Fortieth Annual Report OF THF
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Nursing Education
1984

## HEADQUARTERS

HATIONAL LEAGOE OF NTRSING EDOCATION 50 west both gr., HEw YORK, H. Y.

## PROCEEDINGS

of the

Fortieth Annual Convention

of the

# National League of Nursing Education 

WASHINGTON, D. C.<br>April 23-27, 1934

NATIONAL HEADQUARTERS
50 West 50th Street
New York, New York

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22 Havelock St., Amherst, Nova Scotia, Canada
sociation:
Helen Wood, R.N. 1036 Walnut St., Newton Highlands, Mass.
Susan Francis, R.N. Superintendent, the Children's Hospital of Philadelphia, 18th and Bainbridge Sts., Philadelphia, Pa.

Representing the National Organizalion for Public Health Nursing:
Katharine Tucker, R.N.
General Director, National Organization for Public Health Nursing, 50 W. 50th St., New York, N. Y. Elizabeth Fox, R.N.

Executive Director, Visiting Nurse Association, New Haven, Conn.
Representing the American College of Surgeons:
Malcolm T. MacEachern, M.D.
Associate Director, American College of Surgeons, 40 E. Erie St., Chicago, Ill.
Bowman C. Crowell, M.D. (Alternate)
Associate Director, American College of Surgeons, 40 E. Erie St., Chicago, Ill.
Representing the American Hospital Association:
Joseph B. Howland, M.D.
Superintendent, Peter Bent Brigham Hospital, Boston, 17, Mass.
Ada Belle McCleery, R.N. (Alternate)
Superintendent, Evanston Hospital, Evanston, Ill.
Representing the American Public Health Association:
Charles-Edward A. Winslow, D. P. H.

Professor, Public Health, Yale University, New Haven, Conn.

Haven Emerson, M.D. (Alternate) Professor, Public Health Administration, College of Physicians and Surgeons, Columbia University, New York, N. Y.
Members at Large:
Mrs. Chester C. Bolfon
Franchester Place, Richmond Rd., Lyndhurst, Ohio
Sister Domitilla Director of Nursing Education, St. Mary's School of Nursing, Rochester, Minn.
Samuel P. Capen, Phid.
Chancellor, University of Buffalo, Buffalo, N. Y.
Edward A. Fitzpatrick, Ph.D. Dean, Graduate School, Marquette University, 115 Grand Ave., Milwaukee, Wis.
W. W. Charters, Pif.D. Professor of Education and Director of Bureau of Educational Research, Ohio State University, Columbus, Ohio
William Darrach, M.D., Chairman Dean Emeritus, College of Physicians and Surgeons, Columbia University, 180 Fort Washington Ave., New York, N. Y.
Winford H. Smith, M.D.
Director, Johns Hopkins Hospital, Baltimore, Md.
Nathan B. Van Etten, M.D.
General Practitioner, 300 E. Tremont Ave., New York, N. Y.

## Director:

May Ayres Burgess, Pif.D., 50 W. 50th St., New York, N. Y.

## Nurse Consultants:

Mary M. Roberts, R.N., Editor, American Journal of Nursing, 50 W. 50th St., New York, N. Y.
Stelia Goostray, R.N., Superintendent of Nurses, The Children's Hospital, Boston, Mass.

## PAST OFFICERS OF THE NATIONAL LEAGUE OF NURSING EDUCATION

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

Anna L. Alston, President Louise Darche, Secretary
Luey L. Drown, Trasurer
Officers elected in the years following have been:
1894 New York, N. Y., January 10, 11.
President, Anna L. Alston; Secretary, Louise Darche; Treasurer, Lucy L. Drown.

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

Philadelphia, Pa., February 11, 12, 13, 14.
President, M. E. P. Davis; Secretary, Mary S. Littlefield; Treasurer, Lucy L. Drown.
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, Georgia M. Nevins; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.
1906 New York, N. Y., April 25, 26, 27.
President, Annie W. Goodrich; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1907 Philadelphia, 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.
1911 Boston, Mass., May 29, 30, 31.
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 June 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.
1925 Minneapolis, Minn., May 25 to May 30.
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 Goostray; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.
1930 Milwaukee, Wis., June 9 to June 14.
President, Elizabeth C. Burgess; Secretary, Stella Goostray ; Treasurer, Marian Rottman ; Executive Secretary, Nina D. Gage.
1931 Atlanta, Ga., May 4 to May 9.
President, Elizabeth C. Burgess; Secretary, Stella Goostray ; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.
1932 San Antonio, Tex., April 11 to April 15.
President, Elizabeth C. Burgess; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.
1933 Chicago, Ill., June 12 to June 16.
President, Effie J. Taylor; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.
1934 Washington, D. C., April 23 to April 27.
President, Effie J. Taylor; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

The Organization has affiliations with
American Association of Hospital Social Workers, 18 East Division St., Chicago, Ill.
The American Child Health Association, 50 West 50th Street, New York, N. Y. American Conference on Hospital Service, 18 E. Division St., Chicago, Ill.
American Dietetic Association, 185 North Wabash Avenue, Chicago, Ill.
American Hospital Association, 18 East Division Street, Chicago, Ill.
American Nurses' Association, 50 West 50 th Street, New York, N. Y.

American Psychiatric Association, New York State Psychiatric Institute and Hospital, 722 W. 168th St., New York, N. Y.
American Red Cross Nursing Service, Washington, D. C.
American Social Hygiene Association, 50 West 50th Street, New York, N. Y.
American Society for the Control of Cancer, 1250 Sixth Avenue, New York, N. Y. Association of Collegiate Schools of Nursing, Teachers College, New York, N. Y. Association for Promotion and Standardization of Midwifery, New York, N. Y.
Maternity Center Association, 1 E. 57 th St., New York, N. Y.
National Education Association of the United States, Washington, D. C.
National Organization for Public Health Nursing, 50 West 50 th Street, New York, N. Y.

National Tuberculosis Association, 50 West 50th Street, New York, N. Y.
National Vocational Guidance Association, Cambridge, Mass.
National Committee for Mental Hygiene, 50 West 50 th Street, New York, N. Y.

## PROCEEDINGS

## OF THE

FORTIETH ANNUAL CONVENTION
OF THE
National League of Nursing Education
Washington, D. C., April 23-27, 1934

## Opening Business Session

Monday, April 23, 9:15 a.m.

The meeting was called to order by the President, Effie J. Taylor. Since the roll call indicated that representatives from more than fifteen states were present, ${ }^{1}$ the Chair declared the Fortieth Annual Convention of the National League of Nursing Education in session.

## Report of the Secretary

As is customary, the Board of Directors elected at the last annual meeting in Chicago met immediately on adjournment of the session and appointed the standing and special committees for the year. Four special committees were created-Committee on Fellow Membership, Committee to Study Sisters' Problems, Committee on Nursing in State Hospitals, and Committee to Work with the Committee on Nursing of the American Hospital Association.

The usual January meetings were held in New York City, and the Board heard the semiannual reports of the various standing and special committees. Much of the discussion centered around ways and means by which the financial condition of the League might be improved, and great appreciation was expressed by the Board of the generous contributions made by individuals, institutions, and organizations for the work of the League in place of selling calendars.

The Board accepted the recommendation of the Committee on Fellow Membership that there be a Sustaining Membership in place of Fellow Membership. The Board voted that any member of the N. L. N. E. may become a sustaining member, that the dues shall be $\$ 8.00$, and that said member shall receive all pamphlets and reprints published by the

[^7]League during the year. The changes necessary in the By-Laws are being submitted to the Revisions Committee for action.

The Board voted on the recommendation of the Committee on Continuing Work of Grading Committee that the League, basing the work on the reports of the Grading Committee and its own material, undertake a consultant service to schools of nursing, and that in the event that the League is charged with the continuance of the work begun by the Grading Committee an advisory council, comparable to the present Grading Committee in its representation of organized bodies and allied interests, be set up, the function of the council to be assisting in an advisory capacity in the development of further plans and programs relating to nursing education. The Board also accepted the offer of Dr. Darrach to have the records from the Grading Committee turned over to the League.

The Board accepted the Committee on Standards' definition of its function: "That instead of using the term standard, which more or less seems to imply measuring, the committee set up guiding principles, these principles to be stated in general terms and accompanied by an interpretation which will explain and discuss the principle in terms of its significance in the program of a school of nursing and also how it can and should be made effective."

As the question was raised at the last annual convention as to the legality of the Executive Secretary's being a member of a board which is an elected board, the Board of Directors after receiving advice on the subject voted that the By-Laws be revised so that the Executive Secretary is not included as a member of the Board.

The appointment of a special committee was approved to consider the means by which the lay group who are members of school of nursing committees, hospital boards, or other bodies especially interested in nursing education, could be used in developing interest in nursing education and nursing service.

The Board also voted that when funds can be found the League will develop a plan for the accrediting or approval of schools of nursing offering advanced clinical courses to graduate nurses preparing themselves as supervisors, instructors, and head nurses; and for the proper guidance of graduate students who wish to prepare themselves for supervision and teaching in clinical specialties, the League acting as a clearing house for disseminating information on types of courses, as well as institutions in which such courses are available.

There are now 33 State Leagues. On April 14 there were 240 junior
active members, and 3,006 active members. The total membership of the League is 3,246 . During the year the following members have died:

$$
\text { Madeleine Ethel Denny . ....April 16, } 1933
$$

Sister Marie Koeneke ........August 18, 1933
Ruth Callison ...............July 21, 1933
Sister M. Etheidreda ........ September 1, 1933
Alithea May Wilson ......... October 17, 1933
Marietta SQuire ............. December 21, 1933
Ethel Margaret Rusk ....... March 12, 1934
Jessie Taylor Bain ........... March 14, 1934
Anne How ................... March 19, 1934
Charter Member
OlgA Lund ..................... October 10, 1933

## Life Member

Mary Agnes Snively
September 26, 1933
Respectfully submitted, Stella Goostray, Secretary.

## Financial Report of the Treasurer

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

## 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, 1933, and present attached hereto the following statement of cash receipts and disbursements of the Treasurer's account for the year ended December 31, 1933.

> Very truly yours,
> Frederick Fischer, Jr., Certified Public Accountant,

New York, N. Y., January 17, 1934.

## STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS OF THE TREASURER'S ACCOUNT FOR THE YEAR ENDED DECEMBER 31, 1933

[^8]Membership Dues:
State ..... \$9,124.00
Individual ..... 974.00
Individual with application ..... 629.00
Sales of:Calendars\$3,999.80
Christmas cards ..... 739.83
Photographs ..... 125.25
Slides ..... 206.30
State League supplies ..... 38.37
Publication-Curriculum ..... 889.35
Sundry National League of Nursing Educa- tion publications ..... 1,593.45
List of accredited nursing schools ..... 111.00
7,703.35
Registration fees-Convention ..... 583.00
Royalties on publication ..... 17.93
Interest on bank balances ..... 5.13
Income from invested funds ..... 400.00
Received from bank, account of returned check for 1932
state membership dues ..... 7.20
Refunds:
On advance for 1934 Biennial Exhibit ..... \$333.32
On 1933 Convention expenses ..... 9.20
On reporting State Board Conference ex- pense ..... 19.20
On Officers' expense ..... 138.97
Total Receipts
24,162.33
Total\$23,381.43
Disbursements
Expenses:
Board of Directors' expenses ..... \$350.00
Dues paid to other organizations ..... 30.00
Executive Secretary-Expenses ..... 13.96
Premium on Treasurer's bond ..... 12.50
Auditing ..... 50.00
President's expenses ..... 125.71
President's expenses to I. C. N. conference ..... 375.00
Officers' expenses ..... 844.09
Stationery ..... 175.29
Reporting convention ..... 162.65
Convention 1933 ..... 308.40
Functions Committee ..... 30
Education Committee ..... 113.32
Program Committee ..... 191.48
Nominations Committee ..... \$15.73
Convention expenses-Director of Studies ..... 126.29
Miscellaneous ..... 22.91
Printing and other costs of publications, etc., for sale:
State League supplies ..... $\$ 52.43$
Photographs ..... 156.56
Slides ..... 49.77
Sundry National League of Nursing Educa- tion publications ..... 1,215.49
Christmas cards ..... 85.26
$\$ 2,917.63$
1,559.51
Advances for Headquarters budget expenses ..... 16,778.26
Refund on dues ..... 25.00
Refund on fees for services-Department of Studies ..... 54.30
Advanced for 1934 Biennial Exhibit ..... 333.32
Total Disbursements ..... \$21,668.02
Balance, Deccmber 31, 1933 ..... \$1,713.41There is still unpaid a bill dated October 10,1933 , amounting to $\$ 2,246.63$ forprinting the annual report.
In addition to the above balance, December 31, 1933, there are funds
invested as follows:Rate ofPar ValueInterest
Due Date ..... Cost
$\$ 5,000.00$ Plainfield Title and Mortgage Guaranty Co. 1st Mtge. Partic. Certificate 51/2\%* Dec. 15, 1934 ..... $\$ 5,000.00$
5,000.00 Plainfield Title and Mortgage Guaranty Co. 1st Mtge. Partic. Certificate ................... $51 / 2 \%$ * June 30, $1935 \quad 5,000.00$
$5,000.00$ Chicago, Rock Island and Pacific R. R. Co. $4 \%$ ..... 1934 ..... 4,951.00
Total Invested Funds ..... \$14,951.00
Financial Report
(January 1 to April 14, 1934)
Balance, December 31, 1933 ..... \$1,713.41
Receipts
Curriculum ..... \$188.45
List of Schools of Nursing ..... 9.63
Publications ..... 334.37

[^9]Christmas Cards ..... \$237.63
Photographs ..... 37.00
Slides ..... 28.50
State League Supplies ..... 21.75
Contributions in lieu of Calendar Sale ..... 6,426.95
Dues (State) ..... 6,436.75
Dues (Individual) ..... 735.00
Dues (with application) ..... 238.00
Refund of Headquarters Balance, Dec. 31, 1933 ..... 272.36
Fees-Department of Studies ..... 1,030.81
Interest on Mortgage Certificates and Bonds ..... 98.25
\$16,095.45
Total \$17,808.86
Disbursements
Headquarters Budget ..... \$5,623.24
Auditing Books ..... 50.00
Check Tax ..... 44
Publications ..... 103.27
Photographs ..... 22.00
1933 Annual Report ..... 2,246.63
Officers' Expenses ..... 655.43
President's Expenses ..... 20.30
Directors' Expenses ..... 164.71
Committee on Studies ..... 4.35
Convention Expenses ..... 58.56
Stationery ..... 25.43
Treasurer's Bond ..... 12.50
Slides ..... 4.90
Director of Studies' Traveling Expenses ..... 32.24
Executive Secretary's Traveling Expenses ..... 6.98
Director of Studies' Convention Expenses ..... 75.00
Total Disbursements ..... \$9,105.98
Balance in Bank, April 14, 1934 ..... 8,702.88
Total ..... \$17.808.86Respectfully submitted,
Marian Rottman, Treasurer.

## Report of the Executive Secretary

Interesting and stimulating have been the activities at Headquarters since my report was given last June. There has not been a dull or an idle moment for any of us. There is so much that needs to be done, so many challenging avenues opening up through which we catch vistas of the great possibilities for our organization, that we become almost
impatient at our inability to progress faster. We are like Alice who, having slipped through the Looking Glass, had to run as fast as she could to keep in the same place. You will remember that the Red Queen told her that if she wished to get somewhere else she would have to run tzvice as fast. What we need at Headquarters is more breath to enable us to run twice as fast.

## Correspondence and Other Routines

Regular routines are unceasing in their demands. The large volume of correspondence must receive daily attention, as must the telephone calls, the filling of orders, making out of statements, checking up membership cards, receiving callers, attending conferences and committee meetings.

Since the June convention, a period of ten months only, we mailed 17,361 letters and received 6,719 incoming letters. There have been many requests for information on graduate courses of various kinds, particularly for those in the clinical specialties.
Among the special letters sent out were letters calling attention to our publications mailed to 1,824 superintendents of nurses; letters to about 100 individual members whose dues had lapsed; letters to state leagues, schools, and individuals appealing for funds in lieu of selling calendars; and, quite recently, a letter to state leagues suggesting a plan for carrying forward the functions of the National League of Nursing Education in the states, to be discussed at the Advisory Council meetings.

The depleted finances of the League have made it necessary to keep our expenditures down to absolute essentials. For several months we lived a sort of "hand-to-mouth existence," but succeeded in tiding over the difficult period without borrowing funds, as we had feared would be necessary. Despite the large volume of work handled, we managed with a minimum of clerical assistance. The generous response to our appeal for assistance to the profession has put us on solid ground for the time being, at least.

## Special Projects

1. Gathering Information on Courses Offered to Graduate Nurses.

A study of the existing courses in the clinical nursing subjects was completed in January, with the assistance of the state leagues and state boards of nurse examiners. In all cases the courses have been checked on by the latter. This has required a large amount of correspondence, and a good many hours of work in tabulating. We were fortunate in having the aid of Miss Marie Licht, who volunteered her services, in
making the tabulation. From the data gathered, a new list of courses, which was approved by the Publications Committee, has been available for distribution. In addition, Miss Roberts was good enough to use our findings for an article for the February Journal.
2. Revision of University School List.

Through the combined efforts of the Publications Committee, the Department of Nursing Education at Teachers College, the state boards, and the Catholic Hospital Association, a correct and up-to-date list of schools offering an undergraduate course leading to a degree was made available for circulation.

## 3. List of Schools Accredited by State Boards of Nurse Examincrs.

There has been a pressing need for a revised list of schools accredited by state boards of nurse examiners, but with the precariousness of our financial resources it was impossible for us to issue a list like the one published in 1931. It is possible that we may have some assistance in a future publication from the Office of Education, Department of the Interior, Washington, D. C. To meet the immediate need, we have secured from the state boards sufficient information to get out a mimeographed list of the schools now accredited in each state, which gives by states the names and locations of the schools.

It will be of interest to our members to know that 268 schools have been closed since 1931, and 49 new schools have been opened. There are now 1,583 accredited schools as compared with 1,802 in 1931. Twenty-one of the schools now accredited are in the process of closing and eleven are only conditionally accredited.

With the coöperation of the state boards of nurse examiners we are studying the present enrollment of students as compared with 1931. Replies have been received from 42 states. Of these, 37 report a decrease in the number of students enrolled amounting to 11,790 , and five states report an increase amounting to 582 students. The total decrease in the number of students enrolled in these 42 states since 1931 is 11,208 .

## 4. Work with American Society for Control of Cancer.

Our office has coöperated with the American Society for the Control of Cancer by making contacts for them with the state boards of nurse examiners in fourteen southern states. Their attention was called to the campaign of the Society and they were urged to lend their assistance by seeing that the schools gave adequate instruction in the control of cancer. A copy of the booklet, "Cancer and Its Care," furnished by the Society, was sent to them.

## Contributions in Lieu of Calendar Sale

Contributions received in lieu of calendar sale are as follows:

| of mursing | \$1,737.00 |
| :---: | :---: |
| From state and district nurses' associations | 2,916.28 |
| From schools of nursing, hospitals, alumnæ, nurs nurses' clubs, etc. | 3,493.01 |
| From state and local public health organizations | 35.00 |
| From individual contributors | 138.03 |

\$8,319.32
It is needless to say that we have been greatly cheered by the generous response to our appeals for assistance. The expressions of appreciation of our work which have accompanied some of these gifts have not only made our hearts glad, but they have given us renewed courage to double our efforts to make the work of the League more effective.

Our Work as the Department of Education of the A. N. A.
The League is doing its best to meet its obligations to the A. N. A. as its Department of Education, but we are greatly handicapped by a limited staff and lack of resources. We have made an effort to improve our vocational material, with the result that we have better information on both undergraduate and postgraduate courses. We sponsored the special conference of state boards of nurse examiners in Chicago and are hoping for assistance from the special committee appointed to study the problems of state boards of nurse examiners. The advisory service which we should be giving to state boards is a dream of the future, as we have made no tangible contribution, as yet.

There is the happiest kind of working relationship between our offices at headquarters and the spirit of sharing with each other is a healthful sign and indicative of professional progress.

## Field Trips

During the last of October and the first of November the Executive Secretary represented the League and the A. N. A. at the West Virginia and Florida state meetings and at the Southern Division meeting in Augusta, Georgia. She also attended the Delaware League meeting in Wilmington in March.

## Our New Headquarters

The question of moving our headquarters to the new office building at Rockefeller Center with the National Health Council has been under discussion for some time. The League, of course, based its decision upon the action of the American Nurses' Association, as we believed it
important for the two organizations to be together. We also felt it most desirable to be in close proximity to the N. O. P. H. N. The final decision was made in January, and on April 10th we were moved to our new quarters, where our office is located with that of the A. N. A. and the American Journal of Nursing. We share joint reception and conference rooms and are on the same floor with the N. O. P. H. N. The arrangement seems a very fortunate one. We are comfortably housed and have the advantage of the common services of the National Health Council.

## Next Steps for the League

If the League is to make the progress that we all wish to see it make in reaching its objectives, certain steps are necessary:

1. The functions of the organization should be more clearly understood in the states. This could best be accomplished by a unified program with the A. N. A. Undoubtedly a closer working relationship might be secured between state nurses' associations and state leagues, if the state leagues functioned as departments of education of the state nurses' associations. What is good for the national organizations should be good for state organizations. Certainly, no national program is effective unless it reaches the state and local groups and is there actually carried to accomplishment.
2. The League is greatly handicapped at present by inadequate funds and, therefore, limited personnel. No organization can carry forward a constructive program unless it is placed upon a sound financial basis. If the League is actually needed to carry forward a special piece of work which is of vital concern to the whole profession of nursing, then it should be supported by the whole profession.
3. The Committee on the Grading of Nursing Schools has completed its study and the reports of the second grading are in the hands of the schools and the state boards. The time is ripe to push forward the work which has already had such a beneficial influence upon the schools. There are many weaknesses which should be corrected in the whole system of nursing education, and the League should be giving some real assistance to state boards of nurse examiners. These groups are actually looking to us and depending upon us for leadership, and we have accepted such responsibility in our recently adopted functions. The A. N. A. also expects its Department of Education to carry on these functions. A special committee on state board problems has been formed. However, a voluntary committee is not adequate to meet the needs. A worker who can go into the states to assist the state boards is much needed.
4. Two studies made recently, which point directly to wide gaps in the school of nursing curriculum, are the study made by Miss Lenore Bradley of the Department of Education in New York State, and the survey of public health nursing-administration and practice-made by the N. O. P. H. N. These studies demonstrate a need for a revised Curriculum. The completion by Miss Blanche Pfefferkorn of the "Job Analysis" for the Grading Committee is a first step in this direction. The next step is to secure funds for carrying on this important piece of work.
5. Many nursing leaders throughout the country are feeling the need for a closer contact with lay groups in dealing with educational problems. Nursing education does vitally affect the lay public, and greater interest would undoubtedly be secured if lay persons could be made more familiar with its present difficulties. The League is confronted with finding the best means of securing such lay interest.

The Executive Secretary would like to take this opportunity to express to the officers and members of the Board of Directors, and especially to Miss Taylor, our President, her deep appreciation of the splendid support she has received since she came to headquarters, and of the pleasure and satisfaction she has had in working with them.

> Respectfully submitted,
> Claribel A. WheEler, Executive Secretary.

## Report of the Director of Studies

In June, 1933, I had the privilege of rendering to the membership of the National League of Nursing Education a report of the work of the Department of Studies covering the first fifteen months of the department's existence. This present account is designed to convey: (1) A statement of the activities that have been carried on since the convention last June; (2) an interpretation of certain findings of the studies undertaken since the department was inaugurated.

A bare two years is not a long period in which to forge ahead in any research endeavor. It is true also that what may sometimes seem an extravagant use of time frequently is time valuably spent. Days may be consumed in the development of a plan which must later be discarded or so revised as to bear little resemblance to its original form. Or hours may be devoted to assembling and arranging data on some particular aspect of a project which, when the work is completed, is found not to solve the problem at hand. It is not possible to foresee all such contingencies. The true explanation and the most workable plan can sometimes be discovered only after some tentative course has been followed well on to its conclusion. Patience, persistence, willingness to retrace steps, and the time necessary to make a new beginning, are cardinal factors in the satisfactory accomplishment of any research project.

You will recall that your President announced at one of the closing meetings in Chicago last June that the work on Job Analysis begun by Miss Ethel Johns for the Committee on the Grading of Nursing Schools was to be continued by the Department of Studies under the ægis of the Grading Committee. The full time of the Director of Studies was
occupied on this project from July 1, 1933, through the first week in November. During part of this period she had the able assistance of Miss Hortense Hilbert, a public health nurse with broad experience, including research in the public health nursing field, and of Miss Dorothy Tomlinson, who rendered valuable editorial and statistical help.

Two community studies were conducted by the department during the last year on the existing and potential facilities for nursing education. One of these studies surveyed the resources in and around a particular city; the second extended over a state-wide area. These surveys covered not only the schools of nursing and the nursing services of hospitals where students were sent for affiliation, but also the educational opportunities available for students in public health nursing agencies and in special institutions such as tuberculosis sanatoria, state mental hospitals, and the local universities. The first survey required about eight weeks. For the state survey in Rhode Island, six weeks were spent in the field; the report has been begun, but is still in the process of preparation.

In addition to these two surveys, the field work for a study of the nursing service and nursing school of a well-known hospital school was carried on during the last week in March and the first in April.

Thus, since the report rendered in Chicago last June, the work of the Department of Studies has been concerned with the Job Analysis Study, two community studies-one covering a city and one a state-and a study of a single school.

You may recall that at last year's convention we reported that the field work of the Graduate Nurse Study included observation in fifteen hospitals, and that thirteen of these operated nursing schools; and also that the department's work during the year preceding covered three special studies involving visits of from one to six days in six other hospitals, all of which maintained nursing schools. This year's program has necessitated observations over periods of one to six days in fifteen hospitals which were either conducting schools-some of them about to be discontinued-or which offered a special experience.

Thus in the last two years I have had the privilege of observing at first hand the nature of the nursing care given to patients and the quality of the experience afforded to students in some 35 hospitals. Believing that you may be interested in sharing these observations, may I refer briefly to certain findings of these studies. Few of the things I have to relate are new discoveries; most of them are subjects which were discussed by the founders of this organization as long ago as the nineties.

Take the matter of a health program. Believing that to carry out such a program is one of the obligations of every school, we have sought in our surveys to learn to what extent this obligation is being fulfilled. Accordingly we have examined the conditions under which the students live and work. We have applied in our appraisals those simple standards which have long been demonstrated as essential to a robust body and a healthy mind: standards relating to food, hours of work, hours of play, and hours of sleep. Let us consider first the hours of work.

The eight-hour ward day dates back to the early nineties. Yet today, forty years later, the nine-hour day is by no means uncommon. Add to the nine hours spent on the ward an hour or two spent in classes, an hour for meals and an hour or two for study, and there may be time left for sleep, but very little for play. Yet the mental hygienists tell us that play is important. When they stress recreation, change of occupation, and leisure pursuits, they are only restating in different words the old, old proverb, "All work and no play makes Jack a dull boy." Do we want dull Jacks in nursing?

Now there are signs that point to a better and shorter day. In certain schools where a nine-hour practice day prevails, when the student has more than one hour of class, the number of class hours exceeding one are taken out of the regular nine hours on the ward. In other schools all class hours are included in the daily schedule of nine hours, so that the time the student actually spends on the ward ranges from seven to nine hours. In other words, a nine-hour day is planned for the student which includes both class and practice. One school has gone considerably further and has inaugurated a forty-four-hour week, which covers both class and practice. Then, too, a system which provides one full day off weekly is being adopted. The number of hours per week actually spent on the ward by students in fourteen hospitals studied ranged from 40 to 52 .

At night, however, less improvement was found than in the day schedules. In one school visited the students were on duty twelve hours for six nights weekly. In another, the night schedule covered seven twelve-hour nights each week with a provision for one or two hours off "when the house permits." But upon inquiry it was found that so seldom did the "house permit" that the week consisted of 84 hours more often than it did of less. But still worse is the 24 -hour service for students, which even yet is not entirely dead. I met it in an attenuated form not so long ago.

Since I have been engaged in making these studies I have been on twelve hours at night for short periods of time to see the night practice.

So I can speak from immediate experience as to what the twelve consecutive hours of work mean. By seven in the morning one is fagged and limp, both physically and mentally. Yet we still subject our students to this heroic effort for four or six continuous weeks.

Proper hours of labor are fundamental in any health program. They cannot be separated from a wholesome way of living.

While it would seem that the hour schedule has been rather slow in its advance toward a normal program, few schools were found which did not provide wholesome, well-balanced meals. In practically every hospital visited three substantial meals were provided daily, the students were given all the milk they wished, and in most schools a simple evening lunch as well as one in the midmorning could be had if desired. If the student had a "lean and hungry look," it was certainly not for want of nourishment.

Housing conditions, too, were for the most part found to be good in the provision both for physical necessities and for social life.

We have aimed, in making our surveys, to secure information on the general plan of the curriculum, both class and ward practice, and also on the period of the three-year course in which the sulject or experience is given. In most schools it is a relatively simple matter to secure the information regarding class work, but not so for ward experience. Even when a plan is submitted, it is the rare school that assigns students to services in accord with the plan. Unbalanced services and a dearth of general duty nurses make it necessary frequently to send students to the ward to meet the exigencies of a service rather than because the school curriculum so indicates.

Coördination of classroom work with practice is still pretty much in the embryonic stage. I am not referring to coördination in point of time only, although that too is important. We would all agree that theoretically experience in the children's ward should not be given in the first year of the student's training, while pediatric lectures are not given until the third. Yet I have seen just this occur.

But the coördination to which I refer is more complex and more fundamental in a truly educational program than paralleling, or approximately paralleling, class work and ward practice, although it presupposes such a relationship. But it goes further-much further. It seeks to interrelate and to enlarge all the knowledge the student has acquired for the better understanding of her patients, and to emphasize particularized nursing care, mental and social as well as physical; to explain, in other words, why patients are as they are.

Such coorrdination is expressed in what we are pleased to call today a "ward teaching program." It is my belief that Mrs. Mary Marvin Wayland, in her work at Teachers College and Bellevue Hospital, has done more than any other one person to revive in us an appreciation of this much-neglected concept. Ask your own head nurses to tell you about their ward teaching program, or their teaching program in the out-patient department. Some will, but I rather think that many will not. Nor does this necessarily mean that they are not doing some informal ward teaching. But they are not ward-teaching-conscious, and until they are, they will be only partly aware of the learning situations in which the ward abounds. The most thrilling experience I can have is to find a live teaching program either on the wards or in the out-patient department; and the most depressingly dismal one is to visit a school where this vitally important element is undeveloped or entirely lacking.

Now we come to what I suppose is my special complex-the urgent need for hospitals to provide sufficient personnel to practice good nursing. Sufficient time to perform their tasks does not necessarily guarantee quality of nursing, but on the other hand, without reasonably adequate time nursing care must suffer. Moreover, rush, pressure of routines, cutting corners, are inhibiting factors in the development of teaching on the wards and in the out-patient department.

Just as there is need for ward-teaching-consciousness, so there is need for a consciously systematized study of the time provided for the care of patients on the various services. In one school during a recent study the director told me that every head nurse computed daily the average time provided per patient in 24 hours for bedside care; also that time slips were analyzed to see whether a sufficient number of nurses were on duty at different times of the day to meet the variable load in the early morning, the midday, and late afternoon. The director said that three important results had followed these analyses: (1) The time slips were showing a much better time distribution over different periods of the day; (2) requests for relief on the ward were becoming much more infrequent; (3) the head nurses were assigning patients and duties to the student and graduate staff with much nicer discrimination. In other words, they were realizing the relationship between time and expected performance of different groups of nurses. E. L. Terman, in his study on Development and Application of Educational Survey Technique, says: "As soon as educators begin to measure, they begin to inquire into the quality and worth of that which they are measuring." Here was a very simple and practical illustration of measuring patient
time allowance and attempting to fit performance to that allowance so that quality would not be sacrificed.

There are many other interesting things which appear in the course of any study and which, if time permitted, I might relate. Take the matter of records, for instance. Nursing school records are for the most part complicated and laborious, and it is not always possible to secure from them the information one is seeking. Our records need recasting and simplifying.

Then there is that mooted question of the use of attendants. In some institutions I have seen what seemed to me an admirable use made of this group of workers. Of others the same cannot be said. For example, in one hospital on the obstetrical service there were at the time of my visit graduate nurses, student nurses, graduate attendants, and student attendants, and so far as I was able to discover, little distinction was made between the duties assigned to nurses and those assigned to attendants on the ward and in the nursery.

The National League of Nursing Education is a voluntary educational organization. It has no legal authority and it exercises no control over any institution. Studies that we make are entirely upon invitation. We feel that an organization or a state, in requesting that we examine its program, live and sleep under its roof, and explore the heart of its workings, is expressing in us a high type of confidence and trust. Frequently our greatest service is to give power to the right arm of the director, who herself is well aware of both the strength and the weakness of her school. For me, as agent of the League, the last two years have been years of real adventure, great privilege, and rare opportunity to learn.

Respectfully submitted,
Blanche Pfefferkorn, Director of Studies.

## Report of the Education Committee

Since the meeting of the National League of Nursing Education in Chicago last summer, there has been one meeting of the Education Committee on January 22d in New York City. Another is scheduled for Friday morning April 27th.

The committee has continued its study of postgraduate courses, concentrating especially on clinical specialization or advanced clinical courses to distinguish them from the supplemental courses designed to make good basic deficiencies and the reorientation or review courses which are of the short institute type. Six subcommittees are hard at work on the following groups of specialties:

Surgical Nursing-Blanche Pfefferkorn.
Medical Nursing-Mary Marvin Wayland.
Pediatric Nursing-Elizabeth Pierce.
Obstetric Nursing-Hazel Corbin.
Psychiatric Nursing-Anna K. McGibbon.
Technical Specialties-Jane Van de Vrede.
Two preliminary articles were published in the American Journal of Nursing and reprinted: Postgraduate Education, Old and New, April, 1933, and Advanced Courses in Clinical Subjects, June, 1933. These were followed in November and December, 1933, by the report of the Committee on Surgical Nursing. We had hoped to have some of the other subcommittee reports issued in the spring but the work has been a good deal heavier than we had anticipated and our committees have all been pressed with other urgent duties. So our reports have been unavoidably slowed up.

We have been working very closely with the Publications Committee of the N. L. N. E. in getting the outlines ready for publication and into circulation. Miss Wheeler, chairman of the Publications Committee, has been chairman of our Reviewing Committee, the clearing house for all the materials which come in from the technical subcommittees. We find a good deal of interest all over the country in postgraduate clinical courses. We believe that the time is ripe for fundamental changes in these courses and we are hoping that a few centers with good clinical and educational resources will make a special effort in the next few years to experiment with the more advanced type of clinical course on a real graduate level. We think this should be combined with a wider program for those wishing to prepare themselves as head nurses, although it should be possible for students to carry on clinical specialization with other fields in view. We realize that the economic and educational difficulties in arranging such a program are many, but the need is great and there is a big new field of education to be opened up here which will well repay the efforts of our ablest leaders.

## Recommendations

The following recommendations were made to the N. L. N. E. Board in January:

That a plan be made to provide for

1. The accrediting or approval of schools of nursing offering advanced clinical courses to graduate nurses preparing themselves as head nurses, supervisors, and instructors.
2. The proper guidance of graduate students who wish to prepare themselves for supervision and teaching in clinical specialties, the League acting as a clearing house for disseminating information on types of courses as well as institutions in which such courses are available.

This work has been started, but as Miss Wheeler has told you we need more facilities, more help at headquarters, to make it possible to carry this on in a regular, systematic, and effective way.

The Education Committee has been carrying on some joint projects with other organizations. Two of these were discussed in the April number of the American Journal of Nursing. Amelia Grant, who has been chairman of our subcommittee on social and health subjects has been the chairman also of these two joint committees. The first project was carried out in coöperation with the American Social Hygiene Association and resulted in a suggested course in social hygiene for use in nursing schools. Through the Rockefeller Foundation Mae McCorkle received a fellowship and made the study working closely with the committee and with certain members of the faculty at Teachers College. The second project was carried out in coöperation with the Education Committees of the American Association of Hospital Social Workers and of the N. O. P. H. N. Gertrude Zurrer made this study, working on the same general plan. These two studies are now available in mimeographed form and may be secured through the N. L. N. E. at a minimum cost. It is hoped that nursing schools will coöperate in trying out the suggested materials and sending their criticisms to the Education Committee.

The American Dietetic Association has also worked closely with representatives of the Education Committee in its revision of the pamphlet on dietetics courses which is designed for the use of nursing schools, and in the preparation of the paper on questions in dietetics recently published in the American Journal of Nursing.

The chairman of the Education Committees of the N. L. N. E. and the N. O. P. H. N. serve as members on each other's committees. The chairmen of the various committees of the N. L. N. E. also have the same reciprocal arrangement for the purpose of coorrdinating the activities of these various League committees. This applies to the Committees on Education, Standards, Studies, Publications, and State Board Problems. Miss Petry of the Instructors' Section has served on the Education Committee. Miss Best of the A. N. A. Joint Committee on the Distribution of Nursing Service has served as secretary of the Education Committee this past year, and this has been an exceedingly helpful relationship, especially while we have been at work on postgraduate courses. Miss Best has also been chairman of the subcommittee on illustrative materials which is at work on lantern slides, motion pictures, and other materials. I should like to take this opportunity to express appreciation of the generosity of the American Nurses' As-
sociation in allowing Miss Best to give so much time to the study of illustrative materials available for schools of nursing.

We are very anxious to work out a closer relationship with the state boards, especially in connection with our work on the nursing school curricula.

The Education Committee has recommended to the League Board that a thorough revision of the League Curriculum should be undertaken as soon as possible. Although the two previous revisions of the Curriculum were made by voluntary committees, we feel that the time has passed when work so heavy and so important should be carried on in this manner. On the one hand, we feel that such a task is too much to expect of members of voluntary committees, and, on the other, that justice cannot be done it without more consecutive time and without paid workers. The revision should be done scientifically and carefully, and if properly done it will take time and cost a good deal. The Chairman of the Education Committee and the Executive Secretary have made some efforts to secure special funds for this purpose, but so far have nothing definite to report. If any of you have suggestions as to sources to which we might go for contributions for the work of revising the League Curriculum, we should be very glad indeed to have them.

The Education Committee has arranged a program for this meeting focusing on the place of social sciences in the nursing school curriculum.

The round table on postgraduate courses is also related closely to the work of the Education Committee.

Respectfully submitted, Isabel M. Stewart, Chairnaan.

## Report of the Committee on Eligibility

During the year 192 applications were received of which-
181 applications were approved and candidates recommended for membership.
1 application was not approved as it did not seem to meet the requirements. 10 applications are held for complete information.
These new members, which include many of the younger group of nurses, are holding positions as follows:
Assistant head nurses ..... 6
Assistant instructors ..... 10
Assistant supervisors ..... 8
Head nurses ..... 65
Public health nurses ..... 2
Supervisors ..... 34
Supervisors and instructors ..... 3
Instructors ..... 21
State Board of Nurse Examiner ..... 1
Field worker for publishing house ..... 1
Assistant Principal and Instructor ..... 3
Assistant Superintendent or Principal ..... 9
Principal, Director, or Superintendent ..... 10
Superintendent and staff anesthetist ..... 1
Superintendent of hospital and school ..... 2
Superintendent of hospital ..... 4
Educational director ..... 1
Total ..... 181

Of the states without state leagues, four have doubled or more than doubled their membership during the year: Arizona, Connecticut, Mississippi, and South Carolina. One state, Connecticut, has doubled its membership with junior active members alone, and has a total of 105 new members for the year.

The Committee on Eligibility has met with considerable difficulty in its work through-

1. The uncertainty which has existed concerning the classification of members into active members and junior active members;
2. Incomplete information on the applications, especially in the requirements for membership;
3. Endorsements by nonmembers.

Endorsed applications, as listed, have been approved and recommended for membership by the Committee on Eligibility :
Junior Active Members
Allen, Ruth Hall, W. W. Backus Hospital, Norwich, Conn.
Anderson, Mabel E., Bridgeport Hospital, Bridgeport, Conn.
Andrews, Dorothy, New Britain General Hospital, New Britain, Conn.
Ballou, Adelaide Louise, Bridgeport Hospital, Bridgeport, Conn.
Befanger, Yvonne Helen, W. W. Backus Hospital, Norwich, Conn.
Belger, Anne S., Mt. Sinai Hospital, Cleveland, Ohio.
Benson, Ann, Bridgeport Hospital, Bridgeport, Conn.
Biehusen, Irma M., New Haven Hospital, New Haven, Comn.
Bielak, Helen, New Britain General Hospital, New Britain, Conn.
Blake, Ahna W., Maternity Hospital, Cleveland, Ohio.
Bliss, Lois A., New Haven Hospital, New Haven, Conn.
Bourjaily, Alice, Grace Hospital, New Haven, Conn.
Bowles, Hazel H., New Haven Hospital, New Haven, Conn.
Clarke, Beulah M., Hartford Hospital, Hartford, Conn.
Cobb, Ida Ernestine, Greenville City Hospital, Greenville, S. C.
de Champlain, Blanche, Bridgeport Hospital, Bridgeport, Conn.
Devine, Catherine Teresa, Stamford Hospital, Stamford, Conn.
Doig, Jean E., Hartford Hospital, Hartford, Conn.
Durkee, Marion E., Bridgeport Hospital, Bridgeport, Conn.
Foster, Mary E., New Haven Dispensary, New Haven, Conn.

Gibson, Martha B., New Britain General Hospital, New Britain, Conn.
Gillis, Lillian M., Hartford Hospital, Hartford, Conn.
Godehyn, Marion Pauline, New Haven Hospital, New Haven, Conn.
Grass, Clara C., New Haven Hospital, New Haven, Conn.
Griffin, Helen M., Bridgeport Hospital, Bridgeport, Conn.
Hadala, Helen Julia, Stamford Hospital, Stamford, Conn.
Hall, Helyn E., Grace Hospital, New Haven, Conn.
Heazlit, Elsie M., Mt. Sinai Hospital, Cleveland, Ohio.
Helming, Esther M., New Britain General Hospital, New Britain, Conn.
Henry, Elsie V., Mt. Sinai Hospital, Cleveland, Ohio.
Herrick, Carolyn A., New Haven Hospital, New Haven, Conn.
Hohensee, Katherine C., New Britain General Hospital, New Britain, Conn.
Howe, Isabel, New Haven Hospital, New Haven, Conn.
Johnson, Edythe Mathilda, New Britain General Hospital, New Britain, Conn.
Johnson, Emily, New Haven Hospital, New Haven, Conn.
Johnson, Liela Ethel E., Bridgeport Hospital, Bridgeport, Conn.
Johnson, Ruth C., New Haven Hospital, New Haven, Conn.
Kavanagh, Barbara A., New Haven Hospital, New Haven, Conn.
Kelleher, Mary Elizabeth, Bridgeport Hospital, Bridgeport, Conn.
King, Eleanor, New Haven Hospital, New Haven, Conn.
Kydd, Mina, New Haven Hospital, New Haven, Conn.
Lawson, Katherine E., Mt. Sinai Hospital, Cleveland, Ohio.
Lotspeich, Ida Sevier, New Haven Hospital, New Haven, Conn.
Lucier, Margaret Cecelia, Grace Hospital, New Haven, Conn.
Luskay, Margaret, New Haven Hospital, New Haven, Conn.
Lyman, Ruth E., New Haven Dispensary, New Haven, Conn. MacIntyre, Irene, New Haven Hospital, New Haven, Conn.
MacWilliams, Margaret Jane, New Haven Hospital, New Haven, Conn.
McDowell, Violet E., New Britain General Hospital, New Britain, Conn.
McKeown, Charlotte (Mrs. R. W.), New Haven Hospital, New Haven, Conn.
McKnight, Kathryn, Greenville City Hospital, Greenville, S. C.
McLaren, Jean Isabella, Stamford Hospital, Stamford, Conn.
Mears, Mary Elizabeth, University Hospitals, Cleveland, Ohio.
Morgan, Virginia, New Haven Hospital, New Haven, Conn.
Murray, Rita A., Mt. Sinai Hospital, Cleveland, Ohio.
Neal, Lora Gertrude, New Haven Hospital, New Haven, Conn.
Park, Kathryn Thayer, New Haven Hospital, New Haven, Conn.
Peck, Dorothy Elizabeth, New Haven Hospital, New Haven, Conn.
Peters, Helen Holmes, New Haven Hospital, New Haven, Conn.
Pitt, R. Dorothy, Bridgeport Hospital, Bridgeport, Conn.
Pusateri, Josephine, W. W. Backus Hospital, Norwich, Conn.
Reeder, Ruth A., Jewish Hospital, Cincinnati, Ohio.
Reeve, Irma E., New Haven V. N. A., New Haven, Conn.
Rose, Dorothy Allen, Bridgeport Hospital, Bridgeport, Conn.
Rowine, Mary Louise, New Britain General Hospital, New Britain, Conn.
Rudine, Helen V., Bridgeport Hospital, Bridgeport, Conn.
Ryle, Anna Elizabeth, New Haven Hospital, New Haven, Conn.
Schmitt, Mary M., New Britain General Hospital, New Britain, Conn.
Seaman, Elizabeth Ann, Bridgeport Hospital, Bridgeport, Conn.
Shanahan, Eleanor A., Waterbury Hospital, Waterbury, Conn.

Sharvan, Winifred C. (Mrs.), W. W. Backus Hospital, Norwich, Conn.
Shaw, Lucy H., New Haven Hospital, New Haven, Conn.
Shingle, Katherine S., New Haven Hospital, New Haven, Conn.
Smiles, Ruth, Hartford Hospital, Hartford, Conn.
Sorrow, Grace, New Britain General Hospital, New Britain, Conn.
Specht, Hilda M., Maternity Hospital, Cleveland, Ohio.
Stacey, Anna E., Stamford Hospital, Stamford, Conn.
Swanson, Myrtle V., New Haven Hospital, New Haven, Conn.
Taylor, Marjorie C., Windsor Public Health Nurse Assn., Windsor, Conn.
Thomson, Ruth S., Hartford Hospital, Hartford, Conn.
Truelson, Marie, Mt. Sinai Hospital, Cleveland, Ohio.
Upchurch, Katherine, New Haven Hospital, New Haven, Conn.
Weller, Grace, Grace Hospital, New Haven, Conn.
Werme, Ellen J., Grace Hospital, New Haven, Conn.
Wetmore, Ruth Frances, New Haven Hospital, New Haven, Conn.
White, Lillian Blanche, Stamford Hospital, Stamford, Conn.
Whitman, Alma Peters, New Haven Hospital, New Haven, Conn.
Wolcott, Marion Allen, New Haven Hospital, New Haven, Conn.
Woodward, Frances Elizabeth, Hartford Hospital, Hartford, Conn.

## Active Members

Alexander, Zelle M., Greenville City Hospital, Greenville, S. C. Andres, Angela Marie, Hawkes Hospital, Columbus, Ohio.
Austin, Lois Marintha, University Hospital, Columbus, Ohio.
Babb, Lydia Grace, Greenville City Hospital, Greenville, S. C.
Baumeister, Helen M., Bridgeport Hospital, Bridgeport, Conn.
Beery, Ruth, University Hospital, University, Va.
Begent, Alice M., Stamford Hospital, Stamford, Conn.
Boal, Margaret I., City Hospital, Springfield, Ohio.
Brant, Ruth, Martins Ferry Hospital, Martins Ferry, Ohio.
Brown, Clara, New Haven Hospital, New Haven, Conn.
Brown, Norah Elizabeth, Bath City Hospital, Bath, Me.
Coaker, Anna W., Stamford Hospital, Stamford, Conn.
Connell, Kathryn, East Liverpool City Hospital, East Liverpool, Ohio.
Conrad, Annie M., Rockingham Memorial Hospital, Harrisonburg, Va.
Deats, Edna M., New Britain General Hospital, New Britain, Conn.
Dorsey, Mary E., King's Daughters Hospital, Greenville, Miss.
Dudley, Margaret Elizabeth, Rockingham Memorial Hospital, Harrisonburg, Va.
DuMortier, Marguerite R., New Haven Hospital, New Haven, Conn.
Dunn, Florence Elizabeth, Stamford Hospital, Stamford, Conn.
Fuchs, Eva Jane, Mt. Sinai Hospital, Cleveland, Ohio.
Gary, Katherine Russell, Stuart Circle Hospital, Richmond, Va.
Glasbrenner, Alice May, W. W. Backus Hospital, Norwich, Conn.
Goodman, Leah V., University Hospitals, Cleveland, Ohio.
Gribbin, Mary Margaret, W. W. Backus Hospital, Norwich, Conn.
Grier, Tabitha S., Rockingham Memorial Hospital, Harrisonburg, Va.
Gunneman, Leah, Ohio Valley Hospital, Wheeling, W. Va.
Halvorsen, Edna M. T., W. W. Backus Hospital, Norwich, Conn.
Haspel, Bertha, Hamilton County Tuberculosis Sanatorium, Cincinnati, Ohio.

Heileman, Ursula, City Hospital, Springfield, Ohio.
Holland, Grace Marion, Waterbury Hospital, Waterbury, Conn.
Hutchison, Kathryn, Arizona State Board of Nurse Examiners, 210 S. Arizona Bank Building, Tucson, Ariz.
Hyatt, Barron, University Hospital, University, Va.
Irwin, Ettie M., Stamford Hospital, Stamford, Conn.
Jacobs, Sarah M., W. W. Backus Hospital, Norwich, Conn.
Kendall, Grace Phyllis, Waterbury Hospital, Waterbury, Conn.
Keogh, Marguerite Elizabeth, Jewish Hospital, Cincinnati, Ohio.
Klotz, Ruth Marie, Grant Hospital, Columbus, Ohio.
Lehr, Beulah E., City Hospital, Akron, Ohio.
McComas, Luella Nelson, Youngstown Hospital, Youngstown, Ohio.
McDonald, M. Edna, Good Samaritan Hospital, Phoenix, Ariz.
Mack, Elizabeth, 227 S. 6th St., Philadelphia, Pa.
Meier, Ida Marie, Waterbury Hospital, Waterbury, Conn.
Merrill, Edith E., New Britain General Hospital, New Britain, Conn.
Moyle, Elinor, New Haven Hospital, New Haven, Conn.
Mullen, Margaret Georgia, East Liverpool City Hospital, East Liverpool, Ohio.
Munson, Barbara A., New Haven Hospital, New Haven, Conn.
Najem, Alice Marie, East Liverpool City Hospital, East Liverpool, Ohio.
Nash, Charlotte C., Stamford Hospital, Stamford, Conn.
Nelsen, Clara C., New Britain General Hospital, New Britain, Conn.
Nelson, Carol M., Cook Hospital, Fairmont, W. Va.
Perry, Catherine Louise, W. W. Backus Hospital, Norwich, Conn.
Pettus, Laura A., Petersburg Hospital, Petersburg, Va.
Pool, Ivara Preston (Mrs.), Children's Hospital, Columbus, Ohio. Porter, Helen, White Cross Hospital, Columbus, Ohio.
Pritchard, Margaret Irene, Bridgeport Hospital, Bridgeport, Conn. Radley, Ruth C., Mt. Sinai Hospital, Cleveland, Ohio.
Randolph, Mary Walker, Norfolk Protestant Hospital, Norfolk, Va.
Raymond, Ruth C., W. W. Backus Hospital, Norwich, Conn.
Richardson, Mabel, Field Memorial Hospital, Centerville, Miss.
Richbourg, Velva M., Greenville City Hospital, Greenville, S. C.
Roseen, Elsa M., New Britain General Hospital, New Britain, Conn.
Rosenthal, Fannie, Greenville City Hospital, Greenville, S. C.
Selfe, Mabel F., St. Luke's Hospital, Cleveland, Ohio.
Scott, Dorothy B., W. W. Backus Hospital, Norwich, Conn.
Segelke, Hilda Anna, Natrona Memorial Hospital, Casper, Wyo.
Settle, Nell B., East Liverpool City Hospital, East Liverpool, Ohio.
Sister Alice Herman, St. Vincent's Hospital, Toledo, Ohio.
Sister De Chantal, Good Samaritan Hospital, Cincinnati, Ohio,
Sister Louise Driscoll, St. Vincent's Hospital, Norfolk, Va.
Sister Maria Amadeo, Hawkes Hospital, Columbus, Ohio.
Sister Mary Elva, St. John's Hospital, Cleveland, Ohio.
Sister Mary Rita, St. John's Hospital, Helena, Mont.
Sister M. Giles Phillips, St. Joseph's Academy, Wilmot Road, Tucson, Ariz.
Sister Victoria Clare Fredrick, Good Samaritan Hospital, Cincinnati, Ohio.
Sister Minalia Harrigan, St. Elizabeth Hospital, Dayton, Ohio.
Skinner, Grace, Gilmore Sanitarium, Amory, Miss,

Stark, Gladys Harriet (Mrs.), East Liverpool City Hospital, East Liverpool, Ohio.
Stebbins, Iva M., Lawrence and Memorial Associated Hospitals, New London, Conn.
Stewart, Helen Fulton, Lakeside Hospital, Cleveland, Ohio.
Trigg, Mary H., King's Daughters Hospital, Greenwood, Miss.
Tunstead, Edith, Fairview Park Hospital, Cleveland, Ohio.
Weiner, Eleanor, Grace Hospital, New Haven, Conn.
Wells, Florence Rose, Martha Jefferson Hospital, Charlottesville, Va.
Wenrich, Marian, New Haven Hospital, New Haven, Conn.
Wheeler, Eva Virginia, Rockingham Memorial Hospital, Harrisonburg, Va.
White, Claire Lucile, Maine General Hospital, Portland, Me.
Williams, Virginia Lassiter, Crippled Children's Hospital, Richmond, Va.
Witte, Regina A., St. Vincent's Hospital, Billings, Mont.
Zebach, Viola, East Liverpool City Hospital, East Liverpool, Ohio.
Associate Members
Ladd, Carolyn T., American University School of Nursing, Beirut, Syria.
Lawrence, Edna M., Severance Union Medical College, Seoul, Korea.
Van Vliet, Helena G., University Hospital, Nanking, China.

> Respectfully submitted, $$
\text { M. Cordelia Cowan, Chairman. }
$$

## Report of the Committee on Finance

The Committee on Finance begs to submit a revised budget for the balance of the year of 1934, and recommends its approval and acceptance.

Thanks to the generosity of the nurses throughout the country, the finances are in much better shape now than was anticipated in January. It has, therefore, been unnecessary to negotiate for a loan. Great credit is due the nurses who have come so valiantly to the League's assistance.

National League of Nursing Education 1934 Budget Estimated Reccipts

Balance as of April 1, 1934 ..... \$1,713.41
Christmas cards ..... 250.00
Curriculum ..... 750.00
Publications ..... 1,500.00
Photographs ..... 150.00
Slides ..... 200.00
State League supplies ..... 35.00
Dues: State ..... 9,000.00
Individual ..... 1,500.00
Department of Studies ..... 3,000.00
Interest on mortgage certificates ..... 300.00
Registration fee ..... \$375.00
Royalties ..... 10.00
Contributions, to date ..... 7,000.00
Refund, Headquarters balance, Dec. 31, 1933 ..... 272.36
1934 Biennial Exhibit ..... 1,000.00
\$27,055.77
Estimated Expenses
1933 Annual Report (to be paid 1934) ..... \$2,246.63
1934 Annual Report ..... 2,300.00 ..... 2,300.00
Auditor's Fees ..... 50.00 ..... 50.00
Board of Directors' meetings, Officers, January ..... 350.00 ..... 350.00
Board of Directors' meetings, Directors, January and April ..... 350.00 ..... 350.00
Committee Expenses:
(a) Education ..... 150.00
(b) Eligibility ..... 5.00
(c) Functions ..... 5.00 ..... 5.00
(d) Library Facilities ..... 5.00 ..... 5.00
(e) Nominating ..... 20.00 ..... 20.00
(f) Revisions ..... 5.00
(g) Studies ..... 50.00 ..... 50.00
Convention:
(a) Director of Studies ..... 75.00
(b) Miscellaneous (office secretary, reduced fare certiticates, ex- hibit) ..... 175.00
(c) Officers' expenses ..... 600.00
(d) Program and speakers ..... 200.00
(e) Reporting ..... 150.00 ..... 150.00
Dues: ..... 5.00
American Child Health Association .....
25.00 .....
25.00
American Conference on Hospital Service
American Conference on Hospital Service
$16,426.90$
$16,426.90$
Headquarters budget
Headquarters budget ..... 100.00
Miscellaneous
Miscellaneous ..... 150.00
Photographs
500.00
500.00
Publications
Publications ..... 250.00
250.00
Stationery and supplies
100.00
100.00
Traveling expenses (Executive Secretary)
200.00
200.00
Traveling expenses (President)
Traveling expenses (President)
12.50
12.50
Treasurer's bond
Treasurer's bond
2,299.74
2,299.74
Estimated balance
Estimated balance\$27,055.77
Headquarters Budget for 1934
Salaries ..... \$7,210.00
Rent ..... 1,391.40 ..... 1,391.40
Telephone ..... 300.00
Special office care ..... 18.00
Supplies ..... $\$ 150.00$
Shipping service ..... 250.00
Postage and express charges ..... 800.00
Telegrams ..... 60.00
Letter service (including multigraphing and mimeographing) ..... 300.00
Extra stenographic service ..... 200.00
Library service ..... 125.00
Entertainment fund ..... 35.00
Miscellaneous (including auditing books, bonding Headquarters dis- bursing officer, etc.) ..... 200.00
Check tax ..... 7.50
Insurance (Workmen's Compensation and Employer's Liability) ..... 35.00
Department of Studies
Salaries ..... $\$ 5,220.00$
Supplies ..... 30.00
Postage ..... 20.00
Special field travel expenses ..... 75.00
\$16,426.90
Respectfully submitted, Marie Louis, Chairman.

## Report of the Headquarters Committee

The Headquarters Committee has met at regular intervals during the year for the purpose of promoting the work carried on at headquarters and to carry on work between Board meetings which has been delegated to it by the Board of Directors.

The report of what has been done is made as a part of the report of the Executive Secretary and of the Board of Directors. The only independent work which has been carried on has been that of increasing membership, a continuation of the membership drive of last year. In relation to this drive, articles have been prepared which the American Journal of Nursing has printed in the section devoted to the League. Other material has also gone to the state leagues and to the educational sections of state associations.

The committee has attempted to promote the new junior active membership and to create an understanding of the importance of continued membership on the part of old members. Nevertheless at this time we still find a loss from the 1933 membership. We hope that this loss will be wiped out during this convention and that our membership will come up to the four thousand mark. We have 700 new members since the Chicago meeting. The committee also hopes that in view of the great effort to promote nursing education at this critical time to which we
are committed as a League, the necessity of League membership will be appreciated.

League membership not only helps to promote a constructive program in nursing, but it is an asset to the individual, as well.

Respectfully submitted,
Elizabeth C. Burgess, Chairman.

## Report of the Committee on Nominations

The Committee on Nominations of the National League of Nursing Education submits the following ballot:

President: Effie J. Taylor, New Haven, Conn.
Katharine Densford, Minneapolis, Minn.
Second Vice President: Julie C. Tebo, New Orleans, La. Esther Tinsley, Pittston, Pa.
Treasurer: Marian Rottman, New York, N. Y. Elizabeth Miller, Harrisburg, Pa.
Directors: Elizabeth C. Burgess, New York, N. Y.
Dorothy Rogers, Galveston, Texas. Edna Newman, Chicago, Ill.
Helen I. Denne, Madison, Wis.
Blanche A. Blackman, Springfield, Mass.
Olive Sewell, Lansing, Mich.
Victoria Smith, Englewood, N. J.
Elsie M. Lawler, Baltimore, Md.
Respectfully submitted, C. Ruth Bower, Chairman.

The Chair then called for nominations from the floor, as provided in the By-Laws. ${ }^{2}$ Sister Mary Vincent of Chicago, Illinois, was nominated for the office of Director. No further names having been suggested, it was voted to close the nominations.

## Report of the Committee on Publications

The work of the Committee on Publications has been less than other years, due to the fact that the League Calendar, a time-consuming task, was not published. A dozen new publications have been added to our list since the June, 1933, convention:

The 1933 Proceedings went to press soon after the convention, and were in the hands of the members early in September. The volume was a rather bulky one, despite the fact that the manuscript was cut down a great deal.

[^10]Two of the most popular publications this year have been the Nursing School Faculty and the Use of the Graduate Nurse for Bedside Care in the Hospital; 688 copies of the former and 506 copies of the latter have been sold since July 1st. The Curriculun for Schools of Nursing is still selling well; 330 copies were sold since the last meeting. There are a good many calls for the Illustrative Material for use in teaching.

Several new publications which will be of particular interest to schools of nursing are A Curriculum Study in Social Hygiene for Nurses, by Miss Mae D. McCorkle, which was published jointly in mimeographed form by the League and the American Social Hygiene Association. The study was made under the direction of a joint committee from these two organizations by Miss McCorkle, a Rockefeller Foundation fellowship student, at Teachers College, Columbia University. Another curriculum study, entitled A Study of the Social Content of the Basic Nursing Curriculum was made in a similar way by Miss Gertrude Zurrer, a fellowship student at Teachers College. This study was made under the direction of a committee of representatives from the N. L. N. E., the N. O. P. H. N., and the American Association of Hospital Social Workers. It is hoped that both these studies will help to stimulate thinking along these lines, and that a number of schools will experiment with the outlines and let the League have the benefit of their experience.

The Committee on Publications takes pleasure in announcing that at last we have a history of the League, written by Mrs. Helen Munson in collaboration with Mrs. Katharine Stevens. It is called A Story of the National League of Nursing Education and is published by W. B. Saunders Company, price $\$ 1$. It is on sale at this convention in the Saunders Company booth and hereafter may be obtained either directly from the publishers or through the League headquarters. Every school library will be incomplete without a copy of this interesting little book, and all good League members will wish a personal copy.

Reprints which have been added to the list this year are:

[^11]Postgraduate Education, Old and New, Isabel M. Stewart, R.N.
Advanced Courses in Clinical Subjects, Isabel M. Stewart, R.N.
Advanced Course in Surgical Nursing, Subcommittee of the Education Committee.

In addition to the above, a list of schools accredited by the state boards of murse examiners, a list of available courses in the clinical specialties, and a list of schools connected with colleges or universities giving a combination of courses leading to a liberal arts degree and a diploma in nursing, as mentioned in the report of the Executive Secretary, have been prepared for distribution.

Although the profit on the League publications is small in most instances, a large number of sales does help to swell the exchequer. The profit from all publications sold amounted to $\$ 1,309.79$ during the calendar year 1933.

> Respectfully submitted,
> CLARIBEL, A. WHEELER, Chairman.

## Report of the Committee on Revisions

After the adoption of the amendments to the by-laws of this organization at the annual meeting in Chicago, the Revisions Committee proceeded to amend the form used as a copy for state leagues. The form as amended was sent to headquarters where copies were made available for the states requesting them.

The following state leagues amended their by-laws to correspond with those of the National League: Massachusetts, Illinois, Rhode Island, Louisiana, Oklahoma, Iowa and Utah. These were approved by the committee.

The constitution and by-laws of the new local league in Pueblo, Colorado, were also approved.

Further recommendations were made in regard to the amendments of the constitution and by-laws of the Eastern Division of the Kansas League.

At the January meeting of the Board of Directors, further changes in the by-laws of the National League were recommended to the Revisions Committee. These have been prepared and copies of the proposed amendments have been sent to the members with the call of this meeting. They are as follows:

## Proposed Amendments

Amend Article I, Section 1, by substituting the word "three" for "two" before classes. By adding (a) the words "including sustaining and junior active" after the word "active"; also, by adding "(c) Honorary," and by striking out the line "Active membership shall include fellow and junior active."

Amend Section 2-c by striking out "of the state in which she is residing" after the word "association."
Amend Section 3-c by striking out "of the state in which she is residing" after the word "association."

Amend Section 3-d by inserting the words "assistant instructor" after "supervisor."

Amend Section 4 by striking out the entire section and substituting therefor "A sustaining member is an active member who has paid the dues required of such membership."

Amend Section 9 by striking out "by making application on the regular form and" after the word "reinstated."

Amend Section 10, by striking out the entire section and substituting Section 11 for Section 10.
Amend Article 11, Section 1, by striking out the word "First" before "Vice President," also "A Second Vice President" and "the Executive Secretary."
Amend further by striking out the word "fourteen" before "officers" and substituting the word "twelve."
Amend Article 111 , Section 1, by striking out "the Second Vice President," in the first sentence and the word "First" before "Vice President" in the third sentence.
Amend Article IV, Section 3, by substituting a new section to read as follows: "The Vice President shall perform the duties of the President in her absence or during her inability to act, and such other duties as may be delegated to her by the President."

Old Section 3 becomes Section 4.
Old Section 4 becomes Section 5 .
Old Section 5 becomes Section 6 .
Old Section 6 becomes Section 7.
Amend Article VI, Section 3, by striking out the entire section and substituting "She shall attend the meetings of the Board of Directors, and shall be a member ex officio of all committees."
Amend Article VII, Section 6, by striking out the first three paragraphs and substituting the following: "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 1st preceding the annual convention, this committee shall issue to each state league a form on which the state league shall submit the name of one nominee for each office to be filled. These forms shall be signed by the president or secretary of the state league and returned to the Committee on Nominations of the National League of Nursing Education before December 1st preceding the annual convention.
"From the forms returned by the state leagues, the Committee on Nominations shall prepare a ticket consisting of two names of the nominees receiving the highest number of votes for each office, and eight names for the office of directors. If the list of names submitted is not sufficient to form a ticket, the Committee on Nominations shall have power to add names so that a full ticket may be made up. No name shall be presented to the Board of Directors or to the convention, either by the Committee on Nominations or from the floor, unless the nominee has consented and is free to serve if elected. This report shall be in the hands of the Secretary by January 1st."

