Annual Report
and
Proceedings
of the
Forty-second Annual Convention
of the
National League of Nursing Education

LOS ANGELES, CALIFORNIA
JUNE 21-26, 1936

NATIONAL HEADQUARTERS
50 West 50 Street
New York, New York
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SISTER M. LAURENTINE  
St. Francis Hospital, Pittsburgh, Pa.  

SISTER CELESTINE STROSINA  
Hotel Dieu, New Orleans, La.  

SISTER M. MAURICE  
Catholic University of America, Washington, D. C.  

SISTER DE CHANTAL  
Good Samaritan Hospital, Cincinnati, Ohio  

SISTER M. MECHTILDE  
St. Francis Hospital, Hartford, Conn.  

SISTER JOHN GABRIEL  
St. Vincent’s Hospital, Seattle, Wash.  

SISTER M. URSULA  
St. Vincent’s Hospital, New York, N. Y.  

SISTER M. BERENICE  
St. Joseph’s Hospital, Milwaukee, Wis.  

SISTER M. VALERIA  
St. Margaret’s Hospital, Montgomery, Ala.  

SISTER M. CARMELITA  
House of Mercy, Cincinnati, Ohio  

SISTER M. VICTORY  
St. Joseph’s Hospital, Fort Worth, Tex.  

SISTER M. CARMELLA  
St. Thomas Hospital, Akron, Ohio  

SISTER M. VINCENT  
St. Joseph’s Hospital, Chicago, Ill.  

St. Mary’s Hospital, Rochester, Minn.  

SISTER M. EUPHRASIA  
Georgetown Hospital, Washington, D. C.  

SISTER OLIVE  
St. Mary’s Hospital, Minneapolis, Minn.
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State House, Denver, Colo.

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New Haven, Conn.

STELLA GOOSTRAY
The Children's Hospital, Boston, Mass.

JOINT COMMITTEES

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*NELLIE X. HAWKINSON (ex officio)
The University of Chicago, Chicago, Ill.

*CLARI BEL A. WHEELER (ex officio)
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* Lay associates.
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Representing the American Journal of Nursing
MARY M. ROBERTS
50 W. 50 St., New York, N. Y.

Representing Public Health Nursing
PURCELL PECK
50 W. 50 St., New York, N. Y.

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Representing the American Nurses’ Association
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1531½ Third Ave., Moline, Ill.

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Dept. of Nursing Education, University
of Washington, Seattle, Wash.

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Children’s Hospital, Philadelphia, Pa.

ALMA H. SCOTT (ex officio)
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Representing the National League of Nursing Education
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9514-69 Ave., Forest Hills, N. Y.

JESSIE MURDOCH
Medical Center, Jersey City, N. J.

NELLIE X. HAWKINSON (ex officio)
The University of Chicago, Chicago, Ill.

CLARIBEL A. WHEELER (ex officio)
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454 E. 122 St., New York, N. Y.

ANN HELLNER
199 Courtland St., Bridgeport, Conn.

DOROTHY DEMING (ex officio)
50 W. 50 St., New York, N. Y.

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125 Worth St., New York, N. Y.

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An independent committee representing the three national nursing organizations
†ELSIE M. LAWLER, Chairman
Johns Hopkins Hospital, Baltimore, Md.

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50 W. 50 St., New York, N. Y.

ELIZABETH C. BURGESS
Teachers College, New York, N. Y.

‡EDITH S. COUNTRYMAN
State Department of Health, Des Moines, Iowa

‡KATHARINE DEWITT, Secretary
14 Grand Ave., Poughkeepsie, N. Y.

‡ALT A. DINES
105 E. 22 St., New York, N. Y.

* Lay associates.
† Chairman to be appointed.
‡ Members of Executive Committee.
*Mary C. Eden, Treasurer
Presbyterian Hospital, Philadelphia, Pa.

*Laura M. Grant
310 Cedar St., New Haven, Conn.

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2065 Adelbert Rd., Cleveland, Ohio

Anna C. Jamme
609 Sutter St., San Francisco, Calif.

M. Helena McMillan
Presbyterian Hospital, Chicago, Ill.

Mary M. Riddle
17 N. Washington St., Muncy, Pa.

Margaret K. Stack
175 Broad St., Hartford, Conn.

