Carlson, Anna</td>
<td>General Hospital, Kansas City</td>
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<td>Christenson, Ellen</td>
<td>Trinity Hospital, Kansas City</td>
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<td>Cissna, Bertha</td>
<td>Missouri Methodist Hospital, St. Joseph</td>
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<td>Coleman, Clara Adele</td>
<td>Isolation Hospital, St. Louis</td>
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</table>
COOPER, MINERVA JANE ..............416 South Kingshighway, St. Louis
DAVIS, JESSIE VIOLA ..............St. Luke's Hospital, St. Louis
DERSCH, ESTHER ..................Research Hospital, Kansas City
DESKINS, IVA M. ..................3538 Garfield Avenue, Kansas City
DIERBERG, FLORENCE ANNE .......Jewish Hospital, St. Louis
FARNSWORTH, HELEN ..........4420 Lloyd Street, Kansas City
FLANAGAN, JANNETT G. ..........P. O. Box 631, Jefferson City
FLO, BLANCHE IRENE ..............Trinity Lutheran Hospital, Kansas City
FLOWERS, PEARL B. ..............305 South Sixth Street, Columbia
FORD, VIRGINIA ELEANOR ......Jewish Hospital, St. Louis
FRAUENS, GRACE ..................St. Luke's Hospital, Kansas City
FRENCH, CECILIA C. ..............St. Luke's Hospital, Kansas City
GARRETT, ELIZABETH A. .........Research Hospital, Kansas City
GRAY, ELSIE L. ..................416 South Kingshighway, St. Louis
GREY, GRACE GERTRUDE .........Jewish Hospital, St. Louis
HAUSMANN, SAIDEE N. ...........St. Luke's Hospital, St. Louis
HELMKAMP, TALITHA ..........City Hospital No. 2, St. Louis
HIGGINS, NELLIE ALICE .........3415 Pennsylvania Avenue, Kansas City
HUNTER, EDITH L. ................1515 Lafayette Avenue, St. Louis
JENNINGS, JANET .................St. Luke's Hospital, St. Louis
KARSTENSEN, HULDAH A. .........Lutheran Hospital, St. Louis
KIELY, THERESA HELEN ...........St. John's Hospital, St. Louis
LAW, IRMA .......................P. O. Box 631, Jefferson City
LINQUIST, ADA ..................Methodist Hospital, St. Joseph
MACASKIL, MAUDE ....Missouri Baptist Sanitarium, St. Louis
MACKENZIE, MARGARET ..........St. Luke's Hospital, St. Louis
MCKINLEY, MARGARET ..........4543 Westminster Place, St. Louis
MOORE, MARJORIE M. ............500 South Kingshighway, St. Louis
MURR, REELA .....................Josephine Hospital, St. Louis
PARRISH, LEILA G. ...............City Hospital, St. Louis
PETERSON, EDNA E. ..............216 Kingshighway, St. Louis
PITTMAN, MARY HELEN ...........St. Luke's Hospital, St. Louis
PLUNKETT, MABEL M. .............St. Louis City Hospital, St. Louis
POLLOCK, MARGARET W. .........3649 Vista Avenue, St. Louis
ROBSON, EMMIE G. ...............2221 Locust Street, St. Louis
ROGERS, DOROTHY .................Barnes Hospital, St. Louis
SCHIEF, BEATA M. ...............4125 West Belle Place, St. Louis
SHELLABARGER, ELIZABETH ....City Hospital No. 2, St. Louis
SISTER MARGARET KEANAN .......923 Powell Street, St. Joseph
SISTER MARY ALICE .............3225 Montgomery Street, St. Louis
SISTER SOPHIE HUBEL ......Deaconess Home and Hospital, St. Louis
SISTER ZOE .......................3225 Montgomery Street, St. Louis
STEINMeyer, ELIZABETH C. ....City Hospital, St. Louis
STEPHENSION, MARY E. ..........6237 Southwood Street, St. Louis
VAUGHAN, ELISBETH H. .........1709 Washington Avenue, St. Louis
Warr, EMMA L. ..................4543 Westminster Place, St. Louis
WEBMANN, BERTHA L. ............Bethesda Hospital, St. Louis
WELCH, ORRILL M. ...............306 Kingshighway, St. Louis
WELSH, EFFIE ELIZABETH .......Christian Hospital, St. Louis
WHEELER, CLARIBEL A. ..........600 South Kingshighway, St. Louis
MEMBERS

White, Anna M. .................. General Hospital, Kansas City
Wiederaenders, Anita M. .......... Lutheran Hospital, St. Louis
Worrell, Dorothy ................. 416 South Kingshighway, St. Louis
Yates, Lona Warrine .............. 416 South Kingshighway, St. Louis
Yenicek, Bertha O. ............... 238 Municipal Courts Building, St. Louis

MONTANA

Bates, Inez Alena ................. Deaconess Hospital, Great Falls
Wilcox, Mary Elizabeth .......... St. Peter’s Hospital, Helena

NEBRASKA

Abbott, Lulu Florence ............ 847 North 26th Street, Lincoln
Anderson, Irene O. .............. 4514 North 34th Avenue, Omaha
Breen, Mercedes M. .............. University Hospital, Omaha
Brooks, Margaret A. ............. Beatrice Sanitarium, Beatrice
Bulin, Ada ...................... Nicholas Senn Hospital, Omaha
Buln, Emma Josephine .......... Nicholas Senn Hospital, Omaha
Burgess, Charlotte .............. University Hospital, Omaha
Dean, Myrtle ................... Bryan Memorial Hospital, Lincoln
Dickerson, Evelyn Effie .......... Evangelical Covenant Hospital, Omaha
Dorsey, Josephine J. ............ Nicholas Senn Hospital, Omaha
Epley, Carrie E. ................. Lord Lister Hospital, Omaha
Garrels, Delma M. ............... Lutheran Hospital, Beatrice
Graham, Jessie Elizabeth ........ Lord Lister Hospital, Omaha
Grant, Clellah Peel .............. Methodist Hospital, Omaha
Hansen, Ellen Andrea ............ Evangelical Covenant Hospital, Omaha
Higgins, Jennie M. .............. 2100 South Street, Lincoln
Hoadley, Dorothy M. ............ Nicholas Senn Hospital, Omaha
Holdrege, Leeta A. .............. 5105 Underwood Avenue, Omaha
Jacobsen, Alida .................. Nebraska Methodist Hospital, Omaha
Lewis, Arta Marie ............... Mary Lanning Memorial Hospital, Hastings
McCorkle, Mae D. ................ School of Nursing, University of Nebraska, Omaha
Miller, Amelia ................... Mary Lanning Memorial Hospital, Hastings
Niehuis, Grace M. .............. Green Gables Sanitarium, Lincoln
Penfold, Freida .................. Orthopedic Hospital, Lincoln
Penner, Ursula L. ............... Mennonite Hospital, Beatrice
Peterson, Myrtle A. .............. Immanuel Hospital, Omaha
Pierce, Lila Keenan ............. St. Elizabeth’s Hospital, Lincoln
Reese, Sylvia ................... Orthopedic Hospital, Lincoln
Rhodes, Clara ................... Beatrice Sanitarium, Beatrice
Robbins, Iva ..................... 1047 South Street, Lincoln
Rodekohr, Adele ................. Lutheran Hospital, Norfolk
Rusk, Helen Margaret .......... Lincoln General Hospital, Lincoln
Scheer, Gertrude H. ............. Evangelical Covenant Hospital, Omaha
Scott, Sara M. .................. Lord Lister Hospital, Omaha
Sister Elizabeth Wiebe .......... Mennonite Deaconess Hospital, Beatrice
Sister Mary Alexia Hatke ....... St. Elizabeth Hospital, Lincoln
Sister Mary John O’Connor ...... St. Catherine’s Hospital, Omaha
Sister Mary Kevin Corcoran ...... St. Catherine’s Hospital, Omaha
SISTER MARY LIVINA  .................. St. Joseph's Hospital, Omaha
SISTER MARY MAURICE  .................. St. Catherine's Hospital, Omaha
SISTER MARY OCTAVIA  .................. St. Joseph's Hospital, Omaha
SISTER OLIVE CULLENBERG  ............... Immanuel Hospital, Omaha
SMITH, GLADYS GERTRUDE  .......... Lincoln General Hospital, Lincoln
TUCKER, MYRA  ......................... University Hospital, Omaha
WEBSTER, NELL FERN  ................... Nicholas Senn Hospital, Omaha

NEW HAMPSHIRE

ATWOOD, ALICE M.  ..................... Elliot Hospital, Keene
DROWN, LUCY L.  ....................... 70 Fairmount Street, Lakeport
GRIFFIN, ROSE ELIZABETH  .......... Mary Hitchcock Hospital, Hanover
LARRABEE, GLADYS M.  ................ Clairemont General Hospital, Clairemont