Amend Article VI11, Section 1 and Section 1-a, by striking out the words "except fellows."
Amend Section 3, by striking out the entire section and substituting the following: "The annual dues for sustaining members shall be $\$ 8$, which shall entitle the members to receive all pamphlets and reprints published by the League during the year.
"a. In states where there is a state league, dues ( $\$ 8.00$ ) for all sustaining members shall be paid through the state league on the basis of membership March 1st of each year, except in the first year of membership, when dues shall be paid at the time of application.
"b. In states where there is no state league, dues ( $\$ 8.00$ ) shall be paid directly to the National League of Nursing Education. Dues shall accompany application."
Amend Article X, Section 1, by striking out the word "and" after "active" and inserting the words "and sustaining" after the words "junior active," the Section to read as follows: "The voting body at the annual convention of the National League of Nursing Education shall consist of active, junior active, and sustaining members of state leagues in good standing, and individual active, junior active, and sustaining members in good standing."

Respectfully submitted, M. Anna Gillis, Chairman.

It was voted to amend the By-Laws ${ }^{3}$ as proposed, with the provision that the action relating to the second vice president should not become effective until a year from this time.

## Report of the Committee on Functions

The Committee on Functions held one meeting at which time discussion centered upon the recommendations of the Board of Directors as passed at its January meeting, i. e.:
"That a definite plan be initiated through the Committee on Functions to acquaint the states with the functions and purposes of the N. L. N. E., and to suggest a program by which these functions may be carried forward by the state and local leagues:
"a. That, with the approval of the A. N. A., the state nurses' associations be sent copies of this plan for their information, and to prevent duplication of work, and that in states where there is a section on nursing education instead of a league, it is suggested that the section be assigned these particular functions;
"b. That the Committee on Functions be guided by the counsel and advice of other existing league committees which have to do with carrying out league programs in the states."
It was decided by the committee to forward a letter to each state president asking her to come to the Advisory Council meeting prepared to discuss plans which might be developed for furthering the functions

[^12]of the N. L. N. E. through the state and local leagues. In this letter was enclosed a reprint of the "N. L. N. E. Looks to the Future" with marked passages which were considered especially suitable for state and local league activities. Particular emphasis, it was thought, should be placed upon the state and local leagues' responsibility for carrying on the work of the Grading Committee as it applied to each individual state. To study the Grading Committee's findings for the state and to make plans for aiding schools to correct some of their weaknesses seemed to the Committee on Functions the most timely and important contribution the state and local leagues could make at this time. The Grading Committee was asked to give significant findings of the schools of one state which might serve as illustrative material.

Concrete suggestions were also made as to how these various functions of the N. L. N. E. could be developed and carried on through the various committees of the state and local leagues.

Further work of the committee will be carried on subsequent to the Advisory Council discussion of this suggested plan for the state and local leagues and upon any recommendations as suggested by the Board. Respectfully submitted, Anna D. Wolf, Chairman.

## Report of the Committee on the Use of Library Facilities

During the summer of 1933 the committee revised the list of reference books for libraries of schools of nursing, at the request of the Executive Secretary, and submitted it to her in August, just prior to the Board meetings. Since then the work of the committee has been at a standstill.

On January 3, 1934, Miss Stewart forwarded a copy of a letter from Dr. Keppel, as of December 18, 1933, in which he said that the Carnegie Corporation has been unable to take up any library studies this year (ending September 30, 1934) but that any proposal "is very much on our minds for later consideration."

On January 22, 1934, a meeting of the committee was called at $9 \mathrm{a} . \mathrm{m}$., prior to the meeting of the Board of Directors. There were present Miss Stewart, Miss Carter, Miss Wheeler, Miss Roberts, Miss Taylor, and the Chairman.

Miss Stewart reported that on recent visits to schools of nursing she had noticed better conditions in the libraries. She had seen larger collections of books which were better arranged, and the service was better. These conditions were noticed especially in good schools.

There followed considerable discussion of the importance of the study that had been proposed a couple of years ago. It was felt that a person merely on a scholarship, such as the one offered by the American Library Association, could hardly make an adequate study. There was talk about a study being done at the present time by Miss Casamajor at Bellevue where she is working particularly on a classification system.

There followed a discussion as to the possible sources of funds. Miss Stewart moved that the committee explore the possibilities for support in relation to a study and that each member of the committee be asked for suggestions. This was seconded by Miss Carter and carried.

Miss Wheeler reported that Mr. Saunders of the publishing house had promised to send her a list of all the new nursing texts. Miss Roberts said that new books were not useful until they had been reviewed.

It was then moved by Miss Taylor and seconded by Miss Wheeler that the League office prepare a list of new books which had been reviewed and refer it to the Library Committee for its approval. This motion was carried.

It was the consensus of opinion without a formal motion that the committee should ask the Board of Directors of the League to consider in any request for funds that they might make, the inclusion of a sum for a study of libraries of schools of nursing according to the project which was outlined for the Carnegie Corporation.

The Committee then adjourned.
Respectfully submitted,
Julia C. Stimson, Chairman.

## Report of the Committee on Relation of Nursing to Maternal Care

Progress Report from the Association for the Promotion and Standardization of Midwifery, Inc.
The Association for the Promotion and Standardization of Midwifery, Inc., closed its report to the Committee on the Relation of Nursing to Maternal Care of the National League of Nursing Education, in June, 1933, as follows: "The most obvious prerequisite to the development of nurse-midwifery is the creation of an attitude of acceptance on the part of doctors, nurses, and lay people of the nurse-midwife as an important factor toward providing adequate maternity care. The future of the nurse-midwife in the United States depends upon her ability as a citizen and a professional worker to create opportunities for her services and to develop proper professional standards for her practice."

The Association believed that the excellent results of the work of the trained midwife in Europe furnished sufficient reason for experimentation in this country and they accordingly established a midwifery clinic and a school for nurse-midwives in New York City in 1931. This work has gone quietly forward for two years without publicity. Late in 1933, nurses, doctors and the public became sufficiently interested to concern themselves with what was happening. The reverberations which were anticipated in 1931 and 1932 have just begun. Progress will be slow for a time because of the frank difference of opinion which exists in the medical and the nursing professions on the question of nursemidwifery. It seems unwise to the Association to allow a development of this kind to get too far in advance of the groups with which it must remain identified. The purpose of this report is to give to the Committee a few facts which will be stressed in the Association program this year.

1. It is wise for everyone considering the subject to remember that at present there are only two organizations in this country that use the services of the nurse-midwife to give prenatal, delivery, and postpartum care to maternity patients: the Frontier Nursing Service in Kentucky and the Lobenstine Midwifery Clinic in New York City. Both of these organizations are working in areas where they do not impinge upon the services of the private physician and both organizations are under careful medical direction. The number of patients delivered by these two organizations to date according to recent reports is less than two thousand five hundred. Conclusions based upon scientific analyses of the work done by the nurse-midwife in the United States cannot be made until the volume of work accomplished reaches proportions which warrant statistical interpretation. The Association for the Promotion and Standardization of Midwifery, Inc., in interested in a scientific approach to the contribution which the nurse-midwife may make in a farsighted program for improved maternity care.
2. The principle of medical care for all maternity patients is basic in the Association program. It is hoped and urged that all experimental work in utilizing the services of the nurse-midwife will be kept under direct medical control.
3. Whenever available maternity care is analyzed in a section of our country the present-day midwife, largely untrained and inadequately supervised, is found to be caring for from eight per cent up to as high as fifty per cent and more, of the total births. Throughout the United States about ten per cent or 200,000 births a year are attended by midwives. In New York City, the patients cared for by midwives have
decreased from 41,876 in 1919 to 10,692 in 1931. Nevertheless, midwives in New York City continue to attend 8,000 births each year-as many as occur each year in the City of Cincinnati. An excellent summary of midwifery in the United States is to be found in the Obstetric Education Section of the White House Conference Reports. We still have an unsolved problem of midwifery practice in the United States.
4. Public health nurses have made a real contribution in obstetric care. The postpartum and delivery services that have been given by visiting nurses for the past twenty years have increased the safety and comfort of thousands of mothers. The greatest contribution has been made in the prenatal period through the early detection and correction of beginning abnormalities and we should not lose sight of the fact that this work has been done by nurses who, according to the White House Conference Report on Obstetric Education, were ill-prepared to do the work.

It seems obvious that nurses trained in midwifery could render even greater health protection to expectant mothers because, in the experience of the Association so far, the graduate nurse-midwife is infinitely more conscious of the importance of direct medical supervision than she is when she enters the school as a pupil. Our experience thus far with nurse-midwives shows that there is no basis for the erroneous idea that nurse-midwives will supplant doctors in obstetrical care. In fact, the midwifery clinic has used about twice as much medical supervision as was included in our original plan and budget for the school.

To summarize what the two years' experience has shown:

1. That in New York City it is equally difficult to teach public health nurses and patients to feel that the nurse-midwife service is desirable because:
a. For the last sixteen years public health workers as well as social workers in New York City have been urging patients to go to the hospitals for confinement, whenever possible.
b. With the curtailment of immigration, we have fewer people coming from countries where midwifery services are used.
c. Our continuance of the use of the word "midwife" for our trained nursemidwives has made it difficult to differentiate between the old-style midwife and the medically controlled midwife.
2. That careful and complete medical examination of patients rules out, at an early stage of pregnancy, those patients who should not be confined by midwives and directs those who must have hospital or special care to places where such medical care is available. In other words, the nursemidwife, due to careful medical supervision, has met with a minimum number of patients who developed abnormalities at the last minute necessitating emergency medical care.
3. That the more experience that our nurse-midwife has the more convinced she becomes of the importance of adequate and direct medical supervision.
4. That there is a demand for midwifery training among well-educated nurses. The school has many applicants to study midwifery but it has continued to select students who have some definite plan for utilizing this experience in programs for improved maternity care. The graduates of the school are employed as supervisors of existing midwifery practice, as assistants to obstetricians, and as staff members of the Lobenstine Midwifery Clinic and the Frontier Nursing Service. The number of deliveries attended by each student has been increased from twenty to thirty-five. The class to be admitted in September, 1934, is filled with applicants who meet the high standard of educational requirements set by the school.

> Prepared by Hattie Hemschemeyer, Executive Secretary, Association for the Promotion and Standardization of Midwifery, Inc., for Hazel, Corbin, Chairman, Committee on Relation of Nursing to Maternal Care.

## Report of the Committee on Nursing in Mental Hospitals

The Chairman and one Committee member met with the Nursing Committee of the American Psychiatric Association in New York on December 28, 1933. Discussion centered around the development of nursing education in the mental hospital. No definite action was taken following discussion, some of the high lights of which were:

1. The possibility was suggested of securing an appropriation for a survey of selected mental hospitals with the idea of determining which offered best potentialities for developing courses in psychiatric nursing. This survey if made should be conducted by a well-prepared nurse thoroughly familiar with nursing in mental hospitals.
The Chairman of your Committee, having previously conferred with Miss Taylor and Miss Pfefferkorn, said that the Department of Studies of the National League of Nursing Education would be glad to help in any way it could if such a study were undertaken.
2. The question was raised regarding the value of having a nurse in each state department of public welfare or state department of mental hygiene who would occupy a position, in relation to nursing in the state hospitals, analagous to that occupied in the State of New York by the State Director of Occupational Therapy for the mental hospitals.
It was felt that such a person well prepared for her job would be of great help in developing mental nursing.
3. In the course of discussion, the members of your Committee stressed the fact that only selected mental hospitals should have schools of nursing and that some of these schools should concentrate on affiliating and postgraduate courses.
Your Chairman found the meeting most interesting and quite encouraging in many respects. She plans to attend the meeting of this Committee again in June when the American Psychiatric Association con-
venes in New York; also a list of names of nurses who live within reasonable distance of New York City and who are interested in mental nursing problems has been sent to Dr. Fuller with the suggestion that these people be invited to this June meeting: Miss Rose Bigler, Chicago, Illinois; Miss Gretchen E. Nind, Rochester, New York; Miss Eloise Shields, White Plains, New York; Miss Elizabeth Bixler, New Haven, Connecticut; Miss Effie J. Taylor, New Haven, Connecticut; Miss Claribel Wheeler, New York City; Miss Mary Roberts, New York City; Miss Clara Quereau, Albany, New York; Miss Marian Rottman, New York City; Miss Letitia Wilson, Philadelphia, Pennsylvania; Miss May Kennedy, New York City; Miss Edith M. Haydon, Washington, D. C.; and Miss Florence Newell, New York City.

In the course of correspondence held with Dr. Fuller, Chairman of the Nursing Committee of the American Psychiatric Association, he has raised the following questions:

1. Are our courses as given producing well-trained nurses?
2. Should a course in a mental hospital be a requisite for all R.N's.?
3. Should we limit our approved schools to those hospitals which have extensive resources for education in the way of well-educated instructors, up-to-date equipment, and a convenient situation for adequate affiliation with a general hospital?
4. What form of instruction should be recommended for hospitals which cannot maintain such a school?
5. How can our schools be more adequately supervised, if state supervision is not always adequate?
6. How can we develop the education of men nurses?
7. How can we bring about the larger use of registered nurses, both men and women, on the wards of mental hospitals?
These questions have been forwarded to each Committee member and some replies have been received. These will be tabulated later. Respectfully submitted,

Anna K. McGibbon, Chairman.

## Report of the Committee to Study Sisters' Problems

This report is based on a sectional study conducted by Sister Mary Victory, C. C. V. I., of Texas. The object of the study was to determine the problems of coöperation between the Sister groups and the state leagues of nursing education in the hospitals conducted by Sisters in Arkansas, Oklahoma, New Mexico, California, Kentucky, Tennessee, West Virginia, Louisiana, and Texas.

There is gratifying evidence of very close coöperation in many locali-
ties. However, in other places there seem to be obstacles due to distances, mainly.

The responses from the State of Oklahoma report that the number of meetings is limited but these have been well attended and have had Sisters represented on their programs. There is also a Sister member of the State Board of Examiners.

Two reports from Tennessee give evidence that there is a willingness on the part of the League to coöperate and the Sisters have been invited to participate in activities. There seems to be some reluctance on the part of the Sisters. The number of Catholic hospitals in this state is limited to three and therefore the Sister members constitute a very small representation.

Due to great distances necessary to travel in order to attend the meetings, there has not been the amount of coöperation that is desirable in Kentucky. Sisters have been invited to attend meetings and take active part, also.

San Francisco, Los Angeles, and San Jose, California, have indicated a very active organization of the League. In one section the regular program of the meetings was changed to a round table for the purpose of stimulating discussion, There is evidence of splendid coöperation between the Sisters and League on the programs. San Francisco forwarded a questionnaire that was sent to League members to direct the selection of a year's program according to the desires of the members.

New Orleans reports that 36 per cent of the League members of that state are Sisters and that the Sisters have been very active.

Scarcity of members and great distances required to meet have been obstacles to an active organization; however, there have been two Sisters on the Board of Examiners in the State of Arkansas.

West Virginia and New Mexico report that the League is not actively organized in those states.

From these reports there have been evidences of reluctance on the part of the Sisters to take part in discussions of the meetings. One suggestion was volunteered that the Sisters be informed of the aims of this organization and be better prepared to take part in the discussions by means of staff education and more extensive professional reading.

This study is representative of only a section of the southern and western states. It might well be extended to other regions for similar purposes.

## Report of the Committee on Standards

The Committee on Standards has held three meetings during the year.
Before mapping out a program of work a careful study was made of the standards which have been set by various professions such as Medicine, Law, Dentistry, Library Science, etc.; also of several recent publications of the Committee on the Revision of Standards of the North Central Association.

Following this study the membership of the Committee was in unanimous agreement that we should proceed with the formulation of general optimum standards instead of specific minimum standards, which has been the most common practice in the past.

In writing standards in general terms the Committee hopes that they may serve not only as a basis for measurement but also as guiding principles, pointing the way to the attainment of a desirable ideal. In order that they may best fulfill this function of guidance each standard will be accompanied by an interpretation which will explain in some detail the principles involved and how they can best be applied in working toward the attainment of the standard.

The standards or guiding principles with the interpretations will be printed in the form of a manual.

This brief résume of the work of the Committee on Standards is submitted as a progress report. The work though well under way will probably require most of the coming year for its completion.

Respectfully submitted,
Nellie, X. Hawkinson, Chairman.

## Report of the Committee on State Board Problems <br> Your special Committee to Study State Board Problems has had one

 meeting, which was held at the time of the January Board meetings. Five members of the Committee were present and the Chairman of the Education and Standards Committees attended on the invitation of the Chairman.The purpose of the Committee is to help to interpret to the League the problems of state boards of nurse examiners, in order that the League may be able to give some definite assistance to this group. For this reason, the Committee is composed of persons who have some connection with state boards. The members are Ethel Smith, Virginia; Clara Quereau, New York; Jane Van De Vrede, Georgia; Netta Ford, Pennsylvania; Helen Hansen, California; Irene Murchison, Colorado; Julie Tebo, Louisiana; Winifred Hart, Connecticut; Florence Dakin, New Jersey; with Effie Taylor and Claribel Wheeler ex officio members.

Our first meeting was concerned with a discussion of some of the most immediate problems confronting state boards of nurse examiners. A questionnaire had been sent out in advance to members of the committee, so that the answers were used as a basis for the discussion.

The Committee agreed that the first and most urgent need of the state boards is a better measuring rod to be used in evaluating schools of nursing. Secondly, that a revised curriculum which includes more on the social and public health aspects of nursing as well as more concrete information on the clinical content of the basic course, especially as it relates to the correlation of theory and practice, would be of great assistance to state boards. The state boards must know what is considered best in nursing practice and nursing education in order to properly advise schools. Thirdly, there seemed to be a need for a department at Headquarters to which state boards might apply for assistance in the proper wording of amendments to the nurse practice act.

In the opinion of some of the members of the Committee, state boards have gone as far as they can go in certain states, using the statistics of the Committee on Grading of Nursing Schools to support them, and unless the League can furnish something more definite in the way of standards much that has been accomplished will be lost.

Respectfully submitted,
Julie C. Tebo, Chairman.

## Report of the Committee on Studies

Because the members of the Committee are so widely scattered, it is impossible to hold meetings of the Committee as a whole at any time other than during the midyear Board sessions and during the annual convention. Only one meeting has been held, therefore, since June, 1933.

In order to facilitate the carrying out of the work of the Department of Studies, an executive committee of the Committee on Studies is appointed yearly. The executive committee is a hard-working group. Eivery study prepared by the Director of Studies is examined and approved by the members of this group before the study is released. The Director also consults the executive committee when any question arises relative to the operation of the Department.

As a member of the Committee on Studies since the Department was established, I have been following its activities closely. While we who had been working in the League for a number of years believed in the need for such a Department, we could only conjecture what its
reception would be. The fact that a stream of requests for studies has been pouring in-so many that with our limited personnel we have been hard-pressed to keep up with them-is perhaps the best indication of the reception the Department has had and what its place has come to be as an integral part of the program of the League.

Respectfully submitted,
Marian Rottman, Chairman.

## Report of the Committee on Subsidiary Workers in Nursing Services

The membership of this Committee consists of representatives of the American Nurses' Association, the Nursing Service of the American Red Cross, the National Organization for Public Health Nursing, and the National League of Nursing Education. The Committee has had the voluntary assistance of Miss Mabel Huntly for a portion of its work.

The questions which have been and still are being studied are those involved in the preparation, the use, and the control of those who are practicing nursing on a lower level than that of the trained, graduate, or registered nurse.

A considerable amount of information has been secured regarding the persons who compose this large group of approximately 200,000 persons. The matter of control is thought to be of foremost importance at this time, and in order to consider what the possibilities of this may be, an informal meeting has been held since we have been in Washington with the Chairman and one other member of the Legislative Section of the American Nurses' Association.

This report is brief since the findings of the Committee are to be given at a program on Wednesday morning which is sponsored by the Committee and at which Mr. Alden Mills, formerly Executive Secretary of the Committee on the Costs of Medical Care, will present the "Need of Subsidiary Workers in Nursing Services from the Point of View of the Committee on the Costs of Medical Care." The viewpoint of this Committee together with its present findings will be presented by the Chairman.

The session will undoubtedly be of great interest not only to members of the National League of Nursing Education but to all nurses.

Respectfully submitted,
Elizabeth C. Burgess, Chairman.

## Report of the Committee to Work with the Nursing Committee of the American Hospital Association

This Committee grew out of a need for a closer working relationship with the American Hospital Association. Two years ago, when the Committee on Plan and Scope of that Association proposed a Council on Nursing, Miss Taylor approached the Chairman and offered the coöperation of the League. A nursing council was not formed; in fact, the plan for various councils was abandoned, and one council, which is known as the "Council on Community Relations and Administrative Practice," with subcommittees, has been organized with Dr. S. S. Goldwater as the chairman. A Committee on Nursing, of which Dr. C. W. Munger is Chairman, is included. Our Committee has been appointed to work with this Committee. It is composed of a rather large representative group with a smaller executive committee located near enough to get together for frequent conference. The members of the committee at large are: Maud Traver, Dorothy Rogers, Dora Saunby, Carrie M. Hall, Sister John Gabriel, Jane Van De Vrede, Elizabeth Odell, and Katharine Densford. The executive committee is composed of Elsie M. Lawler, Clara Quereau, Alma H. Scott, Elizabeth A. Greener, Susan C. Francis, Grace Allison, with Claribel A. Wheeler and Effie J. Taylor as ex officio members. As it is planned to have much of the work done in the Headquarters office, Miss Wheeler has been made secretary of the committee, and will act as a sort of liaison officer between the two committees.

In a preliminary conference with Dr. Goldwater and Dr. Munger, a program of considerable scope was planned. It was agreed, however, to begin the work by setting up the essentials of a good hospital nursing service. It was felt by Dr. Goldwater that out of the deliberations of our joint groups there might gradually develop an advisory council on national, state, and local problems.

A tentative plan was drawn up and was accepted by the League Board and the Hospital Association Council. Two meetings of our executive committee have been held at Headquarters, one of which was attended by Dr. Munger. Miss Wheeler was invited to a meeting of the A. H. A. Committee held in New York.

The work of the Committee to date has consisted in deciding upon the factors to be included in setting up the essentials of a good nursing service, and in determining what form the study should take. At the last meeting of the Committee it was agreed to issue a report to be prepared in the form of questions and answers. Dr. Munger thought
that this might be published by the A. H. A. as a special bulletin. The procedure will be to have both committees work on some of the "essential factors," and to have a joint meeting when the work has advanced sufficiently to warrant it.

A general voluntary hospital of 150 beds with ward and private services has been selected for the basis of discussion. The essentials of a good nursing service will be set up first on the assumption of an allgraduate staff, after which the implications of a service where there is a school will be considered.

The following outline for the content of the report was approved by the Committee:
I. Introduction.
II. Hospital facilities.
III. How to determine the amount of nursing service needed.
IV. Personnel.
A. General principles of employment.
B. Types of workers needed.
C. Positions defined.
D. Specific qualifications.
V. Hours of work.
VI. Supervision.
VII. Staff education.
VIII. Health of the staff.
A. Physcal examinations.
B. Care during illness.
C. Sick leave.
D. Vacations.
IX. Maintenance.
A. Housing.
B. Meals.
C. Facilities for recreation.
X. Salaries.
XI. Cost of nursing service.

The Committee hopes to secure the coöperation of the A. H. A. in having cost studies made in several hospitals of about 150 beds, including institutions both with and without schools.

Tentative essentials on hospital facilities, personnel, and amount of nursing service needed have already been drawn up and were discussed at the last meeting.

This is a report of progress only, and the committee hopes to be able to have something much more definite to report at our next convention.

Respectfully submitted,
E. M. Laivler, Chairman.

## Report of Isabel Hampton Robb Memorial Fund Committee

This Committee begs to report that the usual business has been transacted since the Convention held in Chicago. At that time the scholarship awards of 1933 were reported. At the annual meeting held in January, 1934, the officers appointed were: Chairman, Miss Elsie M. Lawler; Secretary, Miss Katharine DeWitt; Treasurer, Mrs. Mary Eden. There have been the usual number of requests for information on scholarships and loans and the circulars and letters have been distributed. Up to the present date, we have received 58 applications for Robb scholarships and the decisions regarding them will be made after May 1st. With regard to the fund, the Treasurer's report of January, 1934, shows that during the year 1933 contributions to the fund amounted to $\$ 680$ and interest on investments was $\$ 2,457$. The total disbursements amounted to $\$ 1,962.74$.

## Report of the Mcisaac Loan Fund

During the year 1933, 13 loans were granted amounting to $\$ 2,100$. During the year a sum of $\$ 1,919.70$ was received as repayments of loans. It is most remarkable that during the past year the amount returned was $\$ 1,005.30$ more than the amount repaid in 1932. Contributions to the McIsaac Loan Fund amounted to $\$ 855$ during the year of 1933.

The Committee wishes to express its appreciation to Miss DeWitt for her willingness to accept the position of Secretary. She has already given years of valuable service and we are very happy to have her take over the work again.

Respectfully submitted,
Elsie M. Lawler, Chairman.

## Report of the American Conference on Hospital

 SERVICEMinutes of the Annual Meeting of Delegates, held Monday, February 12, 1934, at 7:30 p.m., at the Palmer House, Chicago, Illinois.
The President, Major General Merritte W. Ireland, called the meeting to order. Delegates from the member associations responded to roll call. The Secretary's and Treasurer's reports were read and approved.

The Secretary read a communication from Dr. Mock, Chairman of the Executive Committee, expressing regret that absence from the city prevented his attendance at the meeting. Dr. Mock said, in part: "The Conference organized as it is, with fifteen or sixteen constituent mem-
bers, composed of national, medical, hospital, nursing and allied associations, is the most ideal group in the country to attack problems of mutual interest to two or more of these groups. The Conference should continue to exist, if for no other reason than to hold a joint meeting with the Council on Education of the A. M. A., in the form of a symposium, such as has been presented in the last two or three years, and such as the symposium this year."

After some discussion of the value of the Conference as a point of contact where the constituent organizations could come together to discuss their problems, it was moved by Father Schwitalla, seconded, and carried, that the Executive Committee be asked to bring in a report on the status of the Conference and its program.

Father Schwitalla reported that the trustees had voted to contribute a sum not to exceed one hundred dollars toward the publication of a new directory of convalescent homes. This publication is sponsored by the Conference. It was moved, seconded, and carried, that the delegates approve the action of the trustees in making the grant.

The following officers were elected for the year 1934:
President-Major General Merritte W. Ireland.
1st Vice President-Rev. Alphonse M. Schwitalla, S.J.
2d Vice President-Ernest E. Irons, M. D.
Treasurer-Charles A. Wordell.
Secretary-Evelyn Wood.
The following trustees were elected to serve for three years:
William D. Cutter, M.D.
Ruth Emerson.
W. C. Rappleye, M.D.

There being no further business the meeting adjourned at 8:30 p.m. so that the delegates might attend the open meeting arranged by the Conference, at which Dean Lewis, M.D., President, American Medical Association, spoke on "The Old and the New Medicine." Respectfully submitted, Margaret Carrington, Delegate.
The President then appointed the following committees:
Committee on Resolutions: Miss Katharine Densford, Minnesota, chairman; Miss Helen O. Potter, Rhode Island; Miss Janet Fish, District of Columbia.

Tellers: Miss Mary E. Norcross, Massachusetts, chairman; Miss M. Cordelia Cowan, New York; Miss Kathleen Young, Ohio.

Inspectors of Election: Miss Eunice Smith, Rhode Island, chairman; Miss Anna K. McGibbon, Rhode Island; Miss Josephine McLeod, Virginia.

Honorary Membership
The Chair announced that the Board of Directors had voted to recommend to the convention that honorary membership be conferred upon Miss Katharine DeWitt and Miss M. Adelaide Nutting, whose contributions to nursing are too well known to require description.

The motion was made by Miss Blanche A. Blackman, seconded, and carried,

That Miss DeWitt and Miss Nutting, who have rendered distinguished service for many years, be appointed honorary members in the National League of Nursing Education.
The meeting adjourned.

# Joint Opening Session 

American Nurses' Association National League of Nursing Education National Organization for Public Health Nursing

## Monday, April 23, 8 p.m.

Presiding: Elnora E. Thomson, R.N., President, American Nurses' Association.

After a concert by the United States Marine Band Orchestra, the invocation was given by the Right Reverend James E. Freeman, Bishop of Washington, D. C. A welcome to the Convention was then extended by Miss J. Beatrice Bowman, R.N., President, Graduate Nurses' Association of the District of Columbia, and informal greetings were given by Miss Elnora E. Thomson, R.N., President, American Nurses' Association.

## Of What Is the Nature of Nursing? <br> Effie J. Taylor, R.N. President, National League of Nursing Education

In a little book entitled, Counsels and Ideals from the Writings of Dr. William Osler, we find, in the preface, an inclusive interpretation of the query, "What is the nature of nursing?" in these words, "Treat the patient, but don't forget his human side." Following this line of thought, the writer continues, "Train the student but don't forget the man-don't forget the struggles with poverty and self-the problems of getting on-how to bear success-how to face disappointment-in short, the human side of the training." ${ }^{1}$

These words were written to provide inspiration in the training of physicians, but they may as aptly be applied to the training of nurses. Reading between the lines we sense the philosophy which underlies the science and the art of nursing. We see here indicated the methods which will underlie the education of the future. We see also the type of student from which nurses may be developed, and at the same time the necessity for great and inspired teachers. Dr. Osler was a great scholar. He was also a great teacher, and his ability to gather his pupils about him, and to live and to think with them was the secret of his success.

To this, the fortieth convention of the National League of Nursing Education, from every part of our country we have come to the nation's

[^13]beautiful capital, where questions of public welfare of national and international concern are being studied, and where momentous problems involving world harmony are uppermost in the thoughts of our statesmen. These problems are of vital significance, and will only be solved through the sacrifice and mutual understanding of nations, for they, too, have their human side. Discord and differences will never be effaced till all nations gain insight, sufficiently clear, to agree "to treat the patient," yet "not to forget the human side."

Nursing of all professions is a human profession and belongs to the whole world. It knows no color nor creed. It is for the poor as well as for the rich. Nursing is national and international in its relations, and every human being has a right to the contributions it can make. Its function is the conservation and the restoration of health for the perpetuation of a happy and a useful people.

The League of Nursing Education, the mother organization of nurses in America, is charged with the vital responsibility of enunciating the principles which will guide in the education of those who are to become its future workers, and who are to function in this vast and varied field in the struggle for health. They, as well as the statesmen of our country, have a definite part to play in bringing about health and happiness upon which rest the peace, harmony, and security of the people, not only in this our own country, but in every country throughout the world. The nations of the world are sick, physically, mentally, and socially. Nurses, therefore, have an obligation to forward plans which will greatly improve the health of present and future generations, so that people will be enabled to "live better, think better, and act better" than we do today.

It is no mean nor simple task which faces the medical and the nursing professions. They have definite functions to perform which must not be lost sight of in this reconstruction and rehabilitation period, the greatest in our nation's history.

The members of the National League of Nursing Education have gathered together annually for nearly half a century to exchange ideas on the education of nurses, and to weigh the values of present methods in the light of achievement and progress toward the ultimate goals. Ultimate goals, however, are never reached, for as we approach them new ideals come upon the scene, and the horizon widens and widens as the mind, alert, searching, and creative, detecting imperfections in present attainments, reaches out for something more perfect and more satisfying.

We have assembled at this time not to gather the fruits of the past and hold them up as models and ideals for the future. We have met, rather, to review and weigh results achieved by past and present methods in the education of nurses, and to consider, through the best collective thinking we can bring to bear upon such important matters, the changes and modifications which should be made in our educational system, so that we may better fulfill the purpose and function of nursing. We must test the past and present with true measurements. We must be willing to experiment scientifically for the welfare of the future. We must take risks, of major proportions if necessary, even though they may involve a sacrifice of individually cherished ideals. We must strive to make clear and unprejudiced judgments in interpreting findings and in determining results. What was best for yesterday may not be sufficient for tomorrow. The future of nursing does not lie in its emulation of past precepts, but in its ability to carry out its great purpose and its function in promoting the welfare and happiness of human beings.

There has never been a time in our history when the selection of students for nursing was more important than it is at the present time. Nursing is no longer a purely technical profession. For into the techniques and fabric of nursing essential knowledge derived from the biological and social sciences must be woven, in order that nurses may comprehend the significance of the underlying laws of life which are fundamental to the conservation of health.

In the earlier days medicine and nursing were concerned with reparative and curative measures. Today this is a minor phase and the sustaining and upholding process in the maintenance of health has come to assume primary significance. In former times, when signs of illness were sought, pain, temperature, and other physical expressions were indispensable to diagnosis. Today these signs and symptoms are not considered sufficient. We find the characteristic signs of illness in the refined scales of laboratory apparatus. We must also look for signs of illness in the conduct and behavior of people in their social adjustments to each other, and to situations and conditions in their environment.

Because nursing is so closely related to preventive medicine, and so deeply concerned with the building up of the individual as a whole from childhood to old age, the selection of students is becoming a matter of the greatest importance. They should be chosen with care and with deep concern, not only for their usefulness during the period of years they will spend with patients in the hospital, but for their capacity to grow and to work in the world of men where the ultimate goals of nurs-
ing abide. Young women today are preparing themselves through general education for their future work as women in the past have never done, and the opportunities afforded us for selection are greater than ever before. While scholarship is important, and today fundamental, it is not in itself enough. The successful nurse must also have the force of personality and the strength of character which will enable her to appreciate and to understand the forces which motivate human behavior. She must possess a broad sense of justice in analyzing the problems inherent in her own life and in the lives of others, and she should have a loyal and deep sense of honor and integrity of purpose in dealing with human frailties and shortcomings.

In the selection of young women for nursing, it is not possible to hold ideals of character and personality too high, for to these young women is committed, from the beginning of life to its end, in the hours of helplessness, dependence, and need, the care of our nearest and dearest possessions, our loved ones and our friends. Too often in determining the fitness of young women for the practice of nursing, in the needs of the immediate our high ideals for the moment are forgotten or set aside as inconvenient. The majority of students, if carefully selected, will make good nurses and will meet satisfactorily the numberless daily requirements imposed by the community, but only a very small proportion of this carefully selected group will ever become great, either as students or as teachers. In any field of education, only a small proportion of students possess that habit of mind which impels them to delve to the heart of a matter. Such devotion to one's work demands personal sacrifices, and it is only the rare student who possesses such devotion in any marked degree. The price of real scholarship is oftentimes too costly for the average person to attain and we therefore cannot expect to find this type of mind in great abundance. But it is to this group that we must turn for our real teachers.

A great teacher is rare, but it is one of our tasks to search till we find her, and each, as we find her, will become the "pearl of great price." We have had great teachers in nursing who will always live in our memories. The subject in the curriculum which deals with the principles and practice of nursing requires as its interpreter a teacher with broad knowledge of many disciplines, with deep insight into human needs, and with personal characteristics which inspire her students to think and to work. The principles of nursing weave together all subjects in the curriculum, and it is through the practice of the art of nursing that all primary and related knowledge is applied.

The great teacher in nursing, like the great schoolmaster or the great
author, is a rare person. How rare a person is she of whom it might be said, "There is still a touch divine" in her life and work. Such words were said of John Locke, "A singularly attractive personality with a sweet reasonableness of temper and a charming freedom from flaws and defects of character, he is an author whom, liking at the first acquaintance, we soon love as a friend." ${ }^{2}$ What a priceless reward for any teacher's contribution to the inspiration of his students!

Nursing may not find its reward in the accumulation of wealth, nor yet in the attainment of social prestige, but will find it only in the consciousness that through its influence a contribution is being made to human welfare and happiness. Perchance the "touch divine" may sometimes be revealed through nurses as they go about their work in the hospital wards, or as they travel in and out of the homes of the people.

The prevailing concept of nursing is practical, even sometimes commonplace and literal, but how little of nursing can be explained in these terms. The real depths of nursing can only be made known through ideals, love, sympathy, knowledge, and culture, and expressed through the practice of artistic procedures and relationships. Nursing is "a chapter in the book of life"-human, real, and akin to brotherly love. The nurse is in very truth her "brother's keeper." She knows his strength and his weakness. She shares his hopes and his fears. She feels his elations and his depressions. She listens to the whisper from his innermost soul. Nursing shares in life's prosaic gloom, but also it shares in life's poetic beauty. Of such is the nature and the spirit of nursing.

## Address-Meeting the New Situation

Sophie C. Nelson, R.N., President, National Organization for Public Health Nursing
(Published in Public Health Nursing, June, 1934.)

## Greetings

Clara D. Noyes, R.N. Director, American Red Cross Nursing Service
(Published in Proceedings of the American Nurses' Association.)
After the presentation of the Saunders Medal by Dr. Nathaniel Wales Faxon, President of the American Hospital Association, to Miss Annabella McCrae of Massachusetts (see Proceedings of the American Nurses' Association), the meeting adjourned.

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## Joint Session

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- American Nurses' Assoclation <br> National League of Nursing Education National Organization for Public Health Nursing
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Tuesday, April 24, 9:15 a.m.

Presiding: Effie J. Taylor, R.N., President, National League of Nursing Education.

## What Does the Public Expect from Nursing?

Eleanor Roosevelit
Nursing is changing its function; not its fundamental function of caring for those who need to be cared for, but perhaps we-the publicare expecting more than we used to expect from the nursing profession. I think today we expect two things. We expect not only the same skill and devotion which we have always counted on in this profession, but we also expect the nurse to act as teacher along many lines. Perhaps it is from the point of view of teachers that a new field seems to be opening up for the profession. I hoped very much to bring with me one of the women who has in my own city of New York done a good deal for the nursing profession, Miss Wald. I expected her to come down to stay with me and to come with me here; but a few days ago I got a wire saying that she did not feel as yet that she could come visiting, and I am very much grieved. But I think what she has done for nursing is what I mean by the development of the teaching side of this profession.

I think as new ways of life are opened up to us that we are going to find more and more that we expect our nurses to show us how to live from the physical standpoint so that we may be a healthier, happier people. Of course, as they teach us how to live better from the physical standpoint, they will teach us how to live better in our minds and in our hearts, for you cannot do the kind of work that they are obliged to do without realizing that mind and body react on each other and also that hearts have a great deal to do with the lives that people lead. If you can be interested in your work, you can do twice as much work as you might otherwise be able to accomplish. Therefore, every nurse, I think, has a great teaching job. She lives an unselfish life, and the way she lives herself is a lesson to the community she lives in if she is doing community work and to the people she comes in contact with if she is doing private nursing.

I always felt that a nurse whom I knew as a young woman taught me a great deal about nursing, because my children always say that I claim to be and really am a very good nurse! And so I always feel like paying a tribute to the woman who not only taught me that but many other things. She came into my household when my first child was born and always after that when other children were born and for the many and various vicissitudes that come in a young family's existence. She taught me what it was to have a beautiful character that cared more about making people happy and comfortable than about her own particular interests. It was a kind of object lesson that no one else could ever have taught, and I have a feeling that is one of the things all nurses do. They do it whether they are in private homes, in community work, or in some kind of institution. In this new world which we think we are gradually building there is going to be a myriad of new opportunities. I was thinking only yesterday when I was going through the Subsistence Homestead Exhibit down in the Commerce Building, that a new field is going to open up in many of these communities. If, as we hope, the people realize that they want to have nursery schools, they will want to have nurses in their schools to teach them how to properly care for their children and to properly take care of the general health of the community. If in each of these communities there is a nurse, she will have an opportunity to be a tremendous influence.

I was so much interested when I went down for the first time into West Virginia and found nurses who had no regular work working for relief and doing full-time work with children in the mining camps, taking care of the children, and trying to teach the mothers how best they could manage with the little they had to do with. I came away with tremendous respect for the unselfish devotion of the nurses in their work in such hopeless, drab conditions. And yet out of it has probably come the fact that the lives of many children have been saved, that many families have been taught how to make life more worth while even if their surroundings were pretty impossible, because of the glimmer of hope they were able to bring to the picture that small things might be better in the future. I think it did everything possible for the morale of the people in these communities, and so I am hoping that in every subsistence homestead community and in communities all over the country the public is going to feel that they cannot get along without a nurse-a public nurse-in that community in connection with the school. I am hoping that more and more throughout the country we are going to have nursery schools, because that is where I feel the
nurse's work should begin. It should begin there for two reasons. There she has opportunity not only of helping the child but at the same time of teaching the mother in the very early days of the child's life when future habits are being made, when foundations are being laid for character, and when the greatest teaching opportunity exists.

Therefore, I think that this morning I would like to leave with you primarily the feeling of the great opportunities that I think are opening up in the future for every woman who adopts nursing for a profession. But I would never suggest to anyone that she take up nursing as a profession unless she is prepared to enjoy her work and lead an unselfish life, because though in a way a very rewarding life it is a very hard life. It means a tremendous amount of self-forgetfulness.

I have an idea that I do not have to tell you here that the private duty nurse is going to have less work in the future and the public nurse is going to have more work in the future. I doubt if as many people will be able to have private nursing in the future, but I think a great many more people will benefit from the work which nurses can do in institutions, in communities, and in schools, and in all the new ways that are opening up today. I think that the Henry Street Settlement, for instance, has done a tremendous piece of work in teaching us in New York City what a visiting nurse can do to make living more possible for the great mass of the people. I feel that there is a field there which should be very greatly widened in the future, and that the field in rural communities should be widened through the understanding throughout this country of how much nurses can do that is not being done today. For instance, take the crippled child in a rural district. There is a field we have hardly begun to touch. A survey was made in one place I know, and several thousand crippled children were found who had never had any kind of treatment simply because nobody ever reached them who knew what possibilities there were for treatment and what could be done for them in their own homes.

In a very simple way I can tell you a few experiences which I had myself. My home is on the Hudson River. Now we think of the Hudson River as being very accessible to every kind of assistance, and there is easy contact in most districts with relief organizations. But one day when we were driving on one of the back roads in the country my husband said, "I think I heard that there was a man who had infantile in one of these houses. Let's ask." We asked, and after a great deal of difficulty, because several people had no idea that there was anyone living there who had been crippled, we eventually found the farmhouse, which looked completely closed. I went in and found a man in
a wheel chair who was alone there all day because his wife went to work in Poughkeepsie and so he did all the housework. There was one little four-year-old child tied to the bedpost from morning till night, because that was the only way the man could keep the child from harming himself. And that poor man tried to do all he could to keep that house clean for himself and that child. I could not help but think that here was a community that had completely forgotten him. I asked if he had had any treatments. He said that a nurse had been to see him when he was first ill. He had been forgotten because the nurse was overworked in her own community, and the small district in which the cripple lived had no nurse. There was no one whose real business it was to come to him and see what could be done. And so there right almost within a few miles of people who could have helped, that sad, drab, dreary life was going on without the slightest help from anyone.

Another case that I found not so very long ago was that of a child a little farther away from the passer-by on a good road, but still it would have been possible to have taken her into Poughkeepsie. They were some seven or eight miles away and that child had never walked. She had crawled on her hands and knees all her life, and all she really needed was to have had an operation a good many years before.

And so you see that even in a community where a great deal is done, not enough is done. There must be much more community sense of responsibility and awakening on the part of communities to the realization of all that they can have if they are willing to pay a small individual tax towards the support of health work in their community. I am hoping that in every community throughout this country we are going to be able to awaken people so that they will demand what I call preventive work-which is the nurse's work. I think that the country as a whole, the public, should expect that kind of work from nurses-preventive, educational work which will teach people how to keep well, and which will teach them how to care for the small ailment in their family so that it may not grow into a big one, and which will teach them where to go and what they can call upon when they need help.

Now these are the things which I think the public is going to ask of ${ }^{*}$ nurses in the future, and I know that from what I have known of nurses in the past they will respond to any new call that is made upon them. I have never known them to fail. I have never had a nurse in our own house or in a hospital or in the community where I have been who has failed in anything I have asked of her. And so I have a tremendously high opinion of what can be done from the educational standpoint and from the health standpoint in the communities through-
out this country. I congratulate you on the work you have chosen to do and the work that you are doing wherever you may be.

## What Can the Public Do to Insure Good Nursing Service?

## C. Rurus Rorem, Ph.D., Associate for Medical Services, Jutius Rosonwald Fund, Chicago, Illinois

Nursing is a community service. For this reason, the community or the public has an interest in methods of insuring good nursing service. I should meet with no objection from this convention if I defined good nursing service as that performed by graduate registered nurses, and if I stated the problem of assuring good nursing services as twofold: to increase the proportion of nursing care rendered by graduate nurses, and to increase the total amount of nursing care received by the people.

In this paper I shall not attempt either to outline the functions which a nurse should perform in the care of the sick, or to suggest the content of a nursing school curriculum which will qualify the graduate nurse to carry on these activities. In the last analysis, the growth or continuance of nursing as a profession requires a clear-cut statement of the rôle of nursing in medical care. This definition must be officially recognized by the public and by other professional groups, and programs of nursing education should be directed toward qualifying graduates for the services they will perform. I propose here merely to offer an analysis of nursing from the economic and social point of view.

## Types of Nursing Practitioners

The general public has always been confused by the activities of undergraduate students and nongraduate practical nurses in the field of nursing. These groups outnumber the graduate registered nurses in the United States, for in a total of 450,000 nursing practitioners, less than half, about 220,000 , are graduate registered nurses, about 80,000 are student nurses, and about 150,000 are practical nurses. I take the liberty of defining these groups in my own terms, and if the definitions are vague, their very obscurity serves to indicate the need of clarifying the nursing situation in the mind of the public. Here are my definitions.

A graduate registered nurse is a graduate of a nursing school, registered in one or more states and qualified and authorized to practice nursing for hire, and to use the initials R.N. after her name. A student nurse is an undergraduate in a nursing school; she is engaged in the practice of nursing under the supervision of the school authorities. Upon completion of her course, she will apply for an examination to be
registered and will seek employment on a salary or as an independent practitioner. A practical nurse is an independent practitioner who may or may not follow practical procedures in the care of the sick. She is not authorized to use the initials R.N. after her name, although she may have been a student or even a graduate from a nursing school.

## Types of Nursing Service

Members of the public may receive nursing service in different places and under different financial arrangements, known variously in the profession as "private duty," "general duty," "group nursing," "public health nursing," "visiting nursing," "hourly nursing." From the public's point of view, however, nursing may be classified under two main categories: nursing in hospitals and nursing in homes. The nursing in hospitals may be "general duty," or "private duty." General duty care is available to all patients in the hospital without extra charge beyond the regular fee for day-rate services, and "private duty" is additional nursing in the hospital at the patient's expense. The general duty nurse is the employee of the hospital; the private duty nurse is the employee of the patient, though under the auspices and regulation of the hospital. Nursing in homes includes "private duty" care from nurses employed by the day or by the week, also care from salaried nurses of public health agencies or nursing organizations, who work for each patient by the visit, the unit of service, or the hour.

The hospitals of the United States employ an equal number of student and graduate nurses in the care of the sick. The 80,000 graduates are employed to some extent in each of the 7,000 hospitals. The students are concentrated in the 2,000 institutions maintaining nursing schools, but these hospitals contain most of the bed capacity for the care of the acutely ill. The students in hospitals are not mere observers or part-time employees, for they may work as much as thirty, forty, or fifty hours per week. At times the work of a student resembles closely that of a graduate registered nurse, at other times that of a domestic servant. Those of us who seek the services of registered graduate nurses are surprised to find so few of them in our best hospitals. In the hospital, undergraduates and graduates work side by side apparently at similar services. From the patient's point of view, this means one of two things: either that patients cared for by students are receiving inferior service, or that registered graduates are no better qualified for general duty nursing than undergraduates. Hospital administrators deny the first interpretation; nursing educators deny the second. Regardless of the interpretation, it is obvious that work done by a student nurse
cannot also be done by another person, namely a graduate nurse. From the nurse's point of view, undergraduate students are in economic competition with graduates for positions in the hospitals of the United States.

There are no unemployed student nurses; each one is busy up to the day of graduation. But when she graduates from the hospital, she becomes an outsider looking in; on commencement day another student is immediately enrolled to take her place.

The employment of graduate registered nurses in homes is restricted by the fact that we may obtain practical nurses in equal numbers and on equal terms, except, of course, at somewhat reduced rates. The situation is further confused by the fact that some physicians avowedly consider practical nurses more satisfactory for certain cases than the registered graduates of nursing schools. The registered graduate nurse has a monopoly upon only two phases of nursing activity, namely, private duty nursing in hospitals, and the salaried position with nursing associations offering care in homes by the visit, the unit of service, or the hour. Private duty nursing in hospitals is insufficient to engage a large number of women on a full-time basis-probably not more than 40,000-and the salaried positions for nursing care in the homes numbered scarcely 20,000 in 1930.

## Amount of ${ }^{\text { }}$ Nursing Care Received

Under these conditions, are the people of the United States receiving all the nursing service from registered graduate nurses that they require? Probably not. But the available service of registered graduates as now provided more than meets the active demands of the people of the United States. Even in 1929, when there were fewer nurses and more money in the United States than today, the registered nurses in private practice were employed scarcely half-time on the average. At the same time, only nine per cent of families in the United States received any paid private-nursing services during the year. Another eight per cent received some free nursing service in their homes from public health departments or visiting nurse associations.

Whether rightly or wrongly, the public considers private duty nursing a luxury. Over half the paid private nursing care in 1929 was received by families with incomes of $\$ 5,000$ or more. The families with $\$ 2,000$ or less annual income constituted more than half the general population; yet these people received less than one-sixth of all the paid private nursing in the country, even though the medical needs for private nursing were probably greater among the families of limited means than among those who were well-to-do.

People of all economic groups have about the same amount of recorded sickness on the average. This fact was revealed by the study of the incidence of illness among 9,000 families of different incomes and geographic localities. But the amount of medical care increases, on the average, with the annual income of the family. Among families with incomes of $\$ 1,200$ or less, the average amount of private nursing received was approximately two hours per family per year. For families with incomes of $\$ 10,000$ a year or more, the average amount of private nursing service was approximately seventy hours per family per year. Well-to-do people, therefore, although they suffer no more on the average from illness, receive approximately 35 times as much private nursing as people of limited means.

A further illustration of the fact that the public regards private nursing as a luxury is the proportion of hospitalized cases who are attended by private duty nurses. Among families with incomes of $\$ 100$ or less per month, less than six per cent of the hospital cases employed private nurses in 1929. The ratio increased to twelve per cent among families with incomes from $\$ 1,200$ to $\$ 2,000$ per year, to 40 per cent for those with $\$ 5,000$ and to 69 per cent for families with annual incomes in excess of $\$ 10,000$. Strangely enough, the patients attended by private nurses were, for the most part, hospitalized in private rooms, paying higher fees for private service. Moreover, they were not, on the average, more acutely ill than patients in the wards and semiprivate accommodations.

Private nursing is usually purchased in large amounts. The experience of the 9,000 white families previously mentioned revealed an average cost for private nursing of $\$ 74$ for families receiving such care. Among poorer families, the average was $\$ 50$ for those having private nursing, and more than $\$ 200$ for families with incomes of $\$ 5,000$ or more. The average doctor's bill is small compared with the average private nursing bill. It is no wonder, therefore, that so many persons of limited means forego the benefits of nursing services from registered graduates.

Nurses do not receive high incomes. As a matter of fact, nursing incomes have not been high enough to guarantee a reasonable return to a professional practitioner in the care and prevention of disease. Even in good times, the average incomes of registered graduate nurses in private practice did not exceed $\$ 1,200$ a year. In a recent report of average incomes in New York State for 1932, the figures indicate that they are now less than $\$ 500$ per year.

The average daily rate of earning for a nurse is not high. The maximum cost to the patient does not exceed $\$ 10$ a day per nurse, a rate
which is moderate when compared with the earnings of skilled artisans. The patient has no criticism and no complaint with the amount of income which the nurse receives. His complaint, if he has any, is with the amount of expenditure which he must make if he is to receive any nursing service at all.

The present organization of private nursing makes it difficult for a patient to receive a small amount of nursing care; that is, a small amount from the patient's point of view. Patients are required to engage a private nurse on a full-time basis, usually by the day or the week. It is difficult for a person of the middle-economic group to engage a nurse for services by the visit, the unit of service, or by the hour.

If nursing service is to be more widely used, it must be removed from the class of a luxury. As long as patients must purchase nursing care by the day or by the week, the minimum cost of nursing service will for a large proportion of the people exceed their ability or willingness to pay. If nursing service were available to paying patients in smaller units, namely by the visit, the unit of service, or the hour, there would be an increased demand on the part of the general public for the services of registered graduate nurses. This demand, moreover, would supplement the requirements of the ten per cent of the people who now buy most of the private nursing care.

At the present time nursing care by the visit, the unit of service, or the hour can be purchased in a few communities; but even in such places the privilege is practically unknown to the general public, since it can be received only with special approval from a physician who determines whether or not a nurse should return to the case. A patient must call a doctor to determine whether he needs a nurse. From the public's point of view, it would be preferable for a patient to call a nurse to determine whether he needed a doctor. The nurse would be able to recognize more quickly than the patient when a doctor should be called, and many patients would engage a doctor on the recommendation of the nurse, who would otherwise call no medical practitioner.

## The Increasing Supply of Registered Graduate, Nurses

The number of graduate nurses has increased rapidly during the past decades, and the opportunities for employment have rapidly decreased. The growth of hospitals in the United States after the war created a new need for nurses within the institutions, and the large numbers of hospital employees were enrolled as students in hospital nursing schools. But this growth of hospitals reduced the underlying need for private duty nursing in the home. As more patients came to the hospital, there
were fewer patients left in the home. Conversely, as more nurses were trained in the hospital, there were more graduate nurses available for service in the home. The hospitals have, through their nursing schools, increased the number of graduate nurses who seek employment. They continue, however, to use undergraduates in the care of their patients. The graduate nurse, therefore, cannot find employment as a private duty nurse in the home because more and more patients are going to hospitals; she cannot find employment as a nurse in the hospital, because hospitals employ undergraduate nurses.

Many hospital superintendents defend their nursing schools as sources of economic profit, and aids in balancing hospital budgets. They allege that a hospital can perform two services more cheaply than one. It is less expensive, they say, to provide good nursing care and to furnish nursing education, than to furnish the nursing care only. In other words, a nursing school costs nothing, either to the hospital or the student. It is only after graduation, and when in search of employment, that the registered graduate nurse discovers that the education which has cost her nothing is, from an economic point of view, worth nothing. She enters her profession with no special prerogative and with no monopoly on the activities for which she is trained. She is trained to work in a hospital, but hospitals employ undergraduate nurses who will some day be registered. She is not trained for nursing in homes, but she is allowed to do such work, in competition with practical nurses. The registered nurse's only privilege appears to be the use of the initials R.N. when signing checks or application blanks for employment.

Some hospital directors justify their nursing schools as good training for home life, motherhood, and a rich understanding of human experience. The same justification would, of course, apply to any other training, in music, home economics, or physical culture. Hospital administrators seldom attempt to defend their nursing schools on the ground that more registered nurses are required in the care of the sick.

## Conclusions

From the foregoing data and analysis, I believe we are justified in suggesting three approaches to the problem of insuring good nursing service. In the first place, there must be better control over the practice of nursing itself. If the public wishes to receive a greater proportion of its nursing care from registered graduates, it must limit certain types of nursing activities to the graduates of nursing schools. Either special privileges and limitations must be established for graduate nursing service or it cannot properly be called a professional activity. It is impossible to develop high professional nursing standards, or to develop
public confidence in graduate nursing service, when students enjoy the same status for nursing in hospitals and practical nurses have equal privileges for nursing in homes.

In the second place, private nursing service must be removed from the class of a luxury and made available to people of moderate means, who comprise the greatest proportion of our population. This means that nursing care must not be restricted to service by-the-day or by-the-week, with each patient employing a nurse on a full-time basis, but made available on a professional as well as a calendar basis. Such services may be provided through public health agencies, hospitals or specially administered nursing associations.

Nursing by the visit, the unit of service, or the hour, need not be limited to care in the home. Hospitals also could furnish private duty nursing by the hour. A hospital patient who is paying from $\$ 5$ to $\$ 8$ a day for hospital room and board service including floor nursing should not be required to face the alternative of relying entirely on general nursing or of engaging a nurse on a full-time basis by the day; especially if two or three hours of undivided attention daily would serve all nursing needs. The provision of private nursing by the hour in the hospital would reveal a new demand among the general public for the services of registered nurses.

Finally, nursing schools should be conducted on an educational, rather than a commercial or emotional basis. The public should support nursing schools through taxation and contributions just as they support schools of liberal arts, law, medicine, dentistry, pharmacy, home economics, or agriculture. Likewise, students should be expected to support themselves during their period of training, even when doing practical work in hospitals, homes, or offices. When the costs of nursing education are placed directly upon student nurses and the general public, the supply will tend to be self-limiting in relation to the demand. The increased income of the fewer number of graduate nurses will of itself suffice to attract capable women into the profession, even though the training costs money.

As a layman, I must leave undefined the professional rôle of the nurse in the prevention and the cure of illness, also the content of a nursing school curriculum. I may state, however, that the scope of the nurse's professional activities and the scope of her professional education should be consistent with each other. The public can coöperate to insure good nursing service only in so far as the nursing profession itself recognizes its relation to the community, who utilize and support the services. The people ultimately determine the broad policies and the functions of the professions which serve them, and the nursing
profession would do well to associate with them members of the general public, both in their local and in their national associations. Lay people not only can be of assistance in outlining policies to insure good nursing service, but also can aid in administering programs and interpreting them to the general public.

The meeting adjourned.

## General Session

## Tuesday, April 24, 11:15 a. m.

Presiding: Nina D. Gage, R.N., Director, School of Nursing, Hampton Institute, Hampton, Virginia.

Subject: Negro Nursing Education.

## The Negro Nurse Student

G. Estelle Massey, R.N., Educational Director, School of Nursing, Freedmen's Hospital, Washington, D. C.
Inasmuch as the Negro nurse is a definite product and part of the social order, all problems relating to her must be considered in the light of social trends and philosophies that shape the environment of which she is a part.

The history of nursing in general shows the influence of different philosophies which have resulted in the development of many systems of nursing. One need only mention the monastic influence with its ideal of extreme self-abnegation, the dark period of nursing with its drudgery and caste system, the Florence Nightingale system, giving birth to professional ideals, and the pioneering in early hospitals with the attendant stigma, to realize that traces of all these are to be found in our present system of nursing.

There is much in the history of nursing that parallels the history of the Negro in America. Both nursing and the Negro have existed during periods when the social order demanded extreme sacrifice; both have emerged from these respective periods with great expectations for future development, only to find they were so dominated by caste systems as to make it next to impossible to convince the public that either had anything above mediocrity to offer; both have been victims of social ostracism and political exploitation, resulting in prolonged "dark periods"; both have struggled against the influence of superstition and quackery; both have labored under adverse conditions in order to survive. But in spite of all these odds, nursing and the Negro have
made unique contributions to social advancement. Both, however, are still seeking their rightful places in society.

The Negro nurse, then, is caught in the midst of two evolving processes of the social order. Racially, she is a member of an emerging group which has not been fully recognized on a meritorious basis by other groups; professionally, she is a part of an emerging group not fully recognized by other groups on the basis of its worth to society.

What, then, are some of the problems involved in the education of the nurse thus situated? What are the possibilities for professional success?

In approaching the problems involved in the education of the Negro nurse, one must mention the problems involved in the education of all nurses: raising educational standards; securing desirable applicants and qualified instructors and administrators; securing adequate budgets; and a consideration of supply and demand in the field.

The Negro nurse is more keenly affected by these problems because of certain traditional "hang-overs" in present-day philosophy which react disastrously on the social, economic, and educational life of the Negro.

The previous educational and social background of students to be selected for admission into a nursing school is a very important factor in the educational program of the school and for successful performance in the hospital and the field. A survey made in 1928 of one of the large Negro nursing schools in the East will give some idea of the background of students attracted to that school. One hundred forty-two students filled out questionnaires giving information relative to their social and educational background. All had four years of high school ; four had attended college, two for four years; seven had attended normal school and fourteen had attended various other types of schools, business schools predominating. Data relative to occupations of the fathers of these nurses showed that domestic service, professional service, and skilled labor predominated. It is interesting to note that a greater percentage of the student group studied came from families of skilled laborers and a smaller percentage from professional families as compared to the graduates. This may be due to recent changes in the Ne gro's occupational status because of immigration into industrial centers. About 20 per cent of the mothers of these students worked outside the home. Practically all of them were engaged in some type of domestic service. A study of the birthplaces of the parents, graduates, and students illustrates the recent migrations of the Negro race. The majority of the parents were born in Southern states or the West Indies. Over

70 per cent of the students were born in New England or Middle Atlantic States. The majority of the students had about the same educational opportunities as the white group. "The fact that over 90 per cent of the parents of these nurses were born below the Mason-Dixon Line shows that this particular school draws its students largely from those who are moving into industrial areas of the North." "This," states the survey, "is a significant fact to be considered if the obvious health needs of the Southern Negro are to be met. Nurses who have been born and educated under the less restricted and more advanced social and economic status of the Northern Negro will be reluctant to go to the Southern communities unless definite steps are taken to give her social freedom and economic security." A study of the graduates of this school shows that they have entered the various fields of nursing in about the same proportions as have other nurses and that a large percentage have done creditable work in the field.

While no such study of a Negro nursing school in any other section is available, some idea of opportunities for preliminary education in the South may be gained from "Brown America," by Embree: "The inadequacy of schools and the low level of literacy and activity in the South are such that not only Negroes but the whole population is retarded. . . . To the visitor, colored schools seem not a system but a series of incidents: bizarre, heroic, pathetic, romantic. . . . Many of the schools run for only three or four months with teachers paid but $\$ 25$ to $\$ 30$ a month for these short terms. Studies of eight Southern states show average expenditure of $\$ 44.31$ per capita for whites and only $\$ 12.50$ for Negroes. In certain states with huge black populations, the discrepancies are even greater. Georgia spends on the average $\$ 35.42$ per white child and $\$ 6.38$ per colored child. The figures for Mississippi are $\$ 45.34$ against $\$ 5.45$. The inadequacy of these provisions for either race is seen when one compares them with the average expenditure throughout the United States as a whole which is $\$ 87.22$ per child."

Surely, the educational program in the Negro nursing school that draws its students from the South is handicapped by this obvious lack of opportunity for adequate preliminary education. Many young women who graduate from these inferior schools are not prepared to cope with the work in the better Negro nursing schools. Under these circumstances a requirement of high school graduation for entrance to the nursing school does not mean very much. Sensing the tendency of the Northern trained nurse to remain in the North and the inability of many of the Southern young women to qualify for admission to the better schools, doctors and hospital administrators have started a number of so-called nursing schools in the South. In a report, "Observations on

Negro Nursing in the South," by the Misses Gage and Haupt, are the following comments about some of these schools: "In the six states visited (Alabama, Georgia, Louisiana, Mississippi, Tennessee, and Texas) there are 23 Negro schools of nursing which are accredited by their respective Boards of Nurse Examiners. . . . The schools of nursing themselves are of many varieties-some so poor as to make one question how they can possibly meet the standards of a State Board of Nurse Examiners. Others are pioneering in the field of education with great success. Picture the contrast between two schools visited. In the one, two shabby houses were used as a hospital of 35 beds and a nurses' home for 12 students. A colored nurse is superintendent of nurses and the sole member of the faculty. A three-year course is given, every subject being taught by the one nurse. With a wide range of subjects now necessary for the preparation of the nurse to meet the demands of the field, it is manifestly impossible, both physically and mentally, for one person to carry the entire teaching program of a school. Without some specialization of the faculty the student cannot get the variety and different points of view needed to prepare her adequately for her future work. No public health subjects are included in the curriculum of this school, but the students are frequently sent out to homes as private duty nurses, and the wages thus earned help to run the hospital.
"The other school is conducted in a university hospital which is also used as a teaching field for a Negro medical school. High school graduation is required for admission to the school of nursing, and the faculty consists of technical experts of high quality. The physical facilities of both hospital and nurses' home are ideal, surpassing those of many white institutions. The spotless condition of the wards, the well-caredfor appearance of the patients, the professional and friendly attitude of the staff of colored workers, all indicate a high degree of efficiency, and show adequate application of the principles of scientific nursing which are being taught. In this school, students are given a series of public health lectures, and three months' affiliation with a local public health agency."

In the Southern cities the school terms are usually longer than those previously mentioned, the curriculum better balanced; hence, graduates from such schools are usually better prepared to cope with the curriculum of nursing schools if they can be interested in nursing as a vocation.

The Negro women from the better homes are not easily attracted to nursing. They have seen the exploitation of nurses by those interested in nursing as an economic advantage. They seem to be more interested
in teaching and music as these careers offer more immediate social prestige than does nursing.

To get a better picture of the educational situation for Negro nurses as a whole, 19 schools of the 26 on the accredited list of Negro schools were studied as to entrance requirements, the number and qualifications of instructors, budgets, etc. Of the schools answering the questionnaire, 3 require that the prospective student come from the upper third of the high school class, with a minimum average of 80 per cent; all require high school graduation as a minimum; 3 are using psychological tests as aids in the selection of students; 2 have separate budgets for the nursing school, another has a partial budget for the school; 1 offers a degree course in nursing; 3 have close affiliation with colleges and medical schools. In these schools there are 32 fulltime instructors of whom 2 have had less than four years of high school, 2 have had but four years of high school, 16 have had some college preparation, and 12 have college degrees.

A number of the large schools for Negro nurses are supervised by white superintendents of nurses and administrative staffs. In some instances this may be due to superior experience or preparation, but in other instances the set-ups are outgrowths of the traditional concept that the Negro nurse lacks the initiative and preparation to head such schools. We learn by doing. There is no place for Negro nurses to act as administrators but in Negro nursing schools. Already limited in scope, the opportunities of the Negro nurse are narrowed more so when a large number of the best positions in the Negro nursing field are held by white nurses. The achievements of Negro women in other fields where they have been given an opportunity to grow progressively makes it seem reasonable that the Negro nurse, stimulated by professional opportunity, can rise to the demands of administrative positions.

On account of the low economic status of the Negro in general, the Negro nurse is definitely handicapped in seeking higher professional education. A large number of Negro nurses reach back and help their families bridge the gap between low income and a decent standard of living; many are educating younger sisters and brothers where the wage of the father is inadequate to do so. A study of salaries paid by health departments and public health nursing associations made by the National Organization for Public Health Nursing shows that in all but six instances throughout the South, the salary of the Negro nurse is lower than that of the white nurse on the same staff. This is also true of many institutions employing white and Negro nurses. In this same section where salaries are lowest, the Negro nurse is barred from schools giving graduate work. In order to pursue advanced courses this
lowly paid worker must go to educational centers involving the cost of transportation, tuition, and living expenses which are far beyond her means. Hence the low salary and the lack of opportunity to take parttime work while she is earning tend to retard the progress of the Negro nurse no matter how ambitious.