Elvora F. Thomson
University of Oregon, Portland, Ore.

Anna D. Wolf
525 E. 68 St., New York, N. Y.

Susan C. Francis (ex officio)
Children’s Hospital, Philadelphia, Pa.

Amelia Grant (ex officio)
125 Worth St., New York, N. Y.

Nellie X. Hawkinson (ex officio)
The University of Chicago, Chicago, Ill.

COMMITTEE ON LEGISLATION†
Representing the American Nurses’ Association

Netta Ford
218 E. Market St., York, Pa.

Alma H. Scott
50 W. 50 St., New York, N. Y.

Susan C. Francis (ex officio)
Children’s Hospital, Philadelphia, Pa.

Representing the National League of Nursing Education

Elizabeth C. Burgess
Teachers College, New York, N. Y.

Claribel A. Wheeler
50 W. 50 St., New York, N. Y.

Nellie X. Hawkinson (ex officio)
The University of Chicago, Chicago, Ill.

Representing the National Organization for Public Health Nursing

Grace Ross
City Health Dept., Detroit, Mich.

Beatrice Short
Public Health Nursing Associations, 47 S. Pennsylvania St., Indianapolis, Ind.

Dorothy Deming (ex officio)
50 W. 50 St., New York, N. Y.

Amelia Grant (ex officio)
125 Worth St., New York, N. Y.

NATIONAL COMMITTEE, THE AMERICAN RED CROSS NURSING SERVICE

The committee includes ten representatives from each national nursing association, the presidents of which are ex officio members.

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

Elizabeth C. Burgess
Teachers College, New York, N. Y.

Adda Eldredge
8 S. Michigan Ave., Chicago, Ill.

Marian R. Fleming
9514-69 Ave., Forest Hills, N. Y.

Nina D. Gage
Newport Hospital, Newport, R. I.

Sally Johnson
Massachusetts General Hospital, Boston, Mass.

Elise M. Lawler
Johns Hopkins Hospital, Baltimore, Md.

Effie J. Taylor
Yale University School of Nursing, New Haven, Conn.

* Members of Executive Committee.
† Chairman to be appointed.
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Virginia Haw
Ellerson, Va.

Edna Peterson
Jewish Hospital, St. Louis, Mo.

Alice E. Snyder
149 E. 40 St., New York, N. Y.

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Children's Hospital, Philadelphia, Pa.

Alma H. Scott (ex officio)
50 W. 50 St., New York, N. Y.

Representing National League of Nursing Education

Elizabeth C. Burgess
Teachers College, New York, N. Y.

Edna S. Newman
1900 W. Polk St., Chicago, III.

Nellie X. Hawkins (ex officio)
The University of Chicago, Chicago, Ill.

Claribel A. Wheeler (ex officio)
50 W. 50 St., New York, N. Y.

Representing National Organization for Public Health Nursing

I. Malinde Havey
3415 Morrison St., N. W., Washington, D. C.

Dorothy Deming (ex officio)
50 W. 50 St., New York, N. Y.

Geneva F. Hoilien
245 Lark St., Albany, N. Y.

Amelia Grant (ex officio)
125 Worth St., New York, N. Y.

Committees Composed of Representatives of the American Nurses' Association and the National League of Nursing Education

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Teachers College, New York, N. Y.

Alma H. Scott
50 W. 50 St., New York, N. Y.

Claribel A. Wheeler
50 W. 50 St., New York, N. Y.

Susan C. Francis (ex officio)
Children's Hospital, Philadelphia, Pa.

Nellie X. Hawkins (ex officio)
The University of Chicago, Chicago, Ill.

COMMITTEE TO CONSIDER RELATIONSHIPS OF THE GRADUATE NURSE AND HER PLACE IN THE HOSPITAL, INCLUDING STAFF EDUCATION*

Representing the American Nurses' Association

C. Ruth Bower

Edna S. Newman
1900 W. Polk St., Chicago, Ill.

Nellie C. Parks
Western Reserve University, Cleveland, Ohio

Susan C. Francis (ex officio)
Children's Hospital, Philadelphia, Pa.

Alma H. Scott (ex officio)
50 W. 50 St., New York, N. Y.

* Chairman to be appointed.
Representing the National League of Nursing Education

MARGARET ASHMUN
Orange Memorial Hospital, Orange,
N. J.