NEW JERSEY

APIK, ERNESTINE M.  .................... Newark City Hospital, Newark
AHLERS, CAROLINE C.  ................. c/o Dr. G. H. Ward, Engle Street, Englewood
ASHMUN, MARGARET  .................... Orange Memorial Hospital, Orange
AUSTIN, IDA F.  ......................... 91 Prospect Street, East Orange
BAKER, CORA EVELYN  ................. 52 Amherst Street, East Orange
BLACKMAN, ABIGAIL  ................... Port Norris
BLOODGOOD, JEANETTE  ................. Orange Memorial Hospital, Orange
BORDA, MAUDE R.  ...................... 313 High Street, Millville
BURKE, CHRISTIANA  ................... Mountainside Hospital, Montclair
BURNS, FLORENCE P.  ................... 441 High Street, Newark
BURNS, SARA  ......................... Moose Park, Oak Ridge
CABBY, EVA  ............................ Hospital of St. Barnabas, Newark
CASPERSION, ELSIE  .................... Atlantic City Hospital, Atlantic City
COMPTON, MARY  ....................... 22 Hillyer Street, Orange
COOLE, ADA ELLEN  ..................... 425 Central Avenue, Orange
COYLE, ROSE AGNES  ................... Jersey City Hospital, Jersey City
CREECH, ARABELLA R.  ............... 42 Bleecker Street, Newark
DAKIN, ELIZABETH LE BRUN  ........... 10 Warren Place, Montclair
DAKIN, FLORENCE  ...................... 468 Ellison Street, Paterson
DEERIS, HAZEL MAY  ................... Presbyterian Hospital, Newark
DENK, MAY  ............................ Newark City Hospital, Newark
DOUGHER, JULIA L.  ................... St. Joseph's Hospital, Paterson
DOWLING, NORA LORETTA  ............. 188 South Essex Avenue, Orange
ENGELCOMB, MARY E.  ................. Englewood Hospital, Englewood
ESTROM, EDDIE CHRISTINE  ........... 264 High Street, Newark
ELDON, BLANCHE EMILY  ............... St. Michael's Hospital, Newark
FISHER, SARAH MATILDA  ............. West Jersey Homeopathic Hospital, Camden
FRAENTZEL, AGNES KEANE  .......... 35 Durand Road, Maplewood
FRASER, LILLIAN  ...................... 613 Fifth Avenue, Belmar
FUNK, LUCY MARGARET  ............... Orange Memorial Hospital, Orange
GALATIAN, MARTHA E.  ............... 64 Forrest Hill Road, West Orange
GRAY, MARY E.  ....................... 176 Palisade Avenue, Jersey City
GUENTHER, CATHARINE  ............... Newark Memorial Hospital, Newark
HALEY, MARGARET C.  ................. St. Michael's Hospital, Newark
HATHAWAY, CLARA LOUISE  .......... Orange Memorial Hospital, Orange
MEMBERS

Helmers, Elsie ..................City Hospital, Newark
Higbid, Elizabeth J. ..........Hackensack Hospital, Hackensack
How, Anne ......................Greystone Park State Hospital, Morris Plains
Hyde, Sadie A. .................Essex County Hospital, Cedar Grove
Ireland, Minnie Robb ..........Monmouth Memorial Hospital, Long Branch
Johnson, Laura M. ............344 Geer Avenue, Elizabeth
Kingston, Daisy Chambers ......Somerset Hospital, Somerville
Landiean, Cecile A. ..........St. Elizabeth Hospital, Elizabeth
Landis, Rachel Sabina ..........Paterson General Hospital, Paterson
Larner, Esther M. .............Newark City Hospital, Newark
Liggitt, Mabel Christine ......Bridgeton Hospital, Bridgeton
Louis, Marie ...................Muhlenberg Hospital, Plainfield
Madden, Kate ...................Mountainside Hospital, Montclair
Mansfield, E. Belle ..........Barnert Memorial Hospital, Paterson
Murdock, Jessie M. ..........Jersey City Hospital, Jersey City
Murphy, Anne Mary ..........St. Michael's Hospital, Newark
Overmyer, Faye Geraldine ...Somerset Hospital, Somerville
Peterson, Mary May ..........Muhlenberg Hospital, Plainfield
Pindell, Jane M. ...............Essex County Hospital, Cedar Grove
Rece, Anne E. .................Muhlenberg Hospital, Plainfield
Remshard, Grace ...............203 Broad Street, Newark
Riddle, Bertha A. ..........Monmouth Memorial Hospital, Long Branch
Robinson, Jean M. ............25 Dartmouth Road, West Orange
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Ryley, Edna ...................St. Barnabas Hospital, Newark
Schmoker, Carolyn ..........Newark City Hospital, Newark
Scott, Martha M. ..............Monmouth Memorial Hospital, Long Branch
Seifert, Hettie W. ...........631 Monroe Avenue, Elizabeth
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Sister Mary Loreto ..........Holy Name Hospital, Teaneck
Smith, Bertha Van Hise ......Orange Memorial Hospital, Orange
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Smith, Victoria ...............Englewood Hospital, Englewood
Smithson, Bessie ..........Muhlenberg Hospital, Plainfield
Souza, Marion ................Mountainside Hospital, Montclair
Squarewood, Ida D. ........Bridgeton Hospital, Bridgeton
Squire, Marietta B. ..........293 South Center Street, Orange
Swartz, Cora ................Cooper Hospital, Camden
Tait, Ethel Elizabeth ......300 Englewood Street, Englewood
Tams, Zenobia K. ..........Hospital of St. Barnabas, Newark
Tieleke, Gertrude E. ..........Beth Israel Hospital, Newark
Torbensen, Margaret H. ......Ann May Hospital, Spring Lake
Trumbull, Harriet Elizabeth ..Orange Memorial Hospital, Orange
Vanderhill, Elizabeth ........Muhlenberg Hospital, Plainfield
Van Gelder, Sarah ..........City Hospital, Perth Amboy
von Deeksten, Mabel G. ......268 Palisade Avenue, Jersey City
Watson, Grace .................114 Clifton Place, Jersey City
Weber, Laura M. ..............McKinley Hospital, Trenton
White, Barbara C. ..........Station A, Trenton
THIRTY-SIXTH ANNUAL CONVENTION

WHITNEY, Susie L. ..................188 South Essex Avenue, Orange
WILBUR, Ethel A. ..................Rahway Hospital, Rahway

NEW MEXICO

MILLER, Henriette .................U. S. Indian Hospital, Albuquerque

NEW YORK

ALLANACH, Mary Elizabeth ...........New York Nursery and Child's Hospital, New York