Several Negro nurses have been graduated from schools in the North where the majority of the students are white, e. g., Boston City Hospital, Cleveland City Hospital and Battle Creek City Hospital. In the field of higher education there are opportunities in some of the leading universities, as Columbia University, New York University, Western Reserve University, Simmons College, University of Chicago, University of Minnesota, and Ohio State University, for Negro nurses to pursue courses leading to a degree in nursing or health education. Two Negro nurses have received the degree of Master of Arts and five the Bachelor of Science from Teachers College, Columbia University; one the degree of Bachelor of Science from New York University; one the Bachelor of Science degree from University of Minnesota; one the degree of Bachelor of Science from Battle Creek College; and one the Degree of Bachelor of Science from Ohio State University. Two Negro nurses are candidates for the degree of Master of Arts at Teachers College and several are candidates for the degree of Bachelor of Science. Several nurses have received the degree of Bachelor of Arts in colleges that do not evaluate nursing credits. At present no schools are offering postgraduate courses which are badly needed for Negro nurses.

As I see it, the chief problem in the education of the Negro nurse, as with most problems of the Negro, is an economic one-all the way from the preliminary education to graduate work. More Negro nursing schools need endowments to enable them to offer courses that will attract the better prepared young women and which will give sufficient compensation to the staff so as to demand the best preparation. As long as a large number of Negro nurses are barred from institutions in proxmity to their work, it is imperative that either higher salaries be paid or supplementary funds as scholarships be made available for defraying the cost of education, if the Negro nurse is to improve her status. The Gage-Haupt report suggests that "there is one important resource which may be tapped to accomplish not only the increase of funds for employment but the better preparation of the worker. Public opinion among both black and white groups in the South can and should be aroused to the value of the Negro health work and the part already contributed by the Negro nurse. At the same time, information should be spread as to educational needs."

The Negro nurse needs more opportunities as a stimulus to better preparation. Blind-alley jobs lead to stagnation. From the unrest of the social order and the stock taking demanded by the New Deal, after the weighing of assets and liabilities, the voice of the Negro nurse grows strong:

I, the Black Nurse of America
Wish to do my part
My heritage of service,
My gift of enlightenment,
My love of fellow man
And country, my religion,
All these
Urge me on to serve.
I read of Florence Nightingale
Aristocrat of England:
I rejoice in her courageousness
And love her for her service.
They tell me of Henry Dunant, The Swiss who saw the vision; Whose heart was torn by scenes of pain, But whose dreamings were not passive.

I hear of Dorothea Dix, Clara Barton, Jane Delano,
And many others near and far, Whose lives were spent for others. I see the American Red Cross, The older sister, mother, friend, Of all who have distress or want, And need a helping hand.

I, the Black Nurse of America
Wish to do my part
To make this land so rich in gold
The same in health and peace.-Nelson.

## The Field for Negro Nurses <br> Digest of Discussion

C. Rufus Rorem, Pif.D., Associate for Medical Services,

Julius Rosenzvald Fund, Chicago, Illinois
The colored graduate nurse exemplifies in one personality two basic and fundamental dilemmas, capacities, and qualifications, in a field strictly marked by customs and attitudes in the healing arts. As a member of a minority racial group which is rapidly raising its educational and
cultural level, she faces prejudice and misunderstandings which have persisted for many generations.

The graduate nurse is becoming better educated and qualified than in previous years to deal with the prevention and cure of disease. This training must ultimately have its outlet in broader opportunities for the well qualified nurse.

Private duty training has two important limitations as far as the future of nursing is concerned. In the first place, the basis of payment for private duty nursing-by the day instead of by the unit of servicemakes the care too expensive to be purchased by people of limited means. Most of the private duty nursing in the country is purchased by the upper ten per cent of the population when classified on the basis of average incomes. There is very little prospect that private duty nursing will ever be generally utilized by the masses of the American people or even by the upper middle class.

The second limitation is the opportunity of the nurse to act professionally up to the limits of her capacities. Much of her time, when she is employed by the day, must be consumed in tasks which require no special professional training. Private duty nursing, if it is to utilize the capacities of the nurses, must be concentrated in shorter units than the "day" of care.

The future of nursing service appears to lie in more extensive development of salaried employment in both institutions and homes, where graduate nurses are called to serve patients for short periods of time or for specific types of service.

From the standpoint of the nurse, she will more and more be employed on a salary rather than on a fee basis; and from the standpoint of the patient, he will more and more pay for the unit of service rather than by the day or week for nursing care.

As far as Negro nurses are concerned, the special problems may be discussed under three categories: education, institutional nursing, and home nursing.

The educational background and training of a Negro nurse should be no different from that provided for white nurses. In those communities where race prejudice makes it impossible for colored nurses to enroll along with white students as undergraduates, there will, of course, be some differences both as to the type of instruction and the type of clinical material used in the training. In graduate nursing instruction there is some evidence that race prejudice is diminishing. A number of well-known nursing schools regularly admit colored nurses to both undergraduate and graduate courses.

Colored nurses have opportunity for expansion by training to assume supervisory posts and positions as technicians in hospitals which now are predominantly serving colored patients. In many of the so-called "Negro hospitals" throughout the United States, supervisory positions such as superintendent of nurses, director of nursing education, operating room and obstetrical supervisor, laboratory technician, etc., are occupied by white graduate nurses. In so far as colored nurses are qualified, they should be given opportunity to hold these positions.

In the technical field particularly, where the work tends to be impersonal, there is a potential demand for well-trained Negro nurses. The impersonal nature of this work makes it possible for them to advance with a minimum of friction even in hospitals serving both white and colored patients. Also, the specialties are such that an individual can demonstrate more quickly during both training and practice special qualifications in the field.

The one big opportunity for the future for colored graduate nurses seems to me to be in the field of public health nursing, or, to use the more general term, "home nursing." In this particular field, the nurse acts as an individual, relies upon her own resources and special qualifications to deal with many unusual situations, and has an opportunity to draw upon her own peculiar qualities as a minister to the ills of sick people.

There is a definite increase in the number of colored public health nurses on the staffs of voluntary public health agencies as well as official public health units, not only in the North but also in Southern states. During the past four years, the number of colored graduate nurses on public health staffs has grown from 35 to possibly 150 persons. There is at the present time need for an additional number of qualified and well-trained colored public health nurses throughout the United States.

Disease knows no color line and there is no logical reason why the care and prevention of disease should draw such a line. If there is one field in which the feeling of race prejudice should not develop, it should be among the healing arts, particularly those phases which involve the care of the disabled individual. In the last analysis, the health of the American people will improve most fully when medical practitioners are selected on the basis of their professional qualifications, rather than on their race or social or economic status. This means that in education for institutional nursing and home nursing race discrimination should, in the interests of the public health, be wiped out. In all parts of the United States, experiments have been successfully tried out to demonstrate that sick people and the public generally are willing to accept
colored nurses on their merit provided their professional colleagues do not inject feelings of race prejudice. In the field of dietetics, general nursing, public health nursing, and private duty nursing, white and colored nurses have served side by side in all parts of the United States. It is no argument against a proposed experiment to say, "Such a thing could not be done in this community or in the South." Almost every type of conceivable interracial coöperation in nursing service has been accomplished somewhere in the United States, both in the North and in the South. It is to be hoped that a spirit of tolerance and fair dealing will continue to characterize the work of the nursing profession. The graduate nurses of America can lead in the creation of greater opportunities regardless of race, color, or previous condition of servitude.

Education Today<br>William D. Sanger, Ph.D., President, Medical College of Virginia, Richmond, Virginia

It is rumored that during the campaign which elected President Franklin D. Roosevelt Mrs. Theodore Roosevelt received some three hundred telegrams congratulating her upon the good run of her husband, and one old gentleman was heard to remark that Teddy made a good president before and he guessed he would vote for him again.

To inform large masses of individuals on any one subject seems to be a relatively hopeless undertaking. It should not be surprising, therefore, that nursing educationists must continue the effort vigorously to make the course in nursing a truly educational experience.

What are some of the lessons from education today which are valid for consideration by a gathering of leaders in nursing education? The term education here is used to include both its informal and formal aspects.

1. The general level of education among the masses today has reached the point where individuals engaged in professional activities must have a broad general as well as technical education. This is recognized in numerous fields, more recently in pharmacy where the new four-year course leading to the bachelor's degree includes about one-half of its material in technical, professional subjects and one-half in general cultural subjects. Some such arrangement may be a suggestion for the nursing group.
2. It is well recognized that numerous short courses are less effective than fewer longer and more extensive courses. Piecemeal schooling is rapidly giving way to the more defensible curriculum of comprehensive,
enriched courses. Education for teaching has more recently given up small units for larger units of instruction. This certainly is a cardinal recommendation for nursing education.
3. The mechanics of education, units, hours, credits, grades, et cetera, extreme as it was, inevitably broke down. It is refreshing to note the swing toward mastery of subject matter, great wholes of knowledge, where character, personality, and promise are given rightful emphasis. Certainly the good schools of the future will be less meticulous about educational mechanics, and will emphasize thorough mastery so that students at the end of the course will be familiar with the materials of the entire curriculum, for it has been too long the American habit of passing courses rather than securing an education. Students have sometimes been resentful when held responsible in the senior year for the instruction of the freshman year. They have been known to say, "I passed that course long ago," indicating that passing courses is the first responsibility.
4. Less education specifically for making a living and more emphasis upon enriching life through schooling will probably characterize the next period of years. During the last generation the financial and vocational values of schooling were stressed to an unhappy degree. A good course in nursing for example is an exceedingly valuable experience for those who do not need to make a living through nursing.
5. When the technique is once well formulated there will be better preparation especially for women for some form of useful social service after the duties of rearing a family, or earning a living, have passed. Then the community rather than the individual family may well become the consuming responsibility. It is not improbable that the average citizen of the future may be called upon, provided he is qualified, for a larger measure of volunteer community welfare work.
6. Education today is alert to the folly of "spoon-feeding" methods although students still seem to like this procedure. Less emphasis upon memory, more upon ability to think, to solve problems with the data in hand, characterizes increasing numbers of classrooms.
7. Perhaps one of the most definite trends in education today is its individualization. Adapting the procedure to individual needs as a means of escape from the lock-step method has had a greater vogue in the elementary schools than in higher education. Tutors, honors courses, flexible curriculum organization, are but random samples of the numerous efforts in college to give the individual an opportunity to develop in accordance with his potentialities.
8. That schooling is merely an important and convenient chapter in education is well recognized in the widespread encouragement of self-
study after graduation, of the pursuit of refresher courses, and of the longer graduate study. In nursing it would seem that there should be more general opportunities for postgraduate education of one sort or another with fellowships available for those able to qualify for them.
9. The lecture method in nursing education is still used too widely. It should be replaced with clinical and more ample laboratory teaching as has been done in medicine. It is doubtful whether the poorest teaching of the medical school is not too often perpetuated in the school of nursing. A student can often just as well read the lecture material for himself without the aid of the teacher. Certainly there are places for lectures yet this easiest method of teaching should be properly subordinated.
10. While general education has its traditional and static aspects many are the changes under way, which suggests that those working in the field of nursing must maintain effective contacts with the general educational field, with its various organizations, with its journals and able leaders. Other professional groups are profiting by such contacts. They give breadth, interest, balance, and perspective.

Briefly sketched, there are numerous aspects of education that definitely relate to nursing. Some hint of a few of these aspects has been given in the hope of stimulating further study and application wherever it may be justified.

The meeting adjourned.

## Open Session Conducted by Advisory Council

## Tuesday, April 24, 2:00 p.m.

Presiding: Effie J. Taylor, R.N., President.
The roll call showed that representatives of fifteen state leagues were present. ${ }^{1}$

Miss Taylor announced that in order to allow time for the discussion of state league problems, the reading of the reports of state leagues and educational sections would be omitted. Mimeographed copies of the reports were given out, and were as follows:

## Reports of State Leagues of Nursing Education

## Arkansas:

The Arkansas League of Nursing Education has nine paid-up members. During the past year we have admitted two new members, and lost three. One moved from the state and two resigned from the organization.

[^15]The annual meeting was held in conjunction with the other state organizations in Jonesboro last November. The program was varied and interesting. A vigorous drive was launched for new members, but to date little has been realized from the drive.
The relationship between the League of Nursing Education and the State Board of Nurse Examiners is far from that which coöperative work demands for the greatest success.

## California:

The California League of Nursing Education will hold its annual meeting at Sacramento, California, April 9th-13th, jointly with the California State Nurses' Association, the California Organization for Public Health Nursing, the Western Hospital Association, and the Catholic Hospital Association. Joint sessons of all organizations will be held daily.
The Northern and Southern Sections have held meetings monthly. The programs consisted of demonstrations and discussions of newer medical and nursing procedures.
At the last annual meeting of the California State Nurses' Association, the Education Committee of the California League of Nursing Education became the Education Committee of the California State Nurses' Association. This committee has assisted the district associations by outlining suggestions for institute programs and by suggesting plans for educational programs.
This committee has worked diligently over preparations for a survey of nursing education facilities within California. Any survey as detailed and comprehensive as this is, necessitates very careful planning and considerable financial outlay, and the past year has been spent making preparations for the study and securing necessary funds. We hope this survey may be made by the Director of Studies of the National League of Nursing Education as soon as funds are available.

The California League of Nursing Education has 142 members in the Northern League, and 61 in the Southern.

## Colorado:

The Colorado League of Nursing Education has been actively interested in sponsoring the activities of the Nursing Department at Colorado State Teachers College. The department has not only offered full-time work and summer courses but has held extension classes in Denver, Pueblo, and Colorado Springs.

The Colorado League had three meetings, two in connection with District Number Two. These joint meetings were very well attended. The spring meeting was devoted to communicable disease nursing, and the fall meeting to mental nursing.
The only local League in Colorado, the Denver League, held four meetings besides the State meetings, two of which were given over to cultural, and two to educational programs.

Membership, January 1, 1933 ............................... 49
Membership, March 15, 1934 .............................. 52
New members since Chicago Convention ................. 12
Problems: To get local organizations started in other cities. To collect dues before March 1st.

## Delazvare:

The Delaware League of Nursing Education has accepted three new members in the past year, making a total of 16 members. There have been two regular meetings and three executive meetings with the annual meeting on March 15, 1934.

The programs have been varied, keeping in mind the problems confronting the various members. At the spring meeting, 1933, Mr. M. Channing Wagner, Superintendent of Public Schools in Delaware, spoke on "The Present System of Education in Public Schools." The fall meeting was conducted as a round table discussion on problems of the superintendents of nurses and floor supervisors.
We were most fortunate in having Miss Claribel A. Wheeler, Executive Secretary of the National League of Nursing Education, speak to us at our annual meeting. Her topic was "The Functions and Program of the National League of Nursing Education and How Delaware Nurses Can Be of Help to the National League." We learned many things about the League from her talk and felt much encouraged and inspired for the coming year.

One of our ambitions for the League activities for 1934, is to provide refresher courses or an institute for practical demonstrations.

## District of Columbia:

The work of the League has been carried on by the standing committees which have been active in their respective fields. The Program Committee has given special attention to the local needs of the League and has adjusted the programs to these specific requirements.

The following subjects have been discussed: Sidelights on the Congress of the I. C. N., July, 1933; the preventive aspects of social hygiene in the education of the student nurse; the strategic position of the training school committee; civic responsibility of women; the psychology of laughter; ward teaching, a coöperative enterprise; staff education programs; the integration of the preventive aspects of disease throughout the curriculum of the nursing school. Attendance at the meetings has been excellent.

The Education Committee has arranged for a series of lectures for the students of the local schools of nursing including lectures on sanitation and hygiene and on social case work problems. In addition, arrangements were made for three of the schools to send their students for class during the preliminary term in psychology, chemistry, bacteriology and pathology, to the Catholic University of America.

The Instructors' Section has been active and has held regular meetings throughout the year.

The Membership Committee has continued its work of last year and seven new members have been admitted since the Chicago Convention. The League has a total membership of 93 members of whom 9 are new and 22 are not yet paid up, although we hope they may be before the May meeting.

## Florida:

The Florida League had had no special activities upon which it wished to report.

## Gcorgia:

I. Outstanding activities during the past year:
a. The Education Committee has made good contacts with the university system of Georgia in an effort to acquaint these educators with nursing education and to give them a better understanding of what nurses are working for. Through this system it has been possible to organize several graduate nurse courses in advanced studies with university teachers, giving university credit. Special plans are made to continue these courses in Atlanta and throughout the state with the aim of university alliance.
b. A St. Patrick's Party was given by the Georgia League to raise funds for the National.
c. A fifteen-page bulletin was mailed to all G. L. N. E. members, G. N. A. officers and district presidents, instructors, and schools of nursing in Georgia, also to all presidents of state leagues, national officers, and many educators in Georgia interested in nursing. This bulletin contained information on the Biennial Meeting to be held in Washington, the functions of the League and personal news. It was mailed with the hope of increasing our membership, and to give our members and others a better understanding of the comprehensive program of the National League.
d. The annual meeting was held with the G. N. A. at Augusta in November, where a most instructive program was heard.
II. Number of new members since the Chicago convention and total membership:

New members .............................................. 24
Total membership ........................................ 46

## III. Chief Problems.

Our problems seem to be the general ones: too little individual interest in nursing education, and lack of knowledge of the aims and functions of the League.

## Illinois:

I. Outstanding activities:

1. The annual meeting of the Illinois League was held in October conjointly with the Illinois State Nurses' Association. In addition, five other monthly meetings have been held, which have been marked by large attendance and an active interest in the fine programs provided.
2. At the annual meeting in October the revisions in the constitution and by-laws which allow for the institution of junior active membership were accepted.
3. The campaign for funds to aid in financing activities of the National League (in lieu of the annual sale of calendars) netted in this state a total of $\$ 767.75$. This was accomplished by a statewide campaign, soliciting funds from individual league members, schools of nursing, district associations, and constituent alumnæ associations.
4. Through its University Relations Committee and its Board of Directors, the Illinois League has acted in an advisory capacity to the University of Chicago in preparing the program of summer courses
for graduate nurses. It has also helped to promote the proposed Department of Nursing Education which the University of Chicago expects to establish in its regular academic year's course.
II. Membership:

The membership drive carried on by the Committee on Membership has had gratifying results:

Paid-up membership, June, 1933 228
Paid-up membership, April, 1934 276
New Members :
Active members .............................. 24
Junior active members ........................ 31
Total .............................................. 55
III. Problems:

1. Close coöperation is being maintained between the Illinois League and the State Nurses' Association. Evidence of this is the general statewide response to the request by the Illinois League for funds for the National League.
Also, the League, as the Educational Department, has recently submitted, at the suggestion of the Board of Directors of the State Nurses' Association, recommendations and outlines for the revision of the Illinois Nurse Practice Act.
Factors contributing to this coöperation have been: membership of the respective presidents on the executive boards of both state organizations; preparation and conduct by the Program Committee of the League, of the program for one of the regular meetings of the First District of the State Nurses' Association; ex-officio membership of the League President on the First District Board of directors; the appointment by the League of a representative on a committee with representatives of the Illinois State Nurses' Association and of public health nursing organizations, both local and state. This committee recommended plans and policies relative to the employment of nurses under the Federal Emergency Relief Administration.
2. Because of the concentration of population in and around the City of Chicago one of the problems of the Illinois League is how to serve more effectively the cause of nursing and nursing education in other and more remote districts of the state.

## Indiana:

The Indiana League of Nursing Education held its annual meeting in October, 1933, in Indianapolis. The League program included, besides reports of various activities during the year, a report on the International Congress. The afternoon session was a joint meeting with the Public Health Nursing Organization.

The project for the year is the study of technique of procedures in the state. Emphasis is to be placed on the underlying scientific principles with due consideration of the proper method of evaluating these procedures as to economy, comfort of patient, safety, adaptability, and simplicity. The plan: To have each instructor in the school make a thorough study of at least one procedure.

The number of new members in the Indiana League since the Chicago Convention is 19. Total paid-up membership is 52 .

The Indiana League, to date, has been unable to make a contribution to the National League. Each member has endeavored to bring a new member into the League. Due to frequent changes among the instructors and superintendents of nurses, there has been a great loss in old members.

There are twenty-nine accredited schools in the State of Indiana, all of which require a high school diploma for matriculation. The selection of students is being made from the upper third of their class. There is a decrease of 231 student nurses in 1933 as compared to 1932. Graduate nurses are being employed for general duty and the increase is about 50 per cent over that of 1932. Four hundred and fourteen graduate nurses have been employed on C. W. A. work in the state.

Our chief problem is the great difficulty in trying to reach league members in the remote parts of the state where the membership is not large enough for a local league.
Iova:
Efforts of the past few weeks have been concentrated on plans for a meeting of the Iowa League with the Iowa Hospital Association in Council Bluffs, Iowa, April 30th and May 1st. This is the first time that such a meeting has been attempted in Iowa and we believe that much benefit may arise from it. Miss Janet Geister will address the League on "What Does the Community Demand from a Nurse," and the joint session on "What Kind of Nursing for Our Patients.", The League session is planned around the needs of head nurses and supervisors.

Total paid-up membership of the Iowa League is 35 .
The number of graduate nurses on salary in Iowa hospitals which are maintaining schools of nursing on January 1st was 215. The Iowa League is also proud of Iowa's record regarding the number of student nurses in our schools. During the last four years the number of student nurses has been reduced from 2,260 to 1,344 .

Our chief problem is how to persuade all members of faculties of schools of nursing that they should become League members.
Kansas:
The Kansas League of Nursing Education has been greatly handicapped by the continued illness of their much beloved president, Sister Lena Mae Smith.
Last fall, following the annual meeting, a two-day institute was held. Miss Katharine Densford, of the University of Minnesota School of Nursing, who was the principal speaker, brought most inspiring and helpful messages. The meetings were well attended and appreciated. Plans are under way for another institute to be held this fall.
Early in the year the Eastern Division of the Kansas League organized and has been holding regular meetings. The Western Division has no formal organization but is planning a two-day institute to be held April 3d and 4th at Wichita.
The Education Committee has organized a Study Club for graduate nurses in Wichita which meets twice monthly. Interest in like activities has been stimulated elsewhere over the state.

The Kansas League has 34 members.

Kentucky:
The Kentucky League of Nursing Education has a membership of 48, three of whom have joined the organization since last June.

Our chief piece of work last year was a study of the theory and practice records used in the nursing schools of the state. This was undertaken at the invitation of the Kentucky State Board of Nurse Examiners. As a result of the recommendations made by the committee, new records were adopted, and are now in use in all of the schools.

Our annual meeting was in Lexington in October, and in March we held a two-day institute in Louisville. At that time we were fortunate in having Miss Katharine J. Densford of the University of Minnesota School of Nursing, Minneapolis, Minnesota, as our guest speaker.

## Louisiana:

The outstanding activities of the Louisiana League of Nursing Education are as follows:

Study of staff education. Statistics are not entirely satisfactory from an educational point of view, but they show that our schools of nursing are making definite efforts to supply ways and means for members of their graduate staffs to avail themselves of opportunities to obtain higher education.

Development of morsing school libraries. A study has revealed that many of our nursing school libraries are inadequate and unbalanced. As a result, individual schools have launched projects and have secured funds to enlarge and improve libraries. A special committee has been appointed to help stimulate interest.

Contribution to the National League. Members of the Louisiana League happily responded to the pressing appeal of the National League by contributing $\$ 100.00$ in lieu of the calendar sale.
State Bulletin. Since April, 1933, our Bulletin has played an active part in keeping our members throughout the state informed as to League activities. Items of interest such as announcements of courses in nursing education offered in our own state, echoes of annual conventions and institutes, and messages from National Headquarters make our Bulletin a stimulating factor.

Louisiana League's coactivity with the Louisiana State Nurses' Association. Since our joint meeting in October, 1933, superintendents of hospitals, directors of schools of nursing, and other League members have made strenuous efforts to establish and maintain the eight-hour day for private duty nurses.

Membership. Our total membership at present consists of 74 renewals and 12 new members; 111933 memberships have lapsed. Special endeavors are being made to increase our number.

## Maryland:

The Maryland League has a membership of 83, which includes eight new members. Five meetings of the executive committee and four general meetings have been held.

In October we had a very interesting report of the International Congress held in Paris and Brussels last summer. At the annual meeting in January we were very fortunate in having with us Miss Swope, Assistant Director of the American Nurses' Association, who spoke on "The New Leaf in Nursing."

At that meeting, also, much interest was shown in the discussion of the making of class schedules, of problems relative to the overproduction of nurses, and in preparations for the Biennial. The topics of the other meetings were "The Development of Leadership in Our Undergraduates" and "Ward Teaching." The latter was based upon Sister Domitilla's articles in the September number of Modern Hospital, "Good Ward Teaching-Essential Factor in Nursing Education." At another meeting early in April we shall have a speaker from the field of general education.

## Massachusetts:

The Massachusetts League of Nursing Education held its annual meeting in conjunction with the Massachusetts State Nurses' Association on October 16th-18th, in Springfield. The main topic of discussion in the general meeting was the selection of student nurses, while at other sessions discussion groups were arranged for superintendents of nurses in conjunction with the Board of Nurse Examiners, instructors of theory and practice, supervisors, and head nurses. The League arranged for Major Julia Stimson to address an enthusiastic group of student nurses, the local hospital schools serving as hostesses for the students who came from a distance.
A revision of the by-laws was acted upon at this meeting to conform with the national by-laws concerning junior active membership.
In arranging programs for the year it was decided that a few well-planned programs would mean more to the League members than monthly meetings. A two-day institute was held in Boston on April 8th and 9th in conjunction with the Massachusetts Society for Social Hygiene. One day of the program was given over to the discussion of social hygiene and its place in schools of nursing. The program of the second day centered around better preparation of the student for private duty and the adaptations of the state curriculum. On April 6th a state meeting was held in Worcester, on the preparation of the head nurse for her job. The usual Student's Night program will be held in May with Miss Clara D. Noyes as speaker.
Considerable attention has been given by the Massachusetts League to the building up of postgraduate courses in the state, meetings having been held with directors of several schools of nursing to discuss this question. They have recommended that the League concentrate its attention this year upon a new course being offered at Simmons College in Boston, a one-year course in head nursing, rather than building up other courses at this time.

Membership :

$$
\text { The Massachusetts League has a total membership of .... } 175
$$

New Members: Active .................................... 19

Interest is being shown in the junior active membership and new applications are pending.

## Michigan:

The activities of the Michigan League of Nursing Education have again this year centered around the Education Committee. On February 16 and 17, an institute was held in Detroit at the Henry Ford, Harper, and Herman Kiefer Hospitals. The central theme was the relationship of the nursing profession, the community, and the school of nursing. Miss Marion Howell,

Dean of the School of Nursing at Western Reserve University, spoke at each of the three sessions. The total enrollment was 476, an attendance which seems to indicate that the institute is filling a real need. By charging a small registration fee, the institute fully paid its own way, and enabled the Michigan League to send a contribution of fifty dollars to the National League.

The Michigan League, together with the State Nurses' Association, has been concerned with the problem of mental nursing in the state. A joint committee from the two organizations has been formed to study the question, and it is hoped that a postgraduate course may be established in Michigan.

The Education Committee is also following up its work of last year by writing to principals of accredited high schools throughout the state, urging them to recommend to schools of nursing only a high type of student qualified for college matriculation.

The membership of the Michigan League numbers 71,11 of whom are new members.

## Minnesota:

Objectives as adopted for 1934. Increased membership; purchase of set of History of Nursing Slides to be available for loan to all schools in the state; initiation of battery of tests for all entrants to Minnesota schools of nursing; package library on nursing subjects to be available for loan to schools (Education Committee) ; plan for close association with Minnesota Hospital Association; plan for lay advisory program; program for private duty nurses-demonstrations in various hospitals, institutes, etc.; study of preparation and professional membership of graduate nurses employed in all schools of nursing in the state; beginning of a loan fund; study of public health nursing facilities available and recommended for student experience; beginning study of cost of student withdrawals; usual monthly programs; formation of discussion groups in the various nursing services (Education Committee) ; survey of textbooks used in Minnesota schools and review of new texts available (Education Committee).

Outstanding activities. All activities have centered about the objectives listed above and some achievement has been made in practically all of them.

Contribution to National. To date, Minnesota has paid some $\$ 300$ in lieu of selling calendars. Of this amount, $\$ 50$ has been contributed by the Minnesota League and $\$ 150$ by the Minnesota State Nurses' Association.

Membership. The actual paid-up membership in June, 1933, was 72 members. The total paid-up members at present are 159. Of this number, 89 are new members. A few schools in the state have practically 100 per cent membership.

Chicf Problems. There are many problems-usually economic at base. Those in Minnesota are indicated, partially at least, in the objectives and activities noted above. At present, perhaps, the National League can be most helpful in assisting in a lay advisory program, in programs relating to federal aid for nurses in matters affecting the care of patients (such as the employment of subsidiary workers), in matters affecting the administration and control of schools, the securing and retaining of well-prepared faculty members, etc.

## Missouri:

$$
\text { New members admitted ....................................... } 9
$$

Transferred to another state ..... 1
Total paid-up memberships ..... 82

Activities. The Missouri League of Nursing Education and the Missouri State Nurses' Association held their annual meeting in Springfield, October $26-28,1933$. The League based its program on the selection of student nurses for schools of nursing, giving attention to the technique of selecting able students, the financial saving to hospitals of reducing the number of students who must be dropped during the preliminary period, and the improved quality of instruction and supervision which can be given the good student if the poor student is not present to hold back the class and claim an undue share of the instructor's time. At the request of the Private Duty Section, the League arranged for demonstrations of a case study conference, a staff conference, and a morning circle.
At Springfield, the challenge of psychiatric nursing was stressed. In the mental hospitals of this state are some 10,500 patients, who need sympathetic, intelligent, and specialized nursing care. About seventy graduate nurses are employed in our mental hospitals, and of these seventy, very few have had special psychiatric nursing preparation. Yet, Missouri has had at least an average of 2,000 unemployed graduate nurses during the past year. The time is opportune to start a course in psychiatric nursing so that the future will find this group of patients better nursed, and the number of unemployed nurses reduced. We need the mental patients and they need us. A joint committee of the State Nurses' Association and the League was appointed to arrange for such a course. The Educational Committee of the League is coöperating with the joint committee in drawing up plans for the course. The committee is now seeking permission to establish the course in one of the state or city institutions for the mentally ill. The League regards this project as its outstanding activity for the year,

Problems. Our legislative problems this year have been quiescent. We realize that the problems have not been solved and that difficulties are likely to arise in regard to our Nurse Practice Act at the next session of the legislature.

The matter of organization gives us considerable concern. In this state, it seems as though we have too much organization. The membership of the Missouri League is composed almost entirely of the membership of the Kansas City and the St. Louis local leagues. We duplicate each others' efforts. Our machinery is too complicated for efficiency. We would earnestly request the national organization to simplify this machinery for us.

## Nebraska:

The Nebraska League of Nursing Education reports a fruitful year of work. A campaign to secure new members has been conducted. Our total membership is 68, an increase of 19 members over last year.

A most successful and interesting three-day institute was held in April. About 200 nurses and as many student nurses attended the institute.

Our Education Committee has made a study of the resources of the state for affiliations for our schools of nursing in psychiatric and pediatric nursing.

The annual meeting was held at Lincoln in October. Miss Edna S. Newman, Director of the Cook County School of Nursing, Chicago, spoke at this meeting.

Five executive committee meetings have been held. Our local Leagues are active in having regular monthly meetings and presenting good educational programs.

## New Hampshire:

Meetings have been held quarterly with good attendance and much interest in the various topics: Grading of nursing schools, aspects of psychological tests in relation to the selection of students, and round table discussions conducted by instructors of the New Hampshire schools of nursing.

The fall meeting was held for the first time in the mountains in the northern part of the state. The Morrison Hospital and the Mountain View House in Whitefield, commanding an excellent view of the Presidential Range, especially Mount Washington, afforded an ideal setting for the type of relaxation that inspired everyone to thought and participation in the program. Miss Addie Moore, Secretary of the State Board of Nurse Examiners, read the report of the Grading Committee, relative to the standing of New Hampshire schools. Discussion followed, and it was recommended that the Secretary submit to the Board of Education, on behalf of the League, a request to accept and enforce the following recommendations:

1. Annual vacation of three weeks for all students.
2. Eight-hour duty for students, with special reference to shorter hours at night.
3. Night duty term-not to exceed four weeks at any given period.
4. Educational entrance requirement-four years of high school.

Appreciating the work of the Grading Committee, and the lack in our schools of the spinal fortitude necessary in this changing order, we, the League, are appealing to our State Board for the enforcement of more rigid regulations.

Membership: For the past two years the League has conducted a very intensive campaign in an effort to secure new members. We have a total membership of 60 :

17 new members have joined since June 1, 1933.
1 new member came in by transfer.
11933 member resigned (out of state).
91933 members have not paid 1934 dues.
Therefore, we have, as of March 30th, 51 paid-up members.
New Jersey:

1. Activities:

Meetings: Four evening meetings, with varied programs, have been held during the year, at Camden, Hackensack, Jersey City and Newark. Seven executive meetings were held.
Institute: In February two afternoons were devoted to an institute on public health nursing, with demonstrations, papers and discussions led by the public health group.
Thirty-two schools of nursing and ten public health organizations were represented by 399 individuals in attendance.

Instructors' Section: The instructors have been active and have held several meetings of their own group in addition to assisting with the Institute and other programs.
Lectures: Two extramural courses by Rutgers University have been sponsored by the League during the year. A two-point course on mental hygiene in the fall, and a course on psychology in the spring semester.
2. Mcmbership: Last year our membership was 146 . We have acquired 29 new active members, four by transfer, and four junior active members during the year. We have lost two by death, and one by transfer, and 27 have failed to keep up their membership, leaving us with 154 members on April 1, 1934, an actual gain of only eight members. We have no local leagues in New Jersey.
3. Problens: The chief problems of the New Jersey League are to find means to stimulate interest in young head nurses and supervisors, to make extramural courses available in all parts of the state, and to familiarize the lay members of our school committees with our aims and problems.
New York:
The New York League of Nursing Education held its annual meeting in Rochester, New York, in October, 1933, jointly meeting with the New York State Registered Nurses' Association and the New York State Organization for Public Health Nursing. The topic for the series of meetings was child welfare.

During the year four meetings of the Executive Committee were held in New York City.

The Committee on the Study of Failures in Schools of Nursing has been very active in the state for the last two years. Questionnaires were sent out to 123 schools of nursing in the state in the spring of 1933, and 101 replies were received. The results were discussed at the League meeting in Rochester in October. It was agreed that a passing mark of 75 per cent should be adopted by each school. It was suggested that Miss Quereau hold regional conferences for directors and instructors to discuss higher standards in schools of nursing. These conferences have been held. The Committee is continuing to function for another year.

The League, the New York State Nurses' Association and the State Organization for Public Health Nursing have supported financially the work of Lenore Bradley leading to a revision of the Curriculum. This is being done in conjunction with the New York State Education Department.

Since the sale of calendars has been discontinued the different sections have contributed in various ways to financing National Headquarters. New York State has raised $\$ 2,339.45$ over and above their dues.

The membership drive has added many new members. The total membership is now 546 .
This has been a very active year in the state for those taking care of legislation. We have opposed: 1. An eight-hour day for nurses in institutions introduced under the Department of Labor. The League felt that since nursing is a profession and schools of nursing come under the Department of Education in the state, it would create many complications if the hours were regulated by the Department of Labor. In the meantime, District No. 13
(N. Y. C.) of the State Nurses' Association have an active committee sponsoring desirable publicity on the eight-hour day, with a view to educating the public and obtaining the reduction of hours for all groups of nurses. 2. A bill forbidding nurse anæsthetists to practice. 3. The Ostertag Bill on Employment Agencies which has passed the Assembly and been substituted by Senator Hanley for his own bill. A group of commercial registries of New York City representing themselves as "The Nurses" are working to have the bill amended to exempt all nurses' registries. Under the present bill the registries connected with alumne associations, hospitals or medical societies are exempt. If this happens, the present practices of irresponsible commercial registries will continue.

## North Carolina:

The North Carolina League of Nursing Education held its sectional meeting in the Hotel Robert E. Lee, Winston-Salem, October 11, 1933.

The State Educational Director, Miss Lula West, commented briefly on her educational report, which had been given at the general meeting. Miss Hettie Reinhardt opened a discussion regarding the revision of the state constitution and by-laws to conform to the constitution and by-laws of the National League. This was referred to the Committee on Revision. Miss Reinhardt also made an announcement of the psychiatric clinics which are being held at the Dix Hill Institution in Raleigh on the second Wednesday of each month. Nurses who are interested in these clinics are requested to get in touch with Dr. Ashby of that place.

Miss Lula West made an announcement regarding the dietetic courses offered to student nurses by the high schools of the state. In these courses, the hospitals meet only one-fourth of the expense, the remainder coming from the state vocational fund. In connection with this report, she urged all instructors to see that the students get laboratory training as well as the theory of dietetics.

The Chairman of the Membership Committee reported that there are 35 members of the League in North Carolina, seven of whom were added this year.

The President asked for discussion regarding the work of the League. No suggestions were offered, except that a membership drive be conducted some time during the next year.

## North Dakota:

The North Dakota State League of Nursing Education is hoping to bring about the revision of its curriculum for this year. It has a membership of ten. The Membership Committee has a drive on at the present time expecting a considerable increase. Last year's membership was 12 .

## Oklahoma:

Membership. Twenty-one.
Activilies. A meeting was held with the State Nurses' Association in Ardmore, in October. Elspeth Vaughan, of the American Red Cross, was the featured speaker on the League program. A history of nursing pageant was given. The revised form of the constitution and by-laws, as sent out by headquarters, was adopted.

The amount allocated to the National Headquarters in lieu of the sale of the calendars was thirty-five dollars.

An institute is to be held in Oklahoma City, April 13th and 14th, immediately following the two-day mental hygiene conference to be held in the same place. A feature of the institute as planned is the exhibit of the Committee on Education, of posters, workbooks, charts, case studies, and other materials from the various schools in the state, in which the students have been taking particular interest and on which they have been doing constructive work.

Chief Problem. Membership shortage.
Oregon:
The activities of the Oregon League of Nursing Education have been centered around educational demonstrations. The meetings have been held at the different hospitals, each hospital selecting the type of demonstration it deemed most interesting and instructive. The demonstrations were not given exclusively for League members, but invitations were sent to all hospitals inviting all who are directly concerned with the instruction of student nurses. This has stimulated interest and has shown very definitely the purpose of the League. A social time and refreshments followed the demonstrations.

A membership drive was started the latter part of March, and we hope to have many new members by the first of September.

The annual meeting of the League will be held in May in conjunction with the state convention.

The total membership is 32 , with five new members.
Pennsylvania:
There are now four local leagues of nursing education in connection with four of the eight districts into which the Pennsylvania State Nurses' Association is divided. The total paid-up membership to April, 1934, is 278. New members after June, 1933-12. New members in 1934-21. This represents a considerable loss in old members.

The annual institute was held during the week of June 3 to 7, 1933, and was very well attended. The central theme was education of the nurse for the changing social order. An interesting feature was the exhibit of improvised nursing equipment which was fostered by one of the publishing companies.
The annual meeting was held in Scranton in October in connection with the annual meeting of the Pennsylvania State Nurses' Association. The Education Committee presented a number of recommendations to the Board of Examiners and to the Legislative Committee of the Pennsylvania State Nurses' Association.

Committee projects for the year have been efficiency records, ward staffing, outlines of a one-year course as a minimum for instructors in schools of nursing. A report was given on the continuing study of "Fitness for Nursing" which is being made at the Bureau of Educational Research at the University of Pittsburgh in the interest of vocational guidance for secondary schools.
The Mental Hygiene Section had a breakfast and is considering one or more institutes as given last year. One of the universities in Pennsylvania will probably put on an evening course in mental hygiene for nurses next fall.

The Pennsylvania League now has a nucleus of $\$ 500$ for a scholarship fund; a contribution of $\$ 250$ was made to the National League of Nursing Education.

A short report of activities of local leagues is as follows: District No. 1, Philadelphia has 130 members paid up to date. A contribution was made to National League of Nursing Education of $\$ 100.00$. The League is represented on the nurses' official directory, and on the advisory council of the central school for preliminary courses in nursing at Temple University. Standardized tests which were the work of the Rohrbach Committee have been mimeographed and sold. Centralized courses of ten public health lectures have again been sponsored and arranged for by a special committee of the League and were attended by 869 student nurses. The instructors' section is offering a series of lectures on educational psychology. This section was responsible for planning the annual institute of the Pennsylvania League in 1933 and did an unusually good piece of work. An interesting program was given at each meeting of the League.

District No. 2. This League was organized September 19, 1933, and has 35 members and a number of applications. Because of distance there are three section meetings at the same time each month, concentrating on the same program. A general meeting is held as part of the meeting of the District Association No. 2 of the Pennsylvania State Nurses' Association. The following problems have been discussed: selection of student nurses, economic situaton in hospitals, libraries and schools of nursing, and teaching of elementary materia medica. The group is now engaged in a study of the curriculum in general.
District No. 3 has 31 members. The members were responsible for the excellent arrangements for the annual meeting of the League in Scranton. The topics discussed have been efficiency records and selection of student nurses. The organization also promoted a successful mental hygiene institute attended by 86 nurses.
Pittsburgh League, District No. 6, has 81 active members at present. There have been discussions of selection of student nurses, relief work, hospital economics, social meetings to which all senior student nurses were invited, a discussion of advantages and disadvantages of eight-hour duty, and a student program presenting extracurricular activities as carried on in schools of nursing in Pittsburgh. This League sends to each member a mimeographed bulletin summing up the discussions of each meeting.
Some outstanding problems for the League in Pennsylvania are the reduction of number of student nurses, shorter hours, meeting the increased burden of the hospital, and adjusting graduate nurse staff service to meet hospital needs more acceptably.

## Rhode Island:

The activities of the Rhode Island League during the year have been: (a) A nursing institute with a registration of 715 , and a total attendance of 1,200; (b) Two nursing courses, one in "ward administration," one in "ward teaching and supervision," given in the Extension Department of Brown University. Eighty nurses have taken one or both of these courses.
In place of selling calendars, we contributed $\$ 40$ to the National League.
Following the example of our neighbors in Connecticut we have had a
series of interschool visits. Each of the nine schools in the state have entertained with an all-day program eight to ten of the staffs of the other hospitals. The nurses have been quite enthusiastic over these programs and we shall probably continue them next year.

The organization joined with the State Association in a survey of all nursing in Rhode Island made by the Director of Studies of the National League.

Our most recent acquisition is a part-time executive secretary.
Our problems are: How to interest the members of our staffs in joining the organization; what shall be the size of our schools; how we can develop our teachers and improve our teaching programs. We very much hope that the report of our recent survey will be of help to us with these problems.

We should like to make one suggestion, that the National League have membership cards similar to the American Nurses' Association.

Our membership, April 1, 1934 :

> Active.............................
> Junior Active .............................. 19


Tennessee:
Due to bank failures in the state there has been a marked curtailment of our activities. We have 31 members, ten of them new.
We held during the past year three meetings of the executive board and one general meeting. We assisted the State Nurses' Association in their institute which was held for two days following the state meeting.

In some of the districts we sponsored a public health course for the senior students of the schools of nursing. This has proven to be very valuable.

The members of the League have been very active in our efforts to secure eight-hour duty for the private duty nurses.

## Texas:

Since the Annual Meeting in Chicago last June, 11 new members have been accepted. The total membership for 1934 to date is 76 , of which 15 are Sisters.

The schools of nursing in Texas conducted by the Sisters are fairly well represented in the League. The Sisters participate in the State League activities. The League holds very few evening meetings, if any, so that it is possible for the Sisters to attend the meetings. They are always represented on the committees of the State League. At present there is a Sister on each of four standing committees.
The League held a two-day institute in November. Eighty-two nurses registered. The Program Committee, with Sister Antonio as Chairman, arranged the program in accordance with the replies to a questionnaire prepared by the Committee and sent to all League members and directors of nursing schools in the state, containing a list of possible subjects.

The secretary of the Texas League has sent three form letters to all League members during the year informing them of communications from the National League, of activities of the various committees, and of the results of the meetings of the board of directors. In each letter the members were
asked to send their suggestions to the respective committees. The board of directors held two meetings during the year, one immediately following the annual meeting and one on the day before the annual fall institute. In lieu of the usual calendar sale the Texas League sent the National League $\$ 25.00$.

The League functions as the Education Department of the Texas Graduate Nurses' Association and to facilitate this function the membership of the Education Committee of the State Association is composed of League members recommended by the League and who represent the various nursing activities in the state-private duty, public health nursing, administrative and educational work in hospitals and nursing schools, offical nursing bureaus, and the Board of Nurse Examiners. The Sisters are also represented in this group.

The annual state meeting of the League will be held in Galveston in May. The program includes: "Uniformity in Teaching Isolation Technique in the Nursing Schools in Texas" and a report of the Sessions of the National Education Committee and the Instructors' Section at the Biennial.

There are no local Leagues in Texas but the Houston District is considering the organization of one.
Utah:
Our organization is just one year old and our main activity during that time has been to increase our membership. We have had various programs of educational value to all nurses.

We have admitted eight new members since the Chicago Convention, so that our membership now numbers 22 .

Because of our infancy, we are eager for any help and guidance given by the National, as our problems are many.

## Washington:

1. Outstanding Activities. Program of Ward Teaching carried throughout the year at successive meetings:

Placing the Student in the New Order of Nursing Education.
a. The student's clinical experience.
b. The head nurse as administrator and teacher.
c. The night supervisor as administrator and teacher.
d. Methods of ward instruction.
e. Methods of ward teaching.
f. Ways and means of improving nursing practice.
g. Measurement of results.

Aims. To interest the young administrator and teacher in the League of Nursing Education by presenting a type of program within her field.
To formulate, promote, and disseminate better methods of ward instruction.
To make meetings valuable and attractive to all possible members. Use. Similar program used by both Eastern and Western branches.
2. New Members-23.

Total Membership-38.
3. Chief Problems.

Geographical-Great distances between districts, scattered membership.

Membership-Sustaining of aroused interest, holding new and old members.
Economic-Additional fees found heavy; membership frequently dropped for this reason.

## Wisconsin:

The Wisconsin League reports the following activities during the past year: A committee was appointed to study instruments of measurement applicable to personality traits as well as skill and intelligence rating found in successful nurses, in order to develop a testing system to determine the desirability of nurse student applicants. The committee will be ready to report on the progress of its findings in the near future.

A conference of superintendents of schools of nursing in the state was called by the League on February 2d for the purpose of clarifying, first, the functions and activities of the Director of the Bureau of Nursing Education of the state, and, second, the reason for the drastic economic program of the State Board of Health in relation to the Bureau of Nursing Education. The outcome of the meeting was a better appreciation on the part of the superintendents of the extensive program of the Director of the Bureau and the need for greater support and backing of the Department by the League.

Letters were sent to superintendents of nursing schools this year and last encouraging League membership. However, building League membership in the state has not been as successful as might be desired. Where there is no local League, membership suffers because of the lack of stimulation which the local organization offers. Twenty-three new members were added to the 1933 membership of 99 , making a total of 122 members. The figure is obviously tentative, as other new members will probably be added and it is possible that old members who have not as yet paid their dues for the current year may fail to keep up the membership. We are very much encouraged by our new membership record for 1934.

The Milwaukee League has been fortunate in the unusually fine programs for its monthly meetings. Each meeting is really a symposium. The group is first broken up into sections for discussion on special phases of the subject, followed by a general formal presentation of some phase of the subject,
The third district has discontinued its organized local league in favor of more concentrated attention to nursing education in the third district meeting of the State Nurses' Association. However, individual League membership in the third district is encouraged and has increased.
District 10 has a membership of eleven members and has held quarterly meetings during the past year.
The Wisconsin League was represented at the Convention in Chicago by four delegates and two delegates are being sent to Washington. The Milwaukee League sent four delegates to Chicago and is sending one delegate to Washington.
One of the problems of our League is building a large enough membership to be effective as a body. On the other hand, a problem common to some other Leagues has not been present here. That is, the attendance and participation on the part of the Sisters has been very good; Wisconsin meetings are held in the afternoon, making it possible for them to attend. They are not only active on committees but also serve on the Board of Directors, making a very valuable contribution to the League.

## Reports of Educational Sections of State Nurses' Associations Alabama:

1. Outstanding activities of the Section during the year: Organizing and putting on an Institute which was held during the meeting of the State Nurses' Association. Miss Helen MacLean was Program Chairman, Miss A. Louise Dietrich conducted the Institute, and Miss Janet Geister was honor guest.
2. Number of new section members and total membership-70.

Number of League members-9.
3. Project: Summer Session at University of Alabama, Miss Katherine Dick, R.N., Director, Nursing Education.

## Connecticut:

A. Outstanding activities of the section during the past year.

1. Coöperation with the legislative committee to defeat bill in legislature for establishing separate system of registration for graduates from mental hospitals.
2. Completion of interschool visiting program. Twenty schools participated and 267 visits were made. Opportunities provided for demonstration program, free interchange of ideas, observation of methods, and study of techniques.
3. Studies made by the Committee on Education for possibilities of advance in nursing education-
(a) The possibility of preclinical course for all students to be given at a university.
(b) The possibility of a university extension course in sociology for students and graduates. Though studied and discussed it has not been opportune to carry either project any farther for the present.
4. Change in by-laws :

## Article IV-Membership

Sec. 3. Amended by adding the following clause:
Associate membership may also include nurses who are holding institutional positions, as general staff nurses, laboratory technicians, or X-ray technicians, and anæsthetists, and such other positions as may be acceptable to the Board.

## Article V

Sec. 1. The President, and two (2) Councilors shall be elected in the even numbered years; the Vice-President, the Secretary-Treasurer, and one (1) Councilor shall be elected in the odd numbered years.
5. Formation of superintendents' club. Meetings are held at quarterly periods during the year. The purpose of the club is that the superintendents of nurses may come to know one another better personally and also have an opportunity to discuss more fully the problems significant to their group.
6. Increase in membership of section- 165 new members, 65 members dropped; 361-present membership.
B. 1. Total number of new league members since the Chicago conven-tion-110.
2. Total number to date of individual league members from Connecti-cut-162.
C. Chief problems with which we have to deal in the state.

1. Too large a number are slow to assume professional responsibilities.
2. Small percentage of members present at meeting who cast ballot at election.
3. Question of how many nonmembers are voting on motions discussed and passed in open meeting. How this can be controlled?

Ohio:
MEMbership
The Section on Nursing Education of the Ohio State Nurses' Association has approximately six hundred and fifty members, holding positions as nurse superintendents, principals of schools of nursing, educational directors, instructors, teaching supervisors and head nurses.

There are sixteen districts in the Ohio State Nurses' Association, nine having Sections on Nursing Education, and seven functioning with the District having a nurse educator as a member of the Program Committee and arrangeing for two or three meetings to be devoted to nursing education. The Sections on Nursing Education have assisted in preparing institutes and in five of the largest Districts institutes were held.

## Membership in the National League of Nursing Education

A special committee to solicit new members sent one thousand double post cards and received fifty-six requests for National League application blanks. These were forwarded to the National League office and the Executive Secretary of the National League forwarded application blanks. In 1933 there were ninety-two members of the National League of Nursing Education in the State of Ohio, and during the year there have been sixteen new members, making a total membership of one hundred and eight. There are five applications pending and when these are returned from the Chairman of the Eligibility Committee Ohio will have a total membership of one hundred and thirteen.

## Contributions to the National League of Nursing Education

The Executive Committee of the State Section of Nursing Education suggested that the nurses in each District be asked to secure funds for the National League of Nursing Education.

$$
\begin{array}{llrr}
\text { District No. } 4 \text { Section on Nursing Education sent } & \$ 171.00 \\
\text { District No. } 5 \text { Section on Nursing Education sent } & 5.00 \\
\text { District No. 8 Section on Nursing Education sent } & 91.00 \\
\text { District No. } 12 \text { Section on Nursing Education sent } & 10.00 \\
\text { Individual Contributions } & 6.51
\end{array}
$$

## Florence Nightingale Loans

Eight nurses were granted Florence Nightingale Loans to take advance work at Teachers College, Columbia University and Western Reserve University. There are pending four applications for loans to be used during the summer and fall of 1934 and 1935.

## Plan of Activities for 1934

The Publicity Committee is carrying on the following activities:

1. Send follow-up letters and make contacts with libraries.
2. Select desirable articles for magazine publication.
3. Interest members of the Federated Women's Clubs in nursing.
4. Encourage the membership of the National League of Nursing Education.
5. Suggest plans for securing funds to replace the money formerly obtained by selling calendars and Christmas cards.
The Special Committee to Study the Cost of Nursing Schools has not been actively functioning due to financial conditions.

The Program Committee of the State Section on Nursing Education made plans for the annual meeting of the Section and the Ohio State Nurses' Association which will be held in Springfield May 21st to 24th. The personality of the nurse will be emphasized in discussion and study. The following lectures will be given: "How to Maintain the Morale of the Graduate Nurse Through More Adequate Student Teaching"; "How to Arouse Enthusiasm of the Graduate Nurse in New Methods of Nursing Technique"; "What Is a Person." At a round table meeting there will be a general discussion of questions that have been sent in from nurses throughout the state.

The Committee on Mental Hygiene of the Ohio State Nurses' Association has arranged, with the approval of the Board of Trustees of the Ohio State Nurses' Association, a Mental Hygiene Institute to be held May 24th and 25th, immediately following the Ohio State Nurses' Association annual meeting in Springfield, Ohio.

Two outstanding psychiatrists will conduct the institute. The Committee has planned the institute for two groups, namely, one group made up of faculty members of schools of nursing, the second group made up of interested per-sons-public health and private duty nurses, etc. Registration will be limited to 25 in each group in order to permit discussion. The registration fee is $\$ 5.00$.

## Report of Changes in Schools of Nursing

In June, 1933, there were four hundred and forty-two fewer student nurses in the State of Ohio than one year previous to that date. Since the release of Dr. Burgess' first report nine schools of nursing have closed in the State of Ohio.

## South Dakota:

During the past year we did very little special work other than an exhibit at the meeting of our State Nurses' Association, but this year in May we are holding an Institute for two days, just before the Convention. We have two very good leaders for this work: Dr. Alice Brethorst, a graduate nurse who has worked in China and is now an instructor in the Educational Department of our college here in Mitchell, and Miss Deborah Thompson from the Minneapolis General Hospital.

Our greatest problem seems to be to obtain and retain members. We had a goodly number last year, but some of them think that they may not join this year. The reduction in fees will help greatly.

## Virginia:

Activitics for the Year. Inasmuch as the Educational Section of the State Association has never functioned in any very active way aside from holding an amual meeting, this year has been largely spent in starting the machinery necessary for increasing the Section's work in the future. This will involve a general reorganization of the Section based upon (1) recognized membership; (2) increase in the number of officers with definitely assigned duties; and (3) committees which we hope will produce results in the future. This reorganization of the Section has been undertaken in lieu of forming a state league. Before completing the plans for our new organization a questionnaire was sent to all members of the N. L. N. E. in Virginia to ascertain the desire for and interest in establishing a state league this year. The majority of the returns expressed the feeling that it was wiser to wait until interest increased and financial support was possible. The committee, therefore, is proceeding with the original plans.
The acceptance of the plans for reorganization is expected at the Annual Meeting of the Graduate Nurses' Association in May.
League Mcmbers. Eleven applications have been sent in since the Chicago Convention, and six of the applicants have been accepted into membership. The applications of the other five are in the hands of the Eligibility Committee. With the newly accepted six, the total League membership in the Section numbers 36. Individual contributions to the National League have been made by 15 members, totalling $\$ 30$.

Members of the Advisory Council had been requested to come to the meeting prepared to discuss a plan for carrying out the functions of the National League of Nursing Education in the states, as proposed in a letter to state league presidents from the National office under date of April 12th. This letter was read, to bring the matter to the attention of the Council.

The Executive Secretary presented some of the problems which state leagues are experiencing as shown by their reports, and as viewed from headquarters. She also opened the discussion by giving some suggested remedies:

## Discussion

## Chief Problems of State Leagues

Some of the chief problems sent in to us by the states, which are undoubtedly rather common to all states, when boiled down were: how to secure and retain the interest of nurses in the League, particularly those in isolated districts; how to secure a 100 per cent faculty membership in the League; how to familiarize lay groups with the aims and problems of nursing education.

## How to Secure and Retcan Interest

In order to secure and retain interest in the League, we suggest the following procedure:

1. Try to make the nurses of your state more familiar with past accomplishments, functions, and program of the N. L. N. E. This might be accomplished by placing the history of the League by Mrs. Helen Munson in every nursing school library in your state, and by reviewing this year the functions and program of the National League at every state and local league meeting.
2. For gaining the interest and help of the nurses in isolated sections of the state, assign a definite project or piece of work to be done by your state league to one of these small groups, or appoint a league committee entirely within such a group. Usually, in isolated districts, there is a school of nursing in which may be found enough eligible league members to carry on a small piece of work.
3. A state league bulletin might be sent out to all members telling what is going on in the various parts of the state, and keeping league members informed of National League affairs. Several states issue such a bulletin once or twice a year. It need not necessarily be expensive, but may go out in mimeographed form.
4. Frequent correspondence, in the form of letters to local leagues or, better still, to all League members in the state, will help to stimulate interest.
5. One of the soundest methods of securing sustained interest is by good state and local league programs, which are designed to meet the needs of all the various groups; for example, a staff education program can be carried over several meetings, with one session devoted to the general duty staff, one to the head nurses, and another to the faculty. Interesting, inspiring programs with plenty of meat in them and with opportunity for full discussion, will bring people out.

## One Hundred Per Cent Faculty Membership

The methods described above will help to secure a 100 per cent membership. It is the younger members who usually lose interest. There is no better way of stimulating interest in a thing than to make people work hard for it. Give them something to do, put them on committees, put them on the programs, and let them feel that they are needed. We older ones would do well to sit back once in a while and let the younger generation do the talking.

We would suggest that both local and state leagues devote part of their program the coming year to an attempt to bring all eligible faculty members into the League. Why not take for granted that League mem-
bership is one of the prerequisites for a position on a nursing school faculty?

## Familiarizing Lay Group with Nursing Education

The local and state leagues have a much greater opportunity than the National to familiarize certain key persons in their communities with the problems in nursing education. The understanding and assistance of such people are needed if laws are to be improved, if the quality of nursing schools is to be raised, and if more adequate support is to be secured for nursing education.

It is hoped that a carefully thought out, well planned program of public information, such as is being contemplated by the American Journal of Nursing for the American Nurses' Association and in which the League, functioning as the Department of Education of the American Nurses' Association, will participate, will point the way in this particular.

## Other Difficulties as Viewed from Headouarters

Certain other difficulties which the states are experiencing have come to our attention at Headquarters. These particular problems have been under consideration for some time, and the following suggestions are offered:

1. At the time of the revision of your constitution and by-laws, be sure that your members have a clear understanding of the requirements for the various types of membership.
2. Try to work out a good system for transmitting information which comes from the N. L. N. E. to your state league, not only to your local leagues but to your entire membership.
3. Suggest to your local leagues the use of the National League portfolios.
4. Establish a method for checking up on lapsed members. In 1933, seven hundred 1932 members failed to pay dues.
5. Devise a plan for acting on new members more expeditiously. At the present time applications go through so many hands and it takes so long for a person to "get into" the League that she becomes discouraged. The following plan for hastening the acceptance of new members was approved by our Board of Directors:
a. Omitting from the By-Laws the clause requiring a nurse to be a member of the A. N. A. in the state in which she is residing. (This was provided for in the revision of the By-Laws approved yesterday.)
b. Having applications acted upon more frequently. In the local leagues, these might be acted upon monthly except during the summer months; in the state leagues individual members might be voted upon two or three times a year or oftener by a referendum vote.
c. Adopting this plan for handling individual applications in the local leagues: If the applications are received by (1) the treasurer . . . she sends them to chairman of eligibility committee and keeps dues until notified of acceptance by the secretary; (2) the secretary . . . she sends both dues and applications to chairman of eligibility committee; (3) the chairman of the eligibility committee . . . she either sends dues directly to the treasurer or holds dues until applications have been acted upon, then turns over applications and dues to treasurer, who makes out a card for each member, for the local league, and sends the application blanks with state and national dues to the state treasurer. The local treasurer also makes out a small card with the name and address of members for the local secretary's file, or furnishes a list of the names with the addresses to the secretary.
d. Individual applications received by state leagues are handled in the same manner, except that cards are made out by the treasurer for her files and for those of the national. These, together with national dues, are sent on to the headquarters office.
e. Applications which come in through local leagues to state leagues do not need to go through the eligibility committee as they have been passed upon by the local eligibility committee and are accepted by the board of directors of the local league. The dues and application blank are sent directly to the state treasurer, who proceeds as in the case of individual members. (By-Laws, Article I, Section 4: "An applicant for active or junior active membership in the state league of nursing education may be accepted in either one of two ways: (a) As a member of a local league of nursing education, which gives automatic membership into __ state league of nursing education; (b) as an individual member of -_ state league where there is no local league.")
After a brief discussion of these problems the meeting adjourned.

## Open Session Conducted by the Instructors' Section

## Tuesday, April 24, 3:00 p.m.

Presiding: Lucile Petry, R.N., Chairman of Instructors' Section and Instructor, University of Minnesota School of Nursing, Minneapolis, Minnesota.

Subject: Coördinating the Teaching of Sciences and Nursing Practice.

## Underlying Scientific Principles in Nursing Practice

Sister M. Berenice Beck, O.S.F., R.N., Instructor in Nursing Education, Catholic University of America, Washington, D. C.
As far back as history extends, the art of the medicine man (who was often the shaman or priest) and the compounding and administration of medicines have been adulterated with curious, ignorant, often
revolting, and always unscientific practices. Indeed, we need not pick up a history to discover such practices; we need but pick up the daily paper or the monthly magazine with its advertisements of quacks and nostrums, intended not to help suffering humanity but to fill the pockets of swindlers and imposters at the expense of the ignorant and credulous.

Tracing the development of nursing procedures from the dim and distant past, we find that peculiar practices prevailed such, for instance, as driving evil spirits out of the bodies of the unfortunate sick by varied mistreatments. Such performances were not, of course, labeled "nursing procedures"; perhaps in speaking of them we should class them as "physical therapy." But at any rate, they were designed to help in the cure of the sick, and as such, are striking examples of unscientific practices in medicine or nursing.

As the sciences which serve the medical man slowly evolved from a chaos of ignorance, prejudice, falsehoods, half-truths, magic, and superstition, nursing procedures evolved also. We get the general impression that somehow, like Topsy, they "just grew." And up until recently, most nurses, if they thought about the matter at all, seemed satisfied to have them "just grow."

The nurse was looked upon as the handmaid of the doctor; she was expected to be mutely and blindly obedient to the mandates of his superior intelligence and was not required to do a great deal of independent thinking so far as the carrying out of orders was concerned. Perhaps this idea still largely prevails, but some of us, at least, feel that the problems in our field are worthy of notice and even of scientific research. Commendable efforts have been made in recent years to improve both the type of thinking and the type of service of the nurse.

## Meaning of Scientific Principles

By scientific principles in nursing practice we mean the application of facts and principles learned in the sciences; the application of facts learned through direct experimentation on the wards, scientifically controlled; and to some extent the application of the so-called "sciences of the spirit"-psychology and sociology. It is the nurse with the scientific attitude who feels the need of such improvement in our nursing service.

## Scientific Atritude

By scientific attitude, highly important in the march of nursing progress, we mean something very definite. A person with such an attitude is open-minded, ready to learn the truth and accept it; observant, keen, clear-minded, cautious, alert, vigorous, original, and independent in thinking; she carefully weighs all the evidence and overlooks no factor
which may influence the results; allows no personal preferences to influence decisions; holds only tentative scientific convictions, because aware that we have not yet arrived at the end of knowledge, but are constantly wresting more secrets from the hidden depths of Nature.

It is important that we have this attitude in our work, particularly we who hold executive or teaching positions; thereby we offer an inestimable service to those we guide or educate. To have it in its best sense, we must have grasped the significance of our service. We are directly concerned with the physical welfare of man, indirectly with his entire welfare. It is our business to help make him well, or, if he is well, to keep him so. And it is our business to do this as rapidly, as comfortably, as completely, as cheaply, and, in general, as efficiently as we can. This requires a great deal of activity away from the patient's bedside, including a vast number of institutions and departments of various types-universities with their biological, chemical, physical, and other research laboratories; enormous drug houses with their elaborate scientific workrooms; nursing and medical schools; nation-wide surveys in the nursing, medical, and allied fields. All-why? For the better health of the individual-of the nation. And we, in our small way, are awakening to the need of throwing scientific light upon our share of this vast contribution to the health of the individual.

## The Teacher of Nursing Arts

A teacher of nursing arts, possessing the scientific attitude, molds students like unto herself; but to acquire this attitude, she needs courses in methods of scientific investigation and experimentation; she needs to acquire and continue her education under teachers imbued with the scientific attitude; she needs the assistance of textbooks, reference books, and periodicals written in this spirit, and it must be stressed at staff meetings, conventions, et cetera.

We are keenly feeling the need of texts which offer authoritative proofs for their statements, call attention to the research going on in other fields with solutions which are applicable to our problems, apply the information acquired through experimentation, and in general, offer the stimulus needed by the teacher for scientific thinking. This lack is, of course, partly due to the fact that we have done so little research in nursing. Contrast the vast number of research problems investigated and reported upon in other fields with the mere beginnings made in ours.

Such a teacher of nursing arts may rigidly insist that procedures be carried out as taught, that skills and habits be solidly established, that patients get uniform and routine nursing service. But she never insists that procedures, as taught, are the last word; that the unfounded state-
ments of textbooks must be accepted without question, and that the ordering physician must be looked upon as an infallible authority. On the contrary, she urges her students to find out why things are done as they are; whether there are not better ways of doing them; to challenge statements, to ask for proofs, to think for themselves, to make individual contributions.