LAURA M. GRANT
310 Cedar St., New Haven, Conn.

CLARIBEL A. WHEELER (ex officio)
50 W. 50 St., New York, N. Y.

HELEN SPARKS
Sutter Hospital, Sacramento, Calif.

NELLIE X. HAWKINSON (ex officio)
The University of Chicago, Chicago, Ill.

COMMITTEE TO CONSIDER THE USE OF THE NURSE'S UNIFORM FOR ADVERTISING PURPOSES AND THE PROBLEM OF NURSES APPEARING IN UNIFORMS FOR ADVERTISING PURPOSES

Representing the American Nurses' Association

ALMA H. SCOTT
50 W. 50 St., New York, N. Y.

EUGENIA K. SPALDING
Catholic University of America, Washington, D. C.

SUSAN C. FRANCIS (ex officio)
Children's Hospital, Philadelphia, Pa.

Representing the National League of Nursing Education

HESTER FREDERICK
Johns Hopkins Hospital, Baltimore, Md.

EUNICE SMITH, Chairman
Homeopathic Hospital, Providence, R. I.

CLARIBEL A. WHEELER (ex officio)
50 W. 50 St., New York, N. Y.

NELLIE X. HAWKINSON (ex officio)
The University of Chicago, Chicago, Ill.

Committees Composed of Representatives of the National League of Nursing Education, National Organization for Public Health Nursing, and American Association of Medical Social Workers

COMMITTEE ON COMMON EDUCATIONAL PROBLEMS

Representing the National League of Nursing Education

AMELIA GRANT
125 Worth St., New York, N. Y.

ISABEL M. STEWART
Teachers College, New York, N. Y.

CLARIBEL A. WHEELER
50 W. 50 St., New York, N. Y.

ANNA D. WOLF
525 E. 68 St., New York, N. Y.

Representing the National Organization for Public Health Nursing

DOROTHY J. CARTER
50 W. 50 St., New York, N. Y.

ELIZABETH G. FOX, Chairman
Visiting Nurse Association, New Haven, Conn.

LILLIAN HUDSON
Teachers College, New York, N. Y.

KATHARINE TUCKER

Representing the American Association of Medical Social Workers

ANTOINETTE CANNON
122 E. 22 St., New York, N. Y.

KATE MCMahON
Simmons College, Boston, Mass.

ELIZABETH RICE
New Haven Hospital, New Haven, Conn.

MARY TAYLOR
Presbyterian Hospital, New York, N. Y.
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
Lucy L. Drown, Treasurer

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.

President, Linda Richards; Secretary, Louise Darche; Treasurer, Lucy L.
Drown.

President, M. E. P. Davis; Secretary, Mary S. Littlefield; Treasurer, Lucy
L. Drown.

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

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

President, Isabel McIsaac; Secretary, Lavinia L. Dock; Treasurer, Lucy L.
Drown.

1900 New York, N. Y., April 30–May 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.

President, Lystra E. Grettet; Secretary, Lavinia L. Dock; Treasurer, Anna
L. Alline.

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

President, Georgia M. Nevins; Secretary, M. Adelaide Nutting; Treasurer,
Anna L. Alline.

1906 New York, N. Y., April 25–27.
President, Annie W. Goodrich; Secretary, M. Adelaide Nutting; Treasurer,
Anna L. Alline.
   President, Maude Banfield; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

1908 Cincinnati, Ohio, April 22–24.
   President, Mary Hamer Greenwood; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

   President, Isabel Hampton Robb; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

   President, M. Adelaide Nutting; Secretary, M. Helena McMillan; Treasurer, Anna L. Alline.

   President, Mary M. Riddle; Secretary, M. Helena McMillan; Treasurer, Mary W. McKechnie.

1912 Chicago, Ill., June 3–5.
   President, Mary C. Wheeler; Secretary, Jessie E. Catton; Treasurer, Mary W. McKechnie.

In June, 1912, the name of the Society was changed to the NATIONAL LEAGUE OF NURSING EDUCATION.

1913 Atlantic City, N. J., June 23–25.
   President, Mary C. Wheeler; Secretary, Jessie E. Catton; Treasurer, Mary W. McKechnie.

1914 St. Louis, Mo., April 23–29.
   President, Clara D. Noyes; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.

   President, Clara D. Noyes; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.