ALLISON, Grace E. ..................Samaritan Hospital, Troy
AMIRAL, Zelka Lucy .................Rochester General Hospital, Rochester
ANDERSON, Lydia E. .................167 Prospect Place, Brooklyn
ANDERSON, Mary Marguerite .......Rochester General Hospital, Rochester
ANDREWS, Frances H. ...............Broad Street Hospital, Oneida
ANDRULIS, Mae Antenette ..........St. John's Hospital, Long Island City
ARNOLD, Louise F. .................F. F. Thompson Hospital, Canandaigua
ATKIN, Edith .......................City Hospital, Amsterdam
BACon, Ethel .......................440 East 26th Street, New York
BACon, Florence ....................440 East 26th Street, New York
BAIN, Jessie T. ....................2880 Broadway, New York
BAMBER, Beatrice M. ...............Grasslands Hospital, Valhalla
BAREHAM, Mildred L. ...............37 South Goodman Street, Rochester
BATES, Gertrude ...................Clifton Springs Sanitarium, Clifton Springs
BAYLEY, Lucy M. ....................37 South Goodman Street, Rochester
BEACH, Vera M. ....................8 West 16th Street, New York
BEARD, Mary .........................Rockefeller Foundation, New York
BEARD, Sara Rose ..................140 Fulton Avenue, Hempstead
BEATY, M. Louise ....................St. Luke's Hospital, New York
BECKMAN, Margaret .................Lenox Hill Hospital, New York
BEECROFT, Mary C. .................Highland Hospital, Rochester
BELL, Jean Isabel ..................110 East 64th Street, New York
BENGSTON, Helene D. ...............Greenpoint Hospital, Brooklyn
BENTLEY, Anna ......................Brooklyn Hospital, Brooklyn
BERGSTROM, Flora Josephine .......307 Second Avenue, New York
BEST, Ella G. .......................370 Seventh Avenue, New York
BISSELL, Neysa Grace ...............Buffalo City Hospital, Buffalo
BONDESON, Emily ...................City Hospital, Welfare Island, New York
BOWMAN, H. Mary F. .................St. Luke's Hospital, Newburgh
BREADON, Grace ....................Rochester General Hospital, Rochester
BROADHURST, Jessie .................Broad Street Hospital, Oneida
BROWN, Mary Phoebe .................1 East 100th Street, New York
BUB, Helen Margaret ...............St. Mary's Hospital, Brooklyn
BURGESS, Elizabeth C. .............Teachers' College, Columbia University, New York
BURKLAND, Vivian I. ...............636 Linwood Avenue, Buffalo
BURROUGHS, Clifford Loverin ......White Plains Hospital, White Plains
BYRNE, Agnes Isabelle .............Roosevelt Hospital, New York
CARLING, Florence Evelyn .........St. Luke's Hospital, New York
CARLSON, Ruby F. ..................Presbyterian Hospital, West 168th Street, New York
<table>
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<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Carney, Mary L.</td>
<td>Mt. St. Mary's Hospital, Niagara Falls</td>
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<td>Christ, Hilda J.</td>
<td>Broad Street Hospital, Oneida</td>
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<td>Clancy, N. Helena</td>
<td>Binghamton State Hospital, Binghamton</td>
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<td>Clancy, Nora L.</td>
<td>St. John's Hospital, Long Island City</td>
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<tr>
<td>Clark, Althea F.</td>
<td>542 West 124th Street, New York City</td>
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<td>Clark, Genevieve Y.</td>
<td>323 Second Avenue, Albany</td>
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<td>Clark, Isabel O.</td>
<td>462 Grider Street, Buffalo</td>
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<td>Clifford, Genevieve</td>
<td>City Hospital, Syracuse</td>
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<td>Clune, Helen V.</td>
<td>St. Lawrence State Hospital, Ogdensburg</td>
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<td>Coger, Letha M.</td>
<td>Crouse-Irving Hospital, Syracuse</td>
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<td>Combs, Josephine H.</td>
<td>Woman's Hospital, New York</td>
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<tr>
<td>Conner, Marie L.</td>
<td>3 Holley Street, Auburn</td>
</tr>
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<td>Connolly, Catherine</td>
<td>St. Joseph's Hospital, Poughkeepsie</td>
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<td>Constantine, Mildred</td>
<td>Montefiore Hospital, New York</td>
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<td>Conway, Edna White</td>
<td>Normandie Apartments, Rochester</td>
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<td>Cooley, Corine Starr</td>
<td>Presbyterian Hospital, New York</td>
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<td>Cooper, Catileen A.</td>
<td>317 East Jefferson Street, Syracuse</td>
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<td>Corbin, Hazel</td>
<td>578 Madison Avenue, New York</td>
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<td>Corcoran, Mary Elizabeth</td>
<td>St. Vincent's Retreat, Harrison</td>
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<td>Cornelisen, Dora M.</td>
<td>370 Seventh Avenue, New York</td>
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<td>Cowan, M. Cordelia</td>
<td>Woman's Hospital, West 110th Street, New York</td>
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<td>Crandall, Ella Phillips</td>
<td>3 Gramercy Park, West, New York</td>
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<td>Crouch, May L.</td>
<td>Mt. Sinai Hospital, New York</td>
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<td>Curran, Eila M.</td>
<td>City Hospital, Welfare Island, New York</td>
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<td>Danneau, Helen F.</td>
<td>F. F. Thompson Hospital, Canandaigua</td>
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<td>Datesman, Sabra Hunter</td>
<td>Metropolitan Hospital, Welfare Island, New York</td>
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<td>Davis, Clara Olive</td>
<td>St. Francis Hospital, Poughkeepsie</td>
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<td>Davis, Frances Elliott</td>
<td>106 Morningside Drive, New York</td>
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<td>Davis, Mary Thornton</td>
<td>76 North Water Street, Rochester</td>
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<td>Devine, Dorothee Anna</td>
<td>Monroe Avenue, Brighton Station, Rochester</td>
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<td>Devitt, Katharine</td>
<td>370 Seventh Avenue, New York</td>
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<td>Dickson, Jane</td>
<td>Cortland Hospital, Cortland</td>
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<td>Dines, Alta Elizabeth</td>
<td>105 East 22d Street, New York</td>
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<td>Donald, Mary Reid</td>
<td>Albany Hospital, Albany</td>
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<td>Doran, Martha</td>
<td>Craig Colony, Sonyea</td>
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<tr>
<td>Douglas, Marion Harlowe</td>
<td>244 Madison Avenue, New York</td>
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<tr>
<td>Dowling, Delia G.</td>
<td>Hospital for Joint Diseases, New York</td>
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<tr>
<td>Doyle, Marian R.</td>
<td>Kings County Hospital, Brooklyn</td>
</tr>
<tr>
<td>Dunne, M. Eva</td>
<td>112 Goodrich Street, Buffalo</td>
</tr>
<tr>
<td>Dunning, Charlotte E.</td>
<td>Doctor's Hospital, 87th Street, New York</td>
</tr>
<tr>
<td>Durham, Jane</td>
<td>141 West 109th Street, New York</td>
</tr>
<tr>
<td>Duryea, Mabel Rose</td>
<td>506 Sixth Street, Brooklyn</td>
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<tr>
<td>Dwyer, Gertrude May</td>
<td>Neurological Institute, West 168th Street, New York</td>
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<tr>
<td>Eakins, Martha</td>
<td>Education Building, Albany</td>
</tr>
<tr>
<td>Earle, Mary Goodyear</td>
<td>378 Burns Street, Forest Hills</td>
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<tr>
<td>Edwards, Blanche E.</td>
<td>440 East 26th Street, New York</td>
</tr>
</tbody>
</table>
THIRTY-SIXTH ANNUAL CONVENTION

ELIOT, MARGARET ................. Presbyterian Hospital, West 168th Street, New York