She is frank in admitting her own limitations and the limitations of our present scientific knowledge regarding the principles of nursing procedures. Even while insisting that certain routines be observed, because we must adopt and adhere to some kind of standard, she admits that we do not always know, for example, the optimum temperature for irrigations, the antiseptic that is best and cheapest, the medicine that will do the patient most good, and the most effective and least annoying methods in certain procedures; that we have not yet learned to apply to all our procedures the physical, chemical, biological, and other laws which might be applied. She is assiduous in learning good reasons for what she does, but truthful in acknowledging that very often she does not know and cannot find out.

Certain traditions of the institution may be very sacred to her, but those pertaining to nursing procedures are unhesitatingly put aside if they fail to justify themselves in the light of present knowledge. "We always did it that way" means nothing to her, unless the way we always did it is the best way we can find to continue doing it. "The book says so" is a challenge rather than convincing proof. She is apt to respond, "Who wrote the book? What proofs does he offer? Why should I believe what he says?" And all is done, not in the spirit of the rash radical, but of the scientific thinker and worker.

There is no sham about her, nor is she a shallow critic, always on the offensive through sheer fear of being placed on the defensive; she never tears down unless she can build a new and better structure. And she builds bit by bit, shaping her building units with infinite care and placing them with painstaking labor. Such is the teacher with the scientific attitude. Urged on and aided by a scientifically minded director and fellow faculty members, we see how well the way may be paved for better service to the sick.

Nurses, particularly student nurses acclimated to an atmosphere such as this-encouraged to think clearly, to show initiative, to put forth effort and to make contributions, yet trained to submit them to objective investigation and to accept without resentment the destruction of pet theories and unjustifiable conclusions-must acquire a desirable attitude toward nursing problems. Thus to train her students should be a major aim of the teacher of nursing arts.

As for the general preparation of the efficient teacher of nursing, Mary Marvin Wayland's article in the Journal ${ }^{1}$ gives us an excellent picture. After proving that the course in nursing procedures is the core of the curriculum, all other subjects being either basic to it or emerging from it as a foundation, she tells us that the teacher must be well grounded in biological, physical, and social sciences, since she must teach students how to apply scientific principles; that she should have fine intelligence, culture, and understanding; her methods should be progressive and challenging, and her experience may well include public health nursing.

She gives an example of the scientific method of presenting a nursing procedure to the student nurse, using the nasal douche for the purpose. Besides the routine always presented in the demonstration of a procedure, such as position and preparation of the patient, collection and preparation of equipment, et cetera, the effect of different temperatures upon the mucous membrane is explained, the possibility of an infection traveling to the middle ear is made clear, and the height of the irrigator is established by the application of principles from physics.

## Studies and Experimentation

Aiding the doctor.-The selection of treatments is usually the doctor's business and outside our province. That is, it is for him to say whether the patient shall receive a cathartic or an enema; a hot wet pack, a hot dry pack, medication, or a combination of medication and pack; a hot water bottle or a hot compress; whether fluids shall be administered by means of intravenous infusion, hypodermoclysis, or enteroclysis.

However, nurses can aid the doctor to improve his general treatment of patients and his selection of the most suitable nursing treatments by systematic observation and the exact recording thereof, and by studies based upon these records, which should show: (1) Kinds of results obtained; (2) rapidity with which obtained; (3) psychic reactions of patients; (4) comfort of patients; (5) speed of recovery; (6) other data peculiar to the specific treatment.

Dr. Edith S. Bryan told us at the last biennial:
Medicine will never reach the height of success which is possible until humdreds of nurses are ready and eager to carry on thousands of tests with the same exactness of technique and result in the hospital ward as in the research laboratory. No one but the nurse will ever have the time and entrée to observe and record the intimate details of the patient's condition and the progress of the disease. The doctor is too busy to be present for continuous observation and the members of the patient's family are emotionally not in a condition to give accurate reports on conditions present. The nurse is constantly present and emotionally calm. ${ }^{2}$

Improved nursing service.-The benefits resulting from the scientific improvement of nursing practice are often very direct and specific. For the patient they may include: (1) Greater safety; (2) greater comfort and convenience; (3) more rapid recovery; (4) æsthetic considerations.
The doctor, nurse, and institution frequently benefit. In general, the doctor's work and worry tend to decrease and his methods of treatment to improve; the nurse uses time and effort to greater advantage, and the institution practices greater economy and efficiency, while ultimately achieving a better reputation for its improved standards of service.

Classification of procedures and requisites.-The majority of nursing treatments may be placed in one of the following classifications: (1) Ir'rigations (as nasal, aural, throat, vesical, intestinal, et cetera) ; (2) injections (as hypodermic, intramuscular, intravenous, vesical, et cetera); (3) withdrawal of fluids (as vesical and spinal) ; (4) applications to body surface and cavities (hot, cold, medicated) ; (5) care and protection of wounds; (6) cleanliness of patient; (7) cleanliness and care of bed, supplies, equipment.

Requisites for carrying out procedures are loosely classified as drugs, solutions, instruments, other supplies, and equipment.

Analysis of nursing functions.-Most nursing services can be analyzed into elements, and every nursing treatment consists of several steps, which in turn may be further subdivided. The steps are: (1) Collection and preparation of requisites; (2) preparation of the patient; (3) administration of treatment; (4) aftercare of patient; (5) aftercare of requisites.
Objectives of studies and experimentation.-In attempting to make improvements, our objective may be the improvement of some single phase of nursing service, or the improvement of a procedure in nursing. If the latter, we may have as our aim:

1. The improvement of only one step, or of one element of a step. For instance, in the administration of a gastric lavage, we may wish to determine the best type of tube to use. A number of experiments belonging to this group have been reported. ${ }^{3}$ They include the following subjects:
(a) Sterilization of instruments. ${ }^{3}$
(b) Sterilization of other articles. ${ }^{3}$
(c) Sterilization of hypodermic needles. ${ }^{3}$
(d) Sterilization of thermometers. ${ }^{4}$
(e) Sterilization of typhoid excreta. ${ }^{5}$
(f) Sterilization of infusion fluids. ${ }^{3}$
(g) How to retain proper temperature of fluids. ${ }^{6}$
(h) Cleansing of rubber tubing. ${ }^{3}$
(i) Hand scrub. ${ }^{3}$
(j) Phases of catheterization. ${ }^{7}$
(k) Phases of turpentine stupe. ${ }^{8}$
2. The building up of an entire improved procedure by an analysis of all its elements and improvements wherever necessary. For example, in catheterization, we may desire to determine a number of facts, including:
(a) Best position of patient.
(b) Best draping.
(c) Whether sterile towels are necessary and how many.
(d) Whether sterile basin need be used.
(e) What, if any, antiseptic should be applied to the meatus.
(f) The number of sponges necessary.
(g) Whether and when rubber or metal catheter should be used.
(h) Whether a lubricant is necessary and which is best.
(i) How catheter is best inserted.
(j) Whether bladder should be emptied or not.
3. In either of the above cases, we may desire to find the best method or merely an improved method. That is, in the giving of a nutritive enema, we may be satisfied to improve our method, adopting one which is satisfactory, or we may make an extensive investigation to learn the best method of administering it, as well as the best nutriment thus administered.
4. We may seek to adapt a procedure more scientifically to a particular situation or disease, without changing the procedure itself, as when we study how best to modify the cleaning bath so that the seriously ill cardiac patient is least disturbed.
5. We may aim to economize time, effort, and materials, studying the quantitative and qualitative improvement of procedures from one of these angles. Time studies may be conducted to determine unnecessary steps and movements in the execution of a treatment or other nursing service which qualitatively is satisfactory. Several time studies have been reported, ${ }^{9}$ the most extensive being that of Miss Pfefferkorn and Miss Rottman at Bellevue. Or, studies of the most satisfactory dressing materials, supplies, and equipment may be made preliminary to the final selection for use in the institution. A few studies of this type have been made public, ${ }^{10,11}$
6. We may seek to improve the elements of a procedure by the application of scientific laws. Determining the height at which an irrigator should be placed or the length of return-flow tubing requires the application of physics. Determining the best temperature of a solution in order to produce certain effects upon the tissues requires knowledge of physiological facts. Determining the most effective antiseptic for
supplies or tissues requires the aid of bacteriology. Determining whether certain solutions are affected by boiling requires a knowledge of chemistry. Some instances of this sort appear in the literature. ${ }^{12,13}$
7. Or, the application of these laws having already been made, we may seek greater efficiency in execution. For example, after we know the best temperature of an irrigating solution, we may seek to determine the most efficient method of maintaining it during the treatments. ${ }^{14,15}$

Nurses in charge of the nursing service in institutions, moved by a desire to improve the service, have undertaken investigations including one or more of the objectives mentioned. Besides studies already mentioned, several others have been reported. ${ }^{16,17,18,19}$ Miss Smith, in the paper she presented at the biennial in $1932,{ }^{20}$ reported that nineteen representative hospitals and university nursing schools were making a systematic study of procedures, and she classified the methods being used.

Attaining objectives.-In planning a method of carrying out any of these experiments, certain fundamental rules should be kept in mind. ${ }^{21}$

First of all, have a very definite objective; after being thought out most carefully, it should be written out most exactly. Test the objective to determine whether it is possible to attain it under the conditions under which the work must be done. Second survey the literature, to learn whether anyone has already solved the problem and if so, how. Time may be wasted doing over what some one has already done quite satisfactorily. Third, decide the method in the light of the objective and the working conditions. It must include: (a) consideration of all essential factors; (b) control of variables; (c) sufficient accuracy to attain objectives; (d) sufficient experimentation to prove point conclusively.

Any planned experimentation requiring considerable time and effort should first be submitted to the examination of a person with training and experience in research methods. Otherwise valuable time and money may be expended upon experimentation which proves worthless because of defective methods. Observe the proper sequence in experimentation. For example, a time study should not precede, but follow, qualitative improvement in service and procedures, otherwise later radical modifications of the nursing service may render the results of the time study much less valuable.

Much of the technical work involved in experimentation may be carried out by untrained persons, provided they are able to follow di-
rections exactly and carry them out with the necessary degree of care. After the work has been completed, the assistance of an expert may be required to treat the results statistically and evaluate them correctly.

If a comparative study of methods is included in the experimental work, the procedures are most conveniently broken down into elements and recorded upon a classification sheet with parallel arrangement so that similarities and variations may be noted at a glance. Miss Smith utilizes this method in several articles she has written. ${ }^{22,},{ }^{2}$

## Summary

Thus far we have briefly reviewed the meaning and importance of scientific principles and the scientific attitude, the importance of such an attitude on the part of the teacher of nursing arts, the significance of her influence on students; we have touched upon the value, the objectives, and the methods of studies and experiments; and we have included in this survey the majority of the recent articles bearing upon the phases here presented.

## Conclusion

Articles have appeared from time to time, presenting the need for research workers, the need and advantages of scientific investigation, and suggesting ways and means of meeting these needs. Mary Marvin Wayland urged this most strongly in her article "Research in Nursing," ${ }^{24}$ and Miss Stewart ${ }^{25}$ and Miss Smith ${ }^{25}$ joined their voices in articles which appeared in the Nursing Education Bulletin of 1930. From time to time we are reminded of this phase of our professional obligation by articles, ${ }^{26,} 27,28$ which either bring out the advantages of the work and the need for it, describe the techniques to be used, or report the results of experimentation completed. Miss Stewart in the article above referred to, says in part:

Unfortunately we are not yet able to apply scientific tests to all our nursing procedures, but such tests can be made in a great many cases, and it would seem to be the responsibility of some one in each hospital or nursing school or organization to see that risks to patients from unsafe nursing procedures should be reduced to as near zero as possible, and that the methods taught to student nurses should be as scientifically sound and as practically efficient as modern knowledge can make them. It seems clear also that this sifting and testing of procedures must be a continuous process if nursing practice is to keep up with the steady march of scientific knowledge, and to make full use of the experience and creative ability of the workers in this field. Moreover, most of us will agree that this search for better and safer methods of nursing should be carried on, not by one individual or one group only, but by all who teach and supervise nursing practice comparing and pooling the results of their investigation.
It does seem as though we all ought to give this subject serious thought and contribute our bit in one way or another. Those of us
connected with nonuniversity hospitals or schools may not find it feasible to undertake big projects, but we can contribute small studies quite solidly planned and executed. If we can do nothing more at the present time, we can at least develop in ourselves and in those about us, the correct attitude toward, such work and thus pave the way for future experimentation.

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## The Clinical Instructor Uses the Sciences

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I would reverse the letters N. R. A. and use A. R. N. to indicate the application of research to nursing, considering science not as an organized body of facts, but as a method of thinking and a means of interpreting scientific nursing care. We have long held the theory that nursing is the application of chemistry, physics, and biology to certain problems of disease without making full use of our opportunities to practice. We have taught too little science within our curriculum to serve as an adequate background for thinking. It has been a smattering only, used as a basis for technique. We need good courses in these sciences because every nursing procedure, treatment, observation, or prognosis is an implication of these sciences. Their value in preventive medicine and public health cannot be overlooked.

Too often we accept theories as scientific principles, forgetting that theory is of value only so long as it is supported by fact. Only a scientifically trained person can appreciate how quickly a theory is swept into discard when new scientific facts incompatible with that theory are discovered. It is with the carrying into practice of these results of scientific research that we are now concerned.

Time does not permit me to review for you the literature leading up to the following statements. I trust your interest in the "changing order of nursing education" has given you the background.

The student nurse should come to the study of nursing with a knowledge of chemistry, physics, bacteriology, anatomy, physiology, pathology, nutrition, pharmacy, psychology, and sociology of a university standard. This implies adequately equipped laboratories and well prepared teachers, teachers who know science as taught in the best colleges and universities and are able to apply it in the field in which the student will find herself. The teacher must be versed in recent literature and keep abreast of the rapid changes. The Grading Committee Report ${ }^{1}$ has shown us that the average school of nursing is not prepared to give this service and that a university affiliation is essential.

The person whose function it is to correlate theory and practice, or rather to help the student interpret patient care in terms of the basic sciences in the hospital, is the clinical instructor. She is in direct contact with the patient and ward or laboratory situation. Mrs. Elizabeth S. Soule, Head of the Department of Nursing Education, University
of Washington, has outlined certain principles which we should keep in mind here.

Theoretical instruction with adequate practical application should be given the student group first.

Practical experience in the principles and practice of each type of case should be provided within a reasonable period of time, preferably during the same quarter of the school year.
The medical teaching should be given by a doctor qualified in that particular branch of service, but the course should be under the direction of the clinical supervisor who is working as an executive with the type of case under instruction.

This teaching supervisor should have excellent qualifications in her own field of nursing, with a background of fundamental knowledge in the basic sciences and medical instruction which her students are securing.

To secure uniformity in the grade of teaching methods and growth, there should be a director of nursing education capable of increasing the teaching ability of the supervisors and carrying out a completely coördinated program.

There must be a definite plan for making application of theory to cases on the ward. This plan must be worked out for the complete period of the student's training. ${ }^{2}$


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Fig. I
A diagram (Figure I) of the number of clock hours each group of instructors taught in the school year 1933 at the University of Washington School of Nursing-Harborview Division, ${ }^{3}$ shows that the hospital nursing supervisors, who are the clinical instructors on their particular services, carried the majority of the teaching and have the greatest opportunity to apply the sciences.

The clinical instructor in elementary nursing calls all sciences into play when she presents a nursing treatment for discussion and demostration. A review of the anatomy and physiology, making use of charts, drawings, radiographs, slides, and reference reading material, is the foundation for a nursing procedure. Bacteriology is constantly referred to in every detail of patient care. You have only to read "Pray, Let Us Wash Our Hands," ${ }^{4}$ by Miss Blanche Pfefferkorn, to be reminded of its importance. When heat, solutions, or medications are used, their action is explained on the basis of chemistry or physiology.

Psychology is employed constantly by the teacher in obtaining the student's interest and making her feel the need as well as indicating to her the manner in which she shall approach the patient and obtain desired results through patient coöperation.

The course in case study, given at the same time as that in elementary nursing, emphasizes the social problems involved. As the student is supervised on the hospital ward, the treatment is discussed in view of directing it toward the individual patient and observations to be made.

Actual experience in the department of roentgenology and diagnostic laboratories, including pathology, with a clinical instructor present to explain the findings and compare them with the normal, is invaluable to the student as preparation to study disease and the nursing care. Information gained by the student in the fluoroscopy room will continue to remain with her.

Principles of electricity, anatomy and physiology, are brought to life when the student uses or observes the use of massage, diathermy, quartz and carbon lamps, and hydrotherapy under a clinical instructor. A period of at least two weeks in the department gives her an opportunity to see definite results of treatment and prepares her to use the equipment intelligently on the ward. Patients receiving the above treatments frequently need mental redirection and social readjustment.
"The subject matter of pharmacology and therapeutics is even more controversial than that of the average branch of modern science. New facts are contributed continuously and the old theories are either substantiated or disproved." ${ }^{5}$ The student who has had the basic sciences will be able to reason out the effects of drugs from their site of action and her knowledge of physiology. Any real understanding of drug action must be based upon certain knowledge of the structure and functioning of tissue, organs, and systems which are influenced by medicinal substances.
A study of the structural formule of certain groups of drugs suggests chemical likenesses which help to explain the therapeutical effects
of these preparations. Bacteriology is employed in the preparation and use of antiseptics.

All methods of teaching are employed and I shall attempt not to discuss their value but by illustration to show how the basic sciences may be used in teaching nursing care of patient in each hospital service.

As a foundation for the demonstration of infant feeding, lantern slides may be made from radiographs showing an infant's stomach filled with borium, and one containing air. These show the reasons for allowing the air to escape before and after feeding and for avoiding unnecessary swallowing of air. Slides may be used, also, to demonstrate the thickened muscle wall in plyoric stenosis and hypertrophy of the circular muscle fibres of the pylorus.

In March, 1933, Miss Henrietta M. Adams, Director of Nursing Education, University of Washington School of Nursing-Harborview Division, ${ }^{6}$ made a study of selected articles to discover their relative importance as a means of transmission of pathogenic organisms, using the hospital nursery. With the coöperation of the clinical instructor and the students, materials for handwashing, soap, and soap dispensers, brushes, oils, articles handled while bathing babies, and clothing were tested. The technique now in use is the result of the above experiment. Definite scientific information is now available for teaching the student in the hospital nursery. Similar studies have been made in the delivery and postpartum divisions and written routines have been established.

In specialized services such as the operating room, the student must bring into her activities the principles of all the sciences, including the psychological concepts. By the application of the basic rules of bacteriology the student can appreciate the use of sterile equipment and protection of the field of operation. She can understand the necessity of hand scrub and skin preparation.

With the knowledge of physics she can grasp the use and care of the autoclave and special electrical equipment as the cautery. Such terms as direct and indirect current, voltage, grounding, and spark gaps have a familiar sound in the bewilderment commonly experienced by the student.

As the continuous tub bath plays an important part in the treatment of the psychiatric patient the student observes the physiological effect of heat and water. Metabolic changes frequently found in the schizophrenic group form a basis for hygienic habits to be taught the patient. Factors influencing human behavior, as studied in general psychology, are frequently referred to in the study of mental diseases.

With the background of the basic and social sciences, laboratory, museum, and library facilities, case assignment and guidance, the student is capable of making direct applications and may contribute much to the teaching material of the ward, as well as lighten the teaching load of the instructor.

Recently a group of second-quarter students on medical service held a nursing clinic on nephritis, each student taking part. Drawings, graphs, charts, and specimens were used to illustrate the case. Throughout the discussion a comparison was made with the normal, emphasis

## - CHPRT SHOWIIG

##  BASEO OM ANFTOMY

Hemorrhagic
Nephritis


Mephrosis


Arteriosclerotic Nephrilis


Fig. II
being placed on nursing care. The therapeutic value of the diet was interpreted on the basis of clinical and physical findings, and the psychological and sociological factors involved in the case were presented. An anatomical drawing (Figure II) was made by a student nurse to show the new classification of nephritis.

The physician also recognizes the improvement in nursing care when the student has a better knowledge of the underlying principles. A physician on the neurological service, who has been active in bedside teaching, has made known his interest by contributing much of the following.

Nurses who have had university courses in the basic sciences with opportunity for correlation with patient care will understand why

Basal are more common than vault fractures and are usually more serious. Structural defect may be illustrated on a skull.

Hemiplegia or one-sided convulsion follows injury to opposite side of the brain, and observations she should make. A drawing of the brain, showing areas affected by injury to the skull may be used to advantage in the morning conference.

And what happens in compound comminuted depressed fractures and in chronic traumatic edema of the brain. How the latter may be avoided by diet and restriction of fluid intake.
Fractures through the skull and mastoid areas may become serious through careless technique and the possible developments in a perforating wound of the skull.

The diastolic blood pressure drops in traumatic shock and increased intracranial pressure causes the pulse to slow and the pulse pressure to rise. Case study and graphic charts of patients are used to illustrate this and the effect of treatment.

Hypertonic glucose is given intravenously and the difference in effect when Epsom salts are given as compared to Glauber's salts in dehydration.
Spinal puncture gives relief and positive evidence regarding hemorrhage.
Activities for the convalescent patient are carefully selected and the attempt to avoid development of neurosis during convalescence is made.
Frequent observations by perceptive persons is rated so important and informative that special charts have been devised and are used to record their findings as often as every half hour.

An illustration of such a chart (Figure III) for one-half and fourhour notations of systolic and diastolic blood pressure, pulse pressure, temperature, pulse and respiration represented graphically so that a well instructed person may understand what changes the patient has undergone and predict what may happen if treated or untreated, may be made in poster form and used in teaching the nursing care of cerebro-cranial injuries.

By such representative examples as mentioned, I have attempted to illustrate applications of the sciences in those departments which contribute to a well rounded clinical experience and teaching program. Each hospital service and individual patient gives the clinical instructor an opportunity to interpret nursing care scientifically. Thus, with students trained in the fundamentals of the basic and social sciences, more well prepared clinical instructors at the bedside, and coöperation of the medical group, we cannot help but fulfill our objective-the improvement of the nursing care of the sick, and the prevention of disease.

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# Nursing Education and the Social Sciences 

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The old French adage, "To know all is to forgive all," is undoubtedly a scientific truth whether it originated with a scientist or a religionist. One by one we are dragging out into that divine remedy, light, those conditions, physical, mental, and social that, left in the darkness in which they found birth, fester and pollute.

Those who have witnessed the changed attitude toward the communicable diseases, the communicability of a number of which is not as yet preventable by innoculation but has been shown to be by hygienic measures, or toward mental disease quite definitely as yet approached through the psychological rather than the physical, can hardly fail to apply this experience to the still unreached sores of our civilization and seek to further through similar means their alleviation. To change the attitude toward any social handicaps, and in that category have heretofore fallen and to an appreciable extent still remain poverty, disease and crime, from a disgrace to a misfortune is an important first step.

The scourges of humanity may through the scientific approach be brought to the public view with that dignity, that objectivity of consideration, that interpretation of cause and effect which have enabled fearless and open attack, and which have in turn led to a notable and rapid diminution of disease. There was a period in the not remote past when tuberculosis stamps would not have been tolerated on letters at the Christmas season or indeed at any time. There has been built up by the specialists, of whom Dr. Trudeau was the father in this country, what may well be termed a functional psychology, that should be included in the content of every professional course.

No one who saw the recently prepared film of the American Social Hygiene Association could have failed to be impressed with the dignity of the text of the included lecture on the prevalent, long ignored, but preventable disease with which it dealt.

In the face of present-day trends it is hardly possible not to expand nursing practice to include the sociological aspects of the case, so charged is the very air with the socialization of life. The Rockefeller Foundation study of Nursing and Nursing Education in 1921 was a logical forecast of the inevitable widening of the scope of nursing service. It will be recalled that this study was at first designed to determine the graduate courses required for the interpretation of nursing function in the public health field, but very early in the investigation it became obvious that a study of the basic foundation was essential for intelligent
formulation of the specialized program. A brief survey was convincing of the fact that a curriculum limited to the skills and techniques of nursing procedures would not provide the foundation upon which to build so demanding a specialty as public health nursing. The weaknesses revealed by that study need not be rehearsed to this audience.

There is a measure of encouragement in the fact that it is not alone in schools of nursing that graduate work is on an undergraduate level. Throughout the academic world a protest is being raised over the large number of students who enter for advanced study whose educational foundation or whose contribution in any given field of activity does not indicate the scholarship demanded for a graduate program, and that the admission of such students has resulted in programs of study of a distinctly undergraduate type.

I have referred to the Goldmark report, however, only as evidence of the growing appreciation of the part certain factors heretofore unrecognized play in the community contribution of the nurse, and also of the importance of a sound and comprehensive basic course for all specialization.

The problem before us today is a demanding one, for we have not only to include in an already overcrowded curriculum the sciences bearing on the physical aspects of the human organism, but to evolve from an ever increasing mass of material a content dealing with the social aspects of nursing, if they may be so termed, which until comparatively recently have been outside of the accepted curricula.

There are moments when one questions whether the social sciences are not of greater moment to the twentieth century nurse than are the physical sciences. Both are essential for effective practice. How can it be otherwise? The psychological approach, the knowledge of the normal and deviations from the normal of the physical, will be required for any subject of study whether it be oneself, an individual patient, or society at large. We cannot understand society unless we understand the child; we cannot understand the child without a knowledge of society; and to understand society today we must know something of the road over which civilization has passed; in short, knowledge in cxtcnso of all the sciences bearing on human life. In defining anthropology as "the science of man and of his culture at various levels of development" the writer continues;

[^16]History through science is being written so voluminously, so rapidly, that it is difficult to follow its daily inscriptions, and in delving too deeply into its past chapters for a better understanding of inherited traits the present-day findings may escape us.

The chief problem is determining, and through its most concrete expression, the content of either the physical or the social sciences essential for a given profession or vocation. What we need is the functional content of all these sciences in the field of nursing. What it is difficult, indeed impossible, to find as yet are the instructors prepared for such interpretation and application. A practical factor in obtaining such instructors arises from the limited number of hours that can be assigned to any one of the sciences. It is obvious that fifty or even a hundred hours does not justify a full-time appointment and the reasonably large salary such instructors should command.

There is no thought to present through this paper detailed or even bare outlines of the content of any given social science that should be included in the curriculum of a modern school of nursing. This should be achieved through study and experimentation on the part of instructors soundly prepared and in constant touch with the inevitable changes of the particular subject with which they are charged. It need hardly be stated that it is of importance for the instructors to be sufficiently versed in applied social science to have a social viewpoint.

One of our most able instructors made the following report relating to the course in the problems of the individual and society in relation to health and disease, designed to give the students awareness of the social implications of every case:

I do not feel that the course as a whole was properly coherent nor unified. This was in part due to the inexperience of the instructor in handling a course of this type; in part to the great amount of material covered by the title of the course, from which a selection had to be made to be fitted into relatively few class periods. The course stands, as it were, joining the fields of public health and sociology, and as such has a tremendous scope. In brief, the endeavor of the instructor was to present the following subjects or impressions to the students:

1. An understanding of the social and economic factors which may have caused the disease and disability of which they are to see so much-or which are at least contributing factors to it.
2. An understanding of the social and financial problems which disease in its turn may produce.
3. A knowledge of the resources of our own community for coping with those various physical, economic, and social problems.
4. An idea of the value of prevention rather than cure in dealing with all problems of the individual in maladjustment to society.

A case conference method which has been developed in the Yale School of Nursing, a detailed account of which will be found in the American Journal of Nursing for June, 1933, is an excellent demonstration of that consideration of the patient increasingly revealed as an essential of intelligent medical practice, for the discussion of the case assigned is not limited to its medical aspects and the nursing care, but is expanded to include the nutritional, mental, and social factors involved. We have here an illustration of an application of the project method for a branch of education that has previously advanced to a near professional level through an empirical interpretation of the method while achieving as well a world-wide acceptance of value to the fields of curative and preventive medicine.

It is of interest to find that the weaknesses of the conferences relate distinctly to the as yet undeveloped content of the social sciences we are discussing, and not alone I think in their application for the field of nursing but in general. Even as we have to evolve the content in anatomy and physiology especially required for nursing and which might be described as functional, so we need functional anthropology, psychology, psychiatry, etc.

Our approach to the social problem, whether it be in the classroom discussion of the case or with a patient, demands as fine a discernment and as careful a selection of terms as interpretative ability through previously acquired knowledge has achieved for the physical aspects.

If the admission requirement is still to include the high school graduate or even with the requirement advanced to two years of college, the advisability of extending the professional course to four years might be considered, an adjustment that is already in one or two localities partially in effect, I believe. It has been of interest to me that some of our most able students though college graduates have discussed the advisability of lengthening the course from thirty months to three years, as they do not feel any of the material included could be omitted but that the time assigned to any given subject is inadequate.

Every study of this question makes more imperative the centralization of schools of nursing through some plan which will ensure that the scientific principles essential for nursing practice be taught by instructors qualified to do so. It would be foolish to predict the future curriculum or the methods of instruction of even the near future, but it is reasonable to suggest that the increasing inclusion of science in the elementary and secondary school curricula and the reduction of the sciences dealing with the life processes to visible and understandable terms through the yet undeveloped educational films, will entirely reconstruct many if not all branches of learning. It is possible, there-
fore, that future educational methods may prove me to be in error in stating that full college is an essential foundation for the professional course. It is, however, a fact that if you pick the bud too early it will not come into full bloom. There is no question that the physical output and technical skills of so demanding a nature as the clinical experience tend to deaden the interest of the immature student in the study of the underlying principles, knowledge which is essential for good nursing practice.

I am sure that very important changes in the collegiate courses are demanded. I should like to see more science work required because I believe it to be the greatest of teachers. I think it should be simplified, that it should not be so complicated and confusing that only advanced students can grasp the essentials of organic matter which is its con-cern-knowledge which is needed by the workers of the world from the standpoint of its application far more than by the leisure or literary class.

There are certain values accruing through work in the pure sciences quite aside from the subject matter which make their inclusion an essential in the education of the nurse. I refer to the discipline in integrity, the stimulation of curiosity, the development of objectivity, and an appreciation of our profound ignorance, of the little known compared to the vast unknown.

I believe, however, despite the fact that these sciences are included to a limited extent in the curriculum of the school with which I am connected, that their values are best experienced as prenursing courses and in conjunction with the social sciences already referred to. You will, I fear, protest that I am discussing the social sciences in relation to a curriculum based on a college foundation, to which I must reply I assuredly am; for as I have already implied from the standpoint of the contribution nursing should make to the obvious needs of the people, physical, mental, and economic, and from the standpoint of the nurse herself, her enduring satisfaction in a life as demanding as nursing, not to mention her economic security, I believe the enriching, maturing experience of four years of college essential and justified. But beyond this is the fact that the elimination of all the science courses on the present basis of instruction does not leave time for the clinical experience, without which from the standpoint of nursing practice and community service our knowledge is dust and ashés.

There is no question that the students' social attitudes are well formed at an early age by both school and home, and the influence of the latter is infinitely greater and more enduring than the former, but attitudes are as subject to change as customs, and there is no field of activity
where the change of social attitudes is more apparent than in nursing, if included in the professional preparation and under the right auspices are those branches which deal most directly with social problems.

My conviction that it is an error to project into a social activity of the wide demand and potentialities of present-day nursing a student whose educational preparation is limited to high school and whose life experience to approximately eighteen years, makes it difficult to discuss for these students, with justice to the subject, the inclusion of courses in the social sciences. These sciences, still designated as new, the subject matter of which concerns aspects of the human organism and of its social expression, demand for study and exposition skill in procedure and finesse of application hardly to be expected of young women in their teens. As retarding a factor in dealing with the social aspects of the case as the lack of knowledge of the subject is the students' ignorance of the technique of investigation and exposition, aptitudes that are often still to be acquired by the college graduate, but limitations naturally more easily overcome through the broader preparation. Do not misunderstand me, however, to imply that I do not feel that this book of knowledge should be open to these less prepared students, for on the contrary I believe the inclusion of these subjects in the curriculum to be of the greatest importance, but both the content of the course and the method of instruction should be based on the fact that the ground has not been prepared by previous courses in the old and new sciences, as is generally the case with the college graduate or even the two-year college student.

For the high school student, courses should be included in the curriculum combining theory and practice in such allied fields as a hospital for mental diseases, a nursery school, and the social service division of the hospital, with excursions which introduce the student to both the constructive and destructive aspects of the community which surrounds them, - I have in mind the welfare agencies, the institution for homeless and problem children, children's court, penitentiary, housing conditions and the like. Such a program will bring at least an awareness of the part the social problems play in the mental and physical conditions of the patient. Undoubtedly a selection of high school students based on their school standing (students selected, say, from the upper third) will bring young women that through a comprehensive course will have the urge to strengthen and enrich their contributions through further study in the science field.

There is no statement more frequently made concerning nursing than that it is an art rather than a science. Nursing is incleed an art, but there is ample authority today for the contention that science has an
important part to play in the interpretation of every art, whether it be engineering, nursing, or sculpture. The assertion by Tolstoi many years ago that "science and art are as closely bound together as the lungs and the heart, so that if the one organ is affected the other cannot perform its function properly" is increasingly verified by present-day preparation for fields of activity formerly considered as within the realm of art but entirely excluded from that of science.

We have before us two factors important in their bearing on nursing practice, human nature and society. The incompatibility so often stressed between quality and mass production, whether we are concerned with organic or inorganic matter, exists not in fact but in our minds. The possible Utopia this implies awaits only the application of found or to-be-found means and methods, and scientists throughout the world are working intensively toward these and other ends. It must also be appreciated that scientists in their own circle, and philosophers, theologians, and educators outside of the circle, are being drawn into ever more synthesized conceptions of man and matter, however widely differing as to means and ends.

The Great Society discussed by Graham Wallace, visioned by Professor Whitehead, and outstripped in imaginative conception by Julian Haldane, is a twentieth-century aspiration, though impeded by differences of opinion as to how it may be achieved, for Haldane predicts failure of achievement if science is deflected by utilitarian functions, which such profound thinkers and humanitarians as Tolstoi, Whitehead, and Dewey seem to deem essential. Writes Haldane:

Less than a million years hence the average man or woman will realize all the possibilities that human life has so far shown. He or she will never know a minute's illness. He will be able to think like Newton, to write like Racine, to paint like Fra Angelico, to compose like Bach. He will be as incapable of hatred as St. Francis, and when death comes at the end of a life probably measured in thousands of years he will meet it with as little fear as Captain Oates or Arnold Von Winkelried. And every minute of his life will be lived with all the passion of a lover or a discoverer. We can form no idea whatever of the exceptional man of such a future.

But, whether any of these possibilities will be realized depends, as far as we can see, very largely on the events of the next few centuries. If scientific research is regarded as a useful adjunct to the army, the factory, or the hospital, and not as the thing of all things most supremely worth doing, both for its own sake and that of its results, it is probable that the decisive steps will never be taken.

Unless he can control his own evolution as he is learning to control that of the domestic plants and animals, man and all his work will go down to darkness.
This direful prediction of Julian Haldane attacks the use of science for exactly the contribution which it was indicted for its failure to
make by that inspirer of the Russian revolution, Tolstoi. Today we find in Russia a health program that we cannot fail to connect with Tolstoi's passionate plea for the application of science for the betterment of human life, a program recently pronounced by a distinguished British health authority and an American authority on social service as the most comprehensive and potentially far-reaching program yet instituted. Russia it would seem may be justified in designating this present era as the era of the child; nor are we in this country devoid of advance in the understanding and care of the child, for we have epoch-making studies, and evolution of institutions for child care that is indicated by even the changed nomenclature,-for instance what was formerly designated as an orphanage is now distinguished by the title children's community center or children's village.

This brief consideration of the Great Society as an objective was suggested by a class discussion at which issue was taken by a well informed student with an objective so far distant if even in the realms of possibility on the basis of its confusing nearer and more important matters. It is my belief, and such I think was the majority opinion of the class, that this conception, and to feel oneself a contributing factor in its advancement, gives to the worker as close to the soil as the nurse the compelling urge of investigation with perhaps an equal if not greater reward in findings, nor is the worker completely outside of the pale of research, for a recognized authority opens the door wide to every sincere investigator:

Wherever a man, woman or child thinks-wherever a human being observes, identifies, remembers, imagines, conceives, discriminates, compares, analyzes, combines, reasons, and judges-there is a laboratory; and it is my contention that, when the thinking aims, consciously or unconsciously, to establish some categorical proposition respecting no matter what subject-matter or aspect of the world, the laboratory ought to be regarded a scientific one.
It is nevertheless with relief and satisfaction that we of the nursing profession find ourselves, whatever the future may bring, recognized as essential factors in the dissemination and application of findings of science in matters of health rather than in the field of research and experimentation in the so-called pure sciences.

The divesting of man of those untoward conditions which darken life is not within the realms of even remote possibility, but the great gift of the present is the possibility of change.

The conception of the Great Society obviously differs in accordance with individual or group viewpoint. To me as a nurse it implies a society of mentally, physically, and emotionally balanced individuals creating through a collective intelligence a pattern of life, beautified by har-
monious integration into a mosaic of means the varied types of human expression.

If I were asked to name the two most valuable returns of a comprehensive educational preparation for any field of life activity, I would reply, an inquiring mind and the habit of browsing; the former a contribution of the sciences, and the latter the almost invariable gift of a liberal education. Through the stimulation of the former and the constant association through the latter with libraries, those treasure houses of acquired knowledge, it is reasonable to hope for an earlier realization of man's attainment of the most essential acquisition of Haldane's prediction, "and every minute of his life will be lived with all the passion of a lover or a discoverer." It is my belief that both satisfactions have been lost to many hundreds of young women through the traditional interpretation of nursing education. It is also my belief that the application to nursing of the knowledge of the physical and social sciences now available will ensure the "union of joyful thought with the control of nature" which is Professor Dewey's succinct definition of art, distinctly in accord with Haldane's thought, and an epitome of the good life.

## Election of Officers

The following officers of the Section were elected to serve for the coming year:

Chairman: Dorothy Worrell, Washington University School of Nursing, St. Louis, Missouri. ${ }^{1}$

Secretary : Anna Beckwith, Johns Hopkins Hospital School of Nursing, Baltimore, Maryland.
The meeting adjourned.

## Joint Session

American Nurses' Association
National League of Nursing Education
National Organization for Public Healith Nursing

## Tuesday, April 24, 8:30 p.m.

Presiding: Sophie C. Nelson, R.N., President, National Organization for Public Health Nursing.

Subject: The Changing Order of Today as It Affects:

[^17]> The Economic World
> David Cushman Covle, Consulting Engincer, Washington, D. C.
(Published in the Proceedings of the American Nurses' Association.)

## Community Life

Aubrey Williams, Assistant Administrator, Federal Emergency Relicf Administration, Washington, D. C.
(Published in the Proceedings of the American Nurses' Association.)
The meeting adjourned.

## Joint Session

$$
\begin{gathered}
\text { American Nurses' Association } \\
\text { National League of Nursing Education } \\
\text { National Organization for Public Healith Nursing } \\
\text { Wednesday, April 25, } 9: 15 \text { a.m. }
\end{gathered}
$$

Presiding: Effie J. Taylor, R.N., President, National League of Nursing Education.

## Changes in the Field of Education

> Bess Goodyкoontz, Assistant United States Commissioner of Education, Washington, D.C.

We have had an epidemic recently of movies, novels, picture books, and syndicated full-page newspaper displays showing the affairs of the past few decades. A series of books on "Our Times," "The Mauve Decade," "Only Yesterday," and the last grand picture book called "The American Procession" have shown us ourselves and our countrymen going about various weighty concerns. In these pictures we see and laugh at the amazing clothes, at queer looking games, at strange foods and ways of eating them, at funny horseless carriages and other uncomfortable ways of travel, at political and theatrical and athletic idols of past days, at things we fought and worked and paraded for. It is a good way of getting perspective, we say, a good way of studying history, a good way to watch the procession of progress. And if the people and the clothes and the social life and political activities seem crude, or naïve, or hopelessly ineffective, the better we can estimate the distance we have come and the more pride we feel in our own cleverness.

In a rather similar way it is now my responsibility to sketch for you some pictures which you will recognize as you look at them closely, to show what changes have taken place in the field of education. If by showing you educational activities as they were I can help you to compare them with your present-day pictures, the better may we observe together some of the changes in educational ideals that have taken place. Possibly we will each feel some pride in the progress that we see.

Suppose we look back at the schools of a typical midwest community of 50,000 population in the early nineteen hundreds. To begin with, we should find possibly a dozen elementary schools housing grades 1 to 8 , and a high school, or possibly two, for grades 9 to 12 . That is all-no junior high schools to bridge the span from elementary to high school; no special schools for deaf or crippled or mentally backward; no nursery schools and not many kindergartens for the littlest children; no vocational or industrial or commercial high schools for those who did not wish to take the regular academic course; no continuation or night schools for the thousands who wanted to continue their education after they began wage earning; no junior colleges for those who wanted to go to college but for some reason had to stay near home. If you wish to check up on this situation look in the city school directories of 1900 and you will find few variations from the usual pattern of eight-grade elementary schools and four-year high schools.

If we look into the schools of that time we are struck with the lack of what we now consider educational necessities. There are no health departments, no school doctors or nurses or dental hygienists, for the first law providing for medical inspection of school children was passed in 1899. There are few or no playgrounds or physical education rooms, for they followed long after the teaching of physiology. There are no hot lunches or special provisions for delicate children. Although there are attendance departments and attendance officers, we find no visiting feachers or nurses, no test and measurement departments, no child guidance clinics, no counseling or guidance service for finding out why attendance departments are necessary.

Some years ago a woodsman from up in northern Michigan remarked that schools are like the backwoods sawmills. In the mills with which he was familiar, the saws were set for the average size of $\log$ and as the logs ran through the mill those which were average or better in size were trimmed, planed, and smoothed, and made ready for the cutting of the lumber; those which were undersized were never touched by the saws but went on through untrimmed to the waste heap. The old woodsman remarked that schools were like that. If people were the
right size to fit into the plans for average treatment they no doubt profited by the treatment, but if they varied from the usual, going through school was not apt to do them much good.

In many respects the schools of the 1900's were like that. Their courses and their methods were gauged for the big number of average people but were not adjustable to variations in size and age and need and interest. The years since that time have shown education officials how to change the set of the machinery for variations in kinds of pupils.

We might draw for you still another picture of the interior of the schools of those days. Those old schools were rectangular rooms filled with rows of stationery seats. They seemed to be planned for sitting and receiving an education rather than for busily getting one. One writer has said that the layout of those old classrooms seemed to have been planned for old people who wanted to be left alone to sit and dream. In those schools there were no libraries, few laboratories, and little or no working space other than the desks. But in the picture of the modern school we find that these schoolrooms are equipped with materials for active learning. Many books rather than a single textbook develop habits of curiosity and research. Elementary schools as well as high schools have library facilities, and whole classes troop off to the library to find material for their reports. We find too that a science class which is testing seed corn, starting tomato plants, watching pollywogs grow, or experimenting in removing stains from clothing will need equipment different from the old straight-line schoolroom. The primary class which is studying kinds of food, how and where it is grown and prepared, and is summarizing its study on charts, will need work tables and work tools. They will do much less sitting still to listen and much more active drawing, cutting, arranging, explaining, and constructing. And if in the same way we look into the curriculum of the schools at the beginning of the century we miss the wide variation in subjects and courses which have through these later years been added to provide for the varying abilities and interests of the swelling numbers of students.

In contrast then as we look at the schools of 1930 with which we are all more or less familiar we find many striking points of difference. In the first place the schools are caring for an increasing proportion of the population; more people of more ages go to school. Not only that, but of the children of school age, that is from 5 to 17 , a tremendous increase in the proportion of children in school is to be found, starting at 57 per cent in 1870 , achieving 72 per cent in 1900 , and 81 per cent in 1930. That shows a gain in reaching power of more than 10 per cent
in the last 30 years. Furthermore the school mortality is lower than it was. Health officials report with pride that the infant mortality rate has been declining on an average of two points a, year from 87 per thousand live births in 1919 to 64 in 1930. School officials are equally proud that through enriched curricula and better personal guidance, child mortality in school has decreased very remarkably. Of every thousand pupils checked off in fifth grade in 1918 only 342 reached the first year of high school and 150 the last year. In 1930 of a thousand children starting off together in the fifth grade 747 reached the first year of high school and 313 the fourth year. This is more than a 100 per cent gain from 1918 to 1930, and were the figures available from the beginning of the century the gain would be more than proportionately greater. This higher proportion of the population in school, our first major change in education, includes three important groups: first, those of school age who are actually attending and who are attending more regularly; second, adults who wish to continue school and for whom provisions are at last being made; and third, children under legal school age for whose early training schools are taking increased interest and responsibility.

The second thing to notice in the schools of 1930 is that although they have many more pupils to know, school officials are knowing those pupils much more thoroughly. They are recognizing at last that there are characteristically different problems of physical, mental, and emotional growth at each stage of a child's life. For instance, at the preadolescent stage children have their own peculiar problems. They are at this stage normally from 8 to 12 or 14 years of age. They have their second teeth. They are busy having or getting over the common diseases of childhood. Physical growth is apt to be rapid during these years. The rapid growth of the limbs causes this to be known as the awkward age. Children come to the fourth grade in little folks' clothes, but they suddenly shoot up and out and appear in clothes like those of their older brothers and sisters, if not their parents. Internal structures and vital organs are developing rapidly. The head and brain reach nearly adult size during these years. This rapid assumption of size brings problems and responsibilities which are often difficult ones. Children are becoming more independent at this stage. They share their ideas with adults less and stay at home less. They are interested in other people and often choose picturesque heroes. They play with other children, in fact with so many other children that this is often called "the gang age." What the gang would approve becomes the law and standard of children at these years. They like to play team and group games and are ardently interested in clubs. Both girls and boys have their secret exclusive
clubs, but boys and girls do not continue to play together as they did during the previous years. Boys are apt to consider playing with girls a weakness and girls much prefer not to be bothered by their noisy brothers.

Mental traits and capacities seem to develop fairly regularly long before the teen age. Certain sensory powers are keenest at this age. Evidently this is no time for baby work. The minds of children of this age are active; they are curious, imitative; memory is keen; apparently the fixing of certain skills and facts may readily be done during these years at the age of 10 to 14 . Slovenly personal habits, bad manners, and disrespect for authority are often manifest during these years. Studies of their activities outside of school present an interesting picture of the things they do when they are not under supervision; their intellectual curiosities and difficulties show very definitely why the stage of development must be taken into account in planning an adequate intellectual, recreational, and health program for any particular age of learning.

This is by no means the only stage of development which requires sympathetic examination and understanding. The preschool age, the primary school age, the professional school age and all others require and have had in the last few years more careful attention as a basis for the planning of the school curriculum. The development of bureaus of research and child guidance clinics has aided materially in this work, for they are in a sense the laboratories of the school where skilled technicians isolate the germs of educational ill health and try out means and methods of correction.
With this better understanding of pupils in the schools a logical next step is to see that proper remedial or reconstructive measures are provided. Diagnosis and remedial work have for a long time been terms peculiar to the medical profession, but teachers nowadays recognize symptoms, diagnose conditions, and apply remedial measures which in many situations are just as exact, just as scientific, and just as successful as are the physicians'. The person who reads the subtitles aloud at the movie, who moves his lips while reading, who counts on his fingers when adding, is displaying symptoms as plain to teachers as are high fever, nausea, and severe pain in the right side to a physician. Likewise the child who works painstakingly but never finishes, the one who is noisy and distracting, the one who copies or borrows from some other child, the one who performs for visitors, are all displaying symptoms which need to be studied carefully and corrected wisely. Because of the wide range and seriousness of some of these learning and behaving
difficulties it is evident that schools must provide special clinical facilities both for diagnosing and correcting these difficulties-through special schools, special classes, special health teachers, school clinics, visiting teachers, school social workers.

Part and parcel of this remedial program has been the health work both in and out of school in which you and your allied professions have played the leading part. Forty states now have laws providing for medical inspection and a medical service of some kind is carried on in at least some of the schools in every state, Although at the beginning of the century only eight cities had medical service, at present more than half the cities now provide it. Even the smallest cities are progressing rapidly in this respect and county superintendents whose schools enroll about a fourth of the total school population report that 40 per cent of their schools now employ full or part-time physicians and 50 per cent employ nurses. In this country we are convinced apparently of the interrelationship of a sound mind and a sound body.

The ways in which these pictures of the schools of 1930 are different from those of 1900 really show three main types of change which have been taking place in the last 30 years. They state three guiding principles of education everywhere. They illustrate three types of endeavor going on in public education at the present time. To say it briefly it is this: In the schools more pupils of all ages must find better understanding and help for their individual problems whether they are health, social, or learning problems and the educational fare provided shall be what each person needs for the fullest development of his capacities.

This I am sure must seem a long way from the problems of education on the professional and technical level in which you are particularly interested. But as a matter of fact it is not so far removed from nursing education or from education for other vocations. Pictures of nursing education of 1900 and 1930 would show as great contrasts, and similar contrasts. There would be, as in our high schools, the very great increase in numbers of persons enrolled. This does not mean just more people of the same kind as before to be trained; it means more people of different backgrounds and purposes and capacities and plans for specialized services. And in nursing, as in other specialized service fields, this great increase in numbers has sharpened the necessity of school officials' knowing more about their students. Entrance requirements, personal interviews, intelligence and aptitude tests, probation periods, and other devices have been set up in your field, as in others, for guarding against unwise choices on the part of students and uneconomical expenditures on the part of training schools.

The head of a great medical center said not long ago that selecting students for his training school was in reality head-hunting. Yours too is a head-hunting profession, in that you include not only the hunt for abstract intelligence, but all that composite of traits and capacities which puts intelligence into action.

The third vitally important educational problem on which your professional organizations and training institutions have centered interest is the improvement of your training program. Your curriculum cannot be revised once for always any more than can that for high schools or aviation schools. New conditions bring new problems and new light on old problems, and no profession which is in its very nature a teaching profession as is yours can dare to resist change in the curriculum it furnishes.

But the cold winds of the depression have blown discouragingly on schools as they have on other social services. Public elementary and secondary schools are now operating on 368 millions of dollars less than they used in 1930, and many hundreds of schools would have been closed had not Federal Emergency Relief funds come to their rescue. Colleges, universities, professional and technical schools face similar shortages. But possibly that is not the worst, for all over the land the products of these schools face an inhospitable and a jobless world. By actual statement and by implication they were promised that success would crown their hard work in training. But here in a land which raises too many oranges, millions cannot afford orange juice. In a land convinced of the desirability of health and the need of health service, millions cannot have it. With more people than ever before wanting more education, at least 200,000 certificated teachers cannot find employment.

Maybe in this lies a hint of the changes which education must face in the next thirty years, and a hint of the educational pictures we should be about drawing. We have looked backward with some pride at the hurdles passed. If schools are to serve their students well, they must teach them to see more clearly than before the place of their own field of work in the whole social pattern-not separate groups deserving separate consideration-but adaptable, coöperative parts of the whole mosaic of community life. And with that must go personal versatility-the ability of each individual to change from outgrown or unneeded specialties to others which changing conditions open up. These requirements indeed will give us stars to reach for.

# The Changing Order and Nursing 

Annie W. Goodrich, R.N., Dean, Yale University School of Nursing, Now Haven, Connecticut

Yesterday under the caption "The Social Sciences and Nursing" we discussed what we consider the essential contributions of the social sciences. We discussed the influence upon the individual of the application of the findings of the old and new sciences and upon the individual's contribution to society through the changes effected or that might be effected. We indicated as our objective the physically, mentally, and emotionally balanced individual. We predicted as the desirable result not a few such individuals to whom society would look for leadership, but a society of well-oriented individuals in the fullest sense. We were visioning the Great Society of which it has been said, given such a society the leaders for the occasion would be available, a society of which the changing order gives promise.

States a recognized authority :
Russia apart, no modern state has undertaken an experiment which even approaches in magnitude or significance the adventure upon which Mr. Roosevelt has embarked. ${ }^{1}$

Then after discussing certain schemes to which the finger might be pointed, Mr. Laski continues:

But President Roosevelt is a statesman in a great capitalistic society who has sought deliberately and systematically to use the power of the state to subordinate the primary assumptions of that society to certain vital social purposes. $\ldots \ldots$ He is attempting a revolution by consent. ${ }^{1}$
We are indeed experiencing social adjustments that, thanks to the constitution bequeathed us by our forefathers, may and should be conducted through the slower but sounder method of evolution, a method which is as much more creative and enduring in its results than revolution as is the action of the sun rather than the storm. Exactly what I desire to indicate is Mr. Laski's analysis of Mr. Roosevelt:

He is not a revolutionist planning some private Utopia. He is the logical expression of social forces and could hardly have acted otherwise if he wished to retain the characteristic contours of American life. ${ }^{1}$
The Roosevelt experiment, of which Mr. Laski writes, if it related solely to industry would perhaps not be of the great moment indicated, but such is not the case. Not only does it impinge on the economic, educational, and recreational problems of that important element of society, the family life, but the very methods indicated as required for the achievements of the experiment are suggestive of steps through

[^18]which society may more rapidly obtain for the community at large other advancements, health protection for instance, admittedly an essential factor in effective citizenship.

General Hugh Johnson, reiterating the President's conception of a partnership between the Government and Industry, said:

The basic principles of the NRA are sound and simple. On the one hand they permit and encourage each great industry to organize and act as one under direct governmental supervision..... On the other hand they permit and encourage the workers in each industry to organize and act as one.....In other words this act asks for coöperation between industry, labor, and government as one great team, to preserve the economic health of the nation. ${ }^{2}$

There is no more essential achievement for nursing than coöperation with higher education, with the business of health (as conducted by the hospital, dispensary, or health organizations) and with the government to the end that the highest expression of his complete personality be assured each individual for his service to humanity.

General Johnson further discussed as the two essential factors in achieving success in the NRA, knowledge and organization. Probably no country in the world could more readily and understandingly subscribe to this assertion, for few if any countries have made more rapid and comprehensive provision for the acquirement of knowledge through a public system of education, for the transmission of information (I refer to the multiplicity of means of communication included in which would be the film and the radio), or that has so universally and ineradicably acquired the habit of organizing. In short the foundations were already laid for the new era toward which we are moving and which demands for its realization the balanced life. Its requirements: the coördination of education and experience as essential for intelligent interpretation of the life activity, be the concern what it may, health, industry, recreation, only possible through a comprehensive general foundation upon which the specialty is built, and the coorrdination of the particular practice with life activities.

There is no group in society that should more clearly understand than the nursing profession the implications of this changing social order.

There is no group in society that beginning with their professional preparation and ending only with the conclusion of professional practice has greater opportunity for the study of the essential factor in the case -man, through the gamut of physical and social conditions, and in sufficient numbers and expressions to enable the controls demanded by

[^19]psychologists-man from infancy to old age, poor or rich, illiterate or learned, diseased or healthy, retarded or superintelligent.

There is no group in society that should be more keenly alive to the importance of forwarding through all known means a social program that ensures economic security or that should be so versed in the conditions which make for physical and mental wellbeing; no group that can bring greater influence to bear through interpretat:on of the changed conditions demanded for a social system that ensures the good life, interpretation which requires not only the dissemination of knowledge but its practical application.

There are certain words or phrases written large over twentieth century life indicating Utopian practices but which are still remote. I was indeed tempted to entitle this paper "Words a lá Mode," so much are we paper practitioners of fashions in thought.

Before the printed word had reached the general public the overproduction of literature was deplored by Solomon, for, said he, "Of the making of many books there is no end." Today the market is glutted with unapplied wisdom and undistributable wheat, while the people suffer for lack of both.

If we do not know that we are in a "period of transition" it is because we are not in touch with current literature. The designation "Era of the Child" is hearteningly suggestive, but under present social conditions it seems distinctly premature. The importance of considering "the individual as a whole" is a constantly reiterated precept, but the diseased body, the tortured mind, and the empty pocketbook still await returns from the composite consideration advocated.

To the uninformed it would appear that "periodic health examinations" were an accepted regimen of our $120,000,000$ population. The number to whom such examinations are available is infinitesimal.

Yet, as all students of Nature must admit, ideas-conceived as seeds —are following very definitely Nature's prescribed methods. Historically, in this country at least, the seeds of the New Deal or the "Era of the Child" whichever you prefer, were sown two centuries ago with the unscientific pronouncement "all men are born free and equal," and the growth and development of that idea has now extended to the most potential social pronouncement ever achieved, The Children's Charter.

The value of principles does not lie in their utterance any more than the value of knowledge lies in its possession. To the principles enunciated in the Children's Charter there would probably be nationwide subscription. Unless applied they have no significance. The possibility of their application depends upon an informed public. Address any group
of well-informed citizens and ascertain the number who have given any thought to or even heard of this unique pronouncement.

There can be no question as to the changes that the twentieth century has brought in ways too numerous to mention and too well recognized to need enumeration. In the face, however, of certain social conditions it is reasonable to consider the extent to which these changes have affected social action. For optimistic as we have reason to be, we are forced to subscribe to the statement that our social practices fall far behind our scientific advancement, and there are episodes in particular and conditions in general that justify the assertion that we still live in the age of the jungle.

A panoramic view of life in the twentieth century is distinctly disturbing; through its vistas alone we retain our faith in ultimate good. I have neither the time, knowledge, nor desire to trace through its circuitous route the onward path of health. Yet I shall venture to assert that there is no social expression that so unequivocally testifies to ultimate good as the conception, growth, and development of the fundamental factor in its realization, the health program.

The question of outstanding importance is how can we as nurses and women most effectively take our part in this program. Through findings which demonstrate the mutability of the heretofore considered immutables, to wit: inherent characteristics, the inevitability of poverty, disease as a dispensation of Providence, the latter a conception ludicrous even to the child of the twentieth century, vast stretches of possibilities present themselves in the light of present-day scientific findings whether in the field of the physical or social sciences.

Invention gives promise of the greatest gifts of the ages to the masses, the riches of life, and the leisure to enjoy them. It seems incredible that there should be one protesting voice and that individual is indeed despicable who, having enjoyed these privileges, questions the advisability of their universal distribution. The wealthy, not the poor, have prostituted leisure.

Of all professional workers nurses should be the last to be deflected from careful study, analysis, and intelligent conclusions concerning those conditions through which society is best served. Yet how often when the question arises of hours of service recognized as detrimental to health it is asserted that to consider service on this basis is unprofessional. It is a reasonable question as to which is the greater lack of professional attitude-subscription to a program of education or daily life that limits the social efficiency or to insist on those conditions which have again and again been demonstrated to produce the better results. Knowledge worthy of a profession demands the latter.

Which is of primary importance, to prepare a person for a given profession or for citizenship? Or, to put the question another way, which individual is likely to make the fullest professionual contribution, one who feels citizenship to be the foundation upon which his professional practice rests, or one who considers his profession as an expression of his individuality?

The questions therefore of paramount importance are what part in citizenship should education play and what part in professional practice should citizenship play. Here we find ourselves intruding upon a characteristic deemed an essential American expression, a claim analyzed vigorously and illuminatingly by Mr. James Truslow Adams in a recent issue of the New York Times:

In the higher spheres, intellectual and spiritual, individualism means the power of novel and independent thought and action. In the lower the social sphere, it means the willingness to go one's own way and give expression to one's own nature regardless of the perhaps stereotyped opinions of one's neighbors.....Taking us by and large, in the past we have not shown ourselves particularly fertile in original ideas, though marvelously ingenious in utilizing the ideas of others. It is an Edison rather than an Einstein who is a typical product of America. Perhaps our most notable contribution has been what I have called the "American dream"-that belief in the right and possibility of a better life for all, regardless of class or circumstance, but that has been rather the reaction of mass thought or emotion to environment than the result of the thinking or teaching of any one strongly marked individual. ${ }^{3}$
Accepting as we well may the conclusions of this acknowledged authority the illusion or delusion of ourselves as rugged individualists is dissipated. Thankful should we of the nursing profession be that we have so precious a heritage, that we are the descendants of those responsible for the "American dream." But there is a difficult task before us, the control and direction of a new world power. It is of Science, not Capital, not Labor, not Leadership even, the question should be asked, "Are you to be the master or the servant of the people, or the servant of the few and the master of the many?" In that great creative and destructive force lies a realizable Utopia or imminent extinction. What will we do with it, is the question? Upon women, as mothers, as educators, as health workers, the decision in no small measure rests.

The nursing profession, and I emphasize profession, should by virtue of knowledge based on experience demand that balanced life for her own members not less than society at large through which it has been demonstrated the best contribution may be predicated. As an organized

[^20]body it should demand that program of education which, experience demonstrates, brings the most effective returns. Nursing is committed by its very derivation to the furtherance of those processes through which the human organism is brought to greatest perfection.

There is no group which should be more fully aware than the group we designate as health workers of the potentialities of every human being or the fact that we have increasing and tested means of measurements of mental and physical limitations and possibilities, and that through that fact the wise direction of every life, and from its earliest not years but days, even moments, is important. If there is any hope for the New Deal it lies in the American predilection for bigger and better things. Let us pray that the spirit of adventure has not been lost to nursing through the fact that the profession found its birth in philanthropy, a jewel in the crown of the old social order, but of small use in a program that presages universal social security and advancement, which is the summum bomum of our democracy, and that the nurse, every nurse, will come out boldly and insistently for the essentials of good professional practice today. Such practice must be based on a sound general education and a comprehensive professional course under qualified educational and professional direction and control, with such provisions for didactic instruction, clinical experience, study, rest, and recreation as through constant study and experimentation of all these divisions seem to give best promise of satisfactory results.

The bachelor's degree as an admission requirement is today entirely possible from the standpoint of numbers needed to maintain the nursing strength required for the country and number of young women completing the college course. Writes a Yale student of the value of the completion of college as a foundation for the professional course:

Just how those four preparatory years should be spent is of no great moment. It is the process of living and experiencing life in an educational atmosphere that is important.
I shall not dwell at length upon this to me most essential foundation upon which to build the professional course through the greater maturity of the student, the broadened and deepened social experience, and above all the discipline of the science courses, courses which 1 deem to have a spiritual value sometimes overlooked; for science requires that greatest factor in character building, integrity, integrity of purpose, of method, of interpretation, a quality recently shown to be none too motivating in our social expressions. There are other values accruing through a college education-the delightful mental excursions of the well-stored mind, the refuge from the hard facts of the world through the habit of browsing.

It is a curious thing that such satisfactions should be denied to those who because of the very drudgery and monotony of their field of activity most need them, whether it be the plowman, the miner, or the maid. With the present scarcity of employment, many highly educated individuals are forced by the need of daily bread to accept the humblest tasks. Are they in a better state or worse through the spiritual and mental resources of a liberal education? These resources are undoubtedly their most precious, perhaps in a very full sense, their lifesaving possessions.

I shall not dwell at length upon the values accruing through faculties that bring a broad and intensive preparation to their task, further than to state that such a preparation is essential for the constant shaping and reshaping of a program of education founded on science.

Beyond this is the influence of example in stimulating interest and directing the inquiring mind, an influence which cannot be measured. Every school of nursing in this country within the next decade should be either definitely associated with a college or university, or discontinued.

And lastly it is incumbent upon this now great organization of professional women to work unceasingly for the two essentials in achieving effective professional practice: First, within each given locality a centralization of nursing activities through which may be registered and met the nursing needs of the community in all its varied aspects. Such centralization needs more than a council of representative citizens and a well-organized bureau under a highly qualified director with a corps of assistants. It requires subsidy, local, state, and federal. We shall never meet the health needs of the people until we develop a program of support comprehensive enough to lift the burden of the cost of arising sickness and health conservation of every member of the population. It is a tragedy that measures accepted by other countries and of proved value should not have long since been instituted by a country consecrated to the promotion of the happiness and security of the people by the people. To say that the health of the country cannot safely be lodged in the government is to criticize the voting population which means ourselves, and to so assert in the face of recent happenings in the so-called nonpolitical groups is to admit that we live in the country of the blind.

The second essential incumbent upon us to forward I have already discussed, namely the universal university education of the nurse. What we need now is action. Knowledge is available and there is the strength of organization. Intrepid action on the basis of what we know and
what we have would project us far in achieving the desired, the indeed demanded, professional contribution of this day and age.

Said Professor Dewey in discussing recently religion in the light of science and philosophy:

It should be recognized that all modes of human association are affected with a religious interest. The thought and energy that have gone to loyalties devoted to another and supernatural world should be directed to the betterment of human relations. The contradiction that exists between the idea that religion has universal authority and its limitation to a group of special interests can be overcome only when the reverence and devotion that have been directed upon otherworld affairs are concentrated upon bringing to realization the values of unity and mutual dependence implicit in social relations. When this change is carried out, there will be a genuine religious emancipation, because religious values will be integrated with all the ties that bind men together in the pursuit of the various forms of good that are included in our natural social life. ${ }^{4}$
Nursing, as history records, is imbedded in the religious expressions of ancient and modern society. The influence of such interpretations of our professional responsibility, as has been suggested, would be difficult to overestimate, for implicit in every expression of the health movement is the value not of a given group or nation but of mankind. Never was there a period in the history of the world when emphasis on this value was of such profound importance. Never before was it so possible to apply through scientific interpretation the oftreiterated principles of religion.

The meeting adjourned.

# Session Conducted by the Committee on Subsidiary Workers in Nursing Services <br> Wednesday, April 25, 11:15 a.m. 

Presiding: Effie J. Taylor, R.N., President.

## The Need for Subsidiary Workers in Nursing Services as Seen by the Committee on the Costs of Medical Care <br> Alden B. Mills, Managing Editor, Modern Hospital, Chicago, Illinois; formerly Executive Secretary, Committee on the Costs of Medical Care

The desire to nurse the sick back to health is, probably, almost as old as the human race. We see it manifested early in the lives of our daughters as they play with their dolls or care for the hurt puppy or

[^21]the bird with the broken wing. Even if it were desirable it would be impossible to stamp out nursing by amateurs-the mother, the older sister, the kind and thoughtful neighbor will always respond to the call of distress to the best of their ability. None of us would have it otherwise.