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

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

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

   President, S. Lillian Clayton; Secretary, Laura R. Logan; Treasurer, M. Helena McMillan.

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

1921 Kansas City, Mo., April 11–14.
   President, Anna C. Jammé; Secretary, (Mrs.) Alice H. Flash; Treasurer, Bena M. Henderson.

   President, Anna C. Jammé; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson.
President, Laura R. Logan; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson; Executive Secretary, Effie J. Taylor.

President, Laura R. Logan; Secretary, Ada Belle McCleery; Treasurer, Bena M. Henderson; Executive Secretary, Blanche Pfefferkorn.

President, Laura R. Logan; Secretary, Ada Belle McCleery; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.

President, Carrie M. Hall; Secretary, Ada Belle McCleery; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.

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

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

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

President, Elizabeth C. Burgess; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

1931 Atlanta, Ga., May 4–9.
President, Elizabeth C. Burgess; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

President, Elizabeth C. Burgess; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

1933 Chicago, Ill., June 12–16.
President, Effie J. Taylor; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

1934 Washington, D. C., April 23–27.
President, Effie J. Taylor; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

President, Effie J. Taylor; Secretary, Stella Goostray; Treasurer, Marian Rottman Fleming; Executive Secretary, Claribel A. Wheeler.

President, Effie J. Taylor; Secretary, Stella Goostray; Treasurer, Marian R. Fleming; Executive Secretary, Claribel A. Wheeler.

The Organization has affiliations with
American Association of Medical Social Workers, 18 East Division Street, 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 Street, New York, N. Y.
American Psychiatric Association, New York State Psychiatric Institute and Hospital, 722 West 168 Street, New York, N. Y.
American Red Cross Nursing Service, Washington, D. C.
American Social Hygiene Association, 50 West 50 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 East 57 Street, New York, N. Y.
National Committee for Mental Hygiene, 50 West 50 Street, New York, N. Y.
National Education Association of the United States, Washington, D. C.
National Organization for Public Health Nursing, 50 West 50 Street, New York, N. Y.
National Tuberculosis Association, 50 West 50 Street, New York, N. Y.
PROCEEDINGS

OF THE

FORTY-SECOND ANNUAL CONVENTION

OF THE

NATIONAL LEAGUE OF NURSING EDUCATION

Los Angeles, California, June 21-26, 1936

Opening Business Session

Monday, June 22, 9:30 a.m.

The meeting was called to order by the President, Effie J. Taylor. Since the roll call indicated that representatives from 31 states were present, the Chair declared the Forty-second Annual Convention of the National League of Nursing Education in session.

REPORT OF THE SECRETARY

The officers and Board of Directors which you elected at the last convention in New York met immediately following the meeting and ratified the actions of the old Board and appointed the standing and special committees for the year. It is typical of our membership that almost without exception members who are asked to serve on committees do so.

The Committee on Subsidiary Workers in Nursing Services was discontinued with the recommendation that we refer to the Joint Board the question of a joint committee with a clear conception of its functions. The special committees on Functions, Library Facilities, and To Study Relation of Nursing to Maternal Care were also discontinued.

At the meeting in January four sessions of the Board were held. The activities of the committees will be reported by the respective committee chairmen.

On recommendation of the Headquarters Committee, the Board voted to institute a membership campaign in which each member of the League was asked to secure one new member in 1936. It was voted also that new members joining after September 1 have their dues credited for the following year.

A special committee which was formed to present names for an advisory council for the League recommended that the Board of Directors not appoint an advisory council of permanent members at this time but rather that consultants, experts in their own fields, be invited from time to time to advise with the Board or its committees, in activities or projects which may be under-

1 By-laws—Article XI, Section 3. "Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention."
taken as research problems or for the advancement of nursing education; expenses for such consultants being paid from the appropriations for that purpose. Authorization for appointment of the consultants who are to be paid from this fund must be approved by the Board of Directors upon recommendation of the committee making the request or by the Headquarters Committee.