ELLICOTT, NANCY POULTNEY .......... Rockefeller Hospital, New York

ERDMANN, MARTHA E. ............... Physicians' Hospital, Plattsburgh

ERWIN, MARY ROSE ................ Mt. Sinai Hospital, New York

FAISS, HELEN W. .................. French Hospital, New York

FAVRUE, CLAIRE H. ............... St. Mark's Hospital, New York

FIELDS, FLORENCE M. .......... St. Luke's Hospital, Newburgh

FINN, ANNE FLORENCE .......... Willard Parker Hospital, New York

FISHER, JANET .................. Mt. Vernon Hospital, Mt. Vernon

FITZGERALD, ALICE ............... Polyclinic Hospital, New York

FITZGERALD, ELIZABETH R. ....... 259 McDonogh Street, Brooklyn

FITZGIBBON, MARGARET ROSE ........ St. Joseph Hospital, Syracuse

FLYNN, ANASTASIA .............. 218 Stone Street, Watertown

FORD, BESSE ................... Box 756, Hudson

FRAZER, ELSA ROSALIND ....... Roosevelt Hospital, New York

FRAZER, EVELYN GRACE ............ Roosevelt Hospital, New York

FRAZER, ANNIE ROWLAND ........... 340 Henry Street, Brooklyn

FRISBEE, ELIZABETH .......... Elizabeth A. Horton Memorial Hospital, Middletown

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

GAMMON, HAZEL RICHMOND ......... General Hospital, Rochester

GARDNER, AGNES, JANE ........... Grasslands Hospital, Valhalla

GARLAND, ELLEN EMMA .......... Flushing Hospital, Flushing

GEISTER, JANET M. ............ 370 Seventh Avenue, New York

GELINAS, AGNES ............. Mary McClellan Hospital, Cambridge

GILBERT, EVA M. ............... 150 Marshall Street, Syracuse

GILLEY, HARRIET M. ............ Strong Memorial Hospital, Rochester

GILMAN, ALICE SHEPARD .......... 75 State Street, Albany

GIOTTI, MARY RENA ............ Long Island College Hospital, Brooklyn

GOLDBERG, ELSA MARGARET ....... 1579 Elm Street, Utica

GOLDSMITH, JOSEPHINE F. ....... 419 City Hall, Syracuse

GOODINE, CATHERINE E. .......... 1 East 100th Street, New York

GRADY, MABEL F. .............. Lebanon Hospital, New York

GRANT, AMELIA ................. 42 Perry Street, New York

GRASS, ANNIE E. ............. Grasslands Hospital, Valhalla

GRAY, CAROLYN E. ............. 402 West 119th Street, New York

GREEN, LOUISE A. ............. Montefiore Hospital, New York

GREENE, ELIZABETH .......... Mt. Sinai Hospital, New York

HALSEY, KATHERINE T. ....... 3 Wellington Circle, Bronxville

HANFORD, LILLIAN A. .......... Postgraduate Hospital, New York

HANSEN, ANNE L. ............... 181 Franklin Street, Buffalo

HAWKINS, STELLA MARY ........ Ellis Hospital, Schenectady

HEAL, JESSICA S. .......... Genesee Hospital, Rochester

HEALY, ANNIE M. ................. Jewish Memorial Hospital, New York

HEARN, KATHERINE F. .......... c/o Miss Posten, 330 East 43rd Street, New York

HEHNER, MINNIE JOY ............. 11 Guion Street, Yonkers

HEIDLER, ANNA M. ................. St. Mary's Hospital, Rochester

HENDERSON, LOUISE ............ 235 East 57th Street, New York
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Hennigan, Mary Margaret</td>
<td>440 East 26th Street, New York</td>
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<tr>
<td>Hickok, Florence Hardie</td>
<td>City Hospital, Amsterdam</td>
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<td>Hicks, Emily J.</td>
<td>370 Seventh Avenue, New York</td>
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<td>Hickley, Grace Brown</td>
<td>Methodist Episcopal Hospital, Brooklyn</td>
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<td>Hoffman, Mabel E.</td>
<td>Saratoga Hospital, Saratoga Springs</td>
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<td>Hofmeister, Rose</td>
<td>320 West 107th Street, New York</td>
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<td>Hokanson, Minnie A.</td>
<td>207 Foote Avenue, Jamestown</td>
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<td>Holden, Edith Jane</td>
<td>Willard Parker Hospital, New York</td>
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<td>Howard, Evelyn</td>
<td>United Hospital, Port Chester</td>
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<td>Howell, Anna Winifred</td>
<td>130 East 69th Street, New York</td>
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<td>Hufcut, Dorothy L.</td>
<td>304 East 20th Street, New York</td>
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<td>Hugo, Eva</td>
<td>426 East 26th Street, New York</td>
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<td>Humphrys, Anne Jane</td>
<td>St. Luke's Hospital, New York</td>
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<td>Huny, Marguerite</td>
<td>New Rochelle Hospital, New Rochelle</td>
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<tr>
<td>Hurd, Clara Louise</td>
<td>2124 Midland Avenue, Syracuse</td>
</tr>
<tr>
<td>Hussey, Jessie May</td>
<td>Mary McClellan Hospital, Cambridge</td>
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<tr>
<td>Hutchinson, Mary E.</td>
<td>Wave Crest Convalescent Home, Far Rockaway</td>
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<tr>
<td>Hutchinson, Mary Jane</td>
<td>United Hospital, Port Chester</td>
</tr>
<tr>
<td>Ink, Katherine</td>
<td>519 West 121st Street, New York</td>
</tr>
<tr>
<td>Irwin, Pearl E.</td>
<td>General Hospital, Syracuse</td>
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<tr>
<td>Ivers, Leone Norton</td>
<td>Strong Memorial Hospital, Rochester</td>
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<tr>
<td>Jacobsen, Ellen T.</td>
<td>Southampton Hospital Association, Southampton</td>
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<tr>
<td>Jacobson, Olga Catherine</td>
<td>Woman's Hospital, East 116th Street, New</td>
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<tr>
<td>Jimmerson, Eva W.</td>
<td>Lenox Hill Hospital, New York</td>
</tr>
<tr>
<td>Johanni, Henrietta</td>
<td>636 Linwood Avenue, Buffalo</td>
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<tr>
<td>John, Ethel</td>
<td>Room 1604B, 370 Seventh Avenue, New York</td>
</tr>
<tr>
<td>Johnson, Florence M.</td>
<td>134 East 19th Street, New York</td>
</tr>
<tr>
<td>Johnson, Loretta M.</td>
<td>106 Morningside Drive, New York</td>
</tr>
<tr>
<td>Johnson, Statine</td>
<td>Strong Memorial Hospital, Rochester</td>
</tr>
<tr>
<td>Johnston, Leona M.</td>
<td>112 Goodrich Street, Buffalo</td>
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<tr>
<td>Jones, Alice E.</td>
<td>St. Francis Hospital, Poughkeepsie</td>
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<tr>
<td>Jordan, Minnie Hinks</td>
<td>8 West 16th Street, New York</td>
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<tr>
<td>Kaltenbach, Winifred</td>
<td>Babies' Hospital, Medical Center, New York</td>
</tr>
<tr>
<td>Keating, Emma J.</td>
<td>Hospital, North Street, Batavia</td>
</tr>
<tr>
<td>Kelly, Mary C.</td>
<td>Pelham Home for Children, Pelham Manor</td>
</tr>
<tr>
<td>Kelly, Maude C.</td>
<td>440 East 26th Street, New York</td>
</tr>
<tr>
<td>Kenyon, Thelma</td>
<td>219 Bryant Street, Buffalo</td>
</tr>
<tr>
<td>Kerber, Anna Elizabeth</td>
<td>Flushing Hospital, Flushing</td>
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<tr>
<td>Keys, M. Camilla</td>
<td>State Hospital, Utica</td>
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<td>Kimmick, Katherine G.</td>
<td>Clifton Springs Sanitarium, Clifton Springs</td>
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<tr>
<td>Kirby, Eloise</td>
<td>Cumberland Hospital, Brooklyn</td>
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<tr>
<td>Klein, Tessa M.</td>
<td>181 Franklin Street, Buffalo</td>
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<tr>
<td>Knapp, Louise</td>
<td>179 Fort Washington Avenue, New York</td>
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<td>Konrad, Clara Marie</td>
<td>Lying-in Hospital, New York</td>
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<tr>
<td>Kranz, Lena Amelia</td>
<td>State Hospital, Utica</td>
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<tr>
<td>Laird, Mary</td>
<td>70 North Water Street, Rochester</td>
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<tr>
<td>Land, Mary A.</td>
<td>Mount Vernon Hospital, Mount Vernon</td>
</tr>
<tr>
<td>Lange, Dorothea Elemore</td>
<td>Highland Hospital, Rochester</td>
</tr>
</tbody>
</table>
LANGE, EDITH IRENE .......... Highland Hospital, Rochester
LARIMORE, DAISY C. .......... Glens Falls Hospital, Glens Falls
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<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Address</th>
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<tbody>
<tr>
<td>HOPKINS, Ethyl M.</td>
<td>Henryetta Hospital, Henryetta</td>
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<tr>
<td>HOPPER, Blanche M.</td>
<td>1722 Revard Avenue, Pawhuska</td>
</tr>
<tr>
<td>HERMANSTOFFER, Goldia</td>
<td>University Hospital, Oklahoma City</td>
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<tr>
<td>LEE, CANDICE M.</td>
<td>University Hospital, Oklahoma City</td>
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<td>MCCORMACK, Hanna Grace</td>
<td>Masonic Hospital, Cherokee</td>
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<td>MCGAUGHY, Rena E.</td>
<td>Enid General Hospital, Enid</td>
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<td>SCROGGS, Idora Rose</td>
<td>412 College Avenue, Norman</td>
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<td>SHEPHERD, Effie</td>
<td>Albert Pike Hospital, McAlester</td>
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<td>SISTER MARY HUBERTINE</td>
<td>St. Joseph Hospital, Ponca City</td>
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<td>St. Joseph Hospital, Ponca City</td>
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<td>SISTER MARY LEOTA</td>
<td>St. John's Hospital, Tulsa</td>
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<td>SISTER MARY LUCIA</td>
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<td>SLIEF, Goldia B.</td>
<td>526 State Capitol Building, Oklahoma City</td>
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<td>SMITH, Mabel E.</td>
<td>c/o Grace Baldwin, Box G, Clinton</td>
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<td>THOMAS, Minnie A.</td>
<td>211 City Hall, Oklahoma City</td>
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<tr>
<td>TOOD, Lois</td>
<td>Box 656, Pawhuska</td>
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<td>TRAVIS, Sue Teresa</td>
<td>Enid Hospital, Enid</td>
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<td>TUCK, Hazel C.</td>
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<td>WALTERS, Lucille</td>
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<td>WATSON, Cleo Britton</td>
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<td>WOOD, Susan E.</td>
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**OREGON**

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<tr>
<td>BADLEY, Bell G.</td>
<td>Good Samaritan Hospital, Portland</td>
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<tr>
<td>BERGEQUIST, Edith A.</td>
<td>600 Commercial Street, Portland</td>
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<td>BLAKELEY, Glendora</td>
<td>816 Oregon Building, Portland</td>
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<td>CAMPBELL, Mary C.</td>
<td>New York Life Insurance Company, Portland</td>
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<td>CROWE, Marion G.</td>
<td>185 East 16th Street, Portland</td>
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<td>DWYER, Mae M.</td>
<td>334 Harrison Street, Portland</td>
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<td>HUMPHREY, Letitia</td>
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<td>JONES, Emma E.</td>
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<td>KNUDSON, Pauline</td>
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<td>LOVE RIDGE, Emily L.</td>
<td>Good Samaritan Hospital, Portland</td>
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<td>PHELPS, Grace</td>
<td>Doernbecher Memorial Hospital, Portland</td>
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<td>SCHREYER, Cecil L.</td>
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<td>SISTER GENEVIEVE</td>
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<td>TAYLOR, Grace Louise</td>
<td>448 Center Street, Salem</td>
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<td>THOMSON, Elnora E.</td>
<td>Oregon Building, University Extension Depart-</td>
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**PENNSYLVANIA**

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<tr>
<td>AMBLER, Florence Anna</td>
<td>Philadelphia General Hospital, Philadelphia</td>
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<td>ANTROBUS, Florence M.</td>
<td>1234 North 54th Street, Philadelphia</td>
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APPEL, KATHERINE ..................Community Hospital, Kane
ATKINSON, AUGUSTINA J. ..........Grandview Hospital, Sellersville
AUGUST, REBECCA FLOWER ..........5860 Washington Avenue, Philadelphia
BAKER, MARY A. ....................University Hospital, Philadelphia
BARTON, MYRTLE L. .................2121 North College Avenue, Philadelphia
BAYES, OLIVE M. ....................Altoona Hospital, Altoona
BELL, SARAH C. ....................Philadelphia General Hospital, Philadelphia
BENTON, MARY E. ..................Mt. Sinai Hospital, Philadelphia
BESEORE, HELEN MARY ..........Abington Hospital, Abington
BEVAN, MARIA ......................Magee Hospital, Pittsburgh
BLACK, LYDIA ANN ..............2072 North 62d Street, Philadelphia
BOOBER, NINA MELLICENT .......51 North 39th Street, Philadelphia
BOOREM, GLADYS ....................University Hospital, Philadelphia
BOSTWICK, EMMA S. ..............1818 Lombard Street, Philadelphia
BOWER, CATHERINE RUTH ....Western Pennsylvania Hospital, Pittsburgh
BRAUN, EVA M. ......................Suburban General Hospital, Bellevue
BROWN, BETTY CECILIA ..........Mt. Sinai Hospital, Philadelphia
BROWN, KATHARINE .................Jeanes Hospital, Fox Chase
BUENTE, KATHRYN .................Homeopathic Hospital, Pittsburgh
BUTCHER, MILDRED S. ..........Chestnut Hill Hospital, Philadelphia
CAMPBELL, C. MABEL ............Butler County General Hospital, Butler
CAMPBELL, VIRGINIA SILL ..........Western Pennsylvania Hospital, Pittsburgh
CANTWELL, ELSIE B. ..........Broad and Wolf Streets, Philadelphia
CARPENTER, MINNIE M. ..........Chester County Hospital, West Chester
CARSON, LILLIAN H. ....Women’s Homeopathic Hospital, Philadelphia
CHAGANER, MARY LUCY ..........Mt. Sinai Hospital, Philadelphia
CHURB, ALICE M. ..............c/o College Health Service, State College
CLEAVE, K. FRANCES ..........Riverview Manor, Harrisburg
CLEVELAND, KATHARINE NANN Germantown Hospital, Germantown, Philadelphia
CLOUGHIER, ANN GERTRUDE ....212 Ebensburg Road, Johnstown
CONNELL, EDITH STEWART ......3620 Baring Street, Philadelphia
COOKE, KATELEEN .................St. Francis Hospital, Pittsburgh
CORNWALL, BETTY ..........Lewistown Hospital, Lewistown
COUCHEUR, JEAN MORRISON ....St. Luke’s Hospital, Bethlehem
CRABBE, FAYE .....................Philadelphia General Hospital, Philadelphia
CROOK, BONNIE IRENE ..........Allegheny General Hospital, Pittsburgh
CROSSLAND, NELLIE F. W. .......36 Pennock Terrace, Lansdowne
CUSHING, ADELAIDE B. ........Eye and Ear Hospital, Pittsburgh
DAGER, ETHEL V. ..................Abington Hospital, Abington
DAILEY, SARA ....................161 Wyoming Avenue, Wyoming
DARLING, LOTTA A. ............Allegheny General Hospital, Pittsburgh
DARRELL, ELIZABETH MARY ....51 North 39th Street, Philadelphia
DAVIDSON, ISABELLA ..........1325 Foulkrod Street, Philadelphia
DEIMLER, LILLIE LOUISE ..........General Hospital, Wilkes-Barre
DENBY, JOSEPHINE A. ..........Magee Hospital, Pittsburgh
DERIVERS, MATILDA ARDEN ......Roxborough Hospital, Roxborough
D’ESTEL, ERNESTINE ..........Philadelphia General Hospital, Philadelphia
DEVER, ELEANOR ELIZABETH ....Children’s Hospital, Pittsburgh
DOMZELLA, WANDA R. ..........Presbyterian Hospital, Pittsburgh
MEMBERS