On the other hand, we know that nursing as a profession has, in a remarkably short space of time, climbed a long way from the amateur level. As we look back over the history of medicine and see the slow laborious progress of medical science through the centuries and compare with that the progress nursing has made, under the guiding hand of medicine, in the last seventy years it is breath-taking. Unquestionably some of our present nursing schools, particularly those of university stamp, are turning out graduates who are better prepared to practice medicine than were many doctors who graduated fifty years ago. These well-trained nurses are not practicing medicine. They are practicing nursing-but only by reason of the fact that we have been willing to redefine nursing over and over again. This is entirely as it should be and I think any intelligent person will realize that the nurse must, if she is to be of the largest service to the physician and society, continue to take over one after another small segments of the work of the physician. He meanwhile is constantly pushing farther and farther the frontiers of his knowledge.

The well-trained nurse is or should be a professional person, working professional hours, for professional pay, under professional conditions, and at professional tasks. Those who carp at the nurse because of these facts are vainly trying to set back the clock. I can see no escape from the proposition that increasingly the nurse will take over the physician's routine work.

These frank statements of mine will not make a very strong appeal to many of you. Secretly you know that there is considerable truth in them, but you are not particularly anxious to have them publicly discussed because of the opposition they may arouse from those physicians on the lower fringe who fear encroachment on their fast-diminishing practice. I think you need have not the slightest fear from the physicians at the head of the procession. They will be glad to have you come up and support them as rapidly as you are prepared to do so.

My only excuse for venturing thus rashly into these controversial fields is necessity. If I am to outline to you clearly the reasons why the Committee on the Costs of Medical Care advocated the training of socalled "nursing attendants" we must first clear the ground of the barbedwire entanglement that so often confuses nursing discussions. I refer, of course, to the statement that "nurses are overtrained; we should
return to simpler ways of simpler days and all our problems would be solved." Such a thesis is, I think, indefensible and dangerous.

If I may now assume that you are convinced (hardly against your will, of course) that the advances in nursing education in the past were desirable and that further advances along the same lines will continue in the future, we are ready to consider the other side of the question. Obviously no such advance as this is made without our paying for it. One of the costs of the increasing professionalization of nursing has been that the newer nurses were unwilling (and frequently unprepared) to do many of the things which their predecessors-both trained and untrained-did or were reputed to have done. Consequently there has arisen a gap in nursing service-using the term in a very broad sense.

Before describing it, I must safeguard myself by stating that my remarks do not apply to the last three or four years which under the terrific battering of the depression have witnessed such a disorganization and disruption of our accustomed nursing service. Obviously this depression period has brought many changes, most of which we hope are not permanent. Since we are talking about a step that will be taken slowly over a period of years, I am sure you will agree with me that it would be better to base our discussion on the predepression conditions.

The subsidiary workers which the Committee on the Costs of Medical Care recommended, nursing attendants, were defined in the report as persons "Competent to furnish simple nursing service under the supervision of visiting graduate nurses, who are willing to do housework when necessary, and who accept somewhat lower rates of pay." Undoubtedly the committee was influenced in its thinking by the report of the Brattleboro Mutual Aid Association of Vermont whose attendant nurses are restricted to the nursing of the mildly ill, the convalescent, and the chronic cases.

Why are such attendants needed? They fill the following needs that are not usually filled by graduate nurses:

1. When the mother or homemaker is ill, nursing attendants will not only nurse her but also will do simple cooking, cleaning, light laundry, and the other activities necessary to keep the household running. Often the smooth running of the household is almost as essential as medical treatment in speeding the patient's recovery.
2. In the eare of chronic or convalescent patients where the nursing needs are light and do not constitute full-time employment, the attendant is willing to do other duties so that her employment may not be too expensive for the family.
3. The nursing attendant should and will, if properly supervised and controlled, work for smaller pay than the graduate nurse. In Brattleboro graduate nurses in 1930 charged $\$ 49$ a week while nursing attendants charged $\$ 21$ to $\$ 30$ a week depending upon experience. This was an important consideration to a large proportion of our families even in 1929.

Without the other factors, however, I do not believe that the nursing charges alone-which seem so high to the family and so low to the nurse-would justify the creation of a new class of subsidiary workers. I think that the high cost to families could be met in some other way, perhaps by an insurance plan of some kind. But even if this were done, as it has been for many families in Brattleboro, there still exists the need for the combined nursing-housekeeper service.

Before granting this last statement, it would be well to be sure that there are not other tendencies at work in the field that might better solve the problem. There are three in particular that may be urged, namely the wider utilization of hospitals, the extension of public health nursing, and the growth of hourly nursing. Let's examine these.

Unquestionably the trend toward increased hospitalization of the sick, which has been temporarily halted, during the depression, will continue after we again get upon our feet. The hospital has amply demonstrated its value in the saving of the lives of the sick. I look for it to go further and become a center for positive health work in the community, harmoniously supplementing and strengthening the activities of the health department and becoming of increasing service to physicians. However, it seems unlikely and altogether improbable that we shall ever consider it necessary to hospitalize all sick persons in the community, particularly the mildly ill, the chronics, and the convalescents. Such a program would probably be too costly and would unnecessarily disrupt family life.

Public health nursing likewise will doubtless continue its rapid growth as soon as the depression gets a little farther into our past. It, too, has demonstrated its value. But I see no possibility of public health nursing organizations, either public or private, sending graduate nurses into the home to get Dad's breakfast, send Johnny off to school with a clean face and Mary in a clean dress, and give nursing care to the sick mother. That is not the graduate nurse's job. The same considerations apply to hourly nursing.

The 1930 census reported that there were 153,000 so-called "practical" nurses in the United States. Perhaps someone will suggest that they fill the bill. If any think that, let me quote the description of the practical nurses in one middle-western rural county:

Most of the practical nurses have their own homes and do nursing to supplement the family income. They are, therefore, not always available for a case or willing to take it. The interviewer concluded that the average age of the 17 nurses interviewed was about 55 . Three gave their ages as 57,71 , and 73 . Of the 17 nurses, 13 have been through eight years of grade school and certain others had had less education. One had attended high school for one year, another for three years, and one other had been to a state normal school for a time.

Their training in nursing was as follows: one had two years and eight months at the Major Hospital as a nurse's helper, one spent one year in a hospital, and two had correspondence school courses in nursing. The rest had no training of any sort. Seven of the nurses had been nursing for ten years or more and ten had been nursing for less. None of the nurses refuse Sunday or holiday calls, or calls for twenty-four-hour duty. However, six refuse obstetrical cases and some of the others refuse such cases as cancer, contagious diseases, fever, tuberculosis, pneumonia, and typhoid. One nurse does only obstetrical work.

Seven of these nurses generally do no housework and two nurses never do it. This means that household tasks such as preparing meals and washing are not performed for the family. The rest of the practical nurses usually do housework except when the patient is seriously ill and requires constant attention. Nine regularly, and the others frequently, serve on twenty-four-hour duty. Because there is no local nurses' registry, the practical nurses usually receive their calls through physicians, friends, and former patients. ${ }^{1}$
These "practical" nurses may be very practical but I don't believe that they are nurses.

The Committee on the Costs of Medical Care was fully aware that the training of nursing attendants is not without dangers both to the public and to the nursing profession. How could it be forgotten with two active and intelligent nurses on the committee? In recommending such training, therefore, the committee very carefully qualified it as follows:

1. Such attendants should work "under the supervision of visiting graduate nurses" and "under the auspices of agencies that can adequately supervise their activities."
2. Their status, like that of all who nurse for pay, should be defined by law, and state registration and state licensure should be compulsory.
3. The training of nursing attendants should not be started until warranted by improved conditions of employment among graduate nurses and until adequate control by state licensure is obtained.

Uncontrolled and unsupervised private practice by trained attendants would probably jeopardize the economic position of graduate nurses and constitute a menace to the health of the people. Under proper licensing and supervised by competent agencies, the service of trained attendants should fill a real need without hazard to nurses or the public.

[^22]I hope you will not take it amiss when I state that personally I look forward to the day when community nursing bureaus will provide and vouch for all types of nursing service needed in the community. Then the doctor or the patient who needs a nurse will, by making one phone call, tap the entire community resources for nursing. He will need to remember only one phone number in order to reach some one who can quickly and intelligently tell him about the services rendered by visiting nurses, by private duty nurses for home or hospital work, by hourly nurses, and by trained nursing attendants, and will promptly send to his aid the type of assistant he needs. Even the so-called "practical" nurses, if there are any, will be employed through and supervised by the community nursing bureau. The organization should function as intelligently and almost as rapidly as a well-manned fire department. Perhaps I am dreaming but, from my point of view as a member of the consuming public, it is an attractive vision and "where there is no vision the people perish."

## The Subsidiary Worker in Nursing Services from the Point of View of the Committee on Subsidiary Workers in Nursing Services

Elizabetil C. Burgess, R.N., Associate Professor of Nursing Education, Teachers College, Columbia University, New York City, and Chairman, Committee on Subsidiary Workers in Nursing Services
I know we are all grateful to Mr. Mills for coming on from Chicago and giving us something of the thinking of the Committee on the Costs of Medical Care which led that committee to recommend "that less thoroughly trained but competent nursing aids and attendants be provided." I had not read Mr. Mills' address prior to the preparation of my paper, consequently what I have to present is not a discussion of his paper, but is intended to present to you some of the findings of the committee which I am representing, together with some of the problems involved in the situation.

The situation is not new. It has been discussed by both medical and nursing associations for years. Possibly the fact that the discussions have been followed by little or no action is a factor in making the situation at the present time so acute. About 10 years ago, to be exact in the year 1923, the Committee for the Study of Nursing Education, of which Dr. C.-E. A. Winslow was chairman and Miss Josephine Goldmark secretary, and on which nurses were represented by such outstanding women as S. Lillian Clayton, Annie W. Goodrich, M. Adelaide

Nutting, Lillian D. Wald and Helen Wood, presented in its final report the topic, "The Field for a Subsidiary Type of Nursing Service." It closed the discussion with a conclusion recommending "that steps should be taken through state legislation for the definition and licensure of a subsidiary grade of nursing service, the subsidiary type of worker to serve under practicing physicians in the care of mild and chronic illness and convalescence, and possibly to assist under the direction of the trained nurse in certain phases of hospital and visiting nursing."

Recognition of needs must always come before any really effective work can be done toward meeting such needs; but we have been slow in awaking to a realization of what these needs are. With a few exceptions the matter has merely drifted. It is a difficult question to attack, one which all of us, I believe, would be willing to let alone. Yet the very fact that the Committee on Subsidiary Workers in Nursing Service was formed sometime prior to the presentation of the Report of the Committee on the Costs of Medical Care shows that the need for giving attention to this perplexing problem was fully evident to our nursing associations.

At the present time, as I have already indicated, that which in the past has been a difficult problem is now an acute situation. Whether we wish to or not, there is no escaping it. The question which we must face is not only one of "providing less thoroughly trained but competent nursing aids," for as a matter of fact the "less thoroughly trained" are already with us in great numbers, but of providing a thoroughly well qualified group for a different service, a service not met at present by the graduate nurse.

Your committee has given considerable attention to the great group of subsidiary workers already in the field and I would like to present some of its findings.

According to the figures presented by Dr. May Ayres Burgess, ${ }^{1}$ the United States Census of 1930 gave a total of 153,443 untrained nurses as practicing nursing in this country. It also gave the figure of 294,268 persons practicing as trained nurses.

An analysis of this group of 153,443 workers has been made in an attempt to determine the source of the supply. Some of the findings are as follows:

Ten states at present have laws on their statute books or have written amendments into their nurse practice acts for the registration or licensing of persons on this lower level. The states follow:

[^23]Florida provides an examination for practical nurses and issues licenses as "licensed attendants" to those the Board considers competent.
Georgia provides a license for the "undergraduate nurse" who must show twelve months' training in a regularly chartered training school for nurses.
Indiana licenses the "trained attendant," the law calling for a twelve-month course in a school.

Maryland licenses "the practical nurse" after a nine months' course.
Michigan licenses the "trained attendant" after examination. Applicants must show graduation from a course approved by the Michigan State Board.
Mississippi provides by law for the "licensed attendant," but as I understand this provision, it covers only those who were practicing before its nurse practice law was enacted in 1914 and those who were at that time not eligible to become registered nurses.
New York registers the "trained attendant" after a practical examination to which only those who are graduates of registered schools for attendants are eligible.
Oklahoma licenses the "attendant" who has had nine months of hospital training.

Pennsylvania provides for the "licensed attendant" following a training which in the minds of the Board is acceptable.
Virginia provides for the "licensed attendant" in an act independent of the Nurse Practice Act, which authorizes the Board of Examiners of Graduate Nurses to establish courses and provide for the examination to practice.
We have not obtained exact information regarding the total numbers which have been licensed under these various laws. In 1933 Michigan reported 488, New York 351, Pennsylvania 174, and Virginia 234 -a total of 1,251 in four states.

This represents the definite effort made by nurses to meet the need. I believe that the results measured in persons prepared and in the effect on the field has been a negative one. Possibly the explanation lies in the fact that hospitals have not found it profitable to train the group for the short period of nine months to a year, and to the fact that the educational requirements for entrance to the schools for attendance have differed but slightly from those required for entrance to schools of nursing.

The biggest factor in the situation, however, appears to me to be that the only advantage apparent to the woman taking the courses is that she may legally assume a certain title which others may not use. Any one may do, if able, any of the things she is expected to do; therefore, there is little incentive to spend a year in securing a preparation. On the side of the public and the graduate nurse there is actually no protection, since in many instances the nurse practice act is wholly permissive, only the title Registered Nurse being controlled, and the title trained or graduate nurse may be assumed legally not only by the attendant who is licensed but by any one with or without preparation.

A further difficulty and actual danger involved is the fact that the individual fails to confine her practice to the field which was vistaalized in her preparation, namely, caring for the chronically ill and the convalescent, and she is found installed on cases of acute illness, such as pneumonia, where she is totally unable to properly function and in an emergency becomes a hazard to the patient.

There have been at least two carefully planned courses for this group. Curiously enough, however, they have been set up where not even the slightest legal control exists. I refer to the well-known Household Nursing Association of Boston, whose program has been presented to us in past years and which has made every effort possible to control and supervise the practice of those whom it has graduated. This school has graduated, between 1918 and 1933, 1,600 attendants. The organization and activities of the Brattleboro Mutual Aid Association in the preparation and placing of an attendant nurse have also attracted our interest for many years.
A third source of supply of the subsidiary workers lies in the numbers of hospitals which conduct so-called nursing schools which do not meet the requirements of the particular state, and consequently whose graduates are unable to become registered nurses. In other words, the third source of supply is the nonaccredited school. This source is larger than we would at first assume.
As you all know, the Journal of the American Medical Association publishes in the spring of each year the list of hospitals of the United States, giving certain pertinent information regarding each institution, including the existence of a school of nursing and whether the school is accredited by the state in which it is located. Examination of this list in 1933 showed a total of 254 hospitals which had student nurses but which had no accredited school. These hospitals are located in 38 states. The Committee addressed the secretary of the board of nurse examiners of each of these states in an attempt to determine whether these students were affiliating students from accredited schools, whether they were students who were merely completing clinical experience in the hospital after the closing of a recently accredited school, or whether they were students in what one of the secretaries who wrote us, termed an "outlaw school." Returns from 28 states gave us a total of 89 hospitals where there is a student group being carried which is not qualified to take the state board examination. Of the 89 which were reported, 40 are in New York State. One of the reasons for the scanty information which we have on this source is the little information which the state boards themselves have about what is going on in the way of training courses in the hospitals into which they have no entréc.

Another source of the subsidiary worker in nursing service is the state mental hospital. There are large numbers of persons employed in nursing duties in these hospitals as attendants. To what extent they pursue nursing as a calling outside the institution we do not know. The matter rests largely on opinion.

Another source of supply may be a surprise to some of you; to others it is well known. I refer to the teaching of nursing by correspondence. It appears from the literature of these schools that it is perfectly possible to become a qualified nurse-well able to hold one's own with hospital graduates, to occupy responsible positions in institutions, to care for the critically ill, and incidentally to earn good salaries from the very beginning of the course. The method consists of reading the printed lessons sent out by the school, answering questions in the form of examination papers which are returned to the school at intervals, and trying out what you so learn on some member of your household, on cases on which the local doctor places you, etc. On completion of the lessons a certificate is granted. One of these certificates which came to my attention several years ago provided a place for the signature of a local physician; others are signed by the officials of the correspondence schools.

The literature of these schools is voluminous. It is made as attractive as possible, and is filled with letters showing the success of those who have taken the course.

These schools have been in existence since the beginning of schools of nursing in this country; in fact, such schools and institutions advertising and giving short-term courses of eight weeks to six months contributed to the recognition of the need for securing nurse practice acts in the years just prior to 1900 .

Correspondence schools whose activities are well known today are: The Chicago School of Nursing, at Chicago, Ill.; The Chautauqua School of Nursing, at Jamestown, N. Y.; and The Hospital Extension Course, which is described as being the Home Study Department of the Philadelphia School for Nurses, affiliated with the Central Hospital of Philadelphia. This course, the institution would have you know, is the only hospital extension course which is offered.

We have no exact knowledge of the extent of the operation of these schools. If we were to judge by the statements made in their literature, they are a prolific source of supply.

The Chautauqua School in 1933 claimed 15,000 graduates. ${ }^{2}$ In 1933 the following paragraph appeared in their bulletin:

[^24]
#### Abstract

"The number of hospital trained nurses cannot for many years be expected to increase beyond 350,000 , one hospital graduate for every ten patients. Hospitals and hospital nurses are not sufficient to meet the constant nursing need. There must be others for the care of the sick in the private home, and the home study method is the most practical means by which these nurses can be provided in adequate number." ${ }^{3}$


One of the most prolific sources of the supply is that which our legitimate schools of nursing are largely responsible for. It is the outpouring of students dropped from the school between the period of entrance and graduation-dropped for all kinds of reasons: illness of self, illness in family, "personal" reasons, marriage or contemplated marriage, dislike of nursing, inability to learn, failure in examinations, personality difficulties, serious errors showing carelessness and that the individual is not safe to be continued in the care of patients, immorality, and a long list of other reasons showing that these persons are unfitted to enter the field of nursing. Large numbers of these either at once or at a later date swell the numbers of those practicing under various titles: "practical nurse," "undergraduate nurse," "trained nurse," just "nurse."

There is no end to the names which can legally be assumed. One enterprising graduate of a short-term school who was taken to task for using the letters C.N. after her name, when the law in that state expressly stated that the title "Certified Nurse" could be used only by those who were registered nurses, replied promptly that in her case C.N., did not stand for certified nurse but for "Competent Nurse."

An unpublished report made at the annual meeting of the New York State Nurses Association in 1933 by the Secretary to the Board of Nurse Examiners, Miss Clara Quereau, told of a study ${ }^{4}$ made by her department as follows:

The registered schools of nursing in the state supplied data concerning all students admitted over a period of four years. From these data it was "possible to determine the percentage of elimination from any class at any time throughout the course for any and all schools." The results showed that 40 per cent of the students who enter the schools of nursing in New York State never complete the course. There is no reason to assume that the situation in the schools in New York is different from that of the schools located in other states.

There are other possible sources for the subsidiary group and while we have no figures for them, it seems desirable to list them.

There is the self-prepared person who just "takes up" nursing. Perhaps she has cared for illness in her own home and possibly she has

[^25]been encouraged by the family doctor to believe that nursing may become a source of income for her, and she assumes the title "practical," and practices. Then there is the person who calls herself a "domestic nurse." I assume that she is a person who is ready to do everything from housework on.
I feel quite certain that the Red Cross courses given in home nursing and hygiene contribute their share to the subsidiary group who nurse for hire.

There are also courses in nursing given both in day and evening high schools-and since nursing is something which can be done by any woman (according to many) and since there is at present no means of control, these sources continue to exist.

I have no intention of implying that the committee does not endorse the courses given by the Red Cross in home nursing and hygiene. You would know that, since Miss Noyes is a member of the committee. We heartily approve of the dissemination of knowledge which will promote health and help the mother or daughter to do well the simple things which are required in the care of minor illness in the home; but some means should be found by which such legitimate and needed courses do not add to the number of those who practice nursing as a means of livelihood.

There is another situation which we must give thought to, and that is the question of the great oversupply of nurses who become registered. We have been emphasizing this oversupply of nurses even prior to the period known as the depression.

We need seriously to consider this angle of the subject. The Committee on the Costs of Medical Care has discussed the situation of this oversupply of nurses in a most constructive manner. The committee says that "much of this oversupply is not of a professional quality," and that this situation "has created serious economic problems for nurses." ${ }^{5}$ No truer statement has been made. Incompetent registered nurses are flooding the country. This is the most serious aspect of our situation.

We have recently been talking a good deal about the "new deal" for the nurse. I am inclined to believe that we should not only talk but go into action to secure a "new deal" in nursing care for the people of the United States. To do this involves a wholly new conception of nursing education and practice on the part of our vast body of nurses. Something will have to be done about the 153,443 untrained nurses in the country. Some provision must be made for the improvement or the

[^26]elimination from the field of nursing of a very large number of incompetent registered nurses.

A means should be found to cut the supply and it should be done quickly. If we do nothing, either the situation will become increasingly bad or others will take the matter into their hands, and once more we shall fail to control our own profession. Beyond the question of what is to be done to take care of those already in the field is the need of a structure which must be built for the future.

It appears to me that the problems involved are those of preparation, use and control of two levels in nursing service.

These problems are too big to be discussed here except in a very superficial way. But it seems likely that we should recognize two levels in nursing service-the registered murse of high professional qualifications and the nursing aid, junior nurse, attendant murse-whatever name can be settled upon; that the practice of nursing be protected by licensing all who nurse for hire; that we do all possible to set up community bureaus from which the type of nurse will be supplied who best meets the patient's need.

The problem of use is perhaps the most difficult to be solved, but I believe that if the graduate nurse were a better nurse than she is today, and the distinction between her and the aid were carcfully drazen, the question would in time solve itself.

We must also realize in discussing this matter, that the longer we delay, the worse the situation becomes. It does not stay still; it grows.

Why should we not take action now, especially when it seems very evident that we would have the coöperation and assistance of many groups, and at a time when "new deals" are the order of the day?

The meeting adjourned.

## Joint Session

> American Nurses' Association National League of Nursing Education National Organization for Public Healith Nursing

Thursday, April 26, 9:15 a. m.
Presiding: Sophie C. Nelson, R.N., President, National Organization for Public Health Nursing.

Health Aspects of Social Legislation
Hon. Royal S. Copeland, United States Senator, Washington, D. C.
(Published in the Proceedings of the American Nurses' Association.)

# Legislation and the Future of Nursing 

Adda Eldredge, R.N., Director, Wisconsin Bureau of Nursing Education, Madison, Wisconsin
(Published in the June, 1934, American Journal of Nursing and the Proceedings of the American Nurses' Association.)

The meeting adjourned.

## Session on State Board Problems

## Thursday, April 26, 11:15 a.m.

Presiding: Elizabeth C. Burgess, R.N., Associate Professor of Nursing Education, Teachers College, Columbia University, New York City.

Subject: State Board Relationships.

## Relationship Between the State Board of Nurse Examiners and the Department Under Which It Functions

Clara Quereau, R.N., Secretary, New York Board of Nurse Examiners, Albany, New York

- In considering this subject it was suggested that I explain the organigation of the Board of Nurse Examiners of New York State and its relationship to the Education Department. I was also asked to consider the advantages and disadvantages of such an organization.

In order to make clear the place which our board holds in relation to other professional boards and to the department as a whole, it seems necessary to outline briefly the organization of the Education Department. If I were to explain only the responsibilities of the Board of Nurse Examiners, many of the procedures which are handled routinely by nurse boards in other states would be omitted entirely. As I assume that you would wish to know the way the work is conducted in each of its branches, the following explanation is given.

All educational work of the State is vested in a single department, under the legislative control of the Board of Regents and the executive direction of the Commissioner of Education, who is also President of the University. The Board of Regents is the head of the Education Department. It is empowered, subject to the laws of the state, to determine educational policies and to establish rules for carrying into effect the laws and policies of the state relating to education. The Board of Regents has exclusive power to incorporate educational institutions and organizations; it may confer degrees and regulate their issuance
within the state; it has power to visit and inspect educational institutions within the state; it fixes the value of degrees, diplomas, and certificates when presented for entrance to schools, colleges, universities, and the professions.

In addition to the Commissioner of Education, a Deputy Commissioner of Education serves as counsel to the Education Department and to the University. There are also six assistant commissioners who serve as the heads of the divisions of elementary, secondary, higher and professional, vocational and extension education, finance, and administration. There is also a division of professional licensure and many others which I shall not mention as their functions have no particular bearing upon this subject. I shall comment briefly on the work of those divisions with which we are concerned.

The Law Division is under the direction of the Deputy Commissioner of Education who serves as counsel and represents the Department in court proceedings. Advice is given by this division in all cases relating to enforcement of professional laws, legislation, or any other legal matters.

The Assistant Commissioner for Higher and Professional Education has charge of and supervises all matters relating to colleges and universities and professional and technical schools, as well as the administration of the statutes relating to the practice of professions. He also supervises the evaluation of educational credentials of those candidates who seek admission to professional study and practice. The Secretary of the Board of Nurse Examiners is directly responsible to him for the proper execution of the duties of that bureau.

The Assistant Commissioner for Finance is head of that division and has complete charge of all financial affairs of the Department. All professional fees and all disbursements are handled through this division. Professional boards are entirely relieved of the handling of funds as mail is opened in that division before it is distributed to the various bureaus.

The Examinations and Inspections Division certifies to the required preliminary education for admission to professional study and is also responsible for all examinations in public schools and those leading to professional licensure.

The Division of Professional Licensure supervises all matters relating to the administration of the professional licensing laws in the professions of medicine, dentistry, veterinary medicine, pharmacy, nursing, accountancy, optometry, chiropody, physiotherapy, shorthand reporting, engineering, and architecture.

In addition to the bureaus and divisions mentioned State Boards of Examiners and Advisory Councils are appointed by the Board of Regents to serve in the following capacities as stated in a Department publication, "To assist the Department in the preparation of questions for the various examinations which it conducts, as well as to assist in rating the answer papers and in the preparation of syllabuses," and also, "That the Board of Regents, the Commissioner of Education, and other administrative officers may have wise counsel and advice in promoting the advancement of educational policies."

The Board of Nurse Examiners consists of seven members duly appointed by the Board of Regents. The term of office is five years. Appointments are made from a list of names of persons who have been nominated by the State Nurses' Association. The qualifications for the position as stated in the law are registration in the state and not less than five years' experience in the profession. The Nominating Committee of the State Nurses' Association, however, use great care in choosing qualified persons. The academic and professional preparation of each candidate is always presented when the names are submitted for the vote of the State Nurses' Association in order that the best prepared persons may be selected. The Board of Regents may then make a further selection from the list submitted when a vacancy occurs. The function of the board has already been stated, i. e., to assist in the preparation of examination questions, to assist in the grading of papers and to conduct practical examinations. Some questions in relation to professional licensure are also referred to the Board of Nurse Examiners. Many other matters concerning enforcement might also be referred to them but our law does not give adequate provision for prosecution of illegal practitioners and disciplining of those who have been licensed. In the rewriting of the law this is one of the sections which would be strengthened and more power would be given to the Board of Examiners to serve in such proceedings.

Contrary to the general practice in many other states, however, the Examining Board has nothing to do with the registration of schools of nursing. Rules and regulations governing the conduct of accredited schools are made by the Board of Regents on the recommendation of the Nurse Advisory Council. The membership of the Council is made up of three representatives of each of the following groups, viz: nurses, physicians, and hospital superintendents. Nominations to membership upon this council in twice the number of vacancies to be filled are made annually to the Department by the New York State Nurses' Association and the New York State League of Nursing Education, in agreement upon the nominees, by the Medical Society of the State of New

York, and by the State Hospital Association. From the list of nominations submitted the Board of Regents appoint members to fill any vacancies which occur. It is the duty of the Advisory Council, as stated in the law, "to advise the Department as to courses to be pursued and standards to be maintained in schools of nursing and also as to the rules for the examination of nurses applying for certification, and from time to time to make such recommendations to the Department as it shall deem proper" for the enforcement of the law.

As previously stated, the work of the Secretary of the Board of Nurse Examiners is carried on under the direct supervision of the Assistant Commissioner for Higher and Professional Education. Questions of major importance on which he cannot give a decision are referred to the Commissioner of Education or to the Board of Regents. The Secretary is held responsible for the preparation of examination questions for the licensing examinations, all routine matters relating to original registration, annual registration, registration by endorsement and preparation of the list of registered nurses. The Secretary is also held responsible for the supervision of all schools of nursing registered with the Department. For this purpose four nurses are employed for field work. They also serve as assistants to the Secretary. They are, unfortunately, still styled as "Inspectors" in the law but we like to feel that they are considered as educational advisors. If the minimum requirements outlined by the Board of Regents are not maintained by any school which is registered with the Department, the deficiency in question must be referred to the Assistant Commissioner for his attention and appropriate action. In other words, such matters are not left to the discretion of the Secretary of the Board, nor are they referred to the Board of Examiners. Full responsibility is placed in the hands of the Education Department. If new requirements are set up for the registration of schools or for the conduct of examinations, the Nurse Advisory Council and the Board of Nurse Examiners are consulted and their recommendations used in the establishment of new regulations.

This, in brief, is the relationship which the Board of Nurse Examiners of New York State bears to the Education Department under which it functions. As to the second portion of this question, I am obliged to state that I can see no disadvantages in this type of organization but there appear to be many advantages. Under this arrangement the relationship of nursing to the Education Department is the same as that of any other profession, and benefits by the same degree of support. As in any other type of organization, progress is retarded or accelerated according to the vision, understanding, sympathetic interest, and courageousness of the persons who make up the various
boards and bureaus. We are, however, associated with persons who are primarily interested in advancing education in general. Although I expect that no state department which controls professional practice is entirely free from political interference, I believe the interests of the profession are safeguarded to a greater extent by our connection with the Education Department than would be possible under any other type of organization. The rich resources of the Department and its many divisions and bureaus are open to us for use of materials or for direction and advice. In the functioning of the work of our Board I can see many opportunities for improvement but the organization itself I believe is fundamentally sound.

## Relationship Between the State Board of Nurse Examiners and the State Inspector or Educational Director

## Charlotte Pfeiffer, R.N., President, Virginia Board of Nurse Examiners, Richmond, Virginia

In discussing the relationship between a board of nurse examiners and the inspector or educational director, it may be well to consider:

1. The function of examining boards.
2. Essential qualifications of board members.
3. Methods of appointment.
4. The work of the examining board and the inspector as a coöperative unit and the special function of the inspector.
The function of examining boards has been defined as:
5. Setting standards for schools of nursing.
6. Making and enforcing requirements necessary to maintain those standards.
7. Examining and registering nurses under these standards.

The setting of standards is perhaps fundamental. It presupposes a clear-cut conception of nursing and its contribution to national and community life, an awareness of changing nursing needs, the ability to formulate plans by which to meet them, and vision to build for the future on the basis of what has been accomplished in the past; for, as Emerson says, "Unworthy are those who study to do exactly what has been realized before them and who do not understand that today means a new day."

Assuming examiners to possess these qualifications, one may consider the standards which they are expected to set. By far the most consequential are those concerned with the education of the nurse, which at once brings one to the curriculum. Considering the examining boards' influence on nursing school curricula, a problem must be faced, the
magnitude of which is well nigh overwhelming. The need for orientation is unquestionable and clarity on objectives of primary importance. Both require careful and persistent study. A new day calls for information on conditions of the world in which we live. A working knowledge of continually changing educational methods and an awareness of trends are essential, as well as an insight into social and economic conditions and an appreciation of culture. These things being needful for ourselves in addition to a special knowledge of nursing, we are obligated to include in the nursing school curriculum the study of subjects which will serve as this broad foundation. The question is: When and where in the nursing student's education should essentials be emphasized? Dean Goodrich, in an address before the International Congress of Women last summer stated, "She cannot accept less than a sound general and professional education as a requirement for every type of worker in the public health field." But should we not include at least the worker in the educational and administrative field? This brings up further questions, as, for instance:

1. Should the nursing school confine itself to provide professional education only? If so, should it be a superstructure built upon a sound educational and cultural background, or
2. Is it advisable to plan academic preparation with special emphasis on the social sciences with the nursing course as a part of the whole? I am referring to combined academic and nursing courses.
3. Again, there are indications of a need for different levels of nursing. From the standpoint of the patient, coöperation between the woman with limited training and the best prepared nurse is desirable, yet the line of demarcation between the duties of each group must be understood and recognized.
It is not within the scope of this paper to outline the qualifications of board members, but from even a superficial study of their responsibilities one must admit the desirability of their bringing to their office such specialized knowledge as may be represented in the public health field, in hospitals, in educational institutions, in administration, and, yes, in the private duty field. Especially in this last branch leaders could rightfully be expected to indicate such changes in the basic preparation of the nurse which in the future must give her greater security for existence and an opportunity for living.

The foregoing emphasizes the need for care in the selection and appointment of examining boards.

According to the 1932 Digest of Laws Requiring Registration for Nurses, 21 of the 47 states and the District of Columbia function independently, while only 13 carry on their work under various state departments and 14 states make no mention as to how their boards function. Thirty-four of the 48 are appointed by the Governor, who,
it may be assumed, makes his selection upon recommendation of the State Nurses' Association. This seems to indicate that our profession in a large measure possesses the means of working out its own problems. Such rare privilege quite logically imposes corresponding obligations. Are we using our powers by choosing our representatives less with a view of representation from a certain locality with perhaps even an eye on securing political favors? Or do we base selection on merit by seeking the services of individuals who have given proof of leadership, whose honesty of purpose, sympathy, and understanding have been recognized, and whose fairness and fearlessness may be depended upon?

I am finally arriving at the real point of this discussion, namely, the relationship between board members and the inspector, or rather the work of examining boards and the inspector as a coöperative unit and the special function of the inspector.

The returns from a questionnaire by the International Council of Nurses on inspection of nursing education show 35 states reporting. Twenty-nine have inspection of some sort. Dates of first inspections range from 1904-1931, eleven of the 29 having had no inspection prior to 1920. I refer you to the same report for a list of qualifications and numerous duties of the inspector or educational director. Briefly, the latter may be summed up as visits to and reports on hospitals, their physical plants, and clinical facilities and on students, faculty, curriculum, teaching equipment, and living conditions of the schools operated by them.

There is a general agreement that the inspector should be a nurse, but there is diversity of opinion as to whether or not she should be a member of the board, who, as a group, is responsible for nursing education and practice. Being familiar only with the work of an organization whose secretary, a board member, functions also as inspector, I beg your permission to outline some of the advantages of this arrangement:

The inspector submits to the board all data concerning schools collected from annual reports by means of a specially prepared chart which the examiners are required to study. This report is supplemented by information gleaned by the inspector through visits, staff and faculty consultations, conferences with boards of trustees, correspondence, etc. Within two or surely three years following appointment, examiners should have a comprehensive picture of the situation presented. Commendations and recommendations are discussed by the board before being sent to the authorities of the schools. It is but natural that individual board members may react differently to reports submitted. Discussion may contribute additional data, new light may be thrown
on a situation, and, after a matter is seen in all its ramifications and possible consequences, desirable modifications may be proposed. The inspector, present at the deliberations, senses the spirit motivating discussion. Should conclusions differ from her own, she knows how they were reached and the possibility for misunderstanding and misinterpretation of board action is obviated. May I insert it must be understood that board members discuss all matters impartially with a view of their effect on nursing education as a whole, rather than on any particular school? It may also be said that they should be guided by well defined board policies, which, once accepted, must be adhered to.

The inspector is indefatigable in studying schools and promoting their interests by offering suggestions and by assisting them in working out programs. Her inexhaustible energy finds time for her equally great, if not greater responsibility, the intensive studying and planning for the future of nursing education in her state. With the accomplishment of each cherished, patiently and persistently nursed plan, her strength seems to mulitply and be sufficient for new undertakings and ever larger realization of her ideals.
Having one member of the board setting such an example, each examiner feels in honor bound to take her share of responsibility. While the authority invested in her may appear to be dictatorial, the inspector never loses sight of the fact that ultimate responsibility rests with the whole board. Diplomatically and tactfully she provides for its members opportunity for intelligent study and conscientious discharge of their obligations. Individually or together they may be at any time invited, nay asked, to sit in conference with hospital boards whenever schools are facing changes in policy such as consequential changes in their educational program or the opening or discontinuance of a school. One member may, together with the inspector, consult with heads of educational institutions with a view to bringing about closer affiliation between normal schools and colleges and nursing schools in the state. Rarely does the state inspector call on the state's attorney for legal advice alone; she prefers consultation in the company of one of her board members. Again several members may jointly or individually interview medical boards or officials of local academies of medicine. On such occasions one may learn the value of establishing and maintaining sympathetic understanding between two professions whose aims and purposes are so closely allied. The utilization of the product turned out by the nursing school depending in a large measure upon the medical profession, it would seem the part of wisdom to bear in mind their criticism, both favorable and unfavorable, of the nurses' education.

I have cited but few occasions giving the examiners ample opportunity for gathering invaluable information about divers and puzzling matters affecting nursing education. Yet they may not only study attitudes and reactions of individuals and organizations toward the nursing profession, but deliberately or unconsciously they learn about the personality or the inspector and her methods of work. This is a revelation and an inspiration. Our obvious harmonious relationship and unity of purpose resulting as it does in definite progress, I ascribe to the intelligent interpretation by the board of the schools' needs and accomplishments on the one hand and to the successful efforts of helping the schools to a sympathetic understanding of the board's aim and policies on the other. Both require wisdom, openmindedness, and courage of the individual acting as liaison officer. Coming as we do to the council chamber with first-hand observation, having had direct impressions of reactions to nursing by various groups, there is little danger of the examiners becoming a group of "yes" women. But the privilege to see our profession as others see it, to sense the part it may play in community and national life, to learn what must needs be done to help it to its rightful place, we owe largely to the generosity and selflessness of the guiding spirit of our board, the secretary-inspector.

## Relationship Between the State Board of Nurse Examiners and the Professional Organizations

Adda Eldredge, R.N., Director, Wisconsin Bureaut of Nursing Education, Madison, Wisconsin

There is such a difference in the method in which state boards of nurse examiners are organized that it seems difficult to separate the many relationships as this symposium has done. Perhaps that portion of the subject which has been assigned to me is the most easily separated.

In the state in which for the last thirteen years I have been the director of nursing education, the state board of examiners is only an examining body and therefore does not have any particular relationship with the professional organizations. We have a committee on nursing education. As the general name is board of examiners, in all probability it will be better to speak of the board of examiners meaning any board or committee which functions as the regulatory body of nursing in the state as the final authority which grants the certificate of registration and enforces the law. Furthermore, this same body usually makes the rules and regulations for accrediting schools of nursing and the policies
which govern the administration of these rules, and acts as an advisory body to the schools.

With this understanding we will proceed to say that undoubtedly there should be a close connection between this body and the state nurses' association. The state nurses' association has been directly responsible for the passage of the law, and is responsible for such protection and revision of the law as may be necessary. We take it that the state league of nursing education and the state nurses' association are so directly connected that what refers to one refers to the other, as membership in the league is selected on the basis of membership in the state nurses' association.

In the majority of states, the members of the advisory body or the regulatory body are appointed from a list of names suggested by the state nurses' association or the state league to the governor. In the particular state from which I come, these nominations are made to the Board of Health. There is membership on this body from the state nurses' association and the state league, also from the state hospital association, the state council of the Catholic Hospital Association, and the state medical society; in addition, the state health officer, the director of public health nursing and the director of nursing education are members, the latter working under the regulatory body but holding a position on it designated by law and being given the power of the vote.

We have stated that in most cases the nurses' associations have the power of selecting the proper people for this committee. They are therefore really responsible for the personnel of the regulatory body. I wonder how carefully these associations guard this privilege and how much they look into the qualifications of the persons they nominate for positions on this board. Sometimes these persons are carelessly nominated from the floor without thought of their preparation or experience. Sometimes even the boards of directors of the nurses' associations give little thought to the preparation but select the persons by a "popularity" vote.

When consideration is not given to the fundamental education, the professional preparation, the experience, and the character of the individual selected; when no thought is given to these important considerations, it is poorly done. Consider the responsibilities placed upon this group. The entire program of nursing education is placed in their hands: the rules and requirements for schools of nursing, the program of education for students in nursing, the whole relationship of schools and hospitals, the policies for improvement and growth in nursing edu-
cation, and the adoption of the qualifications for those who are admitted to practice in the state by reciprocity or examination.

This is a tremendous program. It would seem that these people should be selected only after the most careful thought and study as to what each can contribute to the cause of nursing education, which contribution will depend upon the before mentioned qualifications, the general education, the professional preparation, the ability, and desire of the person selected to know by direct contact nursing in all its phases, particularly the problems of schools of nursing and to be willing to give the necessary time to keep informed on these vital subjects.

If these people have been carefully selected with some of the above qualifications in mind, what do they owe to the nurses' associations?
As a rule there is at least one full-time person who is called "director of nursing education," "secretary to the board," "chief examiner" or some other title bearing in its implication that the person is the executive secretary or acting director to carry out whatever is decided upon by the regulatory body. In reality, this position of director generally means that all the policies of the board of examiners or committee on nursing education emanate from this individual who acts in an executive capacity. Few of them come from the committee or from the nursing organizations. As a rule the whole responsibility rests upon this individual, who is not always adequately prepared and who too often has too little assistance to be able to rise above the details of her job-too few contacts with the outstanding individuals in the profession.

Often no provision is made for her attending league meetings; her own salary is inadequate to allow of her paying her own expenses; thus she who should be a leader becomes a routine person always in the rear guard. Hence, she sacrifices her future to the present, which is wonderful in theory, destructive in practice.

Spasmodic connections with the advances in nursing education contribute to much that is unsound in practice; as I like to say, "mansard roofs while no foundation has been built, the house on stilts." A good sound program for the schools in each particular state should start from where the schools now are and not from the heights which the most advanced schools have obtained.
Are not the above problems those of the nursing organizations? Perhaps lack of appreciation of this is the reason that the Grading Committee found conditions as they did.

Should not the members who represent the organizations on this executive body report regularly and systematically to the boards of directors of the nurses' associations and receive from these associations advice and suggestions to be incorporated in the deliberations of the
examining committee? Also these boards should, where possible and able, understand the administration of the law and act as a guide in the administration of the tasks which are in the hands of this body.
In reality, has it not resolved itself in most states to the fact that the director of nursing education reports annually to the nurses' associations and either annually or semiannually to the governor, and that these reports are read at the annual meeting and generally passed by without either comment or criticism? It may be that words of commendation may follow such a report, but seldom is the report published except in proceedings of the organization under which this particular board or committee works, and it seldom falls into the hands of the majority of the members of the nursing organizations, and is almost never read at a meeting of the boards of directors.

In reality, the associations are leaving their affairs in the hands of a few members who represent them, and an executive officer, for their members on this committee seldom go back of the statements made by the executive and almost never bring anything from this committee to the directing boards of the nursing organizations.

Two great dangers lie in this: First, that the executive officer may become more or less of a dictator, even while apparently laying all the cards before her committee: second, that the nurses' associations may be standing for something which they barely understand. Or there may be the other situation, that the executive is entirely dominated by the small group composing her committee and may even be unable to stand up for the very principles for which the law stands, so that we may find laws which are not enforced or laws which are enforced in a manner to produce something different from what the law specifically states or in a manner which produces antagonisms.
These are some of the dangers, and from them a policy might be stated which is that the boards of directors of the nursing organizations should demand from their representatives at regular intervals reports of the activities of the committee. At times the executive of the committee should be given an opportunity to appear before the boards and present new policies and new actions which she intends to present to her committee, thereby giving the nursing associations a chance for free expression of their approval or disapproval of the educational policies which are being advocated in the state.
It may be that these policies are in perfect accord with everything that the associations wish or desire, but they are not sure of this. Let the time of difficulty arise, and they find they are ignorant of most of the proceedings of the department; they are unable to arise to the de-
fense of their representatives or to tell those representatives wherein they think they fail.

If we were to outline what we considered would be a really vital relationship, we should say, first, a careful consideration of the qualifications of each person whose name is to be presented to the governor or to the appointive officer or officers as a member of the board of examiners; that the names of people for the executive position with their qualifications, even if under civil service, should first have the approval of the boards of directors of the nursing organizations; that each person appointed to the board or committee should pledge herself to stand for the principles for which the association she represents stands, and to vote on no matter of vital importance to the association until she has consulted with her board of directors as to its reactions to such vital measures. It may be suggested that from time to time the executive should be asked to appear before the board of directors of the associations meeting in joint session with the members of her board and to put her program before them and explain the reasons for the actions she has recommended.

It is not necessary in any such method of organization that the individual actions or actions relating to a special institution or to individuals be discussed by name. It is general policies which should be clearly understood by both bodies.

Then, if there is objection either on the part of the public or of the profession, or if legislative action is to be taken, the nursing organizations will not have to be coached as to what are the principles for which they stand, nor will they have to be dictated to in any way as to what stand to take, but they will know what the platform is for which they stand and the ideals towards which they are working.

## Relationship Between the State Board of Nurse Examiners and Schools of Nursing

Mabel, E. Smith, R.N., Visiting Representative, Michigan Board of Registration of Nurses, Lansing, Michigan
Every human relationship has its problems, its possibilities of misunderstanding and conflict, its need for mutual adjustments. So it is with the relationship between the state board of nurse examiners and schools of nursing in the state. The relationship may seem to be a simple one; nevertheless, there are inherent in the situation some very real difficulties and there are also great opportunities for mutual helpfulness. In this brief discussion of attitudes and interests and of actual contacts
involved, may we first think of some of the problems which confront the board?

Unfortunately, the state board of nurse examiners is usually first thought of by nurses as a law-enforcing body. Very early in her career, the young student nurse hears about the terrors of state board examinations, and as she nears the end of her training she is likely to look upon the approaching ordeal of examinations with grave apprehension. To her the state board of nurse examiners is a sort of ogre standing in her pathway, ready to devour her or, at the very least, to keep her from her coveted goal, her title of Registered Nurse. I fear that this attitude sometimes carries over into her work as a graduate nurse, and that the young director of nurses sometimes finds herself looking forward with more or less of the same dread and apprehension to her first professional visit from the representative of the board. She is afraid of this intruder from the law-enforcing body of the state, afraid of her criticisms, afraid of her insistence upon standards with which it may be difficult to comply. It is only when the director of nurses sees the board and its representative as friends and allies that her rather natural dread is overcome.

Then there is the matter of political pressure. As nurses know to their sorrow, state boards, even of nurse examiners, are not entirely removed from the arena of politics. If the schools of nursing could only understand the amount of political influence which is sometimes brought to bear upon the state boards of nurse examiners, they would be very charitable in their judgment of these groups which are so burdened with responsibilities yet so hampered sometimes by legal and political complications in the carrying out of those responsibilities.

Disagreeable duties devolve upon this board concerned with nursing licensure ; criticism and censure are often the reward of sincere efforts to insist upon standards. The board is charged by law with responsibility for the maintenance of standards in the schools of nursing and for the compliance of individual nurses with the nursing statutes of the state. Requirements for the schools must be made and insisted upon. Visits of inspection must be made from time to time so that the board may know that its requirements are being met. Failure to comply with regulations, whether such failure is on the part of indivdiuals or of schools, necessitates appropriate action. Tact, common sense, patience, all the virtues are required in meeting some of the difficult situations which arise in the enforcement of the nursing law.
We are glad to turn from these problems of licensure and law enforcement to the opportunities for more constructive service on the part of the board of nurse examiners. The relationship of the board to the
schools of nursing should be one friendliness and helpfulness. Problems, many and varied, arise in the schools, and especially in the recent trying years administrators in hospitals and in schools of nursing have sometimes found themselves at the very limits of their resources. They have needed encouragement and help, suggestions as to how some of the problems pressing upon them may be met. At the very least they have a right to expect from the board a sympathetic, understanding, tolerant view of their situation. Undoubtedly they have a right to expect more than this. Because of the wider contacts of the board of nurse examiners with other nursing situations, because of its better facilities for securing information on all nursing subjects, because of its place as a sort of receiving station for news items from state and national agencies, because of the varied experiences which have accrued to the individual members of the board in their years of service along various lines; because of all these different factors, it should be possible for the board to advise the schools wisely in many embarrassing and difficult situations.

Of course, there should be on the part of the board a real interest in the schools of nursing and a desire to help them meet their difficulties, but the board should mean more than this to the schools. Its relationship should be one of leadership and stimulation. Definite steps in advance should be taken by the schools; the board should point the way. Contacts of the schools with the board should result in mutually broadened horizons, in shared experiences, in activities directed along certain desirable lines.

We all like to know what our contemporaries are doing. In the experience of the writer it has been found helpful to summarize the annual reports submitted to the board by each school of nursing in the state. This summary is carried about from school to school and its various items discussed with directors of nursing. All are interested in knowing what other schools are doing in the way of allowances, entrance fees, vacation periods, class hours, hours on duty, health examinations, etc. Sometimes a director of nursing finds that her school has been lagging behind its contemporaries; she wishes to know what her associates in schools of nursing are doing and to keep step with progress. So on the next report from the school the writer is quite likely to find that the school has taken the desired forward step. The result has been brought to pass, not by argument or coercion, but by a little study of a few pages of figures which tell in brief form some of the things which our schools of nursing are doing.

The contacts between the schools and the board of nurse examiners should be close, perhaps a little more frequent than we are usually able
to make them. If schools of nursing are convinced that the board of examiners is really motivated by a desire to be helpful, many problems are saved for discussion with the board's representative, and as mutual confidence increases all sorts of questions are brought up for discussion. There are not only questions of discipline and of hospital economy, of classroom and ward procedure, but problems which are very personal, such as further academic or professional preparation for the questioner or for members of her staff. Often the representative of the board comes at an opportune time to talk over these matters; sometimes it would be better if she could come more frequently.

The question arises occasionally whether the date of visit shall be set in advance, or whether it shall be a surprise visit. As a rule it works out best for all concerned if the date of visit is known some time in advance. It is more courteous surely. Few of us would put the strain upon our personal friendships of dropping in unannounced for a visitation; why then should we put this strain upon our professional relationships with directors of nursing, who, I verily believe, are the busiest people in the world? If our friend in the school of nursing knows in advance of our coming she can plan her work accordingly so as to be as free as possible during the visit; she has opportunity to think over the matters which she wishes to bring up for discussion. She should also feel free to suggest a change of date if for some valid reason the time designated is going to be inconvenient for her. An occasional surprise visit helps us to meet the criticisms of those who feel that the hospitals "get ready" for inspection. The writer, having made many planned visits and a few surprise visits, feels that there is very little deliberate preparation made for the visits of the board's representative. Possibly a few closets are put into better order, but what housewife expecting guests might not give a little extra attention to the order of her household, the planning of her meals, and her freedom from distractions? This would be with no intent to deceive but with a view to making the stay of her guest as pleasant as possible and also as a matter of pride in the running of her household.

Undoubtedly the personality of the liaison officer between the board and the schools is important, whatever her title may be. She it is who interprets the board to the schools, and in turn, the schools to the board. It is for her to smooth over little misunderstandings between the two groups, to "iron out the wrinkles" in the relationship, to stand firmly in matters of right and wrong while yielding a little occasionally in the less essential matters. She should have the confidence of both groups.

The writer feels that the choice of a title for this contact person is important, and that her own title of Visiting Representative of the Michigan Board of Registration of Nurses has given her a much happier approach to the schools of nursing in the state than would the title of inspector. (Why is it that we all dislike so much to be inspected?) However, she was interested on a recent visit to be told by a director of nursing that when this director wishes to secure results on some recommendation made by the representative of the board, she says (quite sternly, I suppose) to her hospital board, "The inspector says thus and so."

But these relationships are all reciprocal and while the board of examiners can do much for the schools of nursing, the schools in their turn can do much for the board. They can, and do, receive the representative of the board in friendly spirit; they do their part toward maintaining cordial relationships. Reports sent in promptly, correspondence from the board office answered quickly and with due thought, information on happenings in the schools, contribute greatly to the effectiveness and to the smooth functioning of the board. Insistence upon the part of the school that both the new graduates and the nurses employed on the staff or coming in as special duty nurses shall comply with the law of the state will win the gratitude of the board. In states where compulsory registration is in force, much unhappiness and many complications will be saved if the director of nursing will insist upon compliance with the law, or at least upon definite information that the applicant is eligible to registration before she enters upon the duties of her position.

New methods which have been successfully worked out in one school of nursing may often be of great value to other schools of nursing, and we find our schools very generous in their willingness to share the results of their work with others. Solutions which one director of nurses has found for her problems often help someone else who is facing similar difficulties. The board appreciates the coöperation of the schools in these matters.

After all, it's very largely a question of mutual knowledge and understanding between the board of nurse examiners and the schools of nursing in the state. The board recognizes and endeavors to aid in the solution of the problems of the schools, and on their side the schools try to understand the complex situations with which the board must deal and to work with the board in every possible way.

Our Detroit poet, Edgar Guest, has put much of the secret of any successful relationship into a few homely phrases:
"When you get to know a fellow, know his joys and know his cares, When you've come to understand him and the burdens that he bears; When you've learned the fight he's making and the troubles in his way, Then you find that he is different than you thought him yesterday. You find his faults are trivial, and there's not so much to blame In the brother that you jeered at when you only knew his name."

The meeting adjourned.

## Session Conducted by Committee on Education

Thursday, April 26, 2:30 p.m.
Presiding: Nellie X. Hawkinson, R.N., First Vice President.
Subject: The New Emphasis on Social Science in the Nursing School Curriculum.

## A Plan for Incorporating the Social Sciences in the Nursing School Curriculum

Ruth E. Lewis, Instructor in Social Sciences and Case Study, Washington University School of Nursing, St. Louis, Missouri
With the trend of modern medicine toward increasing emphasis on the patient's role as participator in treatment, and the consequent need of studying the patient from all angles of his personality as a basis for medical care, it becomes highly important that the nurse who has the day by day contact with him should be prepared for an even more socialized type of nursing than has previously been conceived. Along with this development in medicine has come, too, a crowding of the nursing school curriculum which makes difficult the addition of other courses. The Curriculum of the National League of Nursing Education has for many years included among others outlines of courses devoted to the social aspects of nursing, but selection has had to be exercised by the individual school in planning its curriculum. This necessity for selection has, perhaps, explained why so little time, comparatively speaking, has been given to the consideration of the recipient of medical and nursing care in contrast to the care itself.

These two developments, the infiltration of medical study and treatment with recognized and articulated social concepts and the need for the fullest possible use of the time allowed in the curriculum, help to determine the suggested plan for introducing these social concepts to the student nurse. They indicate the advisability of considering the plan largely as an approach, an attitude, or a point of view, instead of as a definite addition of subject matter to an already overcrowded curriculum.

Even though a beginning plan may consist largely of adaptations of already existing courses, a relatively small amount of formal instruction, perhaps a separate course, devoted entirely to the social elements of nursing will help the student nurse to find meaning in these adaptations.

As a working guide for the formulation of the social component of the nursing school curriculum, the following objectives may be used:

1. To demonstrate the relationship of the elements of personality and environment to health and disease.
2. To help the students realize the significance of illness to patients and to the community.
3. To teach the cost of illness to the patient and the community.
4. To teach the results of sickness, psychological and social, both to the individual and the community.
5. To teach the students to understand their patients as a basis for individualized, and hence improved, nursing care and health instruction.
6. To teach them to recognize social problems complicating illness and medical treatment.
7. To give them an understanding of the general principles of social treatment so that they may deal with the social components of the nursing needs of their patients and work intelligently with social workers, either as initiators of, or coöperators in, social action.
8. To develop an understanding of the organization of outside social resources and of the relationship of the hospital to the community.
To meet these objectives, the students will need concepts of the family and the community, and of the development of human behavior. The family and community concepts may be given in a course such as that outlined by Gertrude Zurrer at Teachers College under the guidance of the Joint Committee of the National League of Nursing Education, the National Organization for Public Health Nursing, and the American Association of Hospital Social Workers. ${ }^{1}$ The psychological development of the individual may be a part of the course in psychology or psychiatry. In addition, and these general sociological concepts will not have practical meaning for the student nurses if we leave them here, they should be given an understanding of the relationship of these general concepts to health and disease; how, for instance, the individual and the family may respond to illness; to the different types of illness-as the acute, that with the hopeless prognosis, or the one which means a life handicap; the relationship of the individual's emotional pattern to this upsetting situation; the adjustments, psychological and social, which may be made by the patient and his family to meet this; with an understanding of the values and dangers in some of these ad-

[^27]justments. Here, as an example, one may think of the effect upon a young child of the home care of the parent dying with cancer. The results of sickness which may affect the patient, his family, and the community, as the economic burden, should all be considered. The resources and community programs for meeting the needs of specific groups will also be included. As these social aspects are developed, the nurse's responsibility toward them may be discussed.

The application of the general psychological and social concepts to illness may be made in various ways. The course in "nursing case study," which is now a part of the curriculum in many nursing schools, offers a very good opportunity for orientation in this interrelationship and for discussion of the nurse's responsibility for participation in the medical-social adjustment of the patient. In this, too, one might expect to find use made of the knowledge presented in other theoretical courses as well as some new material. The subject matter and discussions of such a course might be classified as follows, but would need to be further subdivided in accordance with the number of class hours.

1. Reasons for case study in nursing.

The importance of understanding the individual patient as a basis for nursing not only the disease, but the man, and as a means of fulfilling the larger aim of the hospital, the restoration of patients to as nearly normal activity as possible. The benefits of this understanding.
2. Means of gaining an understanding of the patient from the medical-social and nursing angles.
Information to be secured, factual data, and the understanding of the patient as a person. Sources of this information, those directly available to the student nurse and those which may be consulted by the head nurse or the social worker, if there is one.
Techniques of securing this understanding.
Obstacles to the establishment of a relationship which will mean the patient's sharing his confidences with the nurse.
3. Interpretation and evaluation of this information.

The relationship of this information to the patient's nursing problem.
The relationship of the social situation to the disease.
The fundamental or primary social problem in relation to the secondary problems.
4. General concepts which may serve to throw light on the patient's reaction and the presence of a complicating social situation.
Causes of behavior and the development of personality.
Family standards of living.
Cost of illness, economic and psychological.
5. Use of this integrated knowledge in the solution of patient's nursing problems. Meeting the patient's emotional needs.
Adaptation of nursing techniques.
Plans for patient's aftercare.
Prevention or reduction of readmissions.

Health teaching.
Relationship to medical social worker and community.
Programs of social agencies and their use by the nurse.
6. Mechanics of making and recording case study.

Note taking; organization of material.
Reference reading.
7. Results for the patient, the nurse, the community.

Following this orientation, there is need of much more detailed consideration of the social aspects of various specific diseases. The Education Committee of the American Association of Hospital Social Workers is not encouraging the division of medical social theory in this way for the education of the medical social worker, but rather is fostering the teaching of it by medical social concepts which may or may not vary in accordance with the disease of the patient. However, it seems practical to organize the theory in this way for the student nurse in view of the fact that the rest of her training is set up in that fashion. Such a discussion of the problem of patients with chronic simple glatrcoma might be developed somewhat as follows:
I. Characteristics of the condition and its treatment which may have a social component or significance.

Predisposing causes may include general health of the individual.
Exciting cause may be found within the emotional life of the patient.
Time of onset in mid-life when family responsibilities heavy.
Gradual and insidious development without marked symptoms, leaving the patient to postpone seeking medical care.
Increased blind spot and contracted field of vision and night blindness, creating a marked visual handicap.
Involvement of both eyes.
Poor prognosis.
Retardation of progress, partially dependent upon a well-balanced régime.
Treatment or observation necessary indefinitely.
II. Response of the patient.

Understanding of condition.
Acceptance of limitations of the condition.
Reaction to collisions and stumbling as result of restricted field of vision-surprise, lack of confidence, fear.
Restricted activity at night.
Recognition of inefficiency at work or elsewhere as result of restricted field.
Dangers to others.
Acceptance of prognosis in relation to previous life adjustment and the type of interpretation.

Fear, emotional dependence.
Over-confidence, disregard of recommendations.
Discouragement, seeking of the quack who may represent greater hope or discontinuance of treatment.

Determination to maintain independence in face of handicap. Ways of modifying this response.

The roble of physician, nurse, and social worker based on full knowledge of patient. The nurse's opportunity for pointing way to independence in face of handicap through interpretation and encouragement.
Relationship of this acceptance to:
Full understanding.
Further treatment.
Other life adjustments.
III. Adjustments of patient.

With marked visual handicap:
To ordinary activities as crossing street, doing housework.
To employment ; considerations:
Question of adjustment as a blind or sighted person.
Rate of progression.
Uncertainty of prognosis.
Suitability of work.
To no employment.
To financial dependency.
To blindness.
Care of self.
Reading. Recreation.
With minor visual handicap:
To adjusted employment.
To limitation of activities (as driving automobile).
IV. Community resources.

Governmental and voluntary agencies for the blind.
Public aid.
Home teaching programs.
Rehabilitation programs.
Workshops for the blind.
V. Responsibilities of the nurse (varying in accordance with degree of visual handicap).

Recognition of causes of worry and emotional strain.
Suggestion of ways of meeting needs.
Setting in motion program for social adjustment with consideration of the relation to social worker.
Encouragement of independence beginning in hospital.
Available mechanical aids.
Instruction of relatives regarding attitude toward the blind and care of the blind.

Method of leading blind.
Method of teaching blind to eat.
Importance of voice.
Appraisal of success or failure.
VI. Cost of glaucoma.

To individual.
Mental distress.
Lowered eating capacity.
Loss of work.
Lowered standard of living. Expense of medical care.
To community. Maintenance of institutions for blind.
Pensions or state aid.
Private relief.
VII. Elements of a prevention of blindness program in relation to glaucoma. Education of patient and public regarding nature of glaucoma and importance of early treatment. Removal of conditions predisposing individual to glaucoma. Early discovery of condition through encouragement of routine examination of fields in patients of higher age groups.

These discussions of the social aspects of disease should cover the more common medical conditions which present complicating social questions to the nurse or in the treatment of which she may have a definite social contribution to make. At the same time the selection should be such that different types of social problems or situations are covered. Each such discussion must be considered, not as an isolated unit nor only in relation to the nursing or medical content of the rest of the course, but in relation to the entire program for social interpretation so that overlapping will be avoided as much as is possible or desirable, and yet the scope of the interpretation be sufficiently comprehensive. For instance, convalescence might logically be considered in relation to various diseases, but it would probably be advisable to discuss it in detail in its various implications only once with later reference to the general considerations.

Whatever the particular plan for meeting the above objectives through such content as suggested, the social interpretation should be accepted as a necessary part of every nurse's training, that is, it should be a required subject and not an elective. In practice, this is a very definitely conditioning factor in the formulation of a plan, especially in the larger schools. Even if compromises, because of time, have to be made, there seems no basis for depriving many for the sake of a few.

If these elements (referring to social) belong to nursing, and if they are to have their maximum value to the patient, the hospital, and the student nurse, they must come into the training early so that they can be applied all the way through. They should not come as a special illumination at the end or as correctives for a certain kind of social astigmatism or myopia which sometimes
attacks hospital nurses and makes them indifferent to everything outside their own walls, or beyond their technical duties. ${ }^{2}$

Such are the words of the National League of Nursing Education and they may well serve as a guide to the medical social worker who may be called upon for advice.

While the student nurse may be confused by this instruction during her preliminary course or first three months, the interpretation may well be started when she begins ward duty during the second third or half of the first year.

Although formal instruction alone cannot be relied upon to fulfill the objectives, it should be a part of any plan, as without it there can be no assurance that the experience of every nurse may become thus enlivened, or that there will be any breadth or correlation of the concepts presented.

Lectures or discussions will probably be found desirable as a part of this formal instruction. Many schools have had early in the training period separate courses called by such names as "the social aspects of disease," or "the social aspects of nursing," but there is now evident a trend back in the direction of the plan originally suggested by the National League of Nursing Education. This plan was for the inclusion of the social interpretation in the other courses of the school. The Joint Committee of the American Association of Hospital Social Workers, the National League of Nursing Education, and the National Organization for Public Health Nursing has agreed that this integration with the nursing courses is more effective, as the social components then seem to the student to be more important and more closely related to the other information of their field.

By this plan, too, the nurse instructor of the course, of which the consideration of the social aspects of nursing is a part, is officially responsible for this as for the rest of the course. She arranges for the lectures, considers their placement in the course and may have to correlate the discussion with the rest of her material. It is assumed that the relationship between the social work lecturer and the nursing instructor is such that there will be opportunity for joint planning and mutual challenge. As she hears the presentation, she, as a nursing supervisor, is able to carry over the ideas to her other contacts with the students and may help them to make the practical application in their ward duty. Permeation of the whole course with a social point of view seems more likely by such a plan. This scheme, however, is more difficult from the standpoint of organization as it is important

[^28]for these class hours scattered about in a number of courses to be related not only to the materials of the course of which they are a part, but to each other as well. The scope and sequence of these as a whole and apart from the other courses is as necessary to consider as when they are arranged as a separate course.

Some of the subjects which should probably be included as the factors to be considered in understanding an individual patient are probably no more closely related to the content of the course in pediatric nursing than medical or surgical nursing. Such general discussion might, of course, be given as a part of the first nursing course which the students take and preceding social discussion in the other courses if possible.

While many concepts may develop out of the discussion of the problems of patients with specific diseases, the general applicability of these to patients with other diseases should be consistently considered.

The other features of a nursing case study program also offer opportunity for further integration of social information with the rest of the curriculum and for meeting the objectives previously mentioned. The students, in making their case studies, concentrate rather fully on the entire situation of selected patients by gathering together and organizing all the relevant material, both medical and social, and on the basis of this, working out a plan of nursing care for the patient. This program has been fully described in the Student's Handbook on Nursing Case Studies by Deborah MacLurg Jensen. ${ }^{3}$ As the social service department is one of the natural sources of social information which will help in understanding the patient, his reaction to his hospital care and future plans, the student nurse will have repeated contacts with the social workers in the making of their case studies. Each social worker, if she understands the teaching responsibilities of the department, may play an important rôle in the program. All the initiative cannot be left to the student. The individual social worker as the teacher should be encouraged to use the opportunity for helping the student to understand the patient and the social service department in relation to his situation. Ideally, the medical social worker should read and evaluate the finished nursing case studies of her own patients, but, in view of the numbers of studies which are made in most schools, it has not been possible for the social service department to accept this responsibility. The first one, however, might be read, even if no others. In the grading by the nursing school, however, due weight should be placed on the social

[^29]elements even though the studies are not graded by the social service department.