On recommendation of the Committee on Standards it was voted that a group of consultants be invited to meet with a few representatives of the Committee on Standards and the Association of Collegiate Schools of Nursing to discuss systems of accreditation, and to consider the advisability of some plan for the accreditation of schools of nursing. Members of the Board of Directors of the League and the Association of Collegiate Schools of Nursing, two hospital superintendents, a former member of the Grading Committee, and several educators in the field of general education held a day's conference in New York in April, the conclusion of which was that the League should establish a list of accredited schools of nursing. A committee was appointed by the President of the League to present the plan for such accrediting to the Board of Directors and then to have it submitted to this convention.

It was voted that the National League of Nursing Education with the American Nurses' Association make an attempt to prepare a model nurse practice act or formulate principles governing such an act, which might be presented to the Board of Directors in June and made available to the membership after the convention; and that the two organizations cooperate in preparing a new digest of laws including the state requirements regulating schools of nursing.

The Board also voted that joint committees with the American Nurses' Association be appointed to work with the Division of Nursing of the Council of the American Hospital Association to study and assist with the furtherance of graduate nurse service in hospitals and to work on a staff education program for hospitals with and without schools.

A recommendation was forwarded to the Boards of the American Nurses' Association and the National Organization for Public Health Nursing asking that a joint committee be formed to make recommendations regarding the practice of nurses appearing in public in uniform for advertising purposes, to make recommendations concerning printed advertisements, and to consider advertisements of correspondence courses in nursing.

The Board also voted to advise state leagues to discontinue their committees on education, such committees being replaced by committees on curriculum.

During the year 77 new individual members have been accepted for membership, 62 active members, 14 junior active members, and 1 associate member. Our total paid membership is now 4,063.

One new state league, that of Maine, was formed during this year and was accepted by the Board of Directors at its current meeting. Two or three others are now under consideration.
We honor today the memory of the following of our associates whose deaths have been reported since the previous convention:

IVA LOVELL KLEIN ....................... July 24, 1935
SISTER MARGARET CARMELA ............... August 11, 1935
ALMA MAY PAINTER .................... August 11, 1935
SISTER M. FLAVIA ..................... August 27, 1935
FLORENCE DITTES ...................... August 29, 1935
MARY A. BAKER ...................... September 21, 1935
SISTER MARGARET WALSH .......... November 12, 1935
WINIFRED A. HART .................... December 22, 1935
MARION C. HALL ................... January 11, 1936
RUTH STERLING KERR ................. January 24, 1936
CORINNE D. FRENCH ................. February 20, 1936
MARY E. SHEEHAN ..................... March 2, 1936
ALICE B. COMMER ................... March 3, 1936
ELLEN EMMA GARLAND .............. March 23, 1936
NELLIE AGNES BARNETT .......... March 27, 1936
TALITHA HELMKAMP ................ April 14, 1936
MARGARET RICE .................... April 30, 1936
CLAUDIA D. NOYES ................. June 3, 1936

Honorary Member
MRS. M. CADWALADER JONES .......... September 22, 1935

Respectfully submitted,

STELLA GOOSTRAY, Secretary

FINANCIAL REPORT OF THE TREASURER

MRS. MARK L. FLEMING, TREASURER
National League of Nursing Education,
50 West 50th Street,
New York, N. Y.

Dear Madam:

Pursuant to engagement I have made an examination of the books and accounts of the National League of Nursing Education for the purpose of verifying by audit procedure the correctness of the transactions for the year ended December 31, 1935, and present herewith the following two exhibits and four schedules:

Exhibit "B"—Schedule "1"—Statement of Headquarters Expenses for the Year Ended December 31, 1935.

In connection with the foregoing I examined or tested accounting records of the Association and other supporting evidence including confirmation of cash and securities by inspection or certificate from the depositaries. I also made a general review of the operating and income accounts for the year but did not make a detailed audit of the transactions.

In my opinion based upon such examination, the accompanying two exhibits and four schedules fairly present, in accordance with the principles of accounting maintained by the Association during the year under review, its position at December 31, 1935, and the results of the operations for the year.

Very truly yours,

(Sgd.) FREDERICK FISCHER, JR.,
Certified Public Accountant

New York, N. Y., January 18, 1936.