DONAVAN, ELLEN O'CONNOR............Coatesville Hospital, Coatesville
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DUFFY, HAZEL MARIE................South Side Hospital, Pittsburgh
DUNCAN, WILLIAMINA.................Monongahela Hospital, New Eagle
DUNDAS, ETHEL B....................Rochester General Hospital, Rochester
DUNLOP, MARGARET A...............Pennsylvania Hospital, Philadelphia
DURAND, BERtha......................1745 North Fourth Street, Philadelphia
EDEN, MARY CLOSE.................Presbyterian Hospital, Philadelphia
EDGAR, HELEN MARIE..............State Hospital, Allentown
EICHER, RUTH......................Columbia Hospital, Wilkinsburg
ELMER, HARRIET SEELEY...........Presbyterian Hospital, Philadelphia
ERDMANN, ANNA H..................Williamsport Hospital, Williamsport
ERHARD, LILLIE E................Misericordia Hospital, Philadelphia
ERXLEBEN, MARGUERITE C..........Children's Hospital, Philadelphia
ESSIG, ANNA K....................Women's Homeopathic Hospital, Philadelphia
EAMONSTER, OPHELIA M.............140 North 15th Street, Philadelphia
FERREE, DOROTHY MAY...........Philadelphia Orthopedic Hospital, Philadelphia
FILLEBROWN, REBECCA MILLER......3400 Spruce Street, Philadelphia
FINDLAY, ELIZABETH............Elizabeth Steel Magee Hospital, Pittsburgh
FORD, NETTA.....................218 East Market Street, York
FOWLER, MARGARET ESTELLE......Methodist Episcopal Hospital, Philadelphia
FRANCIS, MARY L..................Reading Hospital, Reading
FRANCIS, SUSAN C.............18th and Bainbridge Streets, Philadelphia
FREED, MARY ELIZABETH...........4035 Parrish Street, West Philadelphia
FRIEND, HARRIET L. P..............Temple University, Philadelphia
FROST, HARRIET......................1340 Lombard Street, Philadelphia
FULPER, CAMILLA B............Elizabeth Steel Magee Hospital, Pittsburgh
GIBSON, CLARISSA FRANCES.......1340 Lombard Street, Philadelphia
GONZALEZ, LENORE........ Aliquippa General Hospital, Pittsburgh
GOODEN, FRANCES LOUISA.......Chester County Hospital, West Chester
GRANT, JANET G....................Moses Taylor Hospital, Scranton
GROVES, SARA M....................Chester County Hospital, West Chester
GUILLFOYLE, BERTHA............4108 Baltimore Avenue, Philadelphia
GUILLFOYLE, MARY W..............51 North 39th Street, Philadelphia
GUSS, LUCRETTA MOTT...........Children's Homeopathic Hospital, Philadelphia
HAEIN, RUTH E.........................2137 North College Avenue, Philadelphia
HAMBLETON, DOROTHEY............Frankford Hospital, Frankford, Philadelphia
HARRIS, EMILY F....................Babies' Hospital, Philadelphia
HARRIS, MARY KIRKPATRICK.....McKeesport Hospital, McKeesport
HARVEY, EDITH ESTHER...........Lymnewood Lodge, Elkin Park, Philadelphia
HAYES, MINNIE RIESS............501 Parker Avenue, Collingdale
HEATLEY, GERTRUDE L............Southside Hospital, Pittsburgh
HEINZ, LAURA HENRIETTA........223 North 2d Street, Harrisburg
HINCHERY, MARY ELIZABETH......Allegheny General Hospital, Pittsburgh
HOLDEN, HARRIET E..............1838 Lombard Street, Philadelphia
HOLLIDAY, MILDRED.............Columbia Hospital, Wilkinsburg
HOUSE, MARY NAOMI.............St. Luke's Hospital, Bethlehem
HUBBARD, RUTH WEAVER..........1340 Lombard Street, Philadelphia
HUFF, JENNIE M.....................Pittston Hospital, Pittston
HUISMAN, MACHTELD..............Ashland State Hospital, Ashland
THIRTY-SIXTH ANNUAL CONVENTION

HUNTER, NAOMI B. ..........R. R. 8, Lancaster
HUNTLEY, MABEL F. ........3425 Powelton Avenue, Philadelphia
JACKSON, MARGARET M. ....Memorial Hospital, Roxborough
JACOBSON, LILLIAN ..........Mt. Sinai Hospital, Philadelphia
JONES, JEANETTE L. .........Southside Hospital, Pittsburgh
JOSEPH, PHOEBE I. ...........2121 North College Avenue, Philadelphia
KAY, ANNA R. ...............Philadelphia General Hospital, Philadelphia
KEESEY, LAURA FEIGLEY ......3400 Spruce Street, Philadelphia
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KREFS, BERNA ALBERTINE ...2121 North College Avenue, Philadelphia
KREWSON, SARAH A. ..........Wilkes-Barre General Hospital, Wilkes-Barre
LAMBDEN, SALLIE ELIZABETH Abington Memorial Hospital, Abington
LAMBIE, JEANIE SMITH ......Allegheny General Hospital, Pittsburgh
LANDIS, KATHRYN E. .......Polyclinic Hospital, Harrisburg
LANE, SUSAN KLEIN .........Philadelphia Hospital for Contagious Diseases, Philadelphia

LAU, MARY RACHEL .........115 South Front Street, Harrisburg
LAUBENSTEIN, NANCY ESTHER ...Westmoreland Hospital, Greensburg
LAUBENTHAL, FRANCES E. ....Philadelphia General Hospital, Philadelphia
LAUMAN, ANNA ..............Philipsburg State Hospital, Philipsburg
LEAVELL, LUTIE C. ..........American Stomach Hospital, Philadelphia
LEECE, ELIZABETH ...........Mercer Sanitarium, Mercer
LEHMAN, LAURA LETITIA ....Elizabeth Steel Magee Hospital, Pittsburgh
LEWIS, ADELE M. ............Jefferson Hospital, Philadelphia
LINDMARK, ROSA M. ........Philadelphia General Hospital, Philadelphia
LITTLE, EDNA R. ..........1926 Remmington Drive, Wilkinsburg Manor, Wilkinsburg

LOFTUS, FRANCES LOUISE ....Mt. Sinai Hospital, Philadelphia
LUTZ, STATIA AGNES ..........Mt. Sinai Hospital, Philadelphia
MCCARTHY, GRACE S. .......St. Agnes Hospital, Philadelphia
MCCORMICK, MARIE GERTRUDE ...2121 North College Avenue, Philadelphia
McKEAN, MARY B. ............Philadelphia Hospital for Contagious Diseases, Philadelphia

McCLURE, AMY F. ............State Hospital, Nanticoke
McMAHON, MARGARET .........Phoenixville
McMENAMIN, CORNELIA .......St. Joseph's Hospital, Philadelphia
MACAFFEE, NELLIE E. ........4711 Maripoe Street, Pittsburgh
MACDERMID, RACHEL FLORENCE ..Suburban General Hospital, Bellevue
MACKINNEY, LYDIA ..........122 East North Street, Butler
MACNEIL, LILLIAN FRANCES ..Shriners' Hospital, Philadelphia
MANLY, JENNIE A. ..........Homestead Hospital, Homestead
MARTIN, MARY M. ...........1745 North Fourth Street, Philadelphia
MASTER, LUCY ...............University Hospital, Philadelphia
MEIER, ANNA L. .............Presbyterian Hospital, Philadelphia
MELVILLE, CLARA ...........Jefferson Hospital, Philadelphia
MILLER, ADELE ..........Allentown Hospital, Allentown
MILLER, ELISIE L. ...........Frankford Hospital, Philadelphia
MILLER, ESTHER K. ..........Mt. Sinai Hospital, Philadelphia
MILLER, HANNAH N. ........Box 3, Woodlyn, Delaware County
MEMBERS