As a part of the case study program, teaching ward clinics have been held under the supervision of the nursing instructor. After the student presents the medical and nursing phases of the patient's case and the social worker discusses his social situation, the details of each and their interrelationship are brought out, a nursing plan is formulated and aftercare is considered.

Actual placement of the student nurse in the social service department has been a plan fostered by many schools. The use of any plan for a few students, as an alternative for required courses for all students has already been discussed, hence this scheme is here being considered as a part of the program for all student nurses. To be acceptable as a part of the curriculum, it must be on an educational level with the rest of the student nurse's work. This means that the nursing focus must be definitely kept in mind and that the educational value to the student of each part of the experience should be discernible. Her activities in the department would have to be selected and planned, and to integrate these with her nursing concepts, there would probably need to be organized provision for orientation, discussion, and related reading. Such a program with the emphasis on the value to the nurse-in contradistinction to the help to the department-creates a teaching load which very few social work departments at the present time are able to bear because of the overwhelming size of the student nurse group in comparison with the staff of the social service departments. Carefully supervised experience, especially designated as preparation for nursing and not for social work and supplementary to classroom teaching would undoubtedly be of value, but there is a question about the wisdom of undertaking it unless the value of the time spent is at least commensurate with that of other blocks of the training period.

Visits to social agencies, institutions, or homes of families are also being used as methods of teaching. Again there seems to be some conflict between theory and the practical aspects. One must not disregard the intricacies of having some thirty or more students who are on ward duty released at the same time on an outside visit of three hours' duration. The time spent in transportation is a total loss. A few wellchosen agency or institutional visits may, however, be of value. Visits to families are of more uncertain value. In the first place, it is important to consider what is to be taught thereby. If living conditions are to be demonstrated, there is a possibility that the visiting nursing experience, which most students now have, would provide a more natural, convenient, and less expensive opportunity. Attempts to show some-
thing of the case worker's approach to the home, her relationship to the patient, and the method of working out her problem through allowing the student nurse to visit with the social worker, after reading the patient's record and discussing the situation in respect to this particular visit and the outlined plan, have been very fruitful in increased understanding of the nurse in many instances, but the results are unpredictable. It is necessary to consider, however, what it is going to mean to the social worker and her patients if she takes a student nurse with her every time she visits for a period of weeks, which is unavoidable in some departments if sixty student nurses are to be taken on a visit within a period of a few months. Visits have to be made near the hospital unless the time spent with little return very much overbalances the value of the concrete illustrations. Possibly a plan for each student nurse unaccompanied and, after consultation with the social worker who knows this patient, to visit a patient whom she has nursed and on whom she has made a case study, might give the opportunity with a more natural approach for seeing living conditions, the home and family adjustments to illness, and any possible relationship between health and social conditions.

The instruction regarding the social aspects of nursing has to be informal as well as formal. No single theoretical course, several welldeveloped and related ones, or a period of participation in the work of the social service department will be sufficient. Real permeation of nursing with social concepts can come only through the achievement of a social emphasis in all ward and classroom teaching. All who have any supervisory contact with the student nurse should be able to demonstrate this point of view. It has proved especially important for the head nurses who probably come in closest touch with the students to be thoroughly understanding of the program for the integration of the social point of view with nursing. If the ward practice in nursing seems the converse of social teaching, the students cannot be expected to accept or use much of the latter. As the number of head nurses who have had the social aspects of nursing stressed in their own training has been increased, the reflection in the student group has often been quite marked. Although the head nurse, the nursing supervisor, or instructor, like the student, cannot be expected to gain her knowledge without some theoretical instruction, all their contacts with the social service staff as well as those of the student nurses may be considered opportunities for the social workers to give as much as possible of their own social thinking in relation to the situation at hand. Thus this makes the teaching program a responsibility which must be shared by all members of both the nursing faculty and the social service department of the hospital.

Reading will, of course, be used to supplement the classroom lectures and discussions and may well be tested by recitations and frequent short quizzes. As one of the problems in teaching social aspects of nursing in many schools is the inadequacy of the material available in the school library, an effort on the part of the instructors concerned with this special phase of the school program to suggest books and other material should be made. Some of this, it is hoped, may find its way into the reading lists of other nursing courses as well.

The medical social worker's part in this program has been mentioned at various points. It is not necessarily she, however, who should teach all the social or community components of nursing. The sociologist, the public health officer, the nurse, and the social worker may all conceivably be involved. Before the contribution of each can be fully or satisfactorily outlined, joint thinking of nursing educators, social workers, and others must be done. The social component of nursing needs to be more clearly analyzed and the functions of the various groups interested in medical social care of patients more exactly differentiated. These are now some of the problems before the Joint Committee on Common Problems of the A. A. H. S. W., the N. O. P. H. N., and the N. L. N. E. In university schools where there are schools of social work, it seems quite logical that the nursing school should look to the latter for help in the teaching program. However, it seems quite valuable that a close relationship should be kept with the social service department by the person giving the social interpretation in relation to medicine and nursing and that the social service department should be drawn into consideration of the development of the program and that part of the teaching should also be done by the social workers within the hospital.
Although the entire social service department should be aware of its responsibility for social teaching, the formal planned instruction should be under the direction of one person. Other lecturers may be used with increased profit, but a series of lectures by various people has been found wasteful. If one instructor is responsible for all of the social service teaching, she can well orient the visiting lecturer and can assist where necessary in developing class discussion or can help to point the application to the student's own nursing problems. From experience it seems that many nurses, as they stand on the side lines sometimes and hear patients' reactions to social planning, are likely to have many questions in relation to the meaning of that which they have heard. If the teaching can be done under the supervision of an instructor who is somewhat familiar with the patients, a good deal of teaching can be done on a very concrete basis with a very natural opportunity for the student to
see herself in relation to the entire situation. Besides encouraging students to feel free to bring up questions in relation to particular patients then in the hospital, there is the opportunity to use for teaching patients who have been in the hospital medical ward for some time so that all the students would know them or one who has had several reëntries during the period in which this class was assigned to medical ward duty. In such teaching, the social case worker of that patient should participate.

The person responsible for the teaching of the social aspects of nursing should probably be a member of the school of nursing faculty, whether or not she is on salary from the school. If real integration of the social point of view with nursing is to be the goal, she should be expected to attend faculty meetings. The benefits are not alone those accruing from any contribution she may be able to make to curriculum construction or the teaching program of the school, but from her having more intimate knowledge of aims, methods, and practical problems of the nursing field. It is necessary for this instructor to be thoroughly familiar with the other courses in the school, the teaching methods, et cetera, in order that she may more intelligently adapt her own material and this can more easily be achieved by one who is a member of the group.

Of course, appointment on the faculty does not necessarily imply that the expense of the social teaching program shall be borne by the nursing school, but it will probably have to be in the larger schools, at least, before the program is entirely satisfactory. A few schools have already appointed, with salary, social workers to give this instruction and a really adequate program seems, at this stage anyway, dependent upon such development. Too often, one thinks only of the time spent in class, whereas there is the preparation of material, the grading of quiz and examination papers and of outside written assignments, and the conferences in outlining the plan. The participation of a social worker as instructor in the nursing case study program, with evaluation and grading of the cases seems important, but with literally hundreds of such studies each month in some schools, it has not been possible for the social service departments, which so far have largely borne the expense of this teaching, to agree to undertake more than a small part. Even if it is only a question of different items of the same hospital's budget, there is evident a need for becoming more aware of the actual cost of this teaching. The social service departments which have been asked to give almost tutorial instruction, that is, to hold discussions for instance with very small groups of students as they have been assigned to special divisions of the hospital or clinic, have appreciated the time-consuming
aspects of such a program, but they have not been able to discuss the actual cost with the schools, because no study of the expense has been made.

Even though one sees the curricula of schools of nursing becoming more social, one realizes that present practice is yet but fragmentary in its integration, and that further analysis and experimentation must be done.

## Discussion from the Point of View of Public Health Nursing

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After rashly accepting the invitation to discuss this paper there were some bad moments as the thought presented itself, "How can one discuss this subject without some new contribution?" Sometimes we are discouraged to realize that after discussing a question at length and breadth-well, here we are in 1934 still talking about it! At this point the only thing to do is to "climb a tree" and take a look over the past to see where we stand. Climbing a tree in this case meant looking back over the reports of conventions spaced at biennial intervals along our professional road. We note this subject first appeared on the program of the League Convention about two decades ago. No wonder we appear to have moved slowly-so great was the vision of some of those leaders in nursing education that our accomplishments have never yet caught up to that vision. May I quote from an address by Miss Clayton presented just ten years ago which embodies this vision:

> If it is believed to be as fundamertal for the nurse to have a public health consciousness as to have an aseptic consciousness, when and how, in her nursing education, may this be acquired?

> The teaching and the administrative faculties of the schools of nursing should be the first to have this consciousness and understanding of the real meaning of public health. It should permeate every phase of the teaching, from the first hour spent with the new group of students, by the superintendent of nurses, to the bedside demonstrations, and to the practical care of the patients; to the nursing of the medical and surgical patients with their various community contacts and relationships.

> This attitude of mind may be given to the student body by a definite, systematic, continuous interpretation of the meaning of public health, in its literal aspect, rather than the former understanding-that of a specialized type of work. ${ }^{1}$

[^30]And yet we are on the way. The need for instruction in these social elements is now so fully realized that no longer do we need to argue for it.

Another generally accepted point emphasized in the above quotation is that such elements should be incorporated into the curriculum from beginning to end rather than added as a finishing touch.

The questions still clamoring for answer are, what these much discussed elements really are, and how and by whom should they be taught. These questions are all so closely related that they must needs be considered together.

Perhaps all teachers have passed through the stage of thinking that a logical sequence can only be developed by starting at the beginning of a subject; in this case, for instance, that a background of sociology must be worked in before the social elements can be presented.

This is like the older method of epidemiological survey which approached the subject by means of a roundabout study of environment rather than by its present direct method of approach to the patient himself. So we find ourselves starting boldly and definitely just where we are, which happens to be with the patient and his needs. In so doing we are led naturally and inevitably back to the needs of the family and to the resources of the community for meeting these needs.

Behold an outline from which we can develop our course of study, making it as extensive as board and budget will permit, but never going so far afield that we lose sight of the patient as the central figure.

Some time ago in attending a meeting of industrial executives in conference assembled, I was impressed by the brevity and conciseness of their presentations. Discussing "job training" the speaker outlined the following steps:

1. Make ready. 2. Do. 3. Check up.

The point emphasized was to start where we are, with what we have, and as we $d o$, we learn to do.

The work of the joint committees of our national organizations has laid a solid foundation for this instruction. They are rendering untold assistance in helping both to make ready and to check up. But the immediate step-the doing-must be done by those who are actively engaged in the schools of nursing.

We need not wait for any committee to present us with a perfect plan. You will recall the classic advice given to Edward Jenner when he disclosed to his famous teacher his thoughts about vaccination. "Don't think," said Dr. Hunter, "try. Be patient, be accurate." The
admonition which this League might well give to us is, "Don't talk, try. Be patient, be flexible."

Returning to our subject matter of social elements, how shall we "make ready"? Certainly by thinking through the subject which in the beginning at least may require presentation as a separate and distinct course before it can be woven into the body of the curriculum. But when it comes to the "doing," the application must be made by the teacher who is on the spot where the patient is and where the student is, and who understands both the medical and the social ekements of the situation. This teacher, need we add, is the head nurse, and this teaching is of the concurrent type. One of the chief difficulties is the lack of preparation in this subject which necessitates special attention to the selection of head nurses, and to the consistent emphasis upon this aspect of teaching in every clinical department. This should result automatically in the elimination of those who are not interested in acquiring this viewpoint. "Make ready-do." Now for the "check up." And as we check up we are impressed with the fact that not only does our subject matter originate in the patient, but that real motivation has its source here also. Those desirable qualities of students striven for by every teacher, namely "eager participation and voluntary study," are found invariably in connection with some particular patient whose particular needs are urgent. Enthusiasm truly emanates from personality rather than from abstract subjects. But here the economic "bogey" raises its head and asks, "How will this affect the budget and can we afford it?" In so far as we can afford to meet the needs of our patients we must afford it.

Again quoting from Miss Clayton:
One of the former presidents of the American Hospital Association in his discussion of the aims of the hospital says: "The fundamental aim of the hospital is service to society. Hospitals may benefit and develop special groups of men and women as physicians, nurses, etc., but the fundamental aim will ever be that of service to society, and all effort must justify itself in this light. Personal benefit to the individual or group is not to be considered, except as contributory." In the light of the above interpretation of the function of a hospital, it is believed that, if a hospital voluntarily assumes a second responsibility, that of educating a nurse, it should find the means to meet that responsibility. To do this, the facilities which will enable the student to obtain a sound scientific and practical foundation for her work must be provided. This will include opportunities for her to acquire an understanding of the literal meaning of public health.
What, after all, does this require?
First and foremost a faculty who, from director to each individual head nurse, has this understanding with the ability and enthusiasm to
impart it to others. Until nursing becomes more completely socialized, this faculty should include some one whose primary interest is in the public health and social aspects and who is qualified to establish emphasis and leadership in that direction.

Second, a hospital administration and a medical staff with sufficient understanding to appreciate more highly those hands and feet which also have attached to them a head and a heart.

Third, social workers who are a definite part of the faculty, and whose unique contribution is the ability to make connections for the student with the home and the community.

Fourth, public health nurses in the community who are ready to share their experience with students.

Finally and emphatically, a quality of student who is capable of this understanding-not just the "objective" type who is interested only in doing things. Merely from the economic standpoint it costs more to train poor material than good, and the end results are the tragedy of our present situation.
In discussing a few of the specific points brought out in the preceding paper, we heartily agree that social elements should be taught as a part of nursing and not as medical social work. As a corollary of this, it should be taught by doctors, the instructors and head nurses in the hospital, and the community nurse in the district-all with the advice and assistance of the social worker, both in theory and practice.

One of the very striking facts about social work is that its principles are so sound that they are applicable to all other fields of endeavor which have to do with human beings. Medicine, religion, law, business, all are calling upon the social workers for help, and to their praise be it said, they are responding generously.

In nursing we are putting this generosity to a severe test when we ask social workers to "cast their bread upon the waters" for the benefit of all students rather than to concentrate upon a few who have elected that service. Considering the whole curriculum this plan seems best, but we can appreciate that it is less satisfying to the teacher whose special interest is in the field of social service. The willingness of social workers to engage in that type of instruction seems to me an example of the highest type of coöperation and one which challenges our best response.

One striking point is the omission of any reference to a type of worker found originally in the community but now increasingly in clinic and hospital, who has had special training in public health nursing with its combination of medical and social insight and skill.

The similarity of function and the need for clearer interpretation of the work of medical social workers and public health nurses is occupying the attention of both groups and will doubtless furnish material for discussion for some years to come.

In the meantime let us follow the suggestion of Dr. Cabot and "Act on the knowledge we have, while waiting for more," hoping that at our next Biennial we shall have results to report rather than programs to present.

## Discussion from the Point of View of Pediatric Nursing

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As the topic for the conference is the "new emphasis on social science in the nursing school curriculum," I take it I may discuss the subject in general as well as specifically from the standpoint of the plans outlined by Miss Lewis. ${ }^{1}$ The discussion designated is from the point of view of pediatric nursing. May we change it to the "care of children"? Pediatrics is rather a limited term and may be construed to mean the medical conditions of children. In fact, some state boards have gone so far as to state that the care of children with surgical conditions will not be accepted in fulfilling the requirement in pediatric nursing. This limitation, in my opinion, is very unfortunate. We should be thinking in terms of the care of children through the study of all types of children, sick and well, and pay more attention to the social, psychological, educational, and positive health aspects of child care than we have hitherto. Many of the conditions found in children are the same conditions which are found in adults, and the adaptation of the techniques of nursing used with adults to children is not particularly difficult. It is in these other approaches that the nurse is less likely to be successful.
In considering the social sciences as they relate to the school of nursing curriculum, I assume that we are concerned with the contributions which sociology, psychology, and economics may make to the education of nurses. At the present time we have suggested in the Curriculum a course in psychology, a course in modern social and health problems, a recommended course in the elements of social science, and in the course in case study methods one class devoted to the social background as applied to health. There is only one clinical subject which makes any mention of the social aspects of the conditions discussed, namely, the

[^31]course in psychiatric nursing. From the standpoint of the social aspects of the care of children there is admirable material included in the course in modern social and health movements.

The Grading Committee has recently released an interesting diagram which will throw some light on the extent to which these subjects are being taught in our schools of nursing-quite a different matter from their being suggested in the Curriculum. The diagram shows the per cent of schools giving the courses suggested in the Curriculum as straight courses, as combined with some other subject, and the per cent which do not teach them at all. Eighteen per cent of the schools do not teach any psychology; 27 per cent do not teach case study methods; 48 per cent do not teach modern social and health problems; and 68 per cent do not teach the recommended course in the elements of social science. It is evident from the figures that we need increased emphasis on the importance of teaching social science in our schools of nursing if we are to meet the social challenge of today.

Before considering the specific plan as it relates to children, I should like first to discuss some of Miss Lewis' general comments. Miss Lewis refers to the Curriculum as pointing out that the content of nursing education must be based on the actual duties and responsibilities which the average nurse is expected to carry at the present time in the practice of her profession. I am not quite sure whether or not she regards this statement as a limiting clause. Certainly it should not be. There are appreciations and attitudes that one cannot define as actual duties and responsibilities, which must accompany this specific content and which determine in large measure the nurse's success in carrying out her responsibilities both to the individual and to the community. It is in this category that we would place the contributions of social science. There are some factors in nursing education which belong to that group of values which the woman tried to put into words in evaluating the House on Henry Street by saying, "What you get out of this house you can't take away in your pocket."

Miss Lewis is a little dubious about the ability of the student nurse to do abstract and creative thinking. This seeming lack is not due always to the incapacity of the student nurse but rather to the difficulties inherent in a situation where there is usually a conflict between education and service. The student social worker with whom Miss Lewis makes the comparison is a student and is regarded as a student in all aspects of her work. She is not carrying a service load. May the day soon dawn when it will be equally true of all student nurses! Miss Lewis also refers to the fact that the better schools of nursing are requiring high school graduation for admission but that few of the schools
have more than a sprinkling of students with more preliminary education. I think it is safe to assume that any school which has sufficient conception of its function as an educational institution to wish to incorporate into its curriculum the social sciences not only has all high school graduates but perhaps considerably more than a sprinkling of students with more preliminary education. It is with these schools that we must concern ourselves. We must remember that the Curriculum has been meant as a guide for classroom teaching and that it contains only a mere indication of the way the student is learning during the major part of her course, that is, in her actual contact with patients. It is in these contacts with patients that the student is going to do her best thinking and to apply whatever contributions from social science she may gain. Miss Cannon calls attention in her book to the fact that in the majority of schools of nursing the student nurse does not "learn to think independently, to dare to lead." While it was largely true when Miss Cannon wrote it, the criticism is not so warranted today. I agree with Miss Lewis that the social interpretation should be adapted to the uses of the student nurse and integrated into the nursing theory in its presentation because that approach is based on sound pedagogy; but I do not believe that it must be done because "the student nurse might find it difficult to select and adapt unrelated social theory to her needs," because the student herself has had "little training in abstract and creative thinking and has comparatively little during her nursing course," or because "the majority of the courses in the main impart definite factual information to be learned by the nurse," or because "nursing appeals especially to the practical type of person who wants to be able to translate her thoughts quickly into action." While it is perfectly true that the majority of courses in the Curriculum impart definite factual information to be learned by the nurse, this is necessarily so since much of it is concerned with exact sciences, but it is in no way meant to preclude the nurse from creative thinking in applying it to the care of her patients.

Miss Lewis rightly stresses that in presenting the social aspects of nursing the sociologist, the public health worker, the nurse, and the social worker may all conceivably be involved in teaching the social components of nursing. We might add to this group the social psychologist and the mental hygienist. We are not concerned in making our student nurses experts in social diagnosis or treatment, or medical social workers, but we want to give them an understanding and appreciation of all those factors which enter into the life and well-being of an individual, and which help him to achieve his highest level of attainment. This concerns him not only in his individual life but in his relationships
with other people, since people live their lives only in and through a social medium. One might stop here to comment that the nurse needs emphasis on social sciences for her own development. She, as much as other individuals in the community, needs to learn that she is not an "impersonal cog," or even a useful cog, "in a mechanized society."

The objectives which Miss Lewis gives for the contribution of the medical social group are concrete and inclusive. The third one-"to help them see their patients as individuals that their nursing care may thereby be improved"-should be a common objective for all who contribute to nursing education. Miss Lewis stresses an important point when she states that the interpretation of the social point of view may well be started when the student begins going on the wards during the second half of the first year. As Mabel R. Wilson expressed it at the National Conference of Social Work (1925) in describing a plan for instruction in medical social work for student nurses:
"We consider it advisable that early in their course the students should realize that there exists in the hospital a social service department,-and that each patient must be considered, not alone as an individual sick child occupying a bed,but as a part of a social unit existing in the community beyond the walls of the institution."

To turn to the outlines which Miss Lewis has included, the outline of social aspects of nursing as given at Western Reserve University seems to me to cover admirably the general social viewpoint which the student needs early in her course. While I believe the integration of the course in the social aspects of nursing into the principles of case study is an admirable step, my criticism of the course in case study as given at Washington University is that it is too much concerned with the work of the medical social worker rather than with more general social problems. I recognize that this plan presented by Miss Lewis is a tentative plan and is chiefly to lay the groundwork for future work by the committee.

Again, Miss Lewis stresses an extremely important point when she states that the social aspect of nursing has to be informal as well as formal, and one must reiterate her statement that the permeation of nursing with social concepts can come only through the achievement of a social emphasis through all ward and classroom teaching. No student will realize the social implications of nursing unless the hospital has a well integrated program of social work, with an appreciation of its value not only by the nursing staff but also by the medical staff. A head nurse who works in an atmosphere where the social worker is present at medical rounds and is asked for a report on the case, and
who talks over cases with the social worker on the service, will impart to the student in her department something of that same social outlook.

It is evident that we cannot at least for the present ask our social service departments, which for the most part have fewer personnel than they need, to assume responsibility for all the teaching which has as its aim giving the student a social point of view. As our clinical instructors and supervisors are better prepared and have courses in sociology and economics in their preparation, we shall find them with the background necessary to bring out the significant social facts as they relate to the diseases and conditions under discussion in their classroom and ward teaching.

Of course, most of us will agree with Miss Lewis that instruction should be given to all students rather than an elective to a few students. We have gone through various stages at the Children's Hospital, Boston, in attempting to give a social viewpoint to our students. It began some 18 years ago with a course of lectures in the senior year and provided for a few students to have an elective in the social service department. Then the plan was tried of having a few general lectures early in the student's course, the social aspects emphasized in the clinical courses, and additional classes in the senior year, but still the elective in social service work for a few students. For some reason the course then went back to the senior year. We have had a change of directors in the social service department within the year and are now in the throes of reorganizing our course. We discontinued the elective for students about two years ago and now have all students spend a week in the social service department following their out-patient service. The instructor in the out-patient has had public health training and is keenly interested in the social aspects of nursing. During the time the student is in the out-patient she has her classroom instruction in the public health aspects of the conditions and diseases which she has seen in the out-patient department. The social problems involved are emphasized. The student also makes a home visit with the instructor. During the period in the social service department the student makes visits and has conferences with the worker in the department to which she is assigned. We ask no more from this experience than that it will give the student nurse an understanding and an appreciation of the place from which the patient comes and to which he will have to return and some of the social factors that may have led to his being a patient in the hospital and that may interfere with his aftercare when he leaves the hospital.

In developing the course in the curriculum I should like to see the material which is given in the case study course cover a good deal of the
ground given in the outline of the course at Western Reserve. These topics would give a general background for all types of nursing, whether for children or adults, and applications might be made in all fields. For example, the well-prepared nurse ought to know the requirements for normal family life. She herself, we hope, comes from a normal family, but how little does she crystallize her thinking about it as it affects the mental, moral, spiritual, economic, and health factors of the individuals within the family! Certainly the unstable family is a menace to the development of any child. There should be discussion of such problems as this: What are some of the general social problems which change home relations and home behavior? Then there is the community aspect of her work. What factors go to build up a community? How does the genetic community of all the same stock and general ancestry differ from the community which has been built up of various groups mainly because of industrial conditions? Certainly the nurse who has to work among children in either type of community would find herself beset by equally perplexing problems. Some help on this subject is necessary. Then we have the problems which come from the differences in races. We see the difference, for example, in the nutritional disturbances of children which are due to racial diets, and this takes us into the field of economics, because these diet problems must be considered in relation to the budget of the family. Then we know that the force of customs and traditions is important in the molding of behavior patterns. There are the problems that arise, among children of foreign parents, in bridging over the gap that tends to appear as the child becomes conscious of the old world customs and traditions which bind him in his home and which he is ambitious to shake off. What are the factors which differ in urban and rural relationships?

Of course, I may be prejudiced, but I believe that the contributions which the social sciences have to make to the care of children are more important than to any other age group. It is said that in an exceedingly broad way the child recapitulates the life history of the race. I heard a sociologist once say that one of the easiest ways to work from the simplest behavior to the complex is by tracing the development of races or by tracing the development of children from their simpler infant behaviors to their adult behaviors. Those who are working with children, therefore, have a unique opportunity for study.

The social and economic conditions of a child's surroundings may exert a permanent influence on his development, and many of the problems of adult life, social and emotional as well as physical, would not exist had they been effectively treated during childhood. We have only begun to touch the surface of our work with problem children. How
are we going to help children with chronic diseases to become adjusted in the community? There must be some place provided in the curriculum for interpretation of the social aspects in caring for children with chronic heart disease, nutritional disturbances, and congenital syphilis, and the feebleminded, the epileptic, the maladjusted because of nervous conditions. Likewise, interpretative study is needed where there is tuberculosis in the family; where there is a social problem because of illegitimacy or the broken home or the working mother; or where one or the other parent is feebleminded with consequent laxity and low standards of living. If we compare the diseases and conditions found in children with those found in adults, we shall find the greatest diversity in the first few years of life and in the latter part of life. Many of these conditions found in infancy have their roots in social ignorance and evil, for example, the congenital conditions which may be due to the venereal diseases or the nutritional diseases which many times arise from economic conditions or again the transfer of communicable diseases. Should not the nurse have a very keen appreciation of the relation of infant mortality and morbidity rates to social problems? Certainly the young woman who is to work with children in the community should know about our social legislation, child labor laws, mothers' aid, etc., and the social agencies in the community which are concerned with children.

Children's clinics in the out-patient department are fertile fields in which the student, if properly guided, may gain a keen appreciation of these social factors. Frequently, too, the nurse who is working with children may give effective help to the social worker in explaining the social worker to parents. The parents recognize the nurse's uniform, they comprehend the doctor, but they do not always understand a lay person's coming into the picture.

The Children's Charter claims "the right of every child to the understanding and protection of that personality which makes him different from all other individuals in the whole fabric of society. That implies the safeguarding of his individual entity from an impinging adult world and requires an ever increasing knowledge of child life and needs on the part of those who deal with him." Here is a compelling challenge to every nurse who works with children.

As we look through the "windows of Henry Street" with Miss Wald, in her book of this title, and catch glimpses of the achievements in social righteousness, in social justice, in public health nursing, we hope we will be forgiven for the sin of pride if we recall that nursing gave the impetus for this creative experience. In the early days of modern
nursing there was a considerable group of women who entered the field that they might be more socially effective. It is still true, for nursing in itself is a social service.

The meeting adjourned.

## Joint Session

American Nurses' Association
National League of Nursing Education
National Organization for Public Health Nursing
Thursday, April 26, 8:30 p.m.
Presiding: Elnora E. Thomson, R.N., President, American Nurses' Association.

Subject: The Changing Order and the Hospitals.

## Professional Relationships and the Hospitals

Nathaniel W. Faxon, M.D., President, American Hospital Association, Rochester, New York
Change is a natural phenomena of life. Everything in our universe, in so far as we can ascertain, is changing, either advancing or receding. Even the rate of change varies, sometimes accelerating with a burst of rapid innovation, at other times sinking back into a state of static conservatism. At present we would seem to be in the midst of an era of acceleration with change following change so rapidly that everything seems in a state of flux. Particularly is this true in the relationship of the state to its citizens.

The relationship of the state to its citizens is manifold and we are here considering only that relationship which deals with sickness, welfare, and health. These three are so closely bound together that consideration of one requires inclusion of the other two.

Historically it is probably true that the care of the sick and the establishment of hospitals existed as an organized philanthropy or semipublic activity before similar organized effort was attempted regarding welfare aid or charitable assistance for material need. Family aid, friendship, and individual charity are as old as man but we are concerned only with organized effort. Early hospitals were usually religious activities, with occasional exceptions in large cities, until the development of lazar houses for the segregation of lepers and of quarantine stations for the protection of maritime cities from plague marked the beginning of governmental hospitalization as a definite policy.

Gradually there arose a sense of responsibility on the part of municipalities for the care of their sick poor, resulting in the establishment here and there of city-supported hospitals. "Sick poor" meant the very poor vagabonds and near criminals-the scum of the city. The bulk of hospital facilities and the bulk of hospital care was and still is provided in hospitals built and supported by private philanthropy. Nevertheless, there has been a steady increase in the responsibility accepted by governmental units until now there exists a well defined policy that hospital facilities should be provided for the care of those who cannot afford to pay for such care. The extent to which this responsibility has been accepted varies in different states and is not similar in all parts of the union. In general it may be stated that these are as follows:

Federal hospitals for the care of soldiers, sailors and veterans. Public health service for the care of specific classes of patients.

State hospitals for the care of mental and tuberculous patients.
County hospitals for the care of the tuberculous and patients having chronic diseases and occasionally those with acute illnesses as well.

Municipal hospitals for the care of those with acute illnesses.
The development of governmental acceptance for the care of the sick has not been an isolated instance of the extension of community responsibility. If we consider welfare relief or public charity, we see a similar increase in public responsibility. The origin of our settlement laws and welfare relief goes back to feudal times, "when serfs were bound to the manor by obligation of personal service and were in turn entitled to protection from the lord of the manor in case of need." The break-up of the feudal system resulted in England in "a poor-law system built upon a pattern of oppressive governmental responsibility for aiding the poor through taxation rather than upon the former medieval system of ecclesiastical aid through charity." This placed responsibility for the care of the indigent upon the community where they were born and laws were passed which for many years prevented people from readily changing their residence.

This system was brought to America and has formed the basis with certain modifications of our own laws: "state responsibility for the care of the poor, the raising of the necessary funds through taxation, the responsibility for each locality or town for the relief of its own poor, the reimbursement of localities, the system of 'warning out' and removals, the practice of whipping and setting in the pillory of nonresident poor or vagrants and the establishment of workhouses or houses of correction for the poor."

Just as hospital systems varied, so have the settlement laws and welfare policies of the United States lacked uniformity except that all tried to pass the responsibility on to some other state or community whenever possible. Nonresident poor were a particular problem and despite constant attempts to achieve uniformity of care and reciprocity of action, little progress has been made.

Originally a person eligible to receive poor relief had to be adjudged a pauper, to have no means of support, and to be without property. Gradually this harsh interpretation of the relationship of the state to its citizens has been softened until now under the many Temporary Emergency Relief Acts of the various states and the Federal Emergency Relief Act, unemployment alone constitutes a valid reason for the giving of welfare relief by a community to its citizens.

Starting as the sole obligation of a local community, relief has now been accepted first as a state responsibility and later as a federal responsibility and tax funds from all three sources are used to provide the "necessities of life" to needy citizens.

What a distance has been traveled! Charity in colonial America meant a pauper's oath and disgrace in return for enough food to barely keep one alive. The "necessities of life" in 1931 meant food, clothing, shelter, and medical care simply because one is unemployed. The inclusion of medical care as a necessity of life links welfare relief with doctors, nurses and hospitals.

In the beginning, sickness was an affair of the individual. His immediate family probably took some interest but his tribe considered a sick man only as a liability. Later on the state considered sickness and death only as a possible or actual loss of a potential warrior, "cannon fodder."

The development of the humanities produced more interest in the afflicted. Doctors, orders of sisters and brotherhoods and nurses and hospitals resulted.

The relationship of doctor and patient has been intensely individual. Any suggestion of state medicine has been fiercely opposed by the medical profession. But consider what time and adversity will accomplish. The Public Welfare Law of New York (1929) makes it the obligation of municipalities to provide all necessary medical, nursing, and hospital care for those citizens, normally self-supporting, who are unable temporarily to provide themselves with such service. Such care may be given in dispensaries, hospitals, the person's home, or other suitable place.

This law further illustrates the interrelation of welfare relief, care for the sick, and public health, for it is based on the theory that a person otherwise self-supporting may be unable to provide medical treatment for himself and family and that the lack of such medical care may result in unnecessary illness with consequent dependence and pauperism. 'In other words the law in addition to requiring medical care for persons already indigent seeks to prevent others from becoming public charges for lack of medical care." ("Public Medical Care in New York State," Thomas Parran, Jr., M.D. p. 5.)

In order that "such care may be given in the person's home," physicians have been appointed in public welfare districts or arrangements made whereby any physician may serve according to agreed upon rates.

The State Department of Health acting as the medical advisor of the Temporary Emergency Relief Administration and the Federal Emergency Relief Administration coöperated with the Medical Society of the State of New York in providing uniform standards and procedures for medical relief, paying upon a fee basis to physicians for the necessary "outdoor medical relief." Nurses are similarly employed to render bedside nursing care and public health nursing service, principally to those families receiving public relief funds.

We are considering this changing order. How much have we changed? Well, we have changed from the situation illustrated by a sick man left alone to die because no one cared to bother with him, to a collectivised system illustrated by the following statement of public responsibilities accepted by New York State:

> With two-thirds of the hospital beds in New York State owned by the public and supported through taxes, with 15 per cent of the population of the state receiving all necessities of life from public funds, including medical care, with practically all cases of mental disease and a large proportion of tuberculosis being hospitalized at public expense, with one-half of the burden of syphilis treatment a public responsibility, with the care of crippled children an actual obligation and medical care of school children a legal obligation of the public, and with blanket authority existing for any city or county to construct and operate public general hospitals available to its citizens, it will be seen that to a considerable extent, medical care already has become a matter of public participation. (Thomas Parran, Jr., M.D.)

Emphasis so far has been given to the development of governmental hospitals, governmental welfare relief and governmental medical care. What of private philanthropy, voluntary hospitals, private welfare organizations, private physicians and nurses? What has been their relationship to governmental activities? It can be said with truth that no advancement in medicine, in hospital care, or in welfare organization has been made; no laws passed, no forward movement taken, no respon-
sibility accepted by the government, nothing, excepting possibly the advancement of sanitation and public health through state, county and city health departments, has been conceived, undertaken, and achieved except it has first been planned, tried, and proven by private agencies. Always the private physician has led the advance in medicine. (There are, of course, exceptions.) Always the private group has pioneered in the development of charity and welfare, both as regards the giving of material relief and the manner of such giving. Always it has been the private hospital that has led the way in the hospitalization of the sick. After the need had been shown, after the way in which this need could be met had been worked out, came consideration as to whether this was a public duty. The general policy that has been followed in answering this question is that it is the duty of the state to accept moral responsibility for those procedures and charities that give aid, comfort, and health to its citizens and which constitute a financial burden too heavy to be borne by other than tax funds. Scarcely any public activity exists but has been preceded and developed by private initiative.

What will the future bring? What general policies will be followed? It seems almost certain that the trend of the past century which has resulted in a gradual but constantly increasing interest and acceptance by the government of responsibility in medicine, hospitals, and welfare, will continue. Medicine and hospital care for citizens who cannot afford to pay for such care, has already been provided in some states. Will this be extended to include all citizens-those who can pay as well as those who cannot? How far will state direction and regimentation go? Will it take the form of a state medical system supported by direct taxation or will it be accomplished indirectly through compulsory health or sickness insurance?

Important as these points are, difficult as the solution of the details of procedure may be, there is still one point, one policy, that transcends, in my opinion, all others. That is the preservation of private physicians, private hospitals and private welfare agencies; in other words initiative and freedom of action for the individual and for independent groups. We are living in an age of collectivism which we may truthfully grant presents many benefits which should be thankfully accepted. But let us not forget that history is the biography of individuals, that the nation is made up of people, that freedom of action and of thought has ever been a prerequisite for advancement in every line of human activity. Let state medicine develop if it will, in any manner that it may, but at the same time let safeguards be taken to preserve private medicine, private hospitals, and private welfare agen ${ }^{4}$
cies. The development and simultaneous operation of such a dual medical hospital and welfare system is not inconsistent. It is merely a step further along the road already traveled. In fact, it is actually existing today and needs only clarification and adjustment and the definition and acceptance of policies to become a workable and coöperative system. We in the United States enjoy in this respect the greatest advantage in that we have before us the experience and experiments of Europe in this field. One common lesson stands out from all their various forms of sickness insurance or panel systems and that is the necessity for intelligent and sympathetic coöperation of physicians, hospital administrators, nurses, and welfare boards in planning, coördinating, and shaping legislation and controlling governmental participation in the care of the sick, the distribution of welfare relief, and the protection of the health of its citizens. Socially-minded legislators may mean well but only those whose lives have been spent in the daily direction of the details of these problems can intelligently direct great social movements of this sort with any hope of success. Intelligent criticism is desirable; blind opposition without constructive alternatives will defeat itself. Therefore it behooves doctors, nurses, hospital administrators, and welfare workers to get together and earnestly to plan for the future. "We must hang together or assuredly we shall all hang separately" might well be our watchword.

The state has responsibilities which lead to community projects, but in achieving the benefits of collective efforts, let us see that the individual and individualism are not destroyed. The state exists for the individual, not the individual for the state, has been the American motto. For his own benefit, the individual has relinquished many prerogatives so that he may live in harmony with his neighbor but he must still remain an individual. Preserve us from that day wherein the state directs the thoughts and commands the action in all activities of all its citizens. Provide a hospital for the needy but allow each patient the opportunity of choosing another hospital if through self-denial or ability he has sufficient means to command its services. Let him accept in adversity the ministrations of the state physician, but grant him the freedom of paying the physician of his choice in prosperity, Let us accept the responsibility of the state to its citizens when in need but not forget its equal responsibility to those who carry their own burdens.

The time has come to abandon our "laissez faire" policies of development and boldly and intelligently to plan the future development of our medical, hospital, and welfare systems and to so plan and so arrange that the great system of private philanthropic initiative which has led
the way through these years of development may be safeguarded and continued.

Bibliography
Hirsch, Harry M.: Our Settlement Laws. State of New York Department of Social Welfare.
Parran, Thomas, Jr., M.D.: "Public Medical Care in New York State." Journal of the Ancrican Medical' Association, July 29, 1933. pp. 342-344.

## Economic Planning for Hospitals

J. Rollin French, M.D., President, Western Hospital Association, Los Angeles, California

## The Nurse as Interpreter of the Hospital to the Community

Mrs. August Belmont, New York, New York
The meeting adjourned.

## Closing Business Session

Friday, April 27, 1:30 p.m.
Presiding: Effie J. Taylor, R.N., President.

## SUMMARIES OF ROUND TABLES

## Round Table on Postgraduate Courses

Isabel. M. Stewart, R.N., Chairman
The Chairman introduced the topic by presenting briefly the development of the postgraduate course, and placed before the group for consideration the questions:

1. What are the new developments in postgraduate nursing?
2. What main difficulties are emerging in connection with the courses?
3. What can we do to place the postgraduate course on a sounder educational basis?

Some of the difficulties as brought out in the discussion were: (1) to find applicants with sufficient preparation for advanced study, because of lack in their basic preparation, especially in the knowledge of medical nursing, surgical nursing, dietetics, and pediatrics; (2) to decide what is basic and what is advanced in the different clinical subjects; (3) to find a faculty sufficiently well prepared to present material to students on both levels; (4) to offer advanced courses without too much expense to the students and to the hospitals; (5) to deter-
mine what type of certificate should be given at the completion of the course.

To summarize the general discussion:

1. It was felt that more and better postgraduate courses were needed to prepare nurses for clinical specialties and for head nurse work.
2. Such courses should be on a graduate level and it should not be necessary to have so many postgraduate courses to make good basic deficiencies in preparation.
3. While postgraduate courses in clinical specialties will not prepare graduate nurses for head nurse positions such specialization constitutes an essential part of head nurse training.
4. There is a definite need for more fully prepared people to teach the graduate students in such courses.
5. The postgraduate courses on which reports were made seem to vary considerably as to type of course, content of course, and entrance requirements, etc., but the indications are that some promising developments are taking place in this field.

## Round Table on Subjects to Be Included in State Board Examinations

Jessie M. Murdoch, R.N., Chairman

Questions that were raised repeatedly in the discussion were: What are considered basic subjects? When should examinations in basic subjects be given, at the end of the first, second, or third year? Are we sacrificing the art of nursing to the science of nursing when we permit nurses to register on a passing mark in classroom studies only? Are we giving a grade in special subjects without an estimation of the amount of knowledge the applicant has learned to apply?

Conclusions reached were that special subjects now being included in the state examinations have greatly increased the quality of nursing care; that there should be some national control for setting a standard of requirement for examiner and examinations; that the examination should be given on applied knowledge and not on subject matter only; that the examination should be in some measure indicative of the vision the student has gained from her course of three years' study, the questions being such as to bring forth a breadth of knowledge and appreciation rather than rote subject matter in textbook study.

Practically all of those discussing the subject agreed that subjects need not be repeated in the final examination when satisfactorily completed at the end of the first or second year and a passing mark made.

The group asked that the following recommendation be made to the National League of Nursing Education:

That a further study be made by the League to determine which subjects should be included in the examinations and how standardized control could be maintained.

# Instructors' Section Round Table 

Lucile Petry, R.N., Chairman

The Instructors' Section round table was held for the purpose of discussing the papers presented at the Instructors' Section meeting on Tuesday, April 24th.
Virginia Henderson presented a résumé of those papers and elaborated upon high lights of each. This was followed by four brief papers dealing with specific examples of application of scientific principles in the care of patients.

## Round Table on State Board Examinations, the Type of Examination and the Method of Grading

Clara F. Brouse, R.N., Chairman

Miss Shank, of Ohio, spoke on the purposes and advantages of the objective type of examinations. This was followed by extensive discussion of methods of conducting them.
The process of introducing them in state board examinations received attention, which brought out that a few new-type questions are interwoven with essay types, or that a few subjects are given entirely through using the new type while the remaining subjects are given through the essay type of questioning.

The kinds of new-type questions most commonly used, according to the discussion, are true-false, completion, and analogy.

The difference between testing for information, memory, application of knowledge to nursing, or intelligence in nursing brought forth a conclusion that this matter depends on the formulation of the questions and the ability of the examiner in preparing such questions.
In discussing the grading of papers, the matter of subjectivity and objectivity in grading received attention. The grading of spelling and English used in the examination papers was considered, and the consensus of opinion appeared to be that the function of state board examinations was to test in nursing, and that lack of ability for spelling and use of English should have been discovered and dealt with before this period in the nurse's experience.

This led to the matter of orientation periods, such as freshman week-the one or two weeks which some schools have established as an opportunity to study the candidates for admission to the schools through psychological tests of various kinds, physical examinations, etc., to determine the social fitness of the candidates for nursing.

The need of having sociological tests administered and interpreted by experts was emphasized. Miss Edith Potts, of Teachers College, New York, gave invaluable assistance at crucial moments in the discussion to clarify points under consideration and speak with authority on them.

## Resolutions on the Death of Mrs. Helen Hartley Jenkins

Whereas, The National League of Nursing Education has just received notice of the death of Mrs. Helen Hartley Jenkins, an honorary member of this association; and

Whereas, The nursing education group and the nursing world at large, are greatly indebted to Mrs. Jenkins for her generous and sympathetic interest and assistance in many different phases of nursing service and nursing education and especially for the first large endowment of nursing education in this country given by her to the Department of Nursing Education in Teachers College, Columbia University, New York, therefore, be it

Resolved, That the National League of Nursing Education express its sorrow at the loss of this true and loyal friend; and be it further

Resolved, That these resolutions be spread on the minutes of the association and a copy sent to the family of Mrs. Jenkins.

Elizabeth C. Burgess, Isabel M. Stewart, Chairman, Special Committee on Resolutions.

## Report of the Committee on Resolutions

The National League of Nursing Education wishes to extend very sincere appreciation to all who have contributed to the success of this, our Fortieth Annual Convention and our Forty-first Anniversary.

In presenting our thanks, we are deeply mindful of the unique difficulties attendant upon the entertainment of our group by the nurses of the District of Columbia and of the two States of Maryland and Virginia in the beautiful City of Washington with its many nursing and historical interests, but with its comparatively small group of local nurses.

For this reason and because limited space forbids adequate appreciation of the three different nursing as well as of other groups, we should like to pay our tribute by listing as a matter of record those individuals, committees, or organizations contributing most graciously not only to
the success of our Convention, but also to the comfort, pleasure, and satisfaction of each and every member in attendance.

Mrs. Franklin D. Roosevelt and all other speakers.
District of Columbia League of Nursing Education, Gertrude Bowling, President.
Maryland League of Nursing Education, Ethel Northam, President.
Educational Section, Graduate Nurses' Association of Virginia, Adelaide A. Mayo, Chairman.
Graduate Nurses' Association of the District of Columbia, J. Beatrice Bowman, President.
Maryland State Nurses' Association, Jane E. Nash, President.
Graduate Nurses' Association of Virginia, Blanche F. Webb, President.
American Red Cross and American Red Cross Nursing Service and Volunteers, Clara D. Noyes, Director of Nursing.
Local Committee on General Arrangements:
Ida F. Butler, Chairman.
Annabelle Peterson, Vice-Chairman.
Sarah B. Corson, Vice-Chairman.
Mrs. Isabelle W. Baker, Executive Secretary.
Subcommittees on
Breakfasts, Luncheons and Dinners, Julia C. Stimson, Chairman.
Bulletin, Mrs. Isabelle W. Baker, Chairman.
Care and Housing of Catholic Sisters, Elsie Berdan, Chairman.
Care and Housing of Colored Nurses, Charlotte K. May, Chairman,
Decorations, Janet Fisk, Chairman.
Hospital Demonstrations, Katherine Prentiss, Chairman.
Hospitality, Pearl L. Morrison, Chairman.
Housing, I. Malinde Havey, Chairman.
Information, Mrs. Mary B. Wright, Chairman.
Meeting Places, Mrs. Charlotte M. Heilman, Chairman.
Polls and Voting Equipment, Bernice D. Mansfield, Chairman.
Post Office, Alice E. McWhorter, Chairman.
Program, Mrs. Mary A. Hickey, Chairman.
Properties, Edith Haydon, Chairman.
Publicity, Lucy Minnigerode, Chairman.
Registration, Evelyn Hawkins, Chairman.
Sightseeing and Ushers, Mary M. Carmody, Chairman.
Signs and Badges, Mrs. Elizabeth D. Coleman, Chairman.
Telephone and Telegraph, Elinor D. Gregg, Chairman.
Transportation, Helen F. Dunn, Chairman.
Undergraduate Guests, Emily Kleb, Chairman.
Program Monitors, Ella Hasenjaeger, Chairman.
The Willard Hotel, Headquarters of the Convention, Mr. Harry P. Somerville, Manager; The Raleigh Hotel, The Wardman Park Hotel, The Almas Temple, and the District of Columbia Chamber of Commerce.
The Individual Hospitals-Children's, Columbia, Emergency, Freedmen's, Gallinger Municipal, Garfield, Georgetown, George Washington University, Homeopathic, Mt. Alto, Providence, St. Elizabeth's, Sibley Memorial, United States Naval, United States Public Health Nursing Service, and Walter Reed.

The United States Army, Marine and Navy Band Orchestras. The Press of the City.
The churches extending special services for nurses.
All persons contributing to exhibits, particularly to those of the Instructors' Section.
The police and firemen of the City of Washington and those providing taxi service.
The nurses of Maryland and Virginia who arranged postconvention tours.
In this day of changing economic and social conditions, the Convention held in Washington, D. C., April 22-27, 1934, has stimulated our thinking and has given us courage to face and, we hope, to meet the challenge inherent in those changing conditions as they affect nursing and nursing education throughout the entire country.

Respectfully submitted,
Janet Fish, Helen Potter, Katharine J. Densford, Chairman.

The President, Miss Taylor, called upon Miss Alfhild Axelson, of the Child Development Institute, Teachers College, Columbia University, to tell the members of the League how a group of nurses, who are closely associated with the child development movement, feel in regard to having this important piece of work carried on by nurses. Miss Axelson presented the recommendations of her committee.

Nurses interested in the Child Development movement realize that the time has come to reëvaluate nursing philosophy in relation to the care of the child. If nurses do not respond to this educational challenge, other groups may assume . our natural professional responsibility.

The undersigned nurses, therefore, wish to propose the following:

1. To organize within nursing education those nurses whose special interest is Child Development and whose work pertains to the child.
2. To promote professional study of the various aspects of child life, healthy as well as sick.
3. To work for such enriching of nursing education as will reflect the everaccruing new knowledge of the elements and conditions that enter into the development of the child as a whole.

Alfilid Axelson, Chairman
Margaret Mahoney Dorothy Rood
Ruth Chamberlin
Corinne Bancroft
Gwendolyn Kunkelman

Winifred Rand
Grace Hansome
Mirma Wallace

The recommendations were adopted by the Convention; and Miss Taylor stated that a special League committee would be organized to study the whole problem of Child Development as it relates to nursing education.

## Committee on Nominations for 1934

Members of the Committee on Nominations appointed by the President, in accordance with the provision of the By-Laws, ${ }^{1}$ were:

Helen Potter, Rhode Island, Chairman. Henrietta Adams, Washington.
Nominations from the floor were:
Shirley C. Titus, Tennessee.
Carol L. Martin, Nebraska.
Elizabeth F. Miller, Pennsylvania.
On motion made, seconded, and carried, these nominees were elected.

## Report of the Tellers

Total number of votes cast ..... 363Total cast for each nominee for each office:
President
Effie J. Taylor ..... 282
Katharine J. Densford ..... 78
Blank ..... 3
Second Vice President
Julie C. Tebo ..... 261
Esther J. Tinsley ..... 92
Blank ..... 10
Treasurer
Marian Rottman ..... 241
Elizabeth F. Miller ..... 120
Blank ..... 2
Directors
Elizabeth C. Burgess ..... 306
Elsie M. Lawler ..... 217
Edna S. Newman ..... 204
Dorothy Rogers ..... 169
Helen Denne ..... 154
Blanche A. Blackman ..... 127
Olive Sewell ..... 113
Victoria Smith ..... 103
Sister Mary Vincent ..... 29
Blank ..... 30
Respectfully submitted,
M. Cordelia Cowan, Kathleen F. Young, Mary E. Norcross, Chairman.

[^32]The report was accepted and it was voted to destroy the ballots. The Chair declared the following officers elected:

President: Effie J. Taylor.
Second Vice President: Julie C. Tebo.
Treasurer: Marian Rottman.
Directors: Elizabeth C. Burgess, Elsie M. Lawler, Edna Newman, Dorothy Rogers.
The Chair then introduced the newly elected officers.
The Fortieth Annual Convention was declared adjourned.

## National League of Nursing Education

## CERTIFICATE OF INCORPORATION RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS FOR THE DISTRICT OF COLUMBIA, APRIL 18, 1918. ACCEPTED AS THE <br> CHARTER OF THE NATIONAL LEAGUE OF NURSING EDUCTION, APRIL 20, 1918

By-Laws amended June 21, 1924; May 29, 1925; May 22, 1926; June 17, 1929; June 10, 1930; April 11, 1932; June 12, 1933; April 23, 1934.

## 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, ct 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 coöperating 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 $\ldots \ldots \ldots \begin{cases}\text { Elizabeth Greener, R. N. } & \text { (Seal) } \\
\text { Lillian Clayton, R. N. } & \text { (Seal) }\end{cases}$

Robert E. P. Kreiter as to $\ldots \ldots \ldots \ldots \ldots$| 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 three classes :
a. Active, including sustaining and junior active.
b. Associate.
c. Honorary.

Sec. 2. An applicant for active membership shall qualify by:
a. Having graduated from a school of nursing accredited by the State Board of

Nurse Examiners, the hospital with which the school is connected having a minimum daily average of 30 patients, the course in theory and practice covering a period of not less than two years;
b. Having become a registered nurse in one or more states;
c. Being a member of the American Nurses' Association;
d. Holding an advisory, executive or teaching position in an educational, preventive or government nursing organization;
e. Being recommended for active membership by the Committee on Eligibility.

Sec. 3. An applicant for junior active membership shall qualify by:
a. Having graduated from a school of nursing accredited by the State Board of Nurse Examiners, the hospital with which the school is connected having a minimum daily average of 30 patients, the course in theory and practice covering a period of not less than two years;
b. Having become a registered nurse in one or more states;
c. Being a member of the American Nurses' Association;
d. Holding the position of assistant supervisor, assistant instructor, head nurse, or assistant head nurse in an educational, preventive, or government nursing service;
e. Such membership shall be limited to a period of two years, after which one shall become a full active member.

Sec. 4. A sustaining member is an active member who has paid the dues required of such membership.
Sec. 5. An applicant for active or junior 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 states which have no State League of Nursing Education, or upon special action of the Board of Directors.

Sec. 6. 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 Alumnæ 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. 7. 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. 8. 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. 9. An active or associate member having withdrawn from the National League of Nursing Education, or whose membership has lapsed on account of nonpayment of dues, may be reinstated by paying the regular annual dues for the current year.

Sec. 10. 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 Vice President, a Secretary, a Treasurer, and eight Directors. These twelve officers, with the President of the American Nurses' Association, the President of the National Organization for Public Health Nursing, the nurse President of the Association of Collegiate Schools of Nursing, and the Editor of the Ancrican Journal of Nursing, shall constitute a Board of Directors.

## Article III

## Elections

Section 1. The President, the Treasurer and four Directors shall be elected in the even numbered years to serve for two years. The Vice President, the Secretary, and four Directors shall be elected in the odd numbered years 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 committees not otherwise provided for.
j. Act upon applications for membership.
k. Determine the hours during which polls shall be open for election.

1. 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 Vice President shall perform the duties of the President in her absence or during her inability to act, and such other duties as may be delegated to her by the President.

Sec. 4. The Secretary shall:
a. Keep the minutes of the meetings of the Board of Directors and of the Advisory Council.
b. Preserve all papers, letters, and records of all transactions, and have custody of the corporate seal.
c. Present to the Board of Directors all applications for membership together with the recommendations of the Committee on Eligibility.
d. Report to the Board of Directors at each annual convention or upon request.
e. Within one month after retiring, deliver to the new Secretary all books, papers and reports of the League in her custody with a supplemental report covering all transactions from January 1st 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. 5. The Treasurer shall:
a. Collect, receive and have charge of all funds of the League, and shall deposit such funds in a bank designated by the Board of Directors.
b. Pay only such bills as have been ordered by the President.
c. Give a bond subject to the approval of the Board of Directors for the faithful performance of her duties.
d. Report to the Board of Directors the financial standing of the League at each annual convention and upon request.
e. Deliver, one month after retiring, to the new Treasurer all papers, books, records, money of the League in her custody, with a supplemental report covering all transactions from January 1st to the close of the annual convention.

Sec. 6. 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. 7. 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 <br> 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 coöperate 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 <br> 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 attend the meetings of the Board of Directors and shall be a member ex officio of all committees.

## Article VII

## Standing Committees

Section 1. Standing Committees shall consist of at least three members, who shall be appointed by the Board of Directors, and shall be as follows:
a. Convention Arrangements.
b. Education.
c. Eligibility.
d. Finance.
e. Nominations.
f. Program.
g. Publications.
h. Headquarters.
i. Revisions.

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 curriculum for schools of nursing and any other activity approved by the Board of Directors.

Sec. 4. The Committee on Eligibility. This committee shall check the qualifications of the applicants applying for individual membership according to the requirements of the By-Laws, and if sufficient data are 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 1st preceding the annual convention, this committee shall issue to each State League a form on which the State League shall submit the name of one nominee for each office to be filled. These forms shall be signed by the President or Secretary of the State League and returned to the Committee on Nominations of the National League of Nursing Education before December 1st preceding the annual convention.

From the forms returned by the State Leagues, the Committee on Nominations shall prepare a ticket consisting of two names of the nominees receiving the highest number of votes for each office, and eight names for the office of Directors. If the list of names submitted is not sufficient to form a ticket, the Committee on Nominations shall have power to add names so that a full ticket may be made up. No name shall be presented to the Board of Directors or to the convention, either by the Committee on Nominations or from the floor, unless the nominee has consented and is free to serve if elected. This report shall be in the hands of the Secretary by January 1st,

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, and chairmen of all committees, suggestions for the program. This committee shall submit draft of this progam to the President by December 1st 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, coöperate 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 Headquarters. This committee shall have the power to act between Board meetings upon all matters which are referred by the President or Executive Secretary which do not require the formation of new policies, and to pass upon applications for membership which come from states where there are no State Leagues.

Sec. 10. The Committee on Revisions. This committee shall investigate the eligibility of all State Leagues applying for membership in this organization. It shall devise ways and means for coöperation with states and territories for securing members and report its findings to the Board of Directors, whose decision as to the eligibility shall be final. It shall receive all proposed amendments to the By-Laws of this association, and submit them for action at the annual convention. This committee shall also advise State Leagues concerning proposed amendments to their Constitutions and By-Laws for the purpose of keeping them in harmony with the Articles of Incorporation and By-Laws of this organization.

Sec. 11. 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 for all active members of the National League of Nursing Education shall be $\$ 3.00$.
a. In states where there is a State League, dues ( $\$ 3.00$ ) for all active members shall be paid through the State League on the basis of membership March 1st of each year, except the first year of membership, when dues shall be paid at the time of application.
b. In states where there is no State League, dues ( $\$ 3.00$ ) shall be paid directly to the National League of Nursing Education. Dues shall accompany application.

Sec. 2. The annual dues for junior active and associate members shall be $\$ 2.00$.
a. In states where there is a State League, dues ( $\$ 2.00$ ) shall be paid through the State League on the basis of membership March 1st of each year, except the first year of membership, when dues shall be paid at the time of application.
b. In states where there is no State League, dues ( $\$ 2.00$ ) shall be paid directly to the National League of Nursing Education. Dues shall accompany application.

Sec. 3. The annual dues for sustaining members shall be $\$ 8.00$, which shall entitle the members to receive all pamphlets and reprints published by the League during the year.
a. In states where there is a State League, dues ( $\$ 8.00$ ) for all sustaining members shall be paid through the State League on the basis of membership March 1st of each year, except in the first year of membership, when dues shall be paid at the time of application.
b. In states where there is no State League, dues ( $\$ 8.00$ ) shall be paid directly to the National League of Nursing Education. Dues shall accompany application.
Sec. 4. Any State League or individual member failing to pay the annual dues by the first day of April shall receive a notice from the Treasurer, and if the dues are not paid within two months they shall have forfeited all privileges of membership. Active individual members having forfeited their membzrship 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, junior active, and sustaining members of State Leagues in good standing, and individual active, junior active, and sustaining members in good standing.

Sec. 2. The associate members shall have no vote at State or National meetings.
Article XI
Quorum
Section 1. A quorum of the Board of Directors shall be seven (7) members.
Sec. 2. A quorum of the Advisory Council shall be ten (10) members other than the officers.

Sec. 3. Members from fifteen (15) states shall constitute a quorum for the transaction of business at any annual convention.

Article XII
Fiscal Year
The fiscal year of this association shall be the calendar year.
Article XIII
Application of the Term "State League"
The term "State League" in these By-Laws shall be understood to apply equally to any state of the United States of America, to the District of Columbia, or to any territory, possession or dependency of the United States of America, and the rights and privileges, responsibilities and obligations of all members in the states, the District of Columbia, the territories, possessions or dependencies shall be the same. (See Article XIV, By-Laws, American Nurses' Association.)

## Article XIV

## Duties of State Leagues

It shall be the duty of each State League:
a. To know that all requirements for membership in the State and Local Leagues meet the requirements for membership in the National League of Nursing Education;
b. To know that the dues are paid by the first day of April of each year on the basis of membership the first day of March of each year;
c. To send to the President, Secretary and Executive Secretary of the National League of Nursing Education and to the Amcrican Journal of Nursing, the names and addresses of all officers, immediately after their election or appointment, together with the date and place of their next annual meeting;
d. To report the activities of the State and Local Leagues at the annual convention, and at such other times as may be required;
e. To confer with the Committee on Revision of the National League of Nursing Education, regarding changes in their State Constitution and By-Laws; all such changes to be made shall have attached to them a card of approval, signed by the Chairman of the Committee on Revision of the National League of Nursing Education, before presented to the State League for action; upon the adoption of any changes by a State League, three copies of the changes adopted, accompanied by the card of approval, shall be sent to the Executive Secretary, one copy shall be retained at National Headquarters, one copy sent to the Secretary and one to the Chairman of the Committee on Revision;
f. To help organize Local Leagues when desired;
g. To provide official representation as a member of the Advisory Council at each annual convention.

Article XV
Parliamentary Authority
Deliberations of all meetings of the National League shall be governed by Parliamentary Usage for Women's Clubs, by Mrs. Emma A. Fox.

## Article XVI

The Official Organ
The American Journal of Nursing shall be the official organ of the National League of Nursing Education.

## Article XVII

Amendments
Section 1. These By-Laws may be amended at any annual convention by a twothirds vote of the active members present and voting. All proposed amendments shall be in the possession of the Secretary at least two months before the date of the annual convention and be appended to the call of the meeting.

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

## List of Members

## HONORARY MEMBERS



## LIFE MEMBERS

Brown. Annı Ati.ine ............Addison Ridge, Harrington, Me.
Dоск, L. L. ......................... Fayetteville, Pa.