EXHIBIT A

STATEMENT OF FINANCIAL CONDITION, DECEMBER 31, 1935

<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td></td>
</tr>
<tr>
<td>Checking account</td>
<td>$7,048.81</td>
</tr>
<tr>
<td>Savings accounts</td>
<td>13,228.16</td>
</tr>
<tr>
<td>Petty cash funds</td>
<td>40.00</td>
</tr>
<tr>
<td>Securities (at book value)</td>
<td></td>
</tr>
<tr>
<td>$9,000 Plainfield Title and Mortgage Guaranty Co. 1st Mortgage certificates 3% due 1941-42</td>
<td>$9,000.00</td>
</tr>
<tr>
<td>$5,000 Chicago, Rock Island and Pacific R. R. Co. 4% due April 1, 1934</td>
<td>4,951.00</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td></td>
</tr>
<tr>
<td>Advanced for account of 1936 Biennial Convention Exhibit</td>
<td>$499.99</td>
</tr>
<tr>
<td>Travel expense advance to be refunded</td>
<td>52.41</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$34,820.37</td>
</tr>
<tr>
<td>Liabilities</td>
<td>None</td>
</tr>
<tr>
<td>Total Asset Value</td>
<td>$34,820.37</td>
</tr>
</tbody>
</table>

The Total Asset Value Comprises the Following Fund Balances at December 31, 1935:

<table>
<thead>
<tr>
<th>Fund</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund, per Exhibit &quot;B&quot;</td>
<td>$17,293.53</td>
</tr>
<tr>
<td>Special American Nurses' Fund, Schedule &quot;1&quot;</td>
<td>2,123.35</td>
</tr>
<tr>
<td>Fund for Carrying on Grading Committee Activities, per Schedule &quot;2&quot;</td>
<td>9,548.47</td>
</tr>
<tr>
<td>Special Research Fund, Curriculum Committee, per Schedule &quot;3&quot;</td>
<td>5,855.02</td>
</tr>
<tr>
<td>Total Funds</td>
<td>$34,820.37</td>
</tr>
</tbody>
</table>
EXHIBIT A—SCHEDULE 1

STATEMENT SHOWING CHANGES IN THE SPECIAL AMERICAN NURSES' ASSOCIATION FUND FOR THE YEAR ENDED DECEMBER 31, 1935

Balance, December 31, 1934 .............................................. $7,402.57

Deduct Expenses for year 1935

- General Salaries .................................................. $2,300.00
- List of schools of nursing-printing, etc. ....................... 1,716.27
- Committee to work with American Hospital Association:
  - Postage ......................................................... 15.00
  - Travel ......................................................... 10.95
  - Letter service ............................................... 25.49
  - Printing ....................................................... 35.19
  - ................................................................. 86.63
- Committee on Mental Hygiene:
  - Postage ......................................................... 6.60
  - Travel ......................................................... 57.84
  - ................................................................. 64.44
- Committee on State Board Problems:
  - Letter service ............................................... 19.55
  - Travel ......................................................... 105.68
  - ................................................................. 125.23
- Special Survey Committee on Mental Hygiene:
  - Salaries ....................................................... 825.00
  - Travel ......................................................... 161.65
  - ................................................................. 986.65

Total Expenses for Year 1935 ........................................ 5,279.22

Balance, December 31, 1935, per Exhibit "A" ...................... $2,123.35

EXHIBIT A—SCHEDULE 2

STATEMENT SHOWING CHANGES IN THE FUND FOR CARRYING ON GRADED COMMITTEE ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 1935

Balance, December 31, 1934 ........................................... $7,084.49

Add Income for year 1935

- From Nurses Committee for Financing Grading Plan ........... $3,537.95
- From Joint Committee on Educational Policies ............... 1,304.90

  $4,842.85

Deduct Expenses for year 1935

- General salaries ................................................. $2,335.00
- Standards Committee—mimeographing ............................. 1.50
- Committee on the Child:
  - Mimeographing ................................................ 37.57
  - Miscellaneous ................................................ 4.80
  - ................................................................. 42.37

Total Expenses for year 1935 ........................................ 2,378.87

Excess of Income over Expenses for year 1935 ..................... 2,463.98

Balance, December 31, 1935, per Exhibit "A" ...................... $9,548.47
EXHIBIT A—SCHEDULE 3