MILLER, MARY B. Presbyterian Hospital, Pittsburgh
MOORE, M. ELIZABETH Chester County Hospital, West Chester
MOORE, WINTFRED L. Visiting Nurse Association, York
MURRAY, SARA M. 808 North Second Street, Harrisburg
MYERS, EDNA G. Bryn Mawr Hospital, Bryn Mawr
NEWMAN, W. MAUD Sewickley Valley Hospital, Sewickley
NICOLAI, ELSIE Philadelphia General Hospital, Philadelphia
NICHOLSON, GRACE 7th and DeLancy Streets, Philadelphia
NUTZELL, IDA Good Samaritan Hospital, Lebanon
OGDEN, HANNAH BENNER Philadelphia General Hospital, Philadelphia
PANCEAST, ESTHER JUSTICE Children's Homeopathic Hospital, Philadelphia
PARRISH, IDA M. Nesbitt Memorial Hospital, Kingston
PARRISH, CATHERINE LOLA Moses Taylor Hospital, Scranton
PATTERSON, AGNES MAE 4900 Friendship Avenue, Pittsburgh
PERCIVAL, CONSTANCE Abington Memorial Hospital, Abington
PITINNEY, MARGARET 2121 North College Avenue, Philadelphia
Pierce, Clara Agnes 3400 Spruce Street, Philadelphia
PILCHER, CAROLINE LOUISE 4900 Friendship Street, Pittsburgh
POLK, ADELLE M. St. Margaret Memorial Hospital, Pittsburgh
PRATT, HELEN Western Pennsylvania Hospital, Pittsburgh
Pritchard, Dorothea IDA Presbyterian Hospital, Pittsburgh
Quigg, Henrietta Y. Pittsburgh City Home and Hospitals, Mayview
Quivey, Lena Sewickley Valley Hospital, Sewickley
RAKE, BEATRICE 4015 Baring Street, Philadelphia
RALSHER, ELIZABETH M. Canonsburg General Hospital, Canonsburg
RANNEY, CORA ELIZABETH Mt. Sinai Hospital, Philadelphia
REED, M. ELIZABETH Abington Hospital, Abington
REED, MARGARET P. Allegheny Valley Hospital, Tarentum
RICKABY, ALICE Homeopathic Hospital, West Chester
RITMANN, KATHERINE G. Lankenau Hospital, Philadelphia
ROBBINS, MARTHA J. McGUIRE Northeastern Hospital, Philadelphia
ROSS, ELIZABETH BELL Graduate Hospital, University of Pennsylvania, Philadelphia

Roth, Anna 6400 Beacon Street, Pittsburgh
Rothrock, Mary Alice Clearfield Hospital, Clearfield
ScARBOROUGH, ELIZABETH 502 South 41st Street, Philadelphia
SCHRECK, MARIAN ELIZABETH Western Pennsylvania Hospital, Pittsburgh
SCHRECK, KATHERINE MAY Western Pennsylvania Hospital, Pittsburgh
SHANNON, ANNA L. Columbia Hospital, Columbia
SHELDENBERGER, MILDRED H. Presbyterian Hospital, Philadelphia
Sherrick, Ellen Homeopathic Hospital, Pittsburgh
Shields, Theresa E. Mercy Hospital, Altoona
SHORE, AGNES C. 2516 North 22d Street, Norristown
Sister Anna Regina St. Joseph's Hospital, Pittsburgh
Sister Ethel E. BUSE Lankenau Hospital, Philadelphia
Sister Isidore Boyce Pittsburgh Hospital, Pittsburgh
Sister Mary Koenke Lankenau Hospital, Philadelphia
Sister Mary AMBROSE MORGAN Mercy Hospital, Pittsburgh
Sister Mary AVELLINO McCole Mercy Hospital, Scranton
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<td>St. John's General Hospital, Pittsburgh</td>
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<td>2805 West Liberty Avenue, Pittsburgh</td>
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<td>Latrobe Hospital, Latrobe</td>
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<td>VanThuyne, Marie Louise</td>
<td>Philadelphia General Hospital, Philadelphia</td>
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<td>Walker, Lena Dixon</td>
<td>1611 Boulevard of Allies, Pittsburgh</td>
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<td>Warlick, Lula Gertrude</td>
<td>5000 Woodland Avenue, Philadelphia</td>
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<td>West, Roberta</td>
<td>6812 Franklin Street, Oak Lane, Philadelphia</td>
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<td>Montefiore Hospital Association, Pittsburgh</td>
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<td>White, Martha</td>
<td>241 North 18th Street, Philadelphia</td>
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<td>Mt. Sinai Hospital, Philadelphia</td>
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<td>Williams, Sara E.</td>
<td>421 North Webster Avenue, Scranton</td>
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<td>Frankford Hospital, Frankford</td>
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<td>Wilson, Laura B.</td>
<td>Children's Hospital, Pittsburgh</td>
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<td>Wilson, Letitia</td>
<td>4401 Market Street, Philadelphia</td>
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<td>Wulff, Lulu Kathryn</td>
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<td>Wray, Anna C.</td>
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<td>Wuerthner, Almena Emma</td>
<td>Philadelphia General Hospital, Philadelphia</td>
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<td>Yingst, Edith E.</td>
<td>Harrisburg Hospital, Harrisburg</td>
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<td>Yokum, Katherine Regina</td>
<td>Lancaster General Hospital, Lancaster</td>
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<td>Zufall, Nora Lwellyn</td>
<td>2039 Cherry Street, Philadelphia</td>
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<td><strong>Rhode Island</strong></td>
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<td>Almy, Helen Muriel</td>
<td>593 Eddy Street, Providence</td>
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<td>Anderson, M. Barbara</td>
<td>Butler Hospital, Providence</td>
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<td>Avery, L. M. Belle</td>
<td>Rhode Island Hospital, Providence</td>
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<tr>
<td>Ayers, Lucy C.</td>
<td>459 Carrington Avenue, Woonsocket</td>
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<td>Barry, Elizabeth</td>
<td>State Hospital, Howard</td>
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<td>Barry, Sarah C.</td>
<td>City Hospital, Providence</td>
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<td>Carpenter, Catherine Lillian</td>
<td>Homeopathic Hospital, Providence</td>
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<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>
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<td>Coe, Lillian F.</td>
<td>Providence District Nursing Association, Providence</td>
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<td>Cox, Alice Elizabeth</td>
<td>Providence District Nursing Association, Providence</td>
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<td>Cranston, Margaret Louise</td>
<td>825 Chalkstone Avenue, Providence</td>
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<td>Daley, Margaret Marion</td>
<td>Newport Hospital, Newport</td>
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<td>Butler Hospital, Providence</td>
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<td>Davis, Hazel Cook</td>
<td>Providence Lying-in Hospital, Providence</td>
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<tr>
<td>Denico, Maude Folsom</td>
<td>South County Hospital, Wakefield</td>
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<td>DesIsles, Mary S.</td>
<td>City Hospital, Providence</td>
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<tr>
<td>Dillon, Nellie R.</td>
<td>Providence District Nursing Association, Providence</td>
</tr>
<tr>
<td>Dockham, Clara O.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>Dunn, Emma L.</td>
<td>Crawford Allen Memorial Hospital, East Greenwich</td>
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<tr>
<td>Earley, Annie M.</td>
<td>Providence District Nursing Association, Providence</td>
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<tr>
<td>Ericson, Maude</td>
<td>825 Chalkstone Avenue, Providence</td>
</tr>
<tr>
<td>Falvey, Helen</td>
<td>Providence District Nursing Association, Providence</td>
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<tr>
<td>Farrell, Marie</td>
<td>Homeopathic Hospital, Providence</td>
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<td>Fitzpatrick, Winifred L.</td>
<td>Providence District Nursing Association, Providence</td>
</tr>
<tr>
<td>Flemming, Elizabeth F.</td>
<td>65 Clyde Street, Pawtucket</td>
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<tr>
<td>Gardner, Mary S.</td>
<td>Providence District Nursing Association, Providence</td>
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<tr>
<td>Goodnow, Minnie</td>
<td>Newport Hospital, Newport</td>
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<td>Gregson, Ruth E.</td>
<td>Woonsocket Hospital, Woonsocket</td>
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<td>Groves, Barbara</td>
<td>Memorial Hospital, Pawtucket</td>
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<tr>
<td>Horman, Marion</td>
<td>825 Chalkstone Avenue, Providence</td>
</tr>
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</table>
JUTRAS, Bertha E. ..................Providence District Nursing Association, Providence
McGIBBON, Anna Katherine ....Butler Hospital, Providence
MOREAU, Alexina O. ............City Hospital, Providence
O'CONNELL, Catherine Dominica ..............................Providence District Nursing Association, Providence
OLIVER, Christy Ross ................Providence District Nursing Association, Providence
O’NEILL, Catherine G. ..............City Hospital, 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 MARY ROBERTA ...............St. Joseph’s Hospital, Providence
WHITE, Louisa ........................Rhode Island Hospital, Providence
WILLIAMS, Mary ........................Providence District Nursing Association, Providence