## ACTIVE MEMBERS ${ }^{1}$

Symbols Used
(*) Indicates junior active member.
( $\ddagger$ ) Preceding state names indicates that state leagues have been organized.

| SUSTAINING MEMBERS ${ }^{2}$ |  |
| :---: | :---: |
|  | Bigler, Rose . . . . . . . . . . . . . . . . . 6400 Irving Park Blvd., Chicago, Ill. |
|  | Burgess, Elizabeth C. . . . . . . 525 West 120th St., New York, N. Y. |
|  | Goostray, Stella . . . . . . . . . . . . . Children's Hospital, Boston, Mass. |
|  | Graves, Fiossie . . . . . . . . . . . . . . Methodist Hospital, Peoria, Ill. |
|  | Hansen, Helen F. . . . . . . . . . . . Box 1137, Sacramento, Calif. |
|  | Hansmeter, Anna L. . . . . . . . . 305 East Superior St., Chicago, Ill. |
|  | Hansome, Grace, L. . . . . . . . . . . 420 West 118th St., New York, N. Y. |
|  | Hawkinson, Nelitie X. . . . . . . . 29 Crosby St., Webster, Mass. |
|  | Johnson, Sally . . . . . . . . . . . . Massachusetts General Hospital, Boston, Mass. |
|  | Kоebke, Ada M. . . . . . . . . . . . . . Ravenswood Hospital, Chicago, Ill. |
|  | Lawler, E. M. . . . . . . . . . . . . . . Johns Hopkins Hospital, Baltimore, Md. |
|  | McMllian, M. Helena . . . . . . . 1750 W. Congress St., Chicago, Ill. |
|  | Newman, Edna S. . . . . . . . . . . 509 S. Honore St., Chicago, Ill. |
|  | Pfefferkorn, Blanche . . . . . . . . 50 West 50th St., New York, N. Y. |
|  | Roberts, Mary May . . . . . . . . . 50 West 50th St., New York, N. Y. |
|  | Rogers, Dorothy . . . . . . . . . . . John Sealy Hospital, Galveston, Tex. |

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ALABAMA-10 Members
Andrejeski, Irene Rita ........St. Vincent's Hospital, Birmingham
Denny, Linna Hamilton ....... 1320 N. 25th St., Birmingham
Golightly, Berta E. .............. Garner Hospital, Anniston
McDermotr, Catherine Mae ...Employees' Hospital, Fairfield
Sister Alberta Sullivan ......St. Vincent's Hospital, Birmingham
Sister Alphonsa Aucoin .......St. Vincent's Hospital, Birmingham
Stuart, Lucile .................. 812 Forest Ave., Montgomery
Thrasher, Jewell White .......Frasier-Ellis Hospital, Dothan
Walter, Agnes M. .............Employees' Hospital, Fairfield
Wortman, Jessie C. ............ Baptist Hospital, Birmingham
ARIZONA-5 Members
Ballman, Christine ........... St. Joseph's Hospital, Phoenix.
Benson, Minnie C. ............ Room 210, South Arizona Bank Bldg., Tucson
Hutchison, Kathryn G. ........P. O. Box 1195, Bisbee
McDonald, Edna M. ...........Good Samaritan Hospital, Phoenix
Sister M. Giles Phili,i's ...... St. Joseph's Academy, Tucson

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\ddagger A R K A N S A S-9 \text { Members }
$$

Butfalo, Rachel E. ...........St. Joseph's Hospital, Hot Springs
MacNally, Mary A. .......... Ozark Sanatorium, Hot Springs
Rose, Daisy ..................... Baptist Hospital, Little Rock
Sister M. Angela Flanagan ...St. Vincent's Infirmary, Little Rock
Sister M. Evangelist .........St. Edward's School of Nursing, Fort Smith
Sister M. Francis .............. 503 Walnut St., Texarkana
Sister M. Hilda .................St. Bernard's Hospital, Jonesboro
Sister M. Pia . ..................St. Bernard's Hospital, Jonesboro
Tefer, Martha A. B. ..........Trinity Hospital, Little Rock
$\ddagger$ CALIFORNIA-235 Members
Alford, Marian ................ 479 37th St., Oakland
Alfsen, Louise . . . . . . . . . . . . . . . 2200 Post St., San Francisco
Allen, Josephine . ...............St. Luke's Hospital, San Francisco
Angwin, Ione L. ................ 1750 Prospect Ave., Santa Barbara
Atkinson, Sidney M. ......... Children's Hospital, Oakland

|  | Bagley, Alice . . . . . . . . . . . . . . 600 Stockton St., San Francisco |
| :---: | :---: |
|  | Barnes, Sarah B. ............ County Hospital, San Diego |
|  | Bash, Helen ................ 1372 Pine St., San Francisco |
|  | Baxter, Marguerite H. ....... 2821 N. Griffin Ave., Los Angeles |
|  | Beatty, Evangeline F. ........ 3855 California St., San Francisco |
|  | Behrens, Edna H. ............Franklin Hospital, San Francisco |
|  | Bellit, Rose M. ...............St. Luke's Hospital, San Francisco |
|  | Biggam, Jean L. ............... 1690 Morada Place, Pasadena |
|  | Bloom, Sara H. . . . . . . . . . . . . 2282 Union St., Berkeley |
|  | Boehme, Stephania . . . . . . . . . 2200 Post St., San Francisco |
|  | Booth, Aletha . . . . . . . . . . . . 26647 Haledale Ave., Los Angeles |
|  | Borg, Martha E. . . . . . ...... White Memorial Hospital, Los Angeles |
|  | Bourne, Mlargaret G. .........County Hospital, San Bernardino |
|  | Bowers, Marian H. ........... Box 17, Loma Linda |
|  | Boye, Ada M. ................Children's Hospital, San Francisco |
|  | Breakenridge, Verda L. . . . . . . 1422 Fifth Ave., San Francisco |
|  | Brooks, Louise . ..............Cottage Hospital, Santa Barbara |
|  | Brown, Elizabeth H. ......... Los Angeles General Hospital, Los Angeles |
|  | Bruce, Mary D. .............. Children's Hospital, Los Angeles |
|  | Brumn, Rosina H. ............ 1100 Mission Road, Los Angeles |
|  | Bryan, Edirh S. ............University of California, Berkeley |
|  | Burnettr, Dorothy L. . . . . . . . . White Memorial Hospital, Los Angeles |
|  | Busche, Margaret J. . . . . . . . 2340 Clay Street, San Francisco |
|  | Butterick, Lena ..............French Hospital, San Francisco |
|  | Campbell, Elizabeth F. .......Hospital of the Good Samaritan, Los Angeles |
|  | Carman, Grace ............... 75 Westwood Lane, Riverside |
|  | Castle, Pearli I. ............ University of California Hospital, San Francisco |
|  | Chapman, Eleanor R. ........ 1212 Shatto St., Los Angeles |
|  | Clarke, Eleanor S. . . . . . . . . $2345^{\circ}$ Sutter St., San Francisco |
|  | Clausen, Ann M. ............ 1100 Mission Road, Los Angeles |
|  | Cobban, Franke F. . . . . . . . . . St. Helena Sanitarium, St. Helena |
|  | Cole, Johanne M. ........... 100 E. Avenue 26, Los Angeles |
|  | Cole, Mary L. ................ University Hospital, San Francisco |
|  | Conrad, Anna B. ............ Seaside Hospital, Long Beach |
|  | Conzelmann, Ella B. ........ Stockton State Hospital, Stockton |
|  | Craig, Lorena . . . . . . . . . . . . . Pasadena Hospital, Pasadena |
|  | Creed, Margaret . . . . . . . . . . . . St. Luke's Hospital, San Francisco |
|  | Cunningham, Nelle .......... 1119 Brittania St., Los Angeles |
|  | Danielson, Ellen S. .......... 2460 Webster St., Berkeley |
|  | Davis, Lina . ................ 407 W. Alvarado St., Pomona |
|  | Davis, Mary E. ............. 306 State Bldg., San Francisco |
|  | Deutsch, Naomi .............. 1636 Bush St., San Francisco |
|  | Dobey, Elizabeth N. .......... San Bernardino County Hospital, San Ber- |
|  | Doorley, Anne .............. 487 Hayes St., San Francisco |
|  | Downes, Opal C. ............. 5360 Louis Place, Los Angeles |
|  | DuBors, Emily .............. 5032 You St., Sacramento |
|  | Dunbar, Virginia M. ......... University of California Hospital, San Francisco |
|  | Du Pee, Nina G. .............7251/4 S. Sichel St., Los Angeles |
|  | asley, Mary L. . . . . . . . . . . . Los Angeles General Hospital, Los Angeles |





|  |  |
| :---: | :---: |
| Spanner, Gertrude L. ........... 1212 Shatto St., Los Angeles |  |
| Sparks, Helem A. ............ Sutter Hospital, Sacramento |  |
| Stephens, Jessie E. ........... 1028 40th St., Sacramento |  |
| Sterling, Martha I. . . . . . . . . 3060 Arkansas St., Oakland |  |
| Stewart, R. Elizabeth . . . . . . . 1212 Shatto St., Los Angeles |  |
|  | tott, Reeta ................. 1100 Mission Road, Los Angele |
|  |  |
| Swalestuen, Ruth A. ......... 234 East Avenue 33, Los AngelesTempleton, Estelle ......... French Hospital, San Francisco |  |
|  |  |
| Terres, Kathleen M. ......... 2905 Baldwin St., Los Angeles |  |
|  | Thompson, Bessie .............Laguna Honda Home, 7th Ave Blvd., San Francisco |
|  | B10., S |
|  | Thliey, Gladys M. ............ 235 Teresita Blvd., San Fran |
| Torrance, Rachei C. ......... 703 State Bldg., Los Angeles |  |
| Tully, Barbaraettra J. ........ Children's Hospital, Los Angeles |  |
|  | Turnbull, Elizabeth . ........St. Francis Hospital, San Francisco |
| Twitchell, Carrie L. ........... Burnett Sanitarium, Fresno <br> Twohey, Veronica .............. 390 Central Ave., Oakland |  |
|  |  |
|  | Virtue, Rena D. ..............San Joaquin General Hospital, French Camp |
| Walton, Daisy E. ............Loma Linda Sanitarium, Loma Linda |  |
| Ward, Mary A. T. ..........6281/2 S. Workman St., Los Angeles |  |
| Warner, Gertrude E. . . . . . . . 1239 S. Main St., Santa Ana |  |
| Wayland, Mary Marvin ........ 100 S. 11th St., San Jose |  |
|  | Webb, Alice M. ................. 311 Columbia Ave., Los Angeles |
| Weeks, Rose ................. 5105 Dover St., Oakland |  |
| Welbourn, Ida C. .............. Children's Hospital, Los Angeles |  |
|  | Wescottr, Ruth A. ............. 2401 Sacramento St., San Francisco |
| West, Ethel G. ................Long Beach Junior College, Long Beach |  |
| West, Mary K. $\qquad$ Methodist Hospital, Los Angeles |  |
|  | Wenck, Ida J. .....................Children's Hospital, Los Angeles |
| White, Lillian L. . . . . . . . . . . . Merritt Hospital, Oakland |  |
| Wirt, Verna $\ldots \ldots \ldots \ldots \ldots \ldots 87$ Congress St., PasadenaWood, Mjuriel $\ldots \ldots \ldots \ldots . .925$ Leavenworth St., San Francisco |  |
|  |  |
| Young, Camille L. .............. 1155 Pine St., San Francisco |  |
|  |  |

Ankeny, A. Faith . . ..............Corwin Hospital, Pueblo
Ballard, Josephine . . . . . . . . . . . . . Presbyterian Hospital, Denver
Bertoluza, Anna M. . . . . . . . . . . 1010 E. 19th Ave., Denver
Bradley, Esther E. ...............Children's Hospital, Denver
Burke, Sarah E. ...............Visiting Nurses' Association, Denver
Carlson, Alice M. ............... Colorado General Hospital, Denver
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Dodge, Kate ........................ Denver General Hospital, Denver


CONNECTICUT-163 Members
Allen, Ruth H.* $\ldots \ldots \ldots \ldots \ldots$ W. W. Backus Hospital, Norwich
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Barr, Bertha L. .................Bridgeport Hospital, Bridgeport
Barrett, Jean ................... 350 Congress Ave., New Haven
Baumeister, Helen M. ......... Bridgeport Hospital, Bridgeport
Befanger, Yvonne H.* ......... 326 Washington St., Norwich
Begent, Alice M. .............. Stamford Hospital, Stamford
Benson, Ann* ....................Bridgeport Hospital, Bridgeport
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Bielak, Helen* ................. 92 Grand St., New Britain
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Bliss, Lois A.* ................ 350 Congress Ave., New Haven
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Brock, Amy V. ................... 28 Crescent St., Middletown
Brown, Clara M. ............... 350 Congress Ave., New Haven
Clarke, Beulaf M.* ........... 37 Jefferson St., Hartford
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Clarke, Helen Louise ......... 21 Washington Manor, West Haven
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Crowdis, Eva A. .................Hartford Hospital, Hartford
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de Champlain, Blanche* ......Bridgeport Hospital, Bridgeport
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Doig, Jean E.* ................... 37 Jefferson St., Hartford
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Dunn, Florence E. ............. 302 West Ave., Stamford
Durkee, Marion E.* ............ Bridgeport Hospital, Bridgeport
Esenwein, May ...............Meriden Hospital, Meriden
Fitzgerald, Margaret M. ..... 33 Cottage Place, Bridgeport
Foster, Mary E.* ............... 17 Howe St., New Haven
Fox, Elizabeth G. .............. 76 Grove St., New Haven
Franke, Eva D. .................. 131 Elm St., West Haven
Gage, Nina D. ..................c/o Dr. Brownell Gage, Suffield
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Giliespie, Maud ................ Bridgeport Hospital, Bridgeport
Gililis, Lililian M.* ............. 37 Jefferson St., Hartford
Glasbrenner, Alice M.* ........ 326 Washington St., Norwich
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Grass, Clara C.* ................ 375 Oak St., New Haven
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Hadala, Helen J.* .............Stamford Hospital, Stamford
Hall, Helyn E.* ................ 109 York St., New Haven
Halpert, Prischlla W. .......... 106 Dwight St., New Haven
Halvorsen, Edna M. T. ......... W. W. Backus Hospital, Norwich
Hart, Winifred .................. 109 Rocton Ave., Bridgeport
Hatch, Mildred D. .............. Middlesex Hospital, Middletown
Helming, Esther M.* ..........New Britain General Hospital, New Britain
Herrick, Carolyn A.* .......... 764 Howard Ave., New Haven
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Holland, Grace M. ............Waterbury Hospital, Waterbury
Howe, Isabel* .................. 29 Dwight St., New Haven
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Irmin, Ettie M. .................Stamford Hospital, Stamford
Jacobs, Sarah M. ............... 326 Washington St., Norwich
Johnson, Edythe M.* ......... 208 Bassett St., New Britain
Johnson, Emily* ${ }^{*}$.............. 70 Howe St., New Haven
Johnson, Liela E.* .............. Bridgeport Hospital, Bridgeport
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Jones, Florence M. ............ 350 Congress Ave., New Haven
Kavanagh, Barbara* .......... 84 Park St., New Haven
Kelleher, Mary E.* ............ Bridgeport Hospital, Bridgeport
Kendall, Grace P. .............Waterbury Hospital, Waterbury
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Kydd, MinA* .................. 804 Howard Ave., New Haven
/ Lorspeich, Ida S.* .............. 350 Congress Ave., New Haven
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Lyman, Grace ................. 350 Congress Ave., New Haven
Lyman, Ruth E.* .............. 350 Congress Ave., New Haven
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Maclean, Sybil ...............Bridgeport Hospital, Bridgeport
MacWilliam, Margaret J.* ....New Haven Hospital, New Haven
Maurer, Elsa M. ...............Grace Hospital, New Haven
McCann, Abby Hartford Hospital, Hartford
McConnell, Rachel ...........Hartford Hospital, Hartford
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McIntyre, Elizabeth M. 181 Cook Ave., Meriden
McIntyre, M. Ellen ............Meriden Hospital, Meriden
McKeown, Charlotte V.* 350 Congress Ave., New Haven
McLaren, Jean Isabella* .....Stamford Hospital, Stamford
Meier, Ida M. Waterbury Hospital, Waterbury
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Moyle, Elinor 350 Congress Ave., New Haven
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Neal, Lora G.* 764 Howard Ave., New Haven
Nelsen, Clara C. ..... General Hospital, New Britain
Newton, Delia H. Middlesex Hospital, Middletown
Ohlson, Agnes K. Waterbury Hospital, Waterbury


| Werme, Ellen J.* ............ 157 Richards St., West Haven |  |
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| Wilson, Irene | Lawrence and Memorial Hospitals, New London |
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Speedling, Nellie F. . ............ Wilmington General Hospital, Wilmington
Weggenmann, Florida B. ......Wilmington General Hospital, Wilmington

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Blackman, Josephine W. ......Sibley Memorial Hospital, Washington
Bowling, Gertrude H. .......... 810 Keith-Albee Bldg., Washington
Bowman, J. Beatrice ...........Navy Nurse Corps, Washington
Burns, Helen J. .................Gallinger Hospital, Washington
Butleer, Ida F. ..................American Red Cross, Washington
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Coleman, Elizabeth D. ........ Homeopathic Hospital, Washington
Connor, Mary C. ............. 810 Keith-Albee Bldg., Washington
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Earle, Elizabeth C. ............St. Elizabeth's Hospital, Washington

Fish, Janet ...................Emergency Hospital, Washington
Fleming, Ella Daly ........... 2300 19th St., N. W., Washington
Flikke, Julia O. ...............Walter Reed Hospital, Washington
Flint, Clara P. V. .............Emergency Hospital, Washington
Gaftey, Clare ................... 3146 Que St., N. W., Washington
Gibson, Mattie M. ............. Children's Hospital, Washington
Graham, Mary E. ...............Georgetown University Hospital, Washington
Gregg, Elinor D. ................ 3245 O St., N. W., Washington
Griffith, Pearle A. ............ 1523 Wisconsin Ave., N. W., Washington
Hasselbusch, Charlotte .......Instructive Visiting Nurse Society, Washington
Havex, I. Malinde .............. 912 19th St., N. W., Washington
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Hickey, Mary A. ..............U. S. Veterans' Administration, Washington
Jenkins, Emama W. ............St. Elizabeth's Hospital, Washington
Jensen, Kathryn L. ........... Seventh Day Adventists, Tacoma Park
Keen, Flora E. ................ 915 N. Carolina Ave., S. E., Washington
Kenny, Josephine .............Georgetown University Hospital, Washington
Kinnaman, Clara P. ...........Gallinger Hospital, Washington
Kıeb, Emily M. ..................Gallinger Hospital, Washington
Knotrts, Laura S. ...............National Homeopathic Hospital, Washington
Leaf, Jennie E. ..................Emergency Hospital, Washington
Livesay, Mary V. ................Sibley Memorial Hospital, Washington
MacLeod, Marion A. ..........Emergency Hospital, Washington
Mansfield, Bernice D. ..........Navy Nurse Corps, Washington
Martin, Yvonne E. .............Georgetown University Hospital, Washington
McWhorter, Alice E. ..........Garfield Memorial Hospital, Washington
Mmler, Josephine ..............Gallinger Hospital, Washington
Milliken, Sayres L. ........... 2001 16th St., N. W,. Washington
Moran, Catherine E. ...........Gallinger Hospital, Washington
Morrison, Pearl L. ............. Sibley Memorial Hospital, Washington
Murphy, Vivian .................Garfield Memorial Hospital, Washington
Myers, Eunice Mae ............Emergency Hospital, Washington
Noyes, Clara D. ...............American Red Cross, Washington
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Poweli., Louise M. .............Potomac Park Apts, 21st and C Sts., N. W., Washington
Prentiss, Katharine ..........Emergency Hospital, Washington
Price, Margaret L. ............. 427 11th St., N. E., Washington
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Rouse, Helen E. ................ Providence Hospital, Washington
Sandmaier, Barbara ............Georgetown University Hospital, Washington
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Shoemaker, Helen L. ..........Sibley Memorial Hospital, Washington
Sister M. Berenice, Beck .......St. Benedict's Convent, Washington
Sister M. Celine ..............Georgetown University Hospital, Washington
Sister M. Clare Berg .......... Providence Hospital, Washington
Sister M. Erharda .............Georgetown University Hospital, Washington
Sister M. Euphrasia . . . . . . . . . Georgetown University Hospital, Washington

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Hammond, Emma Bernice ...... Orange General Hospital, Orlando
Macey, Kate Lillian ............ Florida Sanitarium, Orlando
Miscally, Elizabeth ............Good Samaritan Hospital, West Palm Beach
Moore, Florence .............. Orange General Hospital, Orlando
Pagones, Margaret .............Good Samaritan Hospital, West Palm Beach
Schrepel, Mary A. ........... Victoria Hospital, Miami
Sister Francis Pampel ........St. Vincent's Hospital, Jacksonville
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Banks, Mattie L. .............. 701 Forsyth St., Macon
Bischoff, Lillian M. ..........Grady Hospital, Atlanta
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Brady, Coralie E. .............. Macon Hospital, Macon
Branham, Helen T. ...........Ware County Hospital, Waycross
Bridges, Elia E.* ...............Grady Hospital, Atlanta
Campbeil, Mary ................ 1309 Oglethorpe St., Macon
Candlish, Jessie M. ............. 640 Forrest Road N. E., Atlanta
Coldwell, Violer J. ............. Grady Hospital, Atlanta
Davis, Effie .....................Patterson Hospital, Cuthbert
Dickerson, Durice A. ...........Grady Hospital, Atlanta
Dorne, Margaret E. ............ 1117 Telfair St., Augusta
Dorsettr, Imogene* .............Grady Hospital, Atlanta
Feebeck, Annie B. ...............Grady Hospital, Atlanta
Fowleir, Mrs. Ray* ............Steiner Clinic, Atlanta
Gatzka, Martha G. ............St. Joseph's Hospital, Savannah
Hamrick, Shirley N. ............ 727 Main St., Cedartown
Haney, Mary J.* ..............Grady Hospital, Atlanta
Harkness, Frances R. . . . . . . . . . 640 Forrest Ave., N. E., Atlanta


## IDAHO-5 Members

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$\ddagger$ ILLINOIS—306 Members
Adams, Edith ................... 2816 Ellis Ave., Chicago
Ahrens, Minnie H. ............Community Hospital, Geneva
Alexander, Katherine* ........ 2650 Ridge Ave., Evanston
Allen, Mary L. ............... Collins Clinic, 427 Jefferson Bldg., Peoria
Anderson, Emma .............. 2816 Ellis Avenue, Chicago
Andresen, Olga E. .............. 2449 S. Dearborn St., Chicago
Ante, Marie Charlotte ........St. Luke's Hospital, Chicago
Ball, Evelyn S. ................. 349 S. Kildare Ave., Chicago
Balzer, La Verna L. ............ 4523 N. Winchester Ave., Chicago
Barnett, Margareir S. ........... 2816 Ellis Ave., Chicago
Bauer, Sophie, A. ................. 1519 Warren Blvd., Chicago

|  | Baumgardt, Beatrice S. ....... 4950 Thomas St., Chicago |
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|  | Beuchat, Kathryn W.* ...... 1416 Indiana Ave., Chicago |
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|  | Biggert, Helen ................ 536 Webster Ave., Chicago |
|  | Binder, Beatrice ............. 700 Fullerton Parkway, Chicago |
|  | Binner, Mabel W. ............. 707 Fullerton Ave., Chicago |
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|  | Boulware, Verne M. ......... 7531 Stony Island Ave., Chicago |
|  | Bowen, Helen N. ............ 700 Fullerton Parkway, Chicago |
|  | Brading, Hattie E. ........... 1668 W. Ogden Ave., Chicago |
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|  | Carroli, Katherine ........... 725 S. Lincoln St., Chicago |
|  | Chamberlain, Amy B. ......... 427 Garfield Ave., Chicago |
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|  | Coppage, Agnes L. . . . . . . . . . . 1640 W. Adams St., Chicago |
|  | Coxe, Winnie A. ............. 509 S. Honore St., Chicago |
|  | Crocker, Ada R. ............. St. Luke's Hospital, Chicago |
|  | Dalton, Beulah I. ............ 1750 W. Congress St., Chicago |
|  | Dawson, Ellen G. ...........Evanston Hospital, Evanston |
|  | Decker, Ada M. ............... 403 E. First St., Dixon |
|  | Dieson, Alma . .............. 509 S. Honore St., Chicago |
|  | Dietrich, Edna G. ............ 303 East Superior St., Chicago |
|  | Dilge, Lula M. ................ 1416 Indiana Ave., Chicago |
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|  | Dorman, Gladys* ............. 1640 W. Adams St., Chicago |
|  | Eastin, Ruth E. ............. Silver Cross Hospital, Joliet |
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|  | Ernnstrom, Helma J. .......... 1515 W. Monroe St., Chicago |


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| Gross, Emma A. | 1416 Indiana Ave., Chicago |
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| Hammergren, Elsie L | . 2734 W. 15th St., Chicago |
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| Harding, Bertha | Community Hospital, Geneva |
| Hartzeil, Mildred | 2342 S. Dearborn St., Chicago |
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| Hill, Eitta Gertrude | 509 S. Honore St., Chicago |
| Hillquist, Signe | 4420 Clarendon Ave., Chicago |
| Hinze, Augusta E. | 509 S. Honore St., Chicago |
| Hofseth, Astrid | Hotel Monnett, Evanston |
| Holitman, Anna M. | 1509 Illinois Ave., East St. Louis |
| Horn, Margaret E. | 6044 Ingleside Ave., Chicago |
| Hostman, Louise | 1535 E. 60th St., Chicago |
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| Howe, Minnie, E. | 707 Fullerton Ave., Chicago |
| Hubbard, Eitzabeth B. | . 1416 Indiana Ave., Chicago |
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| Luebers, Louise A. | .426 E. 51st St., Chicago |
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| Maushak, Grace Elma | . 950 E. 59th St., Chicago |
| McAfee, Margares* | . 536 Webster Ave., Chicago |
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Strohm, Ethel. ................ 3657 Fifth Ave., Chicago
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Taylor, Florence M. ........... 2449 Washington Blvd., Chicago
Terrill, Elizabeth J. ............ 2816 Ellis Ave., Chicago
Thie, Amelia L. ................. 2449 Washington Blvd., Chicago
Thilk, Frances M. .............. 2048 Cleveland Ave., Chicago
Thompson, Julia C.* ........... 1622 Jackson Blvd., Chicago
Thompson, LaVerne R. ........ 2650 Ridge Ave., Evanston
Thurman, Margaret ........... 700 Fullerton Parkway, Chicago
Tobins, Lenore ................... 518 N. Austin Blvd., Oak Park
Travis, Hertie Belle ........... 1044 N. Francisco Ave., Chicago
Van de Steeg, Evelyn ..........St. Luke's Hospital, Chicago
Van Horn, Ella M. ............ 1750 W. Congress St., Chicago
Van Schoick, Mildred ......... 1441 E. 60th St., Chicago
Vaughn, Florence ............. 2816 Ellis Ave., Chicago
Walderbach, Helena M. ........ 4950 Thomas St., Chicago
Warson, Mary ................. 551 Grant Place, Chicago
Weber, Katherine ............ Olney Sanitarium, Olncy
Weber, Minnie R. ............... 606 E. Main St., Olney
Weltman, Estellee R. ........... 616 S. Michigan Ave., Chicago
Westrhal, Mary E. ............. 104 S. Michigan Ave., Chicago
Whitrord, Mae L. .............. 518 Hamilton Blvd., Peoria
Whittaker, Eleanor M. ....... 2645 Girard Ave., Evanston
Wieland, Edna Mae* ........... 2816 Ellis Ave., Chicago
Wigton, Flora B. .............. 4515 Oakenwald Ave., Chicago
Willenborg, Anna ............ 2100 Burling St., Chicago
Williams, Edith ................ 2121 W. Jackson Blvd., Chicago
Wilithmson, Ruth A. .......... 427 Garfield Ave., Chicago
Wilson, Her.en M. ............ 4950 Thomas St., Chicago
Wilson, May S. ................ 7531 Stony Island Ave., Chicago
Woods, Carrie M. ..............St. Luke's Hospital, Chicago
Wood, Evelyn ................. S S. Michigan Ave., Chicago
Wubbena, Ella ................ 830 N. La Salle St., Chicago
$\ddagger$ INDIANA - 58 Members
Bischoff, Pauline G. .......... 3024 Fairfield Ave., Fort Wayne
Bonwhuis, Clara ...........Veteran's Administration Hospital, Marion


Sister M. Rita Carr 516 E. Market, Iowa City
Sister M. Thomas Mercy Hospital, Council Bluffs
Steinke, LuVern Lucher 406 Center St., Des Moines
Stutsman, Alice M. 4040 11th St. Place, Des Moines
Sutton, Maude E. ..............State Dept. of Health, State House, Des Moines
Tompkins, Iva M. Allen Memorial Hospital, Waterloo
Watt, Mary J. Burlington Hospital, Burlington
Wesslund, Florence H. Iowa Methodist Hospital, Des Moines
Willis, Helena L. Psychopathic Hospital, Iowa City
Zichy, Marianne 206 Masonic Temple, Marshalltown
$\ddagger K A N S A S-40$ Members
Alexander, Mary A. ........... 1004 Topeka Blvd., Topeka
Baumgartner, Bertha I. ........ Halstead Hospital, Halstead
Bunger, Frances M. Ellsworth Hospital, Ellsworth
Cox, Minnie McPherson County Hospital, McPherson
Duncan, C. Blanche McPherson County Hospital, McPherson
Elmore, Edna ................. Bethany Hospital, Kansas City
Fritzemeier, Martha H. Grace Hospital, Hutchison
Froehlee, Henrietta ............ Bell Mcmorial Hospital, Kansas City
Harner, Alfa G. Christ's Hospital, Topeka
Hastings, Ethel L. Bethany Hospital, Kansas City
Kanauer, Neola R. Wesley Hospital, Wichita
Keaton, Martha Christ's Hospital, Topeka
Lattin', Irene F. A. ............. Bell Memorial Hospital, Kansas City
Law, Irma $\ldots \ldots \ldots \ldots . . .$. . Wesley Hospital, Wichita
McFarland, Katherine ........ Bethany Hospital, Kansas City
Martin, Wilimina. P. ..........Extension Division K. S. A. C., Manhattan
Milleer, Cora Abbie . ............. 1224 N. Market St., Emporia
Patterson, Sara A. .............. Bethany Hospital, Kansas City
Redmond, Mary M. ............ St. Margaret's Hospital, Kansas City
Sister Lena M. Smith .......... Bethel Deaconess Hospital, Newton
Sister Macrina Kuhn St. Margaret Hospital, Kansas City
Sister Marie Dora Richert ...Bethel Deaconess Hospital, Newton
Sister M. Bernard ............. Mercy Hospital, Fort Scott
Sister M. Domitilla ............St. John's Hospital, Leavenworth
Sister M. Ferdinand St. John's Hospital, Salina
Sister M. Gonzaga Betzen St. Francis Hospital, Wichita
Sister M. Henriettra ............St. Rose Hospital, Great Bend
Sister M. Stella Wichita Hospital, Wichita
Sister M. Theresita SchrickSister M. Victorina Barrins ...St. Anthony Murdock Memorial Hospital,Sabetha
Sister M. Winifred Sheehan ..St. Anthony's Hospital, Dodge CitySister Rose Victor ..............Providence Hospital, Kansas City
Sister Theodosia Harms .......Bethel Deaconess Hospital, Newton
Smith, Virginia ................Susan B. Allen Memorial Hospital, Eldorado
Steck, Aletta L. .................Wesley Hospital, Wichita
Swenson, Irene E. .............. Bell Memorial Hospital, Kansas City
Templin, Ethel Wesley Hospital, Wichita



| Pagaud, Mary V. ............. 739 Carondelet St., New Orleans |  |
| :---: | :---: |
| per, Mamie . . . . . . . . . . . . . . Touro Infirmary, New Orleans |  |
| ice, Margaret | St. Charles Ave., New O |
| Rice, Harriet McL. ...........Elizabeth Sullivan Memorial Hospital, Bogalusa |  |
| Robichaux, Emerante A. ..... Charity Hospital, New Orleans |  |
| ster Agnes Marie Firzsimons . St. Francis Sanatorium, Monroe |  |
| Sister Catherine Fischer ...... Charity Hospital, New Orleans |  |
| Sister Celestine Strosina ......Hotel Dieu, New Orlea |  |
| Sister Florence Urbine ........Charity Hospital, New Orleans |  |
|  | .Charity Hospital, New Orleans |
| Sister Henrietta Dedisse ...... Our Lady of the Lake Sanitarium, Baton Rouge |  |
| Sister Henrietta Guyot ....... Charity Hospital, New Orleans |  |
| Sister Julia Cassells .........Charity Hospital, New Orleans |  |
| Sister Kostra Swoboda ........Charity Hospital, New Orleans |  |
| Sister Margaret Callahan ....Charity Hospital, New Orleans |  |
| Sister Marie Aubierge Younge .St. Francis Sanitarium, Monroe |  |
| Sister Marie Brendan Donegan.St. Francis Sanitarium, Monroe |  |
| Sister Marie de Nazareth ....St. Francis Sanitarium, Monroe |  |
| Sister Marie de Ligouri Lawton. St. Francis Sanitarium, Monroe |  |
| Sister Marie Madeleine ......Our Lady of the Lake Sanitarium, Baton Rouge |  |
| Sister M. Angele Verne ......Our Lady of the Lake Sanitarium, Baton Rouge |  |
| Stster M. Benignus ...........Schumpert Sanitarium, Shreveport |  |
| Sister M. Bontrace Kemp ..... Hotel Dieu, New Orleans |  |
| Sister M. Brigid Broussard ..... Mercy Hospital, New Orleans |  |
| Sister M. Fidelma Donovan ...St. Patrick's Hospital, Lake Charles |  |
| Sister M. Gertrude Hennesy .. Our Lady of the Lake Sanitarium, Baton Rouge |  |
| Sister M. Grace Ryan . . . . . . . St. Patrick's Hospital, Lake Charles |  |
| Sister M. Hilda Mintikin | .Mercy Hospital - Soniat Memoria Orleans |
| ister M. Irene Broussard | Mercy Hospital - Soniat Memorial, Orleans |
| R M. Joseph | Mercy Hospital - Soniat Memorial, Orleans |
| M. Polycarp Murphy ...St. Patrick's Hospital, Lake Cha |  |
| Sister Roberta Degnan ........ Hotel Dieu, New Orleans |  |
| Sister St. Michael O'Shea ....Our Lady of the Lake Sanitarium, Baton Rouge |  |
| Sister St. Patrick Comerford ..St. Francis Sanitarium, Monroe |  |
| Sister Stanislaus Malone .... Charity Hospital, New Orleans |  |
| Sister Stanislaus Philitps ... Hotel Dieu, New Orleans |  |
| Sister Sylvia Brown .........Charity Hospital, New Orleans |  |
| Sister Zoe Schieswohl . .......U. S. Marine Hospital, Carville |  |
| Smith, Hazel Vallie .......... Baton Rouge General Hospital, Baton Rouge |  |
| Sommers, Eilmire M. ......... 1240 Josephine St., New Orleans |  |
| Stewart, Stella .............Highland Sanitarium, Shreveport |  |
| Stuart, Mary ...............Charity Hospital, New Orleans |  |
| Thibodeaux, Alice L. . . . . . . 1321 Annunciation St., New Orleans |  |
| Webre, Josephine E. ...........Hotel Dieu, New Orleans |  |
| Wright, Christine ...........Charity Hospital, New Orleans |  |
|  |  |

## MAINE—16 Members



## $\ddagger$ MARYLAND—92 Members

Adamson, Jane C. ..............Johns Hopkins Hospital, Baltimore
Ames, Miriam $\ldots \ldots \ldots \ldots \ldots$ Johns Hopkins Hospital, Baltimore
Anderson, Nannie V. ............Johns Hopkins Hospital, Baltimore
Baldwin, Estella C. ............University Hospital, Baltimore
Bartlettr, Helen C. ........... 604 Reservoir St., Baltimore
Beckwith, Anna T. ...........Johns Hopkins Hospital, Baltimore
Belyea, Margaret S. ..........Sheppard and Enoch Pratt Hospital, Towson
Best, Dorothy R.* ............Johns Hopkins Hospital, Baltimore
Betrzold, K. Virginia* ......... 624 N. Broadway, Baltimore
Black, Jessie B. .................Johns Hopkins Hospital, Baltimore
Black, Marjorie O. ............ Johns Hopkins Hospital, Baltimore
Blackman, Dorothy E. .......Johns Hopkins Hospital, Baltimore
Branley, Frances M. ...........St. Joseph's Hospital, Baltimore
Bunting, I. Gertrude ........... Sheppard and Enoch Pratt Hospital, Towson
Caldwell, Crystal J. ............ Johns Hopkins Hospital, Baltimore
Caplany, Florence, B. ............Johns Hopkins Hospital, Baltimore
Cashelli, Nellife T.* ............. 3026 Guilford Ave., Baltimore
Craigen, Clatre ................Union Memorial Hospital, Baltimore
Crawford, Helen H. .............. Johns Hopkins Hospital, Baltimore
Cemutzburg, Freda ..............Church Home and Infirmary, Baltimore
Durrant, Constance S. ........ Church Home and Infirmary, Baltimore
Elliotit, Margaret ............. Church Home and Infirmary, Baltimore
Fields, Florence M. ............ St. Agnes Hospital, Baltimore
Frederick, Hester K. ...........Johns Hopkins Hospital, Baltimore
Friend, Martha E. ............. 604 Reservoir St., Baltimore
Gardner, Maud M. ............. Hospital for Women of Maryland, Baltimore
Gassaway, Helen M. ............ Church Home and Infirmary, Baltimore
Gerhol,d, Ella Mae* ............. Johns Hopkins Hospital, Baltimore
Grainger, Margaret F. .........Johns Hopkins Hospital, Baltimore
Grande, Myrtle R. ..............Johns Hopkins Hospital, Baltimore



## $\ddagger M A S S A C H U S E T T S-184$ Members

Abbott, Wenona .................Massachusetts General Hospital, Boston
Allan, Vera A. ................. Lynn Hospital, Lynn
Alien, Bertha W. ...............Newton Hospital, Newton Lower Falls
Atto, Kathleen H. ............. MacLean Hospital, Waverly
Avard, Martha J. .............. Addison Gilbert Hospital, Gloucester
Baker, Evelyn F. ...............Essex Sanatorium, Middleton
Bannerman, Margaret .......... Mary A. Alley Emergency Hospital, Marblehead
Barclay, Annie S. ..............Franklin Co. Hospital, Greenfield
Barnaby, Marietta D. ......... 420 Boylston St., Room 326, Boston
Barnes, Beatrice K. .............Lawrence General Hospital, Lawrence
Beckwith, Doris ................Box 8, Waverly
Bedell, Alice, E. ................ State Hospital, Northampton
Beek, Harriet L. ...............St. Luke's Hospital, New Bedford
Bennettr, Louise A. ............. 29 Goddard Road, Brockton
Blackman, Blanche A. ....... Springfield Hospital, Springfield
Blanchard, Marion E. ........... Foxboro State Hospital, Foxboro
Bond, Esther F. .................. 281 Lincoln St., Worcester
Booth, Mabel F. ................. Holyoke City Hospital, Holyoke
Bourget, Irene C. .................St. Joseph's Hospital, Lowell
Bowen, Eleanor P. ..............Lowell General Hospital, Lowell
Bowker, Helena D. .............Salem Hospital, Salem
Brackett, Mary E. ..............Newton Hospital, Newton Lower Falls
Brooks, Augusta E. ..............Cooley Dickinson Hospital, Northampton
Brown, Emma E. ................ Burbank Hospital, Fitchburg
Brown, Nora A. ..................Symmes Hospital, Arlington
Burgess, Mary A. ............. 37 Union St., Plymouth
Cain, Catherine R.* ............. 71 Jaques Ave., Worcester
Campbell, Elsie L. ............... 1820 Highland Ave., Fall River
Campbell, Katharine A. .......Lynn Hospital, Lynn
Cane, Beatrice H. .............. 25 Deaconess Road, Boston
Carlson, Etheir E. .............City Hospital, Boston
Carlton, Elizabeth G. ......... 25 Deaconess Road, Boston
Cartland, Mildred H. .......... 58 Temple St., Boston
Cashchuck, Amela K.* ....... Worcester City Hospital, WorcesterClyde, Frances K. .............The Children's Hospital, BostonCoe, Alice B. ................... I4 Embankment Road, Boston
Соoк, Melissa J. ................... Melrose Hospital, Melrose
Соoke, Cora L. ..................Newton Hospital, Newton
Cox, Edith I. ..................Robert B. Brigham Hospital, Boston
Cullen, Katharine A. ......... Worcester City Hospital, Worcester
Curley, Helen C. ..............King Street, Cohasset
Currier, Della M. ............. Boston City Hospital, Boston
Curtis, Miriam .................Cooley Dickinson Hospital, Northampton
Damon, Mildren .................. 14 Netherlands Road, Boston
Daniel, Elizabeth C. .......... Westboro State Hospital, Westboro
Daniels, Antonette H. .......Saxonville
Davis, Edith J. .................Faulkner Hospital, Jamaica Plain
Dawes, Dorothy E. ............Quincy City Hospital, Quincy
Delamere, Harriet B. ........... Boston City Hospital, Boston
di Cicco, Filomena ............. 4 N. Grove St., Boston
Dieter, Margaret .................Massachusetts Memorial Hospital, Boston
Dinegan, Ann Ward ............ 775 Trapelo Road, Waltham
Dunn, Minnie F. .............. State Infirmary, Tewksbury
Durgin, Katherine .............State Infirmary, Tewksbury
Eastham, Mary Vera .......... Cooley Dickinson Hospital, Northampton
Egan, Sarah A. ................ 20 Ash St., Boston
Eicke, Betty .....................Norwood Hospital, Norwood
Ehlund, Lyyli I. 14 Embankment Road, Boston
Erkestad, Asta Leonard Morse Hospital, Natick
Estey, Lelia H. ..................Lawrence Memorial Hospital, Medford
Fernald, Rosamond P. 300 Longwood Ave., Boston
Finlay, Daisy A. 10 Stoughton St., Boston
Freed, Mary E. Lynn Hospital, Lynn
Furley, Delia T. St. John's Hospital, Lowell
Gillis, Georgia S. Webster District Hospital, Webster
Gilmore, Mary C. 721 Huntington Ave., Boston
Gordon, Ruby J. ................. 71 Cambridge St., Lawrence
Gustafson, Alice ............... Holyoke Hospital, Holyoke
Hali, Carrie M. Peter Bent Brigham Hospital, Boston
Harrington, Ruth ............. St. Luke's Hospital, New Bedford
Hayward, Edna M. .............Wesson Maternity Hospital, Springfield
Hearn, Amy .................. 400 Walk Hill St., Mattapan
Hitchcock, Katherine .......... 40 Commonwealth Ave., Boston
Hostetler, Nell A. ............. 2014 Washington St., Newton Lower Falls
Howlettr, Marjorie V. ........... 10 Stoughton St., Boston
Hukill, Georgia .................. 3 Vila St., Boston
Humphreys, Ruth I. ...........Framingham Hospital, Framingham
Hunt, Bertha A. ................ Brockton Hospital, Brockton
Huntly, Mabel F. ............ Wesson Memorial Hospital, Springfield
Inch, Effie M. .................. 6 Roanoke Road, Wellesley
Jacobus, Rosabelle .............. 2 State St,, Worcester
Johnson, Marion C. ............Memorial Hospital, Worcester

|  | Johnson, Marjorie A. . . . . . . . Massachusetts General Hospital, Boston |
| :---: | :---: |
|  | Johnston, Lena F. ............170 Governors Ave., Medford |
|  | Jones, Delight S. ............Truesdale Hospital, Fall River |
|  | Jordan, Isabelle M. . . . . . . . . . . Children's Hospital, Boston |
|  | Kepler, Aura E. ............. 49 Englewood Ave., Brookline |
|  | Key, Sara L. ................. St. Luke's Hospital, New Bedford |
|  | Kirke, Violet L. .............Anna Jaques Hospital, Newburyport |
|  | Knowliton, Carrie B. ..........Lowell General Hospital, Lowell |
|  | Ladd, Frances ...............Faulkner Hospital, Jamaica Plain |
|  | Larter, Mary . ...............North Adams Hospital, North Adams |
|  | Lee, Helene G. .............. 36 Aborn St., Peabody |
|  | Lepper, Edina S. ............. Springfield Hospital, Springfield |
|  | Lewis, Ids M. .............. 35 Harvard Ave., Brookline |
|  | Loftus, Mary Teresa* ........ 71 Jaques Ave., Worcester |
|  | MacDonald, Christine* .......City Hospital, Worcester |
|  | MacKay, Mary J. ............Henry Heywood Memorial Hospital, Gardner |
|  | MacLauchian, Ziilah .........Massachusetts Women's Hospital, Boston |
|  | Maclean, Anna L. . . . . . . . . . 55 E. Newton St., Boston |
|  | MacLeod, Christine . . . . . . . . . . Lowell General Hospital, Lowell |
|  | MacNeil, Lizzie L. . . . . . . . . . House of Mercy Hospital, Pittsfield |
|  | Madnocks, Clara L. . . . . . . . . . McLean Hospital, Waverly |
|  | Maloney, Margaret J. . ....... 14 Wenham St., Forest Hills, Boston |
|  | Managhan, Clara F. ........ Boston City Hospital, Boston |
|  | Marden, Edith ..............Waltham Hospital, Waltham |
|  | Marsh, Alice W. .............Whidden Memorial Hospital, Everett |
|  | Martin, Helen I. A. .......... 137 Pine St., Lowell |
|  | May, Ruth I. .............. 40 Washington Ave., Andover |
|  | McCormack, Helen ...........Carney Hospital, South Boston |
|  | McCourt, Lillian C. .......... Springfield Hospital, Springfield |
|  | McCrae, Annabella ...........Massachusetts General Hospital, Boston |
|  | McDonald, Anne G. .......... State Infirmary, Tewksbury |
|  | McIlvana, Laura C. .......... 32 Fruit St., Boston |
|  | McKay, Mina A. ............ Massachusetts General Hospital, Boston |
|  | McLean, Graziella ...........Box 8, Waverly |
|  | McVicker, Mabel ................ E. Deaconess Hospital, Boston |
|  | Merritit, Lucy* ................ 71 Jaques Ave., Worcester |
|  | Messerli, Ruth M. ........... Holyoke Hospital, Holyoke |
|  | Metz, Rachel ................ 220 Fisher Ave., Boston |
|  | Milis, Emmeline K. . . . . . . . . Salem Hospital, Salem |
|  | Mirton, Edith H. ............ 100 Billingham St., Chelsea |
|  | Mitcheli, Ruth L. . . . . . . . . . . 5388 Prospect St., Fall River |
|  | Moore, Rena D. . . . . .........N. E. Baptist Hospital, Boston |
|  | Morgan, Edith L. ............. Choate Memorial Hospital, Woburn |
|  | Morrisette, Pauline S.* ...... 71 Jaques Ave., Worcester |
|  | Morse, Edna C. ................n. E. Baptist Hospital, Boston |
|  | Mortimer, Emma A. ...........Clinton Hospital, Clinton |
|  | Mowbray, Louise ............. 120 High St., Springfield |
|  | Nelson, Gertrude B. ......... 23 Arbella St., Salem |
|  | Nelson, Sophie C. ........................ Clarendon St., Boston $\begin{gathered}\text { Clife Insurance Co., } 197\end{gathered}$ |




|  | Oswald, C. Jeanetre . . . . . . . . . University Hospital, Ann Arbor |
| :---: | :---: |
|  | Pearse, Muriel L. . . . . . . . . . . Port Huron Hospital, Port Huron |
|  | Peebles, Ann Y. ..............Woman's Hospital, Detroit |
|  | Peltier, Leona ................Providence Hospital, Detroit |
|  | Pierson, Edna J. ............. Saginaw General Hospital, Saginaw |
|  | Potrs, Henrietta J. ............Children's Hospital, Detroit |
|  | Ramsay, June A. . . . . . . . . . . . . Harper Hospital, Detroit |
|  | Rand, Winifred .............. 71 Ferry Ave., East, Detroit |
|  | Randle, Bosse B, ............. 444 Lyon St., N. E., Grand Rapids |
|  | Rankin, Emily N. ............. 2404 West Grand Blyd., Detroit |
|  | Rehm, Esther H. ............. Blodgett Memorial Hospital, Grand Rapids |
|  | Reynolds, Amy T. ........... Highland Park General Hospital, Highland Park |
|  | Rogers, Margaret A. .........Children's Free Hospital, Detroit |
|  | Sargent, Emilie G. ........... 51 West Warren Ave., Detroit |
|  | Schau, Elizabeth C. .......... Box C, Traverse City |
|  | Sewell, Olive . . . . . . . . . . . . . 206 Capt'1 Loan \& Savings Bldg., Lansing |
|  | Shimek, Johanna ............St. Joseph's Mercy Hospital, Detroit |
|  | Sister Emma Martzke . . . . . . . Evangelical Deaconess Hospital, Detroit |
|  | Sister Emma Marzahn . . . . . . . . Evangelical Deaconess Hospital, Detroit |
|  | Sister Marie Jeanne d'Arc . . . . St. Joseph's Mercy Hospital, Detroit |
|  | Sister Martina Murray .......St. Mary's Hospital, Saginaw |
|  | Sister M. Clare Malloy .......St. Mary's Hospital, Grand Rapids |
|  | Sister M. Emmanuel . . . . . . . . . 1521 Jefferson St., Muskegon |
|  | Sister M. Gonzales Bauman ...Mercy Hospital, Muskegon |
|  | Sister M. James . . . . . . . . . . . . 1521 Jefferson St., Muskegon |
|  | Skeoch, Mary E. ..............St. Luke's Hospital, Marquette |
|  | Smith, Eleanor ............ Couzens Hall, Ann Arbor |
|  | Smith, Mabel E. . . . . . . . . . . 200 Hollister Bldg., Lansing |
|  | Spangelo, Ella . . . . . . . . . . . . Couzens Hall, Ann Arbor |
|  | Sprague, Beatrice K. . . . . . . . . . Couzens Hall, Ann Arbor |
|  | Stewart, Margaret W. ........ 5224 St. Antoine, Detroit |
|  | Stiverson, Susan L. . . . . . . . . . 11130 E. Huron St., Ann Arbor |
|  | Stutter, Mabel L. . . . . . . . . . . Henry Ford Hospital, Detroit |
|  | Sweer, Leone . . . . . . . . . . . . . . . Sanitarium, Battle Creek |
|  | Tibbetrs, Grace . . . . . . . . . . . . Highland Park General Hospital, Highland Park |
|  | Udgamrd, Mildred I. . . . . . . . . . Henry Ford Hospital, Detroit |
|  | Waddell, Elizabeth C. .........Woman's Hospital, Detroit |
|  | Wallace, Kate, M. ............ Detroit Tuberculosis Sanatorium, Detroit |
|  | Wañzeck, Marie J. ........... 1125 E. Huron St., Ann Arbor |
|  | Wolf, Alera . .................Harper Hospital, Detroit |

$\ddagger$ MINNESOTA- 180 Members
Ackerman, Ethel A. .......... Bethesda Hospital, St. Paul Allison, Catherine H. ..........Winona General Hospital, Winona
Anderson, Florence B.* .......General Hospital, Minneapolis
Anderson, Vivian* .............Ancker Hospital, St. Paul
Arntson, Emma M. ..............General Hospital, Minneapolis
Baer, Maple A. ................ St. John's Hospital, St. Paul
Baer, Lucille ...................General Hospital, Minneapolis
Bakken, Agnes T. .............. St. Andrew's Hospital, Minneapolis
Bang, Vivian D. ................. Miller Hospital, St. Paul
Beauclair, Ruby R.* ............Ancker Hospital, St. Paul
Beland, Irene ....................Eitel Hospital, Minneapolis
Bentamin, Blanche* ........... 500 Essex St., S. E., Minneapolis
Bergh, Inger ..................... 1421 E. 24th St., Minneapolis
Berndty, Ruth* ...................Ancker Hospital, St. Paul
Blankenbllier, Harriet* ....... 500 Essex St., S. E., Minneapolis
Brobakken, Marguerite E.* .....General Hospital, Minneapolis
Burggren, Hannah ............ Swedish Hospital, Minneapolis
Burlingame, Inez T.* ..........General Hospital, Minneapolis
Butzerin, Eula ............... 101 Millard Hall, U. of Minn., Minneapolis
Campbell, Jean H. .............. St. Luke's Hospital, St. Paul
Carlson, Helen C. ............ 803 University Ave., Minneapolis
Carlsrud, Gertrude E. ......... 500 Essex St., S. E., Minneapolis
Carrington, Bernice. R. ......... Damon Hotel, Rochester
Cassidy, Regina C.* ............General Hospital, Minneapolis
Chllds, Clara* ..................General Hospital, Minneapolis
Corliss, Ione E. ................. 2224 Fremont Ave. S., Minneapolis
Cornelisen, Dora M. ............. 1602 Berkeley Ave., St. Paul
Costello, Gertrude V.* ........Ancker Hospital, St. Paul
Coutier, Lulu .................... 2 2d Ave., S. W., Rochester
Curtis, Eunece* ................Ancker Hospital, St. Paul
Danielson, Mary ............... 222 Earl Street, St. Paul
Densford, Katharine J. .........University Hospital, Minneapolis
Dodds, Thelma M. ............. 120 W. Summit, St. Paul
Einerson, Emma C. .............Glen Lake Sanatorium, Oak Terrace
Elmore, Carlie B. ..............General Hospital, Minneapolis
Engelstad, Eila Mildred* .....General Hospital, Minneapolis
English, Irene R. ................Kahler Hospital, Rochester
Engman, Anna Margaret* .....Ancker Hospital, St. Paul
Erickson, Elfie M. ............. 501 W. Franklin, Minneapolis
Erickson, Hazel. J.* ............General Hospital, Minneapolis
Erven, Margaret Edith ....... 1003 Ivy St., St. Paul
Fesemeyer, Irma T.* .......... 500 Essex St., S. E., Minneapolis
Fleming, Agnes .................. 500 Essex St., S. E., Minneapolis
Fowlie, Mary Jane ............. 1003 Ivy St., St. Paul
Fries, Alice M. ................Ancker Hospital, St. Paul
Garthey, Norma A.* ............General Hospital, Minneapolis
Gates, Jennie A. ..............St. Lucas Deaconess Hospital, Faribault
Geib, Helemn G.* .................General Hospital, Minneapolis
Ginther, Lena ..................St. Joseph's Hospital, St. Paul
Gouterold, Beulah* ........... 500 Essex St., S. E., Minneapolis
Grant, Helen O. ............... 2627 Chicago Ave., Minneapolis
Grethen, Katherine ............Ancker Hospital, St. Paul
Gustafson, Ruth A. ............ 200 Earle St., St. Paul
Gynild, Ragna E. ...............St. Joseph's Hospital, St. Paul
Hagman, Olga .................. . Bethesda Hospital, St. Paul
Halverson, Leila .................. 619 State Office Bldg., St, Paul
Halverson, Luclile M.* ....... 500 Essex St., S. E., Minneapolis
Hauge, Cecelia H. ..............University Hospital, Minneapolis


 MISSISSIPPI- 8 Members
Chason, Mary A. .................Holmes County Community Hospital, Lexington
Dorsey, Mary E. ..............King's Daughters Hospital, Greenville
Goode, Flora D. ................ Vicksburg Hospital, Inc., Vicksburg
Jones, Bertie G. .................Mississippi State Tuberculosis Sanatorium, Sanatorium
Klein, Iva W. ....................Meridian Sanatorium, Meridian
Richardson, Mabel .............Field Memorial Hospital, Centerville
Skinner, Grace ................The Gilmore Sanatorium, Amory
Trigg, Mary H. .................. 1209 River Road, Greenwood
$\ddagger$ MISSOURI- 88 Members
Bayless, Cora A. .................General Hospital, Kansas City
Beattie, Mabel .................... 3711 Bellefountain Ave., Kansas City
Bishop, Almina T. .............. 4915 West Pine, St. Louis
Bollinger, Mayme W. ........... 216 S. Kingshighway, St. Louis
Brase, Ella . ...................... 6055 Waterman, St. Louis
Brenner, Frieda M. .............Lutheran Hospital, St. Louis
Bruegmann, Eluera* ............. 2646 Potomac St., St. Louis
Brunk, Josephine ............... Leeds Sanitarium, Kansas City
Carlson, Anna ....................General Hospital, Kansas City
Churney, Julia .................Levering Hospital, Hamibal
Coleman, Clara A. ............. 1515 Lafayette Ave., St. Louis
Davis, Jessie V. ................St. Luke's Hospital, St. Louis
Dawson, Mary E. ................ 1621 Grattan Street, St. Louis
Dersch, Esther .................Research Hospital, Kansas City





|  | att, Thelma A. ........... 105 Pleasant St., Concord |
| :---: | :---: |
|  | Rickaby, Alice . ............... 72 Concord St., Manchester |
|  | Robbins, Abbie D. ............ Balch Hospital for Children, Manchester |
|  | Shordon, Ardelia L. .......... New Hampshire State Hospital, Concord |
|  | Simpson, Florence W. ........ New Hampshire Memorial Hospital, Concord |
|  | Sister Fisette . . . . . ......... St. Louis Hospital, Berlin |
|  | Sister Guy ..................St. Louis Hospital, Berlin |
|  | Sister Marie Rose Larivee ....Notre Dame Hospital, Manchester |
|  | Sister M. Bernardus .......... Sacred Heart Hospital, Manchester |
|  | Sister M. Dolorosa . . . . . . . . . . Sacred Heart Hospital, Manchester |
|  | Sister M. Virginia ............Sacred Heart Hospital, Manchester |
|  | Smith, Hazel M. . . . . . . . . . . . New Hampshire State Hospital, Concord |
|  | Sutherland, Zula R. ........ 105 Pleasant St., Concord |
|  | Thompson, Louise H. ......... Elliott Community Hospital, Keene |
|  | Tuttle, Eleanor M. . ......... Mary Hitchcock Memorial Hospital, Hanover |
|  | Valentine, Belle G. ......... 105 Pleasant St., Concord |
|  | Van Pelt, Alma B. .......... Margaret Pillsbury Hospital, Concord |
|  | Wark, Doris M. . ............ Claremont General Hospital, Claremont |
|  | White, Lena M. ...............Morrison Hospital, Wakefield |
|  | Wilde, Amy . ................ 105 Pleasant St., Concord |
|  | Williams, Lililian G. .......... Laconia Hospital, Laconia |
|  | $\ddagger$ NEW JERSEY-158 Members |
|  | Abr, Ernestine M. ........... Newark City Hospital, Newark |
|  | Adler, Frieda E. .................. $\begin{gathered}\text { City } \\ \text { City }\end{gathered}$ Hague Maternity Hospital, Jersey |
|  | Ahlers, Caroline C. .......... 220 Engle St., Englewood |
|  | Allen, Margaret B. ...........) Orange Memorial Hospital, Orange |
|  | Anderson, Bernict E. ..........Mountainside Hospital, Montclair |
|  | Appleton, Grace G. ............st. Mary's Hospital, Hoboken |
|  | Ashmun, Margaret ........... Orange Memorial Hospital, Orange |
|  | Austin, Ida F. ............... 91 Prospect St., East Orange |
|  | Ayres, Gertrude E. .............Margaret Hague Maternity Hospital, Jersey City |
|  | Barnes, Edyth G. .............Paterson General Hospital, Paterson |
|  | Bekler, Clara . . . . . . . . . . . . . . 540 Central Ave., Newark |
|  | Bennetir, Isabel . ............. Somerset Hospital, Somerville |
|  | Bigley, Loretta I.* ............ Medical Center, Jersey City |
|  | Black, Lydia A. ............West Jersey Homeopathic Hospital, Camden |
|  | Blackman, Abigail . ........... Port Norris |
|  | Blauvelt, Minnie P. ...........Essex County Homeopathic Hospital, East |
|  | Borda, Maude R. .............. 313 High St., Millville |
|  | Boyd, Evelyn ...... ...........General Hospital, Passaic |
|  | Briggs, Ethelyn F. ...........Monmouth Memorial Hospital, Long Branch |
|  | Brook, Clare E. . ............. St. Joseph Hospital, Paterson |
|  | Buckley, Thelma M. .......... Memorial Hospital, Orange |
|  | Burford, Josephine A. ........ Monmouth Memorial Hospital, Long Branch |
|  | Burns, Florence P. ........... Babies' Hospital, Newark |
|  | Caddy, Eva . . . . . . . . ....... Hospital of St. Barnabas, Newark |
|  | Capron, Ruth S. .............. Muhlenberg Hospital, Plainfield |



| Hettlefr, Edith | Elizabeth General Hospital, Elizabeth |
| :---: | :---: |
| Higbid, Elizabeth J. | . 449 Van Houten St., Paterson |
| Hoban, Mary J. | . 126 North 13th Street, Newark |
| Holden, Edith J. | . Mountainside Hospital, Montclair |
| Hornickel, Margaret | . Monmouth Memorial Hospital, Long Branch |
| Horton, Phoebe E. | .Newark Memorial Hospital, Newark |
| Hughes, Josephine | .Mercer Hospital, Trenton |
| Huxley, Florence | .State Hospital, Trenton |
| Hyde, Sadie A. | .Essex County Hospital, Cedar Grove |
| Ireland, Minnie R. | . 17 Academy St., Newark |
| Janata, Barbara . | .Cooper Hospital, Camden |
| Johnston, Helen R. | . Mountainside Hospital, Montclair |
| Kerley, Artie S. | .N. J. State Hospital, Greystone Park |
| Koller, Lena A. | . Orange Memorial Hospital, Orange |
| Konrad, Clara Marie | .Margaret Hague Maternity Hospital, Jersey City |
| Krause, Martha B. | .Monmouth Memorial Hospital, Long Branch |
| Larner, Esther M. | .Newark City Hospital, Newark |
| Laughlin, Sadie V. | . 1825 Boulevard, Jersey City |
| Letendre, Eva L. | . 1825 Hudson Blvd., Jersey City |
| Liggett, Mabel C. | .Bridgeton Hospital, Bridgeton |
| Lind, Mildred M. | .Elizabeth General Hospital, Elizabeth |
| Longcor, Sarah E. | .Passaic General Hospital, Passaic |
| Louis, Marie | Muhlenberg Hospital, Plainfield |
| Mansfield, E. Belle | . Barnert Memorial Hospital, Paterson |
| Marley, Agnes M. | .St. Mary's Hospital, Hoboken |
| McKee, Birdie M. | Presbyterian Hospital, Newark |
| McWade, Dorothy R.* | . Medical Center, Jersey City |
| Miller, Susan W. | .Mercer Hospital, Trenton |
| Moore, Anna J. | . Burlington County Hospital, Mount Holly |
| Murdoch, Jessie M. | .Jersey City Hospital, Jersey City |
| Peeler, Mabel R. | .N. J. State Hospital, Greystone Park |
| Posten, Catherine | .Monmouth Memorial Hospital, Long Branch |
| Price, Ada M.* | . Medical Center, Jersey City |
| Rece, Anne E. | . 317 Franklin Place, Plainfield |
| Reese, Elizabeth M. | . N. J. State Hospital, Greystone Park |
| Reilly, Margaret B.* | . Medical Center, Jersey City |
| Riddle, Bertha A. | .Oxford, Warren County |
| Robb, Genevieve I. | .Elizabeth General Hospital, Elizabeth |
| Robinson, Jean M. | . Orange Memorial Hospital, Orange |
| Rutherford, Edith M | .Elizabeth General Hospital, Elizabeth |
| Schmoker, Carolyn | . Newark City Hospital, Newark |
| Scott, Martha M. | . Bound Brook Hospital, Bound Brook |
| Seifert, Hettie W. | 631 Monroe Ave., Elizabeth |
| Sister Hippolyta | .St. Michael's Hospital, Newark |
| Sister Margaret Lave | . St. Peter's General Hospital, New Brunswick |
| Sister M. Dolores . | .Holy Name Hospital, Teaneck |
| Sister M. Dominic | .St. Mary's Hospital, Orange |
| Sister M. Feidi | St. Mary's Hospital, Orange |
| ister M. Francesca | St. Mary's Hospital, Orange |



Andrews, Frances H. ..........City Hospital, Amsterdam
Andrulis, Mae .................St. John's Hospital, Long Island City
Annable, Florence . . . . . . . . . . 440 E. 26th St., New York
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Bacon, Florence ............... 440 E. 26th St., New York
Baldwin, Ruth H.* ............. 428 W. 59th St., New York
Ball, Cora L. .................. 5 E. 98th St., New York
Bareham, Mildred Louise ...... 146 Cuyler St., Palmyra
Barker, Ruth M.* ............. 440 E. 26th St., New York
Barrettr, Mary V. ............St. Mary's Hospital, Rochester
Bates, Gertrude ................Ellis Hospital, Schenectady
Baurle, Marie J. ............... Prospect Heights Hospital, Brooklyn
Bayley, Lucy M. ............... 37 S. Goodman St., Rochester
Beal, Lucy H. ............... Carson C. Peck Hospital, Brooklyn
Beard, Mary . ................... 49 W. 49th St., New York
Beaty, M. Louise ...............St. Luke's Hospital, New York
Beckman, Margaret . ............Lenox Hill Hospital, New York
Beecroft, Mary C. .............41-48 40th St., Long Island City
Beehler, Helen E. ............. State Hospital, Ogdensburg
Bendett, Edith ............... Beth Israel Hospital, New York
Bengston, Helene D. ............Greenpoint Hospital, Brooklyn
Benham, Carrie Anna .........Syracuse University Hospital, Syracuse
Bennettr, Lillie A. M. .........Yonkers Hospital, Yonkers
Bentley, Anna ................ Brooklyn Hospital, Brooklyn
Bergstrom, Flora J. ............. 1320 York Ave., New York
Bernasconi, Hazel L. .......... 658 Ombega St., Syracuse
Berry, Alice ...................City Hospital, Schenectady
Bestr, Ella G. ................... 50 W. 50th St., New York
Best, Virginia P. ............... 41 Highland Ave., Tuckahoe
Bischoff, Eleanore A.* ........ Roosevelt Hospital, New York
Blake, Florence G. ............ 500 Riverside Drive, New York
Bogess, Alethea ............... 440 E.. 26th St., New York
Bong, Ernestine H. ............. 340 Henry St., Brooklyn
Bonser, Clara* ...................Roosevelt Hospital, New York
Boynton, Grace ................. Balmville Road, Newburgh
Bradley, H. L.* ................. 88 Lancaster St., Albany
Breadon, Grace ................. Rochester General Hospital, Rochester
Breese, Ramona Brewer ....... 512 State St., Ithaca
Breslin, Mary H. ............. 706 W. 168th St., New York
Bresnafan, Mary A. ...........Willard Parker Hospital, New York
Breth, Margaret A. ............Riverside Hospital, foot of East 134th St., New York
Broadhurst, Jessie .............Broad Street Hospital, Oneida
Brown, Mary P. .................Mt. Sinai Hospital, New York
Buell, Ellen L. ................Syracuse University Hospital, Syracuse
Burke, Margaret R. ........... 681 Clarkson Ave., Brooklyn
Burklund, Vivian I. .......... 636 Linwood Ave., Buffalo

|  | Burr, Mary D. .............. 88 Morningside Drive, New York |
| :---: | :---: |
|  | Burroughs, Clifford ...........Arnot Ogden Hospital, Elmira |
|  | Butts, Laura E. .............. 214 Crossman St., Jamestown |
|  | Byrne, A. Isabeille ............Roosevelt Hospital, New York |
|  | Byron, Marie ............... 700 W. 168th St., New York |
|  | Cannon, M. Patricia . . . . . . . 330 W. 30th St., New York |
|  | Cardwell, Viola E. . . . . . . . . . Syracuse Memorial Hospital, Syracuse |
|  | Carey, Cathryn E. ........... Box 500, Utica |
|  | Carling, Florence E. ......... St. Luke's Hospital, New York |
|  | Carmichael, Eleanor S. ....... Manhattan State Hospital, Ward's Island, New |
|  | Carter, Dorothy J. ........... 50 W. 50th St., New York |
|  | Casey, Clare M. ............. 5 E. 98th St., New York |
|  | Cassell, Mary J. . . . . . . . . . . 230 E. 51st St., New York |
|  | Chamberlin, Ruth C. ..........Hospital of the Good Shepherd, Syracuse |
|  | Clancey, N. Helena . . . . . . . . . . Willard State Hospital, Willard |
|  | Clark, Genevieve Y. .......... 323 Second Ave., Albany |
|  | Clark, Helen M.* ............. Roosevelt Hospital, New York |
|  | Clark, Isabel O. ............... Buffalo City Hospital, Buffalo |
|  | Clarke, Winifred R. .......... Kings County Hospital, Brooklyn |
|  | Clune, Helen V. ............St. Lawrence State Hospital, Ogdensburg |
|  | Coger, Letha . ...............Park Avenue Hospital, Rochester |
|  | Combs, Josephine H. . . . . . . . . . 141 W. 109th St., New York |
|  | Connell, Mary* ..............Greenpoint Hospital, Brooklyn |
|  | Conrad, Margaret Elizabett .. 622 West 168th St., New York |
|  | Conrath, Elizabeth . . . . . . . . . Willard Parker Hospital, New York |
|  | Coombs, Marion H. ........... 480 Herkimer St., Brooklyn |
|  | Cooper, Cathlena A. . . . . . . 317 E. Jefferson St., Syracuse |
|  | Corbin, Hazel .............. E. 57th St., New York |
|  | Coveney, Mary B.* ........... 224 Alexander St., Rochester |
|  | Cowan, M. Cordelia . . . . . . . . 141 W W. 109th St., New York |
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|  | Crandali, Ella Phillips . ...... Suite 371, 1 Madison Ave., New York |
|  | Crawford, Anna N. . . . . . . . . Coney Island Hospital, Brooklyn |
|  | Crockettr, Helen C. ........... Mary McClellan Hospital, Cambridge |
|  | Cross, Laura A. ............ Coney Island Hospital, Brooklyn |
|  | Curran, Deila M. ............Fordham Hospital, New York |
|  | Cushman, Ruth .............510 State St., Brooklyn |
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|  | Day, Dorothy E. . . . . . . . . . . 39 Auburn Place, Brooklyn |
|  | Dean, Ruth M.* ............. 128 Fort Washington Ave., New York |
|  | Delmore, Anna J. . . . . . . . . . . Mt. St. Mary's Hospital, Niagara Falls |
|  | Dennhardr, Loraine ............ Lincoln School for Nurses, E. 141st St. and |
|  | Dennison, Clare ..............Strong Memorial Hospital, Rochester |
|  | Dever, Eleanor E. . . . . . . . . . . St. Francis Hospital, Poughkeepsie |
|  | Dickson, Sara D.* ............ 141 W. 109th St., New York |
|  | Dines, Alta E. .............. 105 E. 22d St., New York |
|  | Domzella, Wanda R. ..........Grasslands Hospital, Valhalla |
|  | onald, Mary R. .............Albany Hospital, Albany |