SOUTH CAROLINA

ANDELL, Marguerite .................Roper Hospital, Charleston
ENGELBERG, Meyerel .................Roper Hospital, Charleston
GARDNER, Beulah L. ................State Hospital, Columbia
MCAulister, Mary C. ................Tuomey Hospital, Sumter

SOUTH DAKOTA

ANDERSON, Belle S. ..................Luther Hospital, Watertown
JOHNSON, Mildred Genevieve ....Methodist State Hospital, Mitchell
WOODS, MABEL O. .....................Methodist Episcopal Hospital, Mitchell

TENNESSEE

ARCHER, Myrtle M. ..................Baptist Memorial Hospital, Memphis
BEATTY, Jennie S. ....................Knoxville General Hospital, Knoxville
BRODE, Ethyl P. ....................Vanderbilt Hospital, Nashville
EBBS, Dorothy D. ...................Baroness Erlanger Hospital, Chattanooga
GILMORE, Bettie Johnson .............Gartly-Ramsay Hospital, Memphis
GOFF, Hazel Lee .....................Riverside-Fort Sanders Hospital, Knoxville
IGHTOWER, Thelma ....................Gartly-Ramsay Hospital, Memphis
HOLMES, Georgia .....................Methodist Hospital, Memphis
KELLER, Jane ........................991 Cleveland Place, Knoxville
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RAT, George Moorman ...............1265 Union Avenue, Memphis
SISTER LEANDER COOK .................St. Thomas Hospital, Nashville
SPECHT, Florence Alice ..............1001 East Third Street, Chattanooga
TITUS, Shirley Carey ................Vanderbilt University School of Nursing, Nashville

WHITE, Mary W. .....................General Hospital, Knoxville
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital, Location</th>
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<tbody>
<tr>
<td>Adams, Leona Gwendolyn</td>
<td>John Sealy Hospital, Galveston</td>
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<tr>
<td>Airhart, Isabell Maud</td>
<td>King's Daughters' Hospital, Temple</td>
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<tr>
<td>Appel, Katherine M.</td>
<td>Beaumont General Hospital, Beaumont</td>
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<tr>
<td>Bailey, Laura Olka</td>
<td>Seton Infirmary, Austin</td>
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<tr>
<td>Baker, Beulah</td>
<td>602 Lamar Street, Houston</td>
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<td>Bobo, Harriet Sears</td>
<td>Forney Sanitarium, Forney</td>
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<td>Boeker, Berntha</td>
<td>John Sealy Hospital, Galveston</td>
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<tr>
<td>Boies, Beatrice</td>
<td>1200 Main Avenue, San Antonio</td>
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<tr>
<td>Breihan, Olga Marie</td>
<td>3415 Junius Street, Dallas</td>
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<tr>
<td>Brintt, Ellen Louise</td>
<td>Physicians' and Surgeons' Hospital, San An-</td>
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<td>Burlew, Lucile</td>
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<tr>
<td>Carroll, Rhoda K.</td>
<td>Methodist Hospital, Fort Worth</td>
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<tr>
<td>Condit, Gae A.</td>
<td>1028 Fifth Avenue, Fort Worth</td>
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<td>Cooper, Joanna</td>
<td>Texarkana Hospital, Texarkana</td>
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<td>Coote, Maud Whitely</td>
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<tr>
<td>Cowling, Margaret B.</td>
<td>806 Brook Street, Wichita Falls</td>
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<tr>
<td>Dantlem, Emma H.</td>
<td>602 Lamar Avenue, Houston</td>
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<tr>
<td>Davis, Ruby B.</td>
<td>Parkland Hospital, Dallas</td>
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<tr>
<td>Decker, Grace Rita</td>
<td>John Sealy Hospital, Galveston</td>
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<tr>
<td>Dick, Katherine R.</td>
<td>408 Hawthorne Avenue, Houston</td>
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<td>Dietrich, A. Louise</td>
<td>1001 East Nevada Street, El Paso</td>
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<td>Dreis, Josephine B.</td>
<td>Cameron Hospital, Cameron</td>
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<td>Enclal, Grace</td>
<td>2017 La Branch Street, Houston</td>
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<td>Fahey, Mollie</td>
<td>St. Paul's Sanitarium, Dallas</td>
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<td>Farwell, Mary F.</td>
<td>Denton Hospital, Denton</td>
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<td>Faulkner, Xilema</td>
<td>John Sealy Hospital, Galveston</td>
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<td>Flowers, Jessie Ardelia</td>
<td>231 East Myrtle Street, San Antonio</td>
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<td>Gantz, Florence</td>
<td>Texarkana Hospital, Texarkana</td>
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<td>Grigsby, Mary Biddle</td>
<td>420 Hardin Apartments, Waco</td>
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<td>Gronewold, Dena</td>
<td>St. David's Hospital, Austin</td>
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<td>Guenther, F. J.</td>
<td>La Grange Hospital, La Grange</td>
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<td>Hagquist, Alma Katherine</td>
<td>State Department of Health, Austin</td>
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<td>Hardiing, Nora Alma</td>
<td>San Angelo Hospital, San Angelo</td>
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<td>Harris, Homer C.</td>
<td>Robert B. Green Hospital, San Antonio</td>
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<td>Hogg, Sarah Agnes</td>
<td>Paris Sanitarium, Paris</td>
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<td>Jackson, Frances</td>
<td>Beaumont General Hospital, Beaumont</td>
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<td>Jolly, Mrs. Robert</td>
<td>Baptist Hospital, Houston</td>
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<tr>
<td>Kasmeier, Julia C.</td>
<td>Box 641, San Antonio</td>
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<tr>
<td>Kennedy, Mary</td>
<td>2710 Albany Street, Houston</td>
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<td>Kirven, Sarah</td>
<td>Torbett Sanitarium, Marlin</td>
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<td>Lang, Selma A.</td>
<td>King's Daughters' Hospital, Temple</td>
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<td>Lehmann, Helen Holiday</td>
<td>3910 Shenandoah Street, Dallas</td>
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<td>Lorenz, Angeline</td>
<td>St. Joseph's Infirmary, Houston</td>
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<td>Lorenz, Marie E.</td>
<td>Cameron Hospital, Cameron</td>
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<td>Luckey, Gladys</td>
<td>1150 East Rio Grande Street, El Paso</td>
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<td>McAnelly, Zora K.</td>
<td>John Sealy Hospital, Galveston</td>
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<td>McElhann, Janet Roger</td>
<td>King's Daughters' Hospital, Temple</td>
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</table>
McCULLOUGH, STELLA ............ West Texas Baptist Sanitarium, Abilene
MOORE, DAISY REA ............ Baptist Hospital, Fort Worth
NAHM, HELEN ................... Scott and White Hospital, Temple
NEWHILL, JOSEPHINE .......... 4127 Avenue I, Galveston
PERRY, MELANIE .............. 803 Holman Avenue, Houston
PETRIE, NINA EDITH .......... Herman Hospital, Houston
RUBACH, AMELIA A. ........... King’s Daughters' Hospital, Temple
SCHOLES, ALMA E. ............. 1827 Broadway, Galveston
SCHULZ, EDNA LINA .......... Austin City Hospital, Austin
SISTER ANNA JOSEPH .......... St. John's Sanitarium, San Angelo
SISTER ANTONIO O'DONOGHUE ... St. Paul's Hospital, Dallas
SISTER MARY ALBERT .......... St. Joseph’s Infirmary, Houston
SISTER MARY ANDREW .......... Santa Rosa Infirmary, San Antonio
SISTER MARY ARCADIA ........ St. Joseph's Infirmary, Houston
SISTER MARY ASCENSION ....... Spohn Sanitarium, Corpus Christi
SISTER MARY ELIGIOS ......... Hotel Dieu, El Paso
SISTER MARY CHARLES ........ St. Anthony’s Hospital, Amarillo
SISTER MARY FIDELIA ........ St. Joseph’s Infirmary, Paris
SISTER MARY FIDELIS .......... Hotel Dieu, Beaumont
SISTER MARY OF JESUS ........ St. John’s Sanitarium, San Angelo
SISTER MARY JOHN EVANGELINE. St. Joseph’s Infirmary, Houston
SISTER MARY PRESENTATION ... St. Joseph’s Infirmary, Paris
SISTER MARY ROSINA .......... St. Mary’s Infirmary, Galveston
SISTER MARY SAUCER .......... Providence Hospital, Waco
SISTER MARY VICTORY .......... Spohn Sanitarium, Corpus Christi
SISTER PHILIP NERI .......... St. Joseph’s Infirmary, Fort Worth
SISTER VALERIA A. KEARNEY ... Seton Infirmary, Austin
SISTER ZOE SCHIESWOHL ...... Seton Infirmary, Austin
SIZER, MRS. ED. R. ............ Emergency Hospital, Corpus Christi
SMITH, ANN BROWN ............ South Park Street, McKinney
SMITH, MAY FORSTER ......... Dallas Baby Camp and Hospital, Dallas
THOMAS, LENA B. .............. Cantrell Hospital, Greenville
VOSKAMP, ELEANOR FRIEDA .... King’s Daughters' Hospital, Temple
WRIGHT, CLARA LOUISE ....... Scott and White Hospital, Temple