Roper, Jeanette M. ............ Grasslands Hospital, Valhalla
Rosencrance, Ellia P. .........Metropolitan Hospital, Welfare Island, New York
Ross, Ruth M. ................ 450 E. 64th St., New York
Rowley, Jean L.* ..............Strong Memorial Hospital, Rochester
Russell, Martha M. ............Fordham Hospital, New York
Ryan, May Louise .............. 141 W. 109th St., New York
Ryan, Thelma J. ............... 426 E. 26th St., New York
Sabol, Anna M. ................Binghamton City Hospital, Binghamton
Sanborn, Katharine A. .......St. Vincent's Hospital, New York
Sasmanen, Ellna ...............Babies' Hospital, New York
Sawtell, Ophelia V. ...........Trudeau Sanatorium, Trudeau
Scanlon, Kathryn L. .......... 112 Goodrich St., Buffalo
Scanlon, Margaret ${ }^{*}$. ........... 241 Linden St., Rochester
Schairer, Leah D. ...............Kingston Hospital, Kingston
Schiller, O'Delia Catherine .. 1121 Brinckerhoff Ave., Utica
Schlenker, Nellie E. ......... Coney Island Hospital, Brooklyn
Schubert, Agnes ............... 1320 York Ave., New York
Schwarz, Helen G. ........... 500 Riverside Drive, New York
Scope, Elizabeth Louise* ...... Roosevelt Hospital, New York
Scott, Alma Ham ............. 50 West 50 th St., New York
Scott, Anna ...................Metropolitan Hospital, Welfare Island, New York
Seibel, Elizabeth ............... 118 W. 13th St., New York
Setzler, Lorraine ..............Seaside Hospital, New Dorp, S. I.
Sewell, Mary .................. 509 W. 121st St., New York
Sharpe, Sarah C. ............. Beth Israel Hospital, New York
Shaw, Minnie A. ................Highland Hospital, Rochester
Shields, Eloise A. ..............Bloomingdale Hospital, White Plains
Sider, Helen T. ...............Willard Parker Hospital, New York
Sinclair, Clara F, .............Saratoga Hospital, Saratoga Springs
Sinsebox, Ella F. ................ 269 Richmond Ave., Buffalo
Sister Angelica ................... 108 Pine St., Buffalo
Sister Angela . ................ St. Mary's Hospital, Rochester
Sister Edward Patricia .......St. Mary's Hospital, Amsterdam
Sister Ellen ..................St. Mary's Hospital, Amsterdam
Sister Frederick ..............St. Mary's Hospital, Amsterdam
Sister John Miriam ...........St. Francis Hospital, Poughkeepsie
Sister Louise McParland ...... Emergency Hospital, Buffalo
Sister Margaret Carmela ......St. Joseph's Hospital, Yonkers
Sister Margaret M. Townsend..St. Joseph's Hospital, Elmira
Sister Marie Charles ......... 175 E. 68th St., New York
Sister M. Agnes .................Mercy Hospital, Watertown
Sister M. Callista ............ Benedictine Hospital, Kingston
Sister M. Concordia ........... Our Lady of Victory Hospital, Lackawanna
Sister M. Cornelia ............. 133 Bushwick Ave., Brooklyn
Sister M. Cephas ...............St. Peter's Hospital, Albany
Sister M. Cyril .................St. Francis Hospital, Poughkeepsie
Sister M. Eugenia .............. 133 Bushwick Ave., Brooklyn
Sister M. Frederic ............Champlain Valley Hospital, Plattsburg

| R M. Ildephonse | St. Catherine's Hospital, Brooklyn |
| :---: | :---: |
| Sister M. Immaculata ... | .St. Peter's Hospital, Albany |
| Sister M. Joseph Anna .. | . Mary Immaculate Hospital, Jamaica |
| Sister M. Loyola ........ | . 301 Prospect Ave., Syracuse |
| Sister M. Nazaria ..... | .St. Joseph Hospital, Syracuse |
| Sister M. Regina | .St. Elizabeth Hospital, Utica |
| Sister M. St. Luke .... | Our Lady of Victory Hospital, Lackawanna |
| Sister M. Seraphine ... | .St. Francis Hospital, Port Jervis |
| Sister M. Ursula ... | St. Vincent's Hospital, New York |
| Sister M. Wilhelmina . | St. Joseph's Hospital, Syracuse |
| Sister Mathilde Gravdahl | Norwegian Lutheran Deaconess Hospital, Brooklyn |
| Sister Pauline | .St. Mary's Hospital, Brooklyn |
| Sister Rosalie .. | A. B. Hepburn Hospital, Ogdensburg |
| Sister St. Damase | Misericordia Hospital, New York |
| Sister Thomas Francis | St. John's Hospital, Long Island City |
| Sites, Ella E. | Willard Parker Hospital, New York |
| Slator, Margaret M. ... | . Mt. Sinai Hospital, New York |
| Sledge, Dorritt .. | . 1824 Lexington Ave., New York |
| Smith, Eva ... | . Kings County Hospital, Brooklyn |
| Smith, Martha Ruth | . 88 Morningside Drive, New York |
| Smith, Ruth E. ... | . Mary McClellan Hospital, Cambridge |
| Snow, Elizabeth E. | Arnot-Ogden Hospital, Elmira |
| Snyder, Alice Eveliyn .. | .149 E. 40th St., New York |
| Sormani, Teresa Dolores | . Morrisania City Hospital, New York |
| Spengler, Helen ........ | Willard Parker Hospital, New York |
| Sprogell, Carolyne A. | .525 E. 68th St., New York |
| Stirton, Bertha C. | .783 Eastern Parkway, Brooklyn |
| Storch, Amelia ... | . City Hospital, Welfare Island, New York |
| Storey, Marjory | . 130 Spring St., Rochester |
| Stringer, Elizabeth | . 138 S. Oxford St., Brooklyn |
| Stumbles, Gertrude Lucy | . Sea View Hospital, Staten Island |
| Sulifivan, Kathleen B.* | . Roosevelt Hospital, New York |
| Sutcliffe, Helen L. .... | . 161 W. 61st St., New York |
| Sutherland, Myral M. | . Mary McClellan Hospital, Cambridge |
| Sweet, Tirzai J. | .Highland Hospital, Rochester |
| Swenson, Vernice M. | . 116 E. Castle St., Syracuse |
| Swope, Ethei | . 50 W. 50th St., New York |
| Syres, Ethel M. | .New York Hospital, New York |
| Taggart, Bretta M. | .Neurological Hospital, Welfare Island, New York |
| Tait, Ethel Elizabeth | .Kings County Hospital, Brooklyn |
| Taylor, Anna Margaret | .Methodist Episcopal Hospital, Brooklyn |
| Taylor, Erma B. | . Ellis Hospital, Schenectady |
| Tenney, Helen Louise | . Nassau Hospital, Mineola |
| Thomas, Edith Rentz | . Jamaica Hospital, Richmond Hill |
| Thomas, Luna ... | . 501 Main St., W., Rochester |
| Thomas, Muriel L. | .5101 39th St., Long Island City |
| Thompson, Mary B. | . Rockefeller Institute Hospital, New York |
| humm, Heien | 16 E. Castle St., Syracuse |


|  | bitits, Eleanor B.* ......... Roosevelt Hospital, New York |
| :---: | :---: |
|  | Tibbitrs, Bessie Boyd ........... Broad Street Hospital, Oneida |
|  | Tieleke, Gertrude E. . . . . . . . . . Kings County Hospital, Brooklyn |
|  | Tigar, Anna . ................ Beth Israel Hospital, New York |
|  | Tisch, Madeleine L. . . . . . . . . 5 East 98th St., New York |
|  | Titrman, Anna L. ............ 130 East 22nd St., New York |
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|  | Towne, Clovys Louise . . . . . . 16161 N. Pearl St., Albany |
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|  | Treiber, Margery Gladys ..... 1320 York Ave., New York |
|  | Treyz, Lillitan Amelia ....... 200 E. 63d St., New York |
|  | Tucker, Carrie Helen . . . . . . . Nassau Hospital, Mineola |
|  | Tucker, Katharine . . . . . . . . . 50 W. 50th St., New York |
|  | Unimin, Florence R. ........... Brooklyn State Hospital, Brooklyn |
|  | Van Hekle, Ina R. ........... 141 W. 109th St., New York |
|  | Vesley, Julia .................Lenox Hill Hospital, New York |
|  | Vickery, Helen Liddie ........ 899 Culver Rd., Rochester |
|  | Wabersich, Rose .............Lenox Hill Hospital, New York |
|  | Wagner, Clara A.* ............Memorial Hospital, Albany |
|  | Wago, Helen ................. 426 E. 26th St., New York |
|  | Wales, Marguerite A. ........ 99 Park Ave., New York |
|  | Walker, Kathryn N. .......... Greenpoint Hospital, Brooklyn |
|  | Warchter, Margaret E. ....... 195 Claremont Ave., New York |
|  | Warm, Anne G. .............. 161 W. 61st St., New York |
|  | Warrant, Cora . . . . . . . . .....R. D. \#2, Rochester |
|  | Watkins, Louise C. ...........Babies' Hospital, New York |
|  | Weddige, Dorothy ........... 426 E. 26th St., New York |
|  | Weidner, Mary K. ............ 330 W. 30th St., New York |
|  | Weigel, Elnora .............450 E. 64th St., New York |
|  | Weinstein, Ethel ............ 2316 E. 21st St., Brooklyn |
|  | Wersing, Margaret B.* ....... 440 E. 26th Street, New York |
|  | West, Beatrice M. ........... Strong Memorial Hospital, Rochester |
|  | Weston, Alice A. .............Highland Hospital, Rochester |
|  | White, Jean M. ............. 330 W. 36th St., New York |
|  | Whittern, Hazel Belle ....... Hospital of the Good Shepherd, Syracuse |
|  | Wicker, Helen Madison ....... 636 Linwood Avenue, Buffalo |
|  | Wiedenbach, Ernestine ........ 237 E. 20th St., New York |
|  | Wiencko, Viola A. .......... Coney Island Hospital, Brooklyn |
|  | Wildey, Harriet E. . . . . . . . . 850 Seventh Ave., New York |
|  | Whess, Ruth A. ............. Saratoga Hospital, Saratoga |
|  | Williams, Harriet Lee ........ Lenox Hill Hospital, New York |
|  | Wilifams, Ruth C. . . . . . . . . . 635 W. 165th St., New York |
|  | Wilson, E. Genevieve . . . . . . . . Ellis Hospital, Schenectady |
|  | Wilson, True* .............. Roosevelt Hospital, New York |
|  | Wirham, Edna N. ........... Willard Parker Hospital, New York |
|  | Witte, Frances W. ........... Rockland State Hospital, Orangeburg |
|  | Wolpert, Flora Marie ........ 1230 Amsterdam Ave., New York |
|  | Wood, Gertrude, S. ........... 181 Amity St., Brooklyn |
|  | Wood, Ruth B. .............. Chester, Orange County |
|  | Wyatt, Margaret Elizabeth ... 1320 York Ave., New York |

# Young, Frances L. ............. 219 Bryant St., Buffalo <br> Young, Helen $\ldots \ldots \ldots \ldots \ldots . .179 \mathrm{Ft}$. Washington Ave., New York <br> Zabriskie, Loulse .............. 599 First Ave., New York 

$\ddagger$ NORTH CAROLINA- 36 Members


## $\ddagger$ NORTH DAKOTA-11 Members

Buzzell, Pauline ...............Bismarck Hospital, Bismarck
Clark, Mildred ................... General Hospital, Devils Lake
Hertsgard, Mabel O. ......... St. Luke's Hospital, Fargo
Knox, Adda .................... 610 13th St., Fargo
Koeneman, Gertrude A. .......St. Luke's Hospital, Fargo
Riste. C. Luella ............... Trinity Hospital, Minot



|  | Sister De Cary .............. St. Vincent's Hospital, Toledo |
| :---: | :---: |
|  | Sister De Chantal, ...........Good Samaritan Hospital, Cincinnati |
|  | Sister Emmanuel . . . . . . . . . . St. Francis Hospital, Cinciunati |
|  | Sister Maria Amadeo . . . . . . . . Mt. Carmel Hospital, Columbus |
|  | Sister M. Alvera . . . . . . . . . . 5303 McBride Ave., Cleveland |
|  | Sister M. Carmella . . . . . . . . . St. Thomas Hospital, Akron |
|  | Sister M. Edith Bailey . . . . . . . . Mercy Hospital, Canton |
|  | Sister M. Elva . . . . . . . . . . . . . . 7911 Detroit Ave., Cleveland |
|  | Sister M. Germaine . . . . . . . . . St. Elizabeth's Hospital, Youngstown |
|  | Sister M. Gervase Barry . . . . . . Mercy Hospital, Hamilton |
|  | Sister Minalia Harrigan ......St. Elizabeth Hospital, Dayton |
|  | Sister Victoria Clare Frederick. Good Samaritan Hospital, Cincinnati |
|  | Sitler, Disa W. ............... 1800 E. 105th St., Cleveland |
|  | Smith, Luelia C. ............. 39 Arch St., Akron |
|  | Snider, Ida . . . . . . . . . . . . . . . Toledo Hospital, Toledo |
|  | Specht, Hilda N.* ............ 2102 Cornell Road, Cleveland |
|  | Stahl, Adele G. ............. 2057 Adelbert Road, Cleveland |
|  | Stark, Gladys H. B. .......... 327 W. 3d St., E. Liverpool |
|  | Stewart, Helen F. ........... 3131 Coleridge Road, Cleveland Heights |
|  | Szanti, Gisella C. ............ 267 Klotter Ave., Cincinnati |
|  | Travis, Sue $\ldots \ldots \ldots \ldots . . . .$. St. Alexis Hospital, Cleveland |
|  | Truelson, Marie* . . . . . . . . . . 1812 E. 105th St., Cleveland |
|  | Tunstead, Edith . ............. 3305 Franklin Ave., Cleveland |
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|  | Walker, Janet Fenn .......... 1937 East 81st St., Cleveland |
|  | Walinger, Elgie M. . . . . . . . . . . Children's Hospital, Cincinnati |
|  | Waln, Clara E. . . . . . . . . . . . . 8311 Detroit Ave., Cleveland |
|  | Webster, Katherine . ......... 1800 East 105th St., Cleveland |
|  | Welsh, Margaret A. ..........General Hospital, Cincinnati |
|  | Whiteman, Doris .............Jewish Hospital, Cincinnati |
|  | Wood, Maude A. ..............Aultman Hospital, Canton |
|  | Young, Kıthleen E. ........... Grant Hospital, Columbus |
|  | Young, Lenore B. ............ Women's and Children's Hospital, Toledo |
|  | Zebach, Viola ............... City Hospital, East Liverpool |
|  | $\ddagger$ OKLAHOMA-22 Members |
|  | Borelia, Mary E. ............. State University Hospital, Oklahoma City |
|  | Borland, Geraldine, G. .........Muskogee General Hospital, Muskogee |
|  | Carter, Gladys E. . . . . . . . . . . . Box G, Clinton |
|  | Church, Daryl E. ............ 501 W. Randolph St., Enid |
|  | Clark, Mary L. .............. 510 Medical Arts Building, Oklahoma City |
|  | Davis, Mattie L. .............. Polyclinic Hospital, Oklahoma City |
|  | Edmonds, Ruth S. ............ Rieh1 Building, Blackwell |
|  | Eliedge, Alite Lee . . . . . . . . . . . Wesley Hospital, Oklahoma City |
|  | Fellows, Beulah M. .......... Route 3, Box 462, Oklahoma City |
|  | Hyder, Claara Rogers .......... P. O. Box 67, Clinton |
|  | Kramer, Florence, M. ..........Wesley Hospital, Oklahoma City |
|  | Rambeau, Florence V. ......... Indian Sanatorium, Shawnee |
|  | ockefeller, Edna . . . . . . . . . . . .General Hospital, Muskogee |
|  | Sister M. Gregory ............Ponca City Hospital, Ponca City |



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\ddagger \text { OREGON-27 Members }
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Baillie, Gertrude J. ............ 726 Northrup St., Portland
Bergquist, Edith A. ............Emmanuel Hospital, Portland
Campbell, Mary C. .............. 1001 Public Service Bldg., Portland
Cliff, Louise H. ................ 1214 N. E. 37th Ave., Portland
Crowe, Marion G. ..............Visiting Nurse Association, Portland
Eggers, Johanna ...............University of Oregon Medical School, Portland
Gavin, Jane D. ................. 305 Stevens Building, Portland
Gill, Ernestine ................. 636 South East 60th Ave., Portland
Humphrey, Letha ............. Shriners Hospital, Portland
Johnson, Verna .................Multnomah County Hospital, Portland
Jones, Emma E. ................Multnomah County Hospital, Portland
Kelling, Margaret F. ..........Multnomah County Hospital, Portland
Kidd, Genevieve E. ............. 614 Medical Arts Building, Portland
Larsen, Christine A. .........Good Samaritan Hospital, Portland
Loveridge, Emily L. ............ 1312 N. E. Hancock St., Portland
Marlon, Virginia E. ...........St. Mary's Hospital, Astoria
Osborn, Harriett E. ...........St. Vincent's Hospital, Portland
Pfenninger, Lillian ............Good Samaritan Hospital, Portland
Phelps, Grace ................University of Oregon Medical School, Portland
Schreyer, Cecil L. ...............Multnomah County Court House, Portland
Sister Flora Mary .............St. Vincent's Hospital, Portland
Sister Genevieve ...............St. Vincent's Hospital, Portland
Sister Zephirin ................. 660 Exchange St., Astoria
Thomson, Elnora E. ........... 814 Oregon Bldg., Portland
Wheelock, Ruth V. ...........University of Oregon Medical School, Portland
Wilson, Bertha G. .............. 2266 N. W. Marshall St., Portland
Young, Pauline ................. 1600 E. Yamhill St., Portland
$\ddagger$ PENNSYLVANIA-322 Members
Ager, Charlotte W. ...........Abington Memorial Hospital, Abington
Ammerman, Catherine F. .......Altoona Hospital, Altoona
Antrobus, Edna M. ............ 2824 North 28th St., Philadelphia
Atkinson, Augustina J. .........Grandview Hospital, Sellersville
Aul, Harriet L. ............... State Hospital, Danville
Ballamy, Emma S. ............Wilkes-Barre General Hospital, Wilkes-Barre
Barron, Mabel A. .............Western Pennsylvania Hospital, Pittsburgh
Bartlettr, Clara ............... 320 East 34th St., Philadelphia
Baumann, Katherine ........... 1945 Fifth Ave., Pittsburgh
Bayer, Olive M. ................Altoona Hospital, Altoona


Doherty, M. Estelle .........White Haven Sanatorium, White Haven
Donavan, Ellen O'Connor .....Coatesville Hospital, Coatesville
Duffy, Hazel M. ............. South Side Hospital, Pittsburgh
Duncan, Dorothy L. ........... Chestnut Hill Hospital, Philadelphia
Duncan, Whliamina ..........Beaver Valley Hospital, New Brighton
Dunlop, Margaret A. .......... Pennsylvania Hospital, Philadelphia
Eden, Mary C. ................. Presbyterian Hospital, Philadelphia
Edgar, Helen M. ............... State Hospital, Allentown
Eicher, Ruth ...................Columbia Hospital, Wilkinsburg
Ellioty, Joan Hooker ............ Bryn Mawr Hospital, Bryn Mawr
Elmer, Harriet S. ............... Jewish Hospital, Philadelphia
Emrey, Edith H. .............Hahnemann Hospital, Philadelphia
Erb, Alma E. .................Montgomery Hospital, Norristown
Erricson, Fannie G. ............ Philadelphia General Hospital, Philadelphia
Erxleben, Marguerite C. .......Children's Hospital, Philadelphia
Evans, Adda L. ...............University of Pennsylvania Hospital, Philadelphia
Farrand, Evelyn M. ............University of Pennsylvania Hospital, Philadelphia
Fawcett, C. Marie ..............Montefiore Hospital, Pittsburgh
Fetrerman, Madelene L. .......Easton Hospital, Easton
Fetzer, Winnetta C. ............Pottsville Hospital, Pottsville
Fillebrown, Rebecca M. .......University of Pennsylvania Hospital, Philadelphia.
Finley, Esther M. .............Northeastern Hospital, Philadelphia
Ford, Netra .................... 218 East Market St., York
Fowler, Margaret E. ............Methodist Episcopal Hospital, Philadelphia
Francis, Mary L. .................eading Hospital, Reading
Francis, Susan C. .............Children's Hospital, Philadelphia
Friend, Harriet L. P. ..........Temple University, Philadelphia
Fulper, Camila B. .............. State Hospital, Scranton
Gailey, Ida M. ................. State Hospital, Scranton
Geissinger, Estelle M. ..........Jewish Hospital, Philadelphia
Gettis, Myrtle I. ...............Reading Hospital, West Reading
Gonser, Lenore .................Allegheny General Hospital, Pittsburgh
Gooden, Frances L. .............. Chester County Hospital, West Chester
Graham, Gertrude . .............Washington Hospital, Washington
Grant, Dorothy C. ...............Graduate Hospital, University of Pennsylvania, Philadelphia
Grant, Janet G. .................. Moses Taylor Hospital, Scranton
Graves, Helen R. ..............West Side Hospital, Scranton
Grey, Ferne B. ..................Presbyterian Hospital, Philadelphia
Groves, Sara M. ...............Chester County Hospital, West Chester
Guilfoyle, Bertha .............. 4108 Baltimore Ave., Philadelphia
Guilfoyle, Mary W. ............ Presbyterian Hospital, Philadelphia
Guss, Lucretia M. ............Children's Homeopathic Hospital, Philadelphia
Haldeman, Florence E. ........Abington Memorial Hospital, Abington
Harris, Emily P. .................Babies' Hospital, Philadelphia
Harris, Mary K. ................McKeesport Hospital, McKeesport
Harvey, Edith E. ............... 104 Cliff Terrace, Wyncote


| Lukens, Helen W. ............. 818 13th Ave., Prospect Park |  |
| :---: | :---: |
| Lundy, Margarette S. . . . . . . . . Easton Hospital, Easton |  |
| Mabie, Helen E. . . . . . . . . . . . . . St. Luke's Hospital, Bethlehem |  |
| MacAfee, Nellie E. . . . . . . . . . 47711 Maripoe St., Pittsburgh |  |
| MacLeod, Dorothy C. . . . . . . . . . . Presbyterian Hospital, Philadelphia |  |
| MacNeil, Limlian F. . . . . . . . . . Shriners Hospital, Philadelphia |  |
| Manly, Jennie A. . . . . . . . . . . Homestead Hospital, Homestead |  |
| Martin, Anna K. . . . . . . . . . . . . Brownsville General Hospital, Brownsville |  |
| Masten, Lucy . . . . . . . . . . . . . . . . University Hospital, Philadelphia |  |
|  |  |
| McCaw, Lydia M. . . . . . . . . . . . University Hospital, Philadelphia |  |
| McClelland, Helen G. . . . . . . . Pennsylvania Hospital, Philadelphia |  |
| McCormick, Marie | Woman's Medical College Hospital, Ph phia |
| McCowan, Anna E. .............. Presbyterian Hospital, Philadelphia <br> McKean, Mary B. ................ Philadelphia Hospital for Contagious Diseases, Philadelphia |  |
|  |  |
| McMahon, Margaret |  |
| McMenamin, Cornelia .........St. Joseph's Hospital, Philadelphia |  |
| McNallen, Edith R. . . . . . . . . St. Francis Hospital, Pittsburgh |  |
| Meier, Anna L. . . . . . . . . . . . . . Presbyterian Hospital, Philadelphia |  |
| Mellon, Ann M. . . . . . . . . . . . . Homeopathic Hospital, Pittsburgh |  |
| Melville, Clara . . . . . . . . . . . . . Jefferson Hospital, Philadelphia |  |
| Milier, Adele . . . . . . . . . . . . . . . Allentown Hospital, Allentown |  |
| Milimer, Dora B. . . . . . . . . . . . 808 Sherman Ave., Pittsburgh |  |
| Miller, Elizabeth F. . . . . . . . . 359 Education Bldg., Harrisburg |  |
| Miller, Louise . . . . . . . . . . . . . . Warren State Hospital, Warren |  |
| Miller, Mary B. . . . . . . . . . . . . Presbyterian Hospital, Pittsburgh |  |
| Miller, Rita E. .................. 5000 Woodland Ave., Philadelphia Minnick, Hilda I. .............. Presbyterian Hospital, Philadelphia |  |
|  |  |
| Mircheli, Edith F. . . . . . . . . . Philadelphia General Hospital, Philadelphia |  |
| Mohney, Florence E. ............Allegheny General Hospital, Pittsburgh |  |
| Moore, M. Elizabeth . ........... Chester County Hospital, West Chester |  |
| Moore, Winifred L. . . . . . . . . . Visiting Nurse Association, York |  |
| Morris, Gertrude . . . . . . . . . . . Allegheny General Hospital, Pittsburgh |  |
| Murray, Sara M. . . . . . . . . . . . . Widener Memorial School, Philadelphia |  |
| Murray, Sue A. . . . . . . . . . . . Presbyterian Hospital, Philadelphia |  |
| Mutch, Edith .............. Bryn Mawr Hospital, Bryn Mawr |  |
| Newman, W. Maud .............Sewickley Valley Hospital, Sewickley Nicholson, Grace ...............Pennsylvania Hospital for Mental and Nervous Diseases, Philadelphia |  |
|  |  |
| Nisley, Elizabeth . . . . . . . . . . . . State Hospital, Scranton |  |
| Nudell, Ida . . . . . . . . . . . . . .Good Samaritan Hospital, Lebanon |  |
| Ogden, Hannah B. . . . . . . . . . . Philadelphia General Hospital, Philadelphia |  |
| Olson, Ellen M. . . . . . . . . . . Allentown State Hospital, Allentown |  |
| Painter, Alma M. ...............Allegheny General Hospital, Pittsburgh Pancoast, Esther J. ..............Children's Homeopathic Hospital, Philadelphia |  |
|  |  |
| Parrish, Ida M. . . . . . . . . . . . . . Nesbitt Memorial Hospital, Kingston |  |
|  |  |
|  |  |

Perry, Ophelia F. .............c/o Miss Sara Murray, Widener Memorial School, Philadelphia
Peterson, Dorothy T. ..........Allentown State Hospital, Allentown
Petraitis, Martha C. ..........St. Francis Hospital, Pittsburgh
Pickering, Alberta M. ..........Warren State Hospital, Warren
Pilcher, Caroline L. ............Western Pennsylvania Hospital, Pittsburgh
Polk, Adele M. ................St. Margaret Memorial Hospital, Pittsburgh
Porter, Elizabeth K. ............Western Pennsylvania Hospital, Pittsburgh
Powell, Katharine .............. Presbyterian Hospital, Philadelphia
Pratt, Helen ..................Western Pennsylvania Hospital, Pittsburgh
Pritchard, Dorothea I. ......... Presbyterian Hospital, Pittsburgh
Quay, Anna M. ................ Pottstown Hospital, Pottstown
Quigg, Henrietta Y. ............. Pittsburgh City Home \& Hospital, Mayview
Quivey, Lena .................Sewickley Valley Hospital, Sewickley
Reed, M. Elizabeth ............. Taylor Hospital, Ridley Park
Reichgert, Wilhelmine ........ Chester County Hospital, West Chester
Rittmann, Katharine G. ........ Lankenau Hospital, Philadelphia
Roberts, Pauline .............Woman's Medical College Hospital, Philadelphia
Ross, Elizabeth B. ............ Graduate Hospital of University of Pennsylvania, Philadelphia
Roth, Anna .................... 6400 Beacon St., Pittsburgh
Rowan, Kathleen .............. Bryn Mawr Hospital, Bryn Mawr
Rowland, M. Isabel ............. 4035 Parrish St., Philadelphia
Ruthmiler, Betty C. ......... Western Pennsylvania Hospital, Pittsburgh
Sachs, Elizabeth Johanna ....Children's Hospital, Philadelphia
Saville, Judith ................Palmerton Hospital, Palmerton
Scheirer, Lydia M. ............. Presbyterian Hospital, Philadelphia
Schreck, Marian E. ...........Western Pennsylvania Hospital, Pittsburgh
Schrock, Katherine May ......Western Pennsylvania Hospital, Pittsburgh
Scottr, Elizabeth H. ........... University of Pennsylvania Hospital, Philadelphia
Shank, Lydia W. ................Presbyterian Hospital, Philadelphia
Shellennerger, Mildred H. ..... Presbyterian Hospital, Philadelphia
Sherrick, Ellen ..................Homeopathic Hospital, Pittsburgh
Shields, Theresa E. ............. Braddock General Hospital, Braddock
Shiffer, Beatrice H. ............Easton Hospital, Easton
Shoemaker, Nora E. .............Jefferson Hospital, Philadelphia
Shuey, May .................... Presbyterian Hospital, Philadelphia
Shupp, Anna E. ................ 1076 Dreher Ave., Stroudsburg
Sister Anna Regina ..........St. Joseph's Hospital, Pittsburgh
Sister Dolores Mary McGarrity.St. Francis Hospital, Pittsburgh
Sister Edith E. Bube ...........Lankenau Hospital, Philadelphia
Sister Isidore Boyce ............. Pittsburgh Hospital, Pittsburgh
Sister M. Alacoque Dombroski .Mercy Hospital, Wilkes-Barre
Sister M. Aniceta Breen .......St. Francis Hospital, Pittsburgh
Sister M. Anselm ..............Mercy Hospital, Scranton
Sister M. Baptista Jochum ....St. Joseph's Hospital, Pittsburgh
Sister M. Berchmans Shields ..Mercy Hospital, Pittsburgh
Sister M. Bontface .............Mercy Hospital, Pittsburgh


Walmer, E. Mae ................ 320 S. 34th St., Philadelphia<br>Walton, Katie Lee .............. Philadelphia General Hospital, Philadelphia<br>Warlick, Lula G. ............... 5000 Woodland Ave., Philadelphia<br>Wenk, Elizabeth F. ............Ashland State Hospital, Ashland<br>Wentzel, Leslie ...............Scranton Visiting Nurses Association, Scranton<br>Werdman, Rella M. ...........St. Luke's Hospital, Bethlehem<br>Werry, Minnie .................McKeesport Hospital, McKeesport<br>Whisner, Wilhelmina L. ..... Philadelphia General Hospital, Philadelphia<br>White, Constance J. ........... Philadelphia General Hospital, Philadelphia<br>White, Martha ..................Joseph Price Hospital, Philadelphia<br>White, Rena L. ...................Mt. Sinai Hospital, Philadelphia<br>Whitney, Mary L. .............6203-B Jefferson St., Philadelphia<br>Willifams, Alfhea ..............St. Luke's Hospital, Bethlehem<br>Whliams, Artie I. ............. State Hospital, Danville<br>Williams, Mary E. ............. 51 N. 39th St., Philadelphia<br>Williamson, Margaret O. .....Montgomery Hospital, Norristown<br>Wilsey, Lilifian E. ...............Northeastern Hospital, Philadelphia<br>Wilson, Laura B. ................ Children's Hospital, Pittsburgh<br>Wilson, Letitia ............... 4401 Market St., Philadelphia<br>Wilson, Mary B. ................. Pittsburgh Home for Babies, Ingram<br>Witwer, Eva O. ................. Presbyterian Hospital, Philadelphia<br>Wolff, Margaret H. ............ Eagleville Sanatorium and Hospital, Eagleville<br>Workinger, Marjorie ...........Jefferson Hospital, Philadelphia<br>Wray, Anne C. ................. 359 Education Building, Harrisburg<br>Yingst, Edith E. ................Harrisburg Hospital, Harrisburg<br>Young, Harriet F. ..............Kirby Health Center, Wilkes-Barre

$\ddagger R H O D E$ ISLAND-104 Members
Avery, L. M. Belle ............ Rhode Island Hospital, Providence
Ayers, Lucy C. ................. 459 Carrington Ave., Woonsocket
Barry, Elizabeth ..............State Hospital, Howard
Barry, Sarah C. ...............Charles V. Chapin Hospital, Providence
Beckwith, Helen S.* .......... 50 Maude St., Providence
Bowlby, Alice M. ..............Lying-In Hospital, Providence
Bradley, Myra .................Memorial Hospital, Pawtucket
Brock, Alice V. ................Memorial Hospital, Pawtucket
Brown, Lucy* ..................Homeopathic Hospital, Providence
Cahalan, Isabel* ................Homeopathic Hospital, Providence
Cahir, Catherine* ..............Homeopathic Hospital, Providence
Callaghan, Vera M.* ......... 50 Maude St., Providence
Calfelle, Emama* ............... Homeopathic Hospital, Providence
Casavant, Beatrice D. ......... St. Joseph's Hospital, Providence
Chapin, Wilma B. .............. 825 Chalkstone Ave., Providence
Chase, Adaline ................ 100 N. Main St., Providence
Christensen, Verna ............ Providence Lying-In Hospital, Providence
Clark, Althea F. ...............Mapleville
Connelly, Gladys B.* ......... 305 Blackstone Boulevard, Providence
Coombs, Blanche V. ........... Providence Lying-In Hospital, Providence
Cox, Alice E. ................. 100 N. Main St., Providence
Cranston, Margaret L. ........ 825 Chalkstone Ave., Providence
Curran, Catherine J. ........... 50 Maude St., Providence
Dailey, Margaret M. ...........Newport Hospital, Newport
Dalia, Margarer M. .............Butler Hospital, ProvidenceDes Isles, Mary S. ............ Charles V. Chapin Hospital, Providence
Dill, Madeline F. ..............Rhode Island Hospital, Providence
Dillon, Nellie R. ............... 100 N. Main St., Providence
Dockham, Clara O. P. ........ Rhode Island Hospital, ProvidenceDunn, Emma L. ...............Crawford Allen Memorial Hospital, East Green-wich
Du'Tilly, Martha B. ...........Memorial Hospital, Pawtucket
Dykstra, Matilda E.* ......... 305 Blackstone Blvd., Providence
Earley, Annie M. ............. 72 Hilltop Ave., Providence
Edwards, Doris ..............Charles V. Chapin Hospital, Providence
Erickson, Mabel H. ............ 825 Chalkstone Ave., Providence
Erickson, Maude E. ............ 825 Chalkstone Ave., Providence
Fallon, Katherine E. ......... St. Joseph's Hospital, Providence
Fisher, Pearl. R. ............... St. Joseph's Hospital, Providence
Fitzpatrick, Winifred L. ...... 100 N. Main St., Providence
Flatley, Catherine .............Memorial Hospital, Pawtucket
Flores, Florence ..............Newport Hospital, Newport
Foley, Frances J. ............... 825 Chalkstone Ave., Providence
Frederickson, Dorothy .Memorial Hospital, Pawtucket
Gardner, Mary S. .............. 2 Angell St., Providence
Goodnow, Minnie ...............Newport Hospital, Newport
Gould, Alice M. ................Crawford Allen Hospital, East GreenwichGroves, Barbara ................................................ Hospital, Pawtucket
Hanson, Elva G. ................Memorial Hospital, Pawtucket
Henry, Maebelle F. .825 Chalkstone Ave., Providence
Higgins, Helen H. St. Joseph's Hospital, Providence
Horan, Catherine M.* Homeopathic Hospital, Providence
Horman, Marion 825 Chalkstone Ave., Providence
Hughes, Eva N. B. ............ Rhode Island Hospital, Providence
Jackson, Gertrude H. 825 Chalkstone Ave., Providence
Johnston, Dorothy Butler Hospital, Providence
Jutras, Bertha E. 100 N. Main St., Providence
Kirk, Virginia 88 Taft Ave., Providence
Laborde, Helen Memorial Hospital, Pawtucket
Lilley, Mary R. Rhode Island Hospital, Providence
MacDonald, Elsie Memorial Hospital, Pawtucket
MacIntosh, Annie E. Rhode Island Hospital, Providence
MacLean, Mary Butler Hospital, Providence
MacVicar, Marguerite Memorial Hospital, Pawtucket
Maher, Mary A . Rhode Island Hospital, Providence
Mallory, Ol,ga A. ............. Homeopathic Hospital, Providence
Marble, Helen J. ............... 204 High St., Pawtucket
Marceau, Caroline* ........... Homeopathic Hospital, Providence
Martin, Mildred C.* ........... 239 Roger Williams Ave., Phillipsdale
McGibbon, Anna K. Butler Hospital, Providence
McGroarty, Marie A. ...........Memorial Hospital, Pawtucket

| McPhee, Alice E.* | 50 Maude St., Providence |
| :---: | :---: |
| Meutagh, Nora M. ..... | Rhode Island Hospital, Pawtucket |
| Moreau, Alexina O. ... | Charles V. Chapin Hospital, Providence |
| Murray, Mary A. | St. Joseph's Hospital, Providence |
| O'Brien, Alice. | Memorial Hospital, Pawtucket |
| Oliver, Christy R. | 100 N. Main St., Providence |
| O'Neill, Catherine G. | . Charles V. Chapin Hospital, Providence |
| Parker, Hope* | Homeopathic Hospital, Providence |
| Pearce, Vera S.* | Homeopathic Hospital, Providence |
| Potter, Helen O. | . Rhode Island Hospital, Providence |
| Powell, Anna Margaret | . 50 Maude St., Providence |
| Powers, Helen M. | . Memorial Hospital, Pawtucket |
| Richardson, Mary | . 100 N. Main St., Providence |
| Schinzel, Irene F.* | . 50 Maude St., Providence |
| Schroeder, Madeleine M. | .Memorial Hospital, Pawtucket |
| Sherman, Elizabeth F. | .182 Waterman St., Providence |
| Sister M. Evrard . | St. Joseph's Hospital, Providence |
| Smith, Eunice | . 825 Chalkstone Ave., Providence |
| Thielbar, Frances C. | . Butler Hospital, Providence |
| Tiliton, Marion E. | . Chapin Hospital, Providence |
| Tracy, Catherine O. | .100 N. Main St., Providence |
| Tracy, Marion* | . 50 Maude St., Providence |
| Wahlberg, Lilly E. | Memorial Hospital, Pawtucket |
| Walters, Ellijuay* | .Homeopathic Hospital, Providence |
| Ward, Helen G.* | . 50 Maude St., Providence |
| Ward, Kathleen M.* | . 305 Blackstone Blvd., Providence |
| Weigner, Florence M.* | Homeopathic Hospital, Providence |
| White, Louisa | . Rhode Island Hospital, Providence |
| Widham, Katherine D. | . 825 Chalkstone Ave., Providence |
| Williams, Grace W. | . Rhode Island Hospital, Providence |
| Wilson, Tabitha* | . 305 Blackstone Blvd., Providence |
| Wright, Alice M. | Memorial Hospital, Pawtucket |
| Young, Mary | . Memorial Hospital, Pawtucket |

## SOUTH CAROLINA-12 Members

Alexander, Zelle M. . . . . . . . . . City Hospital, Greenville
Andeli, Marguerite .............. Roper Hospital, Charleston
Babb, Lydia G. . . . . . . . . . . . . . . . City Hospital, Greenville
Cobb, IdA E.* . . . . . . . . . . . . . . . . . City Hospital, Greenville
Eingelberg, Meyeral . . . . . . . . . . . Roper Hospital, Charleston
Lunney, Anne . . . . . . . . . . . . . . . Greenville City Hospital, Greenville
McKnight, Kathryn* .......... City Hospital, Greenville
Quigley, Caroline ................ Greenville City Hospital, Greenville
Richbourg, Velva M. ........... City Hospital, Greenville
Rosenthal, Fannie . . . . . . . . . . . City Hospital, Greenville
Steele, Grace . . . . . . . . . . . . . . . . Greenville City Hospital, Greenville
Welsh, Marguerite J. ......... Columbia Hospital, Columbia

## SOUTH DAKOTA- 8 Members

Berdahl, Anna H. . . . ............... Moe Hospital, Sioux Falls
Clif't, Carrie E. .................. 1205 W. Boulevard, Rapid City
King, Ethel A. B. $\ldots \ldots \ldots \ldots$.. Britton Hospital, Britton
Mortvedt, Mabel $\ldots \ldots \ldots \ldots$. Sioux Valley Hospital, Sioux Falls
Nelson, Elvira $\ldots \ldots \ldots \ldots$. Black Hills Methodist Hospital, Rapid City
Och, Mary F. ................Box 497, Watertown
Rice, Clara M. .............Britton Hospital, Britton
Sister Mary Conception Doyle.. St. Luke's Hospital, Aberdeen
$\ddagger$ TENNESSEE-32 Members
Anderson, Thelma .............. Vanderbilt University Hospital, Nashville
Archer, Myrtle M. ............ Baptist Memorial Hospital, Memphis
Bergen, Della S. ..............Vanderbilt University School of Nursing, Nashville
Christensen, Alice L. ......... Vanderbilt University Hospital, Nashville
Creighton, Marguerite ......... Baptist Memorial Hospital, Memphis
Dunn, Mary J. ................ Vanderbilt University Hospital, Nashville
Ebbs, Dorothy D. ................Baroness Erlanger Hospital, Chattanooga
Giles, Mary D. ............... Vanderbilt University Hospital, Nashville
Gilmore, Bettie J. ...............Gartly-Ramsay Hospital, Memphis
Goff, Hazel Lee ................Ft. Sanders Riverside Hospital, Knoxville
Hance, Magerie .................. 2109 Garland Ave., Nashville
Heyer, Lida K. .................. 2109 Garland Ave., Nashville
Hinton, Ella G. ................Memphis General Hospital, Memphis
Holzhausen, Erma ........... Vanderbilt University Hospital, Nashville
Huey, Margaret E. ........... Vanderbilt University School of Nursing, Nashville
Johnson, Vera V. .............Vanderbilt University Hospital, Nashville
King, Frances .................Vanderbilt University Hospital, Nashville
Landis, Maude ................ Vanderbilt University Hospital, Nashville
Lehmann, Helen M. ......... Vanderbilt University School of Nursing, Nashville
LiddLe, Ruth D. ............... Vanderbilt University Hospital, Nashville
Ludwig, Edna L. ............... 2109 Garland Ave., Nashville
Martenson, Esther L. ......... Vanderbilt University Hospital, Nashville
Noyes, Hilda M. ...............Vanderbilt University Hospital, Nashville
Potts, Aurelia B. ..............George Peabody College for Teachers, Nashville
Rast, George M. ................. Methodist Hospital, Memphis
Sheridan, Elizabeth ........... Vanderbilt University Hospital, Nashville
Sister Leander Cook ...........St. Thomas Hospital, Nashville
Swallen, Mary E. ............. Vanderbilt University Hospital, Nashville
Titus, Shirley C. .............Vanderbilt University School of Nursing, Nashville
White, Mary W. ...............Knoxville General Hospital, Knoxville
Wivel, Elizabeth Carroll. .....Vanderbilt University Hospital, Nashville
Wootron, Nina E. ............... Methodist Hospital, Memphis
$\ddagger$ TEXAS-87 Members
Abrahams, Helen D. .......... Providence Sanitarium, Waco
Adams, Leona G. .................Kleburg Hospital, Kingsville
Airhart, Ivadell M, ..............King's Daughters' Hospital, Temple


$\ddagger$ UTAH—24 Members
Besendorfer, Lena ............. 1139 Roosevelt Ave., Salt Lake City
Blackwood, Ellen V. ..........St. Mark's Hospital, Salt Lake City
Brain, Mary B. ................ 275 Hubbard Ave., Salt Lake City
Cutler, Retta L. ................ 424 6th Ave., Salt Lake City
Ercanbrack, Retia ............. 2266 S. State St., Salt Lake City
Giles, Mary L. ................L. D. S. Hospital, Salt Lake City
Glasscock, Oetria B. ........... L. D. S. Hospital, Salt Lake City
Graves, Rosettra M. ............. 228 1st Ave., Salt Lake City
Hardin, Martha .............St. Mark's Hospital, Salt Lake City


> VERMONT-2 Members


## VIRGINIA-41 Members



| hafer, Anna J. | Cabaniss Hall, Richmond |
| :---: | :---: |
| Sister Louise Driscoli | St. Vincent's Hospital, Norfolk |
| Sister Renie Hunt . | St. Vincent's Hospital, Norfolk |
| Smith, Ethel M. | .Craigsville |
| Staton, Martha | .Henry A. Wise Memorial Hospital, Norfolk |
| Van Vort, Rose Z . | . 3216 Monument Ave., Richmond |
| Vietor, Laura M. | .P. O. Box 555, Richmond |
| Wayne, Montez | Petersburg Hospital, Petersburg |
| Welle, Florence R. | 459 Locust Ave., Charlottesville |
| Wheeler, Eva V. | . Rockingham Memorial Hospital, Harrisonburg |
| Wililiams, Virginia L. | . Crippled Children's Hospital, Richmond |
| Wolf, Lulu K. | Cabaniss Hall, Richmond |
| Woods, Juanta G. | 223 S. Cherry St., Richmond |
| Zeigler, Frances | Medical College of Virginia, Richmond |

## $\ddagger$ WASHINGTON-45 Members

Adams, Henrietta M. ........... Harborview Hospital, Seattle
Anderson, Doris R. .............Tacoma General Hospital, Tacoma
Asplund, Thyra E. .............Maynard Hospital, Seattle
Badl, Beliva . ..................... 4336 11th Ave., N. E.., Seattle
Balser, Mary Amelia ........... 2128 8th Ave., N., Seattle
Borge, Martha ................. 100 Crockett St., Seattle
Buob, Mary B. ................ Deaconess Hospital, Spokane
Eickman, Linda A. ............. 4549 15th Ave., N. E., Seattle
Feinler, Marie S. ...............Sacred Heart Hospital, Spokane
Felton, Margaret ............... Providence Hospital, Seattle
Fraser, Anna J. ............... Virginia Mason Hospital, Seattle
Gantz, Eli,a ....................Sacred Heart Hospital, Spokane
Gist, Ellon G. .................. Deaconess Hospital, Spokane
Grant, Evelyn F. ................Columbus Hospital, Seattle
Gustafson, Kathrine T. ....... Swedish Hospital, Seattle
Hall, Evelyn H. ............... Harborview Hall, Seattle
Hertman, Sally . . . . . . . . . . . . . . Harborview Hall, Seattle
Hibbard, Orvilla* ............... Harborview Hall, Seattle
Larkin, Mary M. .............. Sacred Heart Hospital, Spokane
Laubscher, Edith* .............. Harborview Hall, Seattle
McDonald, Lillian M. .........Tacoma General Hospital, Tacoma
Miliay, Margaret ............Sacred Heart Hospital, Spokane
Minaglia, Mary Constance* ...5900 23rd Ave., S., Seattle
Olcott, Virginia ................Harborview Hospital, Seattle
Packard, Sylvia E. ............. Box 243, Rennewick
Paetznick, Marguerite E. .....Tacoma General Hospital, Tacoma
Pedersen, Thyra E. .............U. S. Veterans Hospital, American Lake
Prouse, Lolla . .................. Columbus Hospital, Seattle
Radford, Anne E. ............. Department of Licenses, Olympia
Servos, Ledwina H. ............. Columbus Hospital, Seattle
Sister Agnes ....................Sacred Heart Hospital, Spokane
Sister John Gabriel. ............St. Vincent's Hospital, Seattle
Sister Mary ...................Sacred Heart Hospital, Spokane
Sister M. Christina ............St. Ignatius Hospital, Colfax
Sister M. Cyrli St. Joseph's Hospital, BellinghamSister M. Magna . .............. Providence Hospital, Seattle
Smith, Harriet H. ............. Kings County Hospital, SeattleSoule, Elizabeth S. ...........University of Washington, Seattle
Spry, Cecile Tracy ..............General Hospital, Everett
Steele, Coralee ................ Harborview Hospital, Seattle
Sutherling, Anette ...........Tacoma General Hospital, Tacoma
Tuttle, Aleeen H. .............. Harborview Hospital, Seattle
Watson, Martha G. ...........St. Luke's Hospital, Spokane
Wold, Signe Christine ........Tacoma General Hospital, TacomaWoods, Anna J. ................ Seattle General Hospital, Seattle
WEST VIRGINIA-6 Members
Bloomheart, Elia ...............Camden Clark Hospital, Parkersburg
Campion, Ora A. .................Davis Memorial Hospital, Elkins
Gunneman, Leaf ............... Ohio Valley Hospital, Whecling
Kesslef, M. C. ................... Potomac Valley Hospital, Keyser
Korfhage, Melda A. ........... Ohio Valley General Hospital, Wheeling
Valentine, Josephine Ohio Valley General Hospital, Wheeling
$\ddagger$ WISCONSIN- 96 Members
Aird, Elien 721 N. 17 St., MilwaukeeBahde, Anne M. ................ 3328 W. Highland Ave., Milwaukee
Berger, Esther ...................Luther Hospital, Eau Claire
Brauckle, Mabel M. ........... Columbus
Brennan, Florence ............. 3149 N. 51st St., Milwaukee
Brink, Frances V. ................Milwaukee County Hospital, Wauwatosa
Brozovich, Anne ............... 770 N. Marshall St., Milwaukee
Bumiller, Clara M. 925 N. 13th St., Milwaukee
Bunge, Helen L. ................ 408 N. Charter Ave., Madison
Callender, Elizabeth ........... 1240 W. Grant St., Milwaukee
Carey, Gladys K. ............... 414 N. Charter St., Madison
Clarke, Fiorence ...............Madison General Hospital, Madison
Collings, Ida A. ..................Madison General Hospital, Madison
Cohirns, Faith A. Kenosha Hospital, Kenosha
Crafts, Grace Madison General Hospital, Madison
Cruickshank, Jean Theda Clark Hospital, Neenah
Denne, Helen .437 N. Randall St., Madison
DeWitte, Gretta ..... 406 N. 7th St., Madison
Engen, Pearl 1821 W. Wisconsin Ave., Milwaukee
Esval, Sigrid ..................... Luther Hospital, Eau Claire
Fanning, Jane 1845 N. 4th St., Milwaukee
Fenby, Caroline M. Methodist Hospital, Madison
Figi, Lorraine: 3321 N. Maryland Ave., Milwaukee
Fletcher, Lila B. 437 N. Randall St., Madison
Frieden, Frances* Wisconsin General Hospital, Madison
Gobel, A. Margare't Grandview Hospital, La Crosse
Gobel, Marie C. Grandview Hospital, La Crosse
Graham, Olive M. Wausau Memorial Hospital, Wausau

|  | ves, Blanche ............ 908 N. 12th St., Milwaukee |
| :---: | :---: |
|  | Guest, Maude E. . ............. R. F. D. No. 5, Ellsworth |
|  | Haas, Gertrude .............. 7107 Cedar St., Wauwatosa |
|  | Haedt, Laura C. E. ........... Mercy Hospital, Oshkosh |
|  | Hanshus, Ethel C. . . . . . . . . . Luther Hospital, Eau Claire |
|  | Hays, Jeanette M. ........... 1410 N. Prospect Ave., Milwaukee |
|  | Henning, Elizabeth .......... Luther Hospital, Eau Claire |
|  | erin, Bernice .............. 925 N. 13th St., Milwaukee |
|  | Hendricks, Adeline M. ....... 3321 N. Maryland Ave., Milwaukee |
|  | Holienstein, Eulalia ......... 3321 N. Maryland Ave., Milwaukee |
|  | Huddy, Marion ............... 920 N. 15th St., Milwaukee |
|  | Jenson, Vera O. .............. 4147 N. 25th St., Milwaukee |
|  | Johnson, Ethel .............. 2829 W. Wisconsin Ave., Milwaukee |
|  | Johnson, Faith ...............St. Joseph's Hospital, Marshfield |
|  | Jordheim, Olga M. ............Theda Clark Hospital, Neenah |
|  | Kain, Catherine M. .......... 2766 S. Wentworth Ave., Milwaukee |
|  | Kellock, Grace J. ............ 444 N. Charter St., Madison |
|  | Kessell, Laura M. ............ 913 N. 10th St., Milwaukee |
|  | Kowalke, Erna M. ............ 787 N. Van Buren St., Milwaukee |
|  | Lescif, Lina C. ................ 908 N. 12th St., Milwaukee |
|  | Loerke, Rose Kathlyn ........ 3166 N. 44th St., Milwaukee |
|  | Lund, Constance Graham .... 201 S. Mills St., Madison |
|  | McKinnon, Lililian ........... 3321 N. Maryland Ave., Milwaukee |
|  | Meivin, Annie ............... 3321 N. Maryland Ave., Milwaukee |
|  | Metzker, Amalia L. .......... St. Luke's Hospital, Racine |
|  | Mills, Eleanor . ..............Mt. Sinai Hospital, Milwaukee |
|  | Moser, Ruth K. .............. 721 N. 17th St., Milwaukee |
|  | Mullen, Mariana ............ Mercy Hospital, Oshkosh |
|  | Newbold, Agnes A. ...........Luther Hospital, Eau Claire |
|  | Nolting, Irene ............... 1821 W. Wisconsin Ave., Milwauk |
|  | O'Neill, Helen . ............. 1533 W. Wisconsin Ave., Milwaukee |
|  | Paver, Julia . . . . . . . . . . . . . . 1301 College Ave., Racine |
|  | Plath, Lydia . . . . . . . . . . . . . Luther Hospital, Eau Claire |
|  | Puehier, Ruth Mary ........ 304 E. Front St., Ashland |
|  | Ritter, Ludwina .............. Misericordia Hospital, Milwaukee |
|  | Rue, Clara Blanche .......... 787 N . Van Buren St., Milwaukee |
|  | Sager, Maude . . ..............Methodist Hospital, Madison |
|  | Schoors, Adele B. ............Mt. Sinai Hospital, Milwaukee |
|  | Schuliz, Ruth M. ............Theda Clark Hospital, Neenah |
|  | Schwochert, Anna B. ........ Sacred Heart Sanatorium, Milwaukee |
|  | Sister Adelinda Laskoski . .....St. Mary's Hospital, Wausau |
|  | Sister Emile Niedhammer ..... 2320 N. Lake Drive, Milwaukee |
|  | Sister Emma Lerch . . . . . . . . . . Milwaukee Hospital, Milwaukee |
|  | Sister Ludwina Kraus ....... 550 N. Dewey St., Eau Claire |
|  | Sister Magdaline Krebs . . . . . . 2200 W. Kilbourne Ave., Milwaukee |
|  | Sister M. Agatha Gerber . . . . . St. Joseph's Hospital, Marshfield |
|  | Sister M. Augusta Woelfel ... 3058 N. 51st St., Milwaukee |
|  | Sister M. Bartholomea Betzen.Mercy Hospital, Oshkosh |
|  | Sister M. Christopher .........Sacred Heart Sanitarium, Milwaukee |
|  | ister M. Dorothy Breeter ....St. Joseph's Hospital, Marshfiel |


| R M. Felician Owens |  |
| :---: | :---: |
| Sister M. Florina Nieland | .St. Francis Hospital, La Crosse |
| Sister M. Victoria Bergues | . St. Francis Hospital, La Crosse |
| Sister M. Victoria Kuech | .St. Joseph's Hospital, Ashland |
| Sister St. Emily | .2224 W. Juneau Ave., Milwaukee |
| Stiles, Laura | Luther Hospital, Eau Claire |
| Straus, Margaret A | 5000 W. Chambers St., Milwaukee |
| Swan, Mae | St. Francis Hospital, La Crosse |
| Thiel, Irmgarde | .3321 N. Maryland Ave., Milwaukee |
| Thomas, Ruth Evaline | Bellin Memorial Hospital, Green Bay |
| Tidyman, Lilly P. | 1845 N. 4th St., Milwaukee |
| Wagner, Dorothy | St. Joseph's Hospital, Milwaukee |
| Waters, Maxyne C | Mt. Sinai Hospital, Milwaukee |
| Whelan, Susan | 718 N. 22d St., Milwaukee |
| White, Regine | 2218 N. Summit Ave., Milwaukee |
| Wilson, Margery S | 3321 N. Maryland Ave., Milwaukee |
| Winter, Ruth E. | 1151 W. Windlake Ave., Milwaukee |
| liley, Marion L. | 4 N. Randall St., Madison | WYOMING-3 Members

Landt, Charlotte F. ............. Memorial Hospital, Casper
Segelke, Hilda A. ..............Memorial Hospital, Casper
Williams, A. Grace ............. Pershing Memorial Hospital, Cheyenne
CANADA-4 Members
Johns, Ethel .................. 1411 Crescent St., Montreal
Logan, Laura R. .............. 22 Havelock St., Amherst, Nova Scotia McLellan, Katherine ......... Hotel Dieu, Cornwall, Ontario Richmond, Isabel Douglas ..... 86 Barnesdale Blyd., Hamilton, Ontario

CHINA-3 Members
Hirst, Elizabeth ..............Peiping Union Medical College, Peiping
Hodgman, Gertrude E. .......... Peiping Union Medical College, Peiping
Tennent, Cornelia $\ldots \ldots \ldots$........Peiping Union Medical College, Peiping

## CUBA-1 Member

Jeffrey, Genevieve ...............Anglo-American Hospital, Havana

## HAWAII-2 Members

Ayers, Ada G. ....................Memorial Hospital, Hilo
Rieckman, Bernice D. ..........The Queen's Hospital, Honolulu
PORTO RICO-3 Members
Gavin, Mary ...................Army Nurse Corps, Post of San Juan
Shale, Olive Ellen ............. Presbyterian Hospital, San Juan
Wuerthner, Almena E. ........ Presbyterian Hospital, San Juan
ASSOCIATE MEMBERS-10 Members
Ladd, Carolyn T. ...............American University Hospital, Beirut, Syria
Lawrence, Edna M. ...........Severance Hospital, Seoul, Korea

Lemmon, Sadie Pearle ...........Mt. Pleasant, Pa.<br>Luce, Marguerite Harvey ......Temple Hill Hospital, Chefoo, Shantung, China Lyman, Katharine .............American University, Beirut, Syria<br>Pullen, Bertha L. .............. Baylor University Hospital, Dallas, Texas<br>Van Vliet, Helena G. .......... University Hospital, Nanking, China<br>Van Zandt, Jane, E. ............American University, Beirut, Syria<br>Whiteside, Faye .................Peiping Union Medical College, Peiping, China Wyane, Margaret R. .............Peiping Union Medical College, Peiping, China

TOTAL MEMBERSHIP
Honorary Members ..... 11
Life Members ..... 2
Sustaining Members ..... 26
Active Members ..... 3,390
Junior Active Members ..... 325
Associate Members ..... 10
Total ..... 3,764

## DECEASED MEMBERS

Names from 1893 to 1933 are given in previous reports. The names of members whose deaths have been reported since January first, 1933, are:
Margaret Butler died January 24, 1933
Hermina E. Wagner " February 2, 1933
Sister Mary Boniface ..... " February 13, 1933
Jane Moffatt ..... " February 22, 1933
Lena K. Schmidt " March 5, 1933Ruth Callison" July 21, 1933
Madelene Ethel Denny ..... " April 16, 1933
Sister Marie Koeneke ..... " August 18, 1933
Sister M. Etheldreda " September 1, 1933
Althea May Wilson " October 17, 1933Marietta Squire" December 21, 1933
Jessie Taylor Bain " March 14, 1934
Helen Margaret Rusk " March 12, 1934Anne How" March 19, 1934
Jessie Catron ..... " July 9, 1934
Elizabeth A. Greener ..... * July 26, 1934
Honorary Mcmbers
Anna Gage Clement ..... February 12, 1933
Helen Hartley Jenkins " April 24, 1934
Lucy L. Drown ..... " June 21, 1934
Charter Member
Oliga Lund ..... " October 10, 1933
Life Member
Mary Agnes Snively ..... " September 26, 1933

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[^0]:    ${ }^{1}$ By-Laws-Article IV, Section 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.
    ${ }^{2}$ By vote of the Convention, April 23, 1934, it was decided to discontinue the office of Second Vice President after 1934.
    ${ }^{3}$ By-Laws-Article VI, Section 3: The Executive Secretary shall attend the meetings of the Board of Directors and shall be a member ex officio of all committees.

[^1]:    ${ }^{1}$ By-Laws-Article IV, Section 2. The President shall.... be a member, ex officio, of all committees.
    ${ }^{2}$ By-Laws-Article VI, Section 3. The Executive Secretary . . . . shall be a member, ex officio, of all committees.

[^2]:    * Members of Executive Committee.

[^3]:    * Members of Executive Committee.

[^4]:    * Members of Executive Committee.

[^5]:    * Members of Executive Committee.

[^6]:    * Members of Executive Committee.

[^7]:    ${ }^{1}$ By-Laws-Article XI, Section 3: "Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention."

[^8]:    Deficit, December 31, 1932 $\$ 780.90$ Receipts:

    Contributions-General .................................... $\$ 116.00$
    Contributions in lieu of calendar sales .................. 1,632.52
    Contributions toward publication expense .............. 50.00
    Fees for services-Department of Studies ............. 2,419.51

[^9]:    * Rate reduced to 3 per cent.

[^10]:    ${ }^{2}$ By-Laws-Article VII, Sec. 6. "No name 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, and is free to serve if elected."

[^11]:    Public Responsibility for the Education of Nurses, Michael M. Davis, Ph.D.
    Yesterday-Today-Tomorrow, Effie J. Taylor, R.N.
    The New Scutari, Shirley C. Titus, R.N.
    Nursing Needs in State Mental Hospitals from the Standpoint of the Superintendent, Anne How, R.N.
    Nursing Needs in State Mental Hospitals from the Standpoint of the Medical Superintendent, Arthur P. Noyes, M.D.
    The National League of Nursing Education Looks to the Future, Education Department, American Journal of Nursing.
    Report of Special Conference of State Boards of Nurse Examiners, 1933.

[^12]:    ${ }^{3}$ See amended By-Laws, page 225.

[^13]:    ${ }^{1}$ Camac, C. N. B., Ed.: Counsels and Ideals from the Writings of Dr. William Osler. Preface of Fourth Impression. Houghton Mifflin Co., Boston. 1907.

[^14]:    ${ }^{2}$ Camac, C. N. B., Ed.: Counsels and Ideals from the Writings of Dr. William Osler. Houghton Mifflin Co., Boston. 1909, p. 2.

[^15]:    ${ }^{1}$ By-Laws-Article XI, Section 2. A quorum of the Advisory Council shall be ten members other than the officers.

[^16]:    The functional view of culture lays down the principle that in every type of civilization every custom, material, object, idea, and belief fulfills some vital function, has some task to accomplish, represents an indispensable part within a working whole.

[^17]:    ${ }^{1}$ Miss Worrell found herself unable to serve in this capacity, and Miss Mina M. Boober, Presbyterian Hospital, Philadelphia, Pa., was appointed Chairman of the Instructors' Section for the coming year.

[^18]:    ${ }^{1}$ Laski, Harold: "The Roosevelt Experiment," Atlantic Monthly, February, 1934.

[^19]:    ${ }^{2}$ Johnson, General Hugh, Recovery Administrator: Address before the American Federation of Labor Convention, Ncw York Times, Oct. 11, 1933.

[^20]:    ${ }^{3}$ Adams, James Truslow: "Rugged Individualism Analyzed." The New York Tims, March 18, 1934.

[^21]:    ${ }^{4}$ Dewey, John: "Community Life and the Religious Attitude." Terry Lectures, Yale Uni-
    versity. New Haven Register, Jan. 21 , 1934 . versity. Nez Haven Register, Jan. 21, 1934.

[^22]:    ${ }^{1}$ Peebles, Allon: "A Survey of the Medical Facilities of Shelby County, Indiana, 1929." Publication 6, Committee on the Costs of Medical Care. pp. 65-66.

[^23]:    ${ }^{1}$ Burgess, May Ayres: "More Census Figures-The Whole United States." American Journal of Nursing, May, 1932, pp. 516-517.

[^24]:    ${ }^{n}$ From a letter written on the stationery of the Chautauqua School of Nursing and signed by the president under date of March 12, 1933.

[^25]:    ${ }^{3}$ Bulletin, Chautauqua School of Nursing. "Become a Nurse." p. 8.
    ${ }^{4}$ Unpublished Report. "Facts in Relation to Nursing Education." pp. 125-126.

[^26]:    © "Medical Care for the American People." p. 141.

[^27]:    ${ }^{1}$ Zurrer, Gertrude: A Study of Social Content in the Basic Nursing Curriculum. National League of Nursing Education, 50 W. 50th St., New York. 1934. Price, 35c.

[^28]:    ${ }^{2}$ A Curriculum for Schools of Nursing. National League of Nursing Education, 50 W. 50th
    St., New York. 1932. p. 12 . St., New York. 1932. p. 12.

[^29]:    ${ }^{3}$ Jensen, Deborah MacLurg: Student's Handbook on Nursing Case Studics. The Macmillan Co., New York. 1932.

[^30]:    ${ }^{1}$ From a paper presented at the Biennial Convention in Detroit in June, 1924.

[^31]:    ${ }^{1}$ The discussion in this paper is based on Miss Lewis' published report as released by the Am. Ass'n of Hospital Social Workers rather than on the discussion presented at this meeting.

[^32]:    ${ }^{1}$ By-Laws-Article VII, Section 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.

[^33]:    ${ }^{1}$ This list includes only those members whose 1934 dues reached the national office by the time this Report went to press.
    ${ }^{2}$ By-Laws, Article I, Section 4: A sustaining member is an active member who has paid the dues required of such membership.

    Article VIII, Section 3: The annual dues for sustaining members shall be $\$ 8.00$, which shall entitle the members to receive all pamphlets and reprints published by the League during the year.