UTAH

Caldwell, Vilate .......... St. John
Conover, ELLA H. .......... 751 Seventh Avenue, Salt Lake City
Johnson, Maria ............ Latter-Day Saints Hospital, Salt Lake City
Knight, Uarda .............. Latter-Day Saints Hospital, Salt Lake City
Larsen, Jennie V. .......... Latter-Day Saints Hospital, Salt Lake City
Madsen, Erma La Vera ...... Dee Memorial Hospital, Salt Lake City
Wicklund, Ella M. .......... Holy Cross Hospital, Salt Lake City

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Baker, Mary A. .............. Putnam Memorial Hospital, Bennington

VIRGINIA

Baure, Marie Josephine ....... 2924 Brook Road, Richmond
Baylor, Martha V. .......... Roanoke Hospital, Roanoke
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DUSKIN, EDNA ............................... Tacoma General Hospital, Tacoma
ERICSON, ESTHER ......................... Tacoma General Hospital, Tacoma
FALCONER, IDA R. .......................... St. Luke's Hospital, Bellingham
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GANTZ, ELLA ................................. 4119 Nevada Street, Spokane
GILLESPIE, CORA E. ...................... 532 Cobb Building, Seattle
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GUSTAFSON, KATHERINE T. ............. Swedish Hospital, Seattle
HALL, EVELYN H. ......................... Mercer Island, Seattle
HARRISON, ELLA W. ....................... 1321 Colby Avenue, Everett
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JOHNSTON, MARGARET ................... Seattle General Hospital, Seattle
JONES, CATHERINE E. .................... Seattle General Hospital, Seattle
JONES, EMILY LAWSON .................. Frances and Third Streets, Port Angeles
KNOX, ADIA ................................. St. Luke's Hospital, Bellingham
LEAHY, KATHLEEN ......................... University of Washington, Department of Nursing, Seattle
LOOMIS, MAY S. ........................... City Hospital, Seattle
MCCARTHY, MAE J. ....................... St. Luke's Hospital, Spokane
MCCULLOUGH, RUBY WALLACE .......... Seattle General Hospital, Seattle
PARKER, MINNIE L. ...................... Seattle General Hospital, Seattle
SENGER, NELLIE MARIE ................. Swedish Hospital, Seattle
SISTER JOHN GABRIEL ..................... Providence Hospital, Seattle
SISTER JOHN OF THE CROSS ............... Providence Hospital, Everett
Sister Mary ............... Sacred Heart School of Nursing, Spokane
Sister Mary Magna ............. Providence Hospital, Seattle
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Struthers, Florence Bell .... Oakhurst Sanatorium, Elma
Woods, Anna J. .............. Seattle General Hospital, Seattle

WEST VIRGINIA

Campion, Ora A. .......... Davis Memorial Hospital, Elkins
Kelly, Alice Pearl ....... Reynolds Memorial Hospital, Glen Dale
Maloney, May M. .......... Cook Hospital, Fairmont
Potts, Ursula .............. Cook Hospital, Fairmont
Stewart, Chloe M. ....... Ohio Valley General Hospital, Wheeling

WISCONSIN

Ackley, Stella .............. Milwaukee County Hospital, Wauwatosa
Amler, Melida Ruth ......... Lutheran Hospital, LaCrosse
Arenz, Louise F. .......... Grandview Hospital, LaCrosse
Baar, Ida C. ............... Milwaukee Children's Hospital, Milwaukee
Bennett, Lillie ............. Milwaukee Children's Hospital, Milwaukee
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Brandt, Ruth .............. Milwaukee Hospital, Milwaukee
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Callender, Elizabeth ...... Johnston Emergency Hospital, Milwaukee
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Carpenter, Thehma Edna .... 433 Larch Street, Madison
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Christenson, Clara M. ...... Mt. Washington Sanatorium, Eau Claire
Clarke, Florence .......... 925 Mound Street, Madison
Coe, Caryl F. .............. Luther Hospital, Eau Claire
Collings, Ida A. .......... Madison General Hospital, Madison
Crafts, Grace .............. Madison General Hospital, Madison
Cruckshank, Jean .......... Theda Clark Hospital, Neenah
Denne, Helen .............. Wisconsin General Hospital, Madison
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Fenley, Caroline M. ...... Methodist Hospital, Madison
Fletcher, Lila B. ......... Wisconsin General Hospital, Madison
Fuchs, Teresa .......... Johnston Emergency Hospital, Milwaukee
Gearing, Alice .......... Lutheran Hospital, LaCrosse
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POWELL, NELLA ......................Luther Hospital, Eau Claire
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SCHMIDT, LENA K. .................22 North Hancock Avenue, Madison
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SCHWOCHERT, ANNA B. ..............785 Franklin Place, Milwaukee
SEMINSION, EDA .....................1503 Charles Street, LaCrosse
SISTER AGNELL LEUTENMEYER ......Sacred Heart Hospital, Eau Claire
SISTER ELFRIEDA HERZOG .........Milwaukee Hospital, Milwaukee
SISTER EMMA LERCH .................Milwaukee Hospital, Milwaukee
SISTER MAGDALENE KREBS ...........2222 Kilbourne Street, Milwaukee
SISTER MARY AGATHA GERBER .......St. Joseph's Hospital, Marshallfield
SISTER MARY BARTHOLOMEA BETZEN ...............Mercy Hospital, Oshkosh
SISTER MARY BEATA WALSH .......St. Francis Hospital, LaCrosse
SISTER MARY BERNICE BECK .......639 Fourth Street, Milwaukee
SISTER MARY COR MARIE FLANNERY ...............Mercy Hospital, Janesville
SISTER MARY DIGNA DESCH ......St. Agnes Hospital, Fond du Lac
SISTER MARY FLORINA NIEDLAND .St. Mary's Hospital, Sparta
SISTER MARY FRANCIS HEIMANN ..........St. Agnes Hospital, Fond du Lac
SISTER MARY GERTRUDE .............St. Mary's Hospital, Ladysmith
SISTER MARY SYRA UNDERBERG ..........St. Francis Hospital, LaCrosse
SPECHT, IRENE M. ..................St. Mary's Hospital, Milwaukee
STOLPE, HILMA .....................246 12th Street, Milwaukee
STURM, BEATRICE KATHERINE ..........Milwaukee County Hospital, Wauwatosa
SWAN, M. E .........................St. Francis Hospital, LaCrosse
TUTTLE, KATHARINE .................561 38th Street, Milwaukee
WEAD, CARRIE B. ....................Columbia Hospital, Milwaukee
WHITE, REGINE ......................410 Summit Avenue, Milwaukee
ZAHORIK, CATHERINE ..............321 Greenfield Avenue, Wauwatosa
ZEHMS, ANNA .......................Mt. Sinai Hospital, Milwaukee

WYOMING

ESCHWIG, MARY ANNE ..............Memorial Hospital, Casper
WILLIAMS, ANNA GRACE ..........Memorial Hospital of Laramie County, Cheyenne

CANADA

CAMERON, JANET E. .................2218 Dorchester Street, Montreal
FLYNN, LILIAN T. ..................116 Castletfield Avenue, Toronto
MCELLENN, KATHARINE ............Hotel Dieu, Cornwall, Ontario
RORKE, ADA M. .....................122 Second Avenue, Ottawa, Ontario

CANAL ZONE

TRYON, M. RUTH ....................Corgas Hospital, Ancon

CHINA

CABOT, MARY GERALDINE ..........Church General Hospital, Wuchang
HARDING, ELIZABETH ..............Station Hospital, American Barracks, Tientsin
HIRST, ELIZABETH .................Peking Union Medical College, Peking

HAWAII

AYERS, ADA GERTRUDE .............Memorial Hospital, Hilo
NEFF, ELSIE ......................Trinity General Hospital, Honolulu

PORTO RICO

HOWITT, HELEN ......................Presbyterian Hospital, San Juan
SHALE, OLIVE ELLEN ..............Presbyterian Hospital, San Juan

VIRGIN ISLANDS

COLE, ANNA I. .....................U. S. Naval Hospital, St. Thomas

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. Snobgras (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 Pickard ............................................. Died August 26, 1919
Amelia A. Hall .......................................... Died January 1, 1920
Sophia F. Palmer ....................................... Died April 27, 1920
Mary Jean Hurbly ...................................... 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 Dunin ............................................. 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 Happersett ................................... 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
Nellie F. Parrish ...................................... Died June 10, 1925
Garney Isabel Pelton .................................. Died June 15, 1925
Anne Hervey Strong ................................... Died June 17, 1925
Maria McDaniell ....................................... 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
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REYTA 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
ARLINE MACDONALD ......................................................... Died December 18, 1926
ELIZA PRISCILLA REID .................................................... Died December 29, 1926
MARSHA R. GAULKE ......................................................... Died March 27, 1927
ARLINE MACDONALD ......................................................... Died July 3, 1927
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LUCY I. GLOVER .............................................................. Died January 5, 1928
MARION E. SEAYER .......................................................... Died January 19, 1928
EDITH M. SCHENCK .......................................................... Died April 2, 1928
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MARY MARY ROGGE ........................................................ Dated September 18, 1928
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KATE A. EWING .............................................................. Dated February 14, 1929
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MARY JULIA PUTTS ......................................................... Dated May 8, 1929
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MARY K. SMITH ............................................................. Dated July 22, 1929
MARGUERITE C. KELLY ...................................................... Dated September 17, 1929
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MARY E. SHUTT ............................................................... Dated October 12, 1929
AMY ALLISON ................................................................. Dated February 27, 1930
JESSIE BREEZE ............................................................... Dated March 23, 1930
ELSA SCHMIDT ............................................................... Dated April 5, 1930
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