STATEMENT OF INCOME AND EXPENSES OF THE SPECIAL RESEARCH FUND, CURRICULUM COMMITTEE FOR THE YEAR ENDED DECEMBER 31, 1935

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special contributions</td>
<td>$15,027.99</td>
</tr>
<tr>
<td>Scholarship contribution</td>
<td>100.00</td>
</tr>
<tr>
<td>Sales of bulletin</td>
<td>59.46</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$15,187.45</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$4,275.00</td>
</tr>
<tr>
<td>Secretarial assistance</td>
<td>629.58</td>
</tr>
<tr>
<td>Curriculum Committee:</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$264.36</td>
</tr>
<tr>
<td>Other</td>
<td>16.15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>280.51</strong></td>
</tr>
<tr>
<td>Production Committee:</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$273.48</td>
</tr>
<tr>
<td>Chairman—conference</td>
<td>175.28</td>
</tr>
<tr>
<td>Tuition—scholarship</td>
<td>1,298.00</td>
</tr>
<tr>
<td>Living expense—scholarship</td>
<td>516.29</td>
</tr>
<tr>
<td>Other</td>
<td>701.92</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,964.97</strong></td>
</tr>
<tr>
<td>Publications</td>
<td>134.98</td>
</tr>
<tr>
<td>Mimeographing</td>
<td>376.18</td>
</tr>
<tr>
<td>Postage</td>
<td>173.75</td>
</tr>
<tr>
<td>Office expense:</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>$307.28</td>
</tr>
<tr>
<td>Stationery</td>
<td>42.95</td>
</tr>
<tr>
<td>Equipment</td>
<td>123.39</td>
</tr>
<tr>
<td>Telephone and telegraph</td>
<td>7.86</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>15.98</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>497.46</strong></td>
</tr>
</tbody>
</table>

**Total Expenses**  **9,332.43**

Balance, December 31, 1935, per Exhibit "A"  **$5,855.02**

EXHIBIT B

STATEMENT OF INCOME AND EXPENSES OF THE GENERAL FUND FOR THE YEAR ENDED DECEMBER 31, 1935, AND BALANCE OF GENERAL FUND AT THAT DATE

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions in lieu of calendar sales</td>
<td>$1,244.80</td>
</tr>
<tr>
<td>Fees for services—Department of Studies</td>
<td>899.04</td>
</tr>
<tr>
<td>Registration fees—League convention</td>
<td>1,223.00</td>
</tr>
<tr>
<td>Share of distribution of balance of fund of American Conference on Hospital Service</td>
<td>100.00</td>
</tr>
<tr>
<td>Interest on savings accounts</td>
<td>228.16</td>
</tr>
<tr>
<td>Interest on mortgage certificates</td>
<td>355.00</td>
</tr>
<tr>
<td>Royalties on “Story of National League of Nursing Education”</td>
<td>85.20</td>
</tr>
<tr>
<td>Membership dues:</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>State</td>
<td>$10,909.00</td>
</tr>
<tr>
<td>Individual</td>
<td>1,412.00</td>
</tr>
<tr>
<td>Individual application</td>
<td>178.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$12,499.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sales of:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State League supplies</td>
<td>$49.62</td>
</tr>
<tr>
<td>Photographs</td>
<td>197.30</td>
</tr>
<tr>
<td>Slides</td>
<td>791.25</td>
</tr>
<tr>
<td>Two oil paintings</td>
<td>135.00</td>
</tr>
<tr>
<td>Publications</td>
<td></td>
</tr>
<tr>
<td>&quot;Curriculum&quot;</td>
<td>271.90</td>
</tr>
<tr>
<td>&quot;Nursing Schools Today and Tomorrow&quot;</td>
<td>1,338.14</td>
</tr>
<tr>
<td>&quot;Activity Analysis&quot;</td>
<td>702.00</td>
</tr>
<tr>
<td>&quot;Nurses, Patients, and Pocketbooks,&quot;</td>
<td>65.00</td>
</tr>
<tr>
<td>Sundry League publications</td>
<td>1,547.04</td>
</tr>
<tr>
<td>Lists of schools of nursing</td>
<td>1,397.15</td>
</tr>
<tr>
<td>Records</td>
<td>445.12</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$23,573.72</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Directors' expenses</td>
<td>$511.36</td>
</tr>
<tr>
<td>President's expenses</td>
<td>481.10</td>
</tr>
<tr>
<td>Officers' expenses</td>
<td>676.69</td>
</tr>
<tr>
<td>Executive Secretary's travel expenses</td>
<td>168.15</td>
</tr>
<tr>
<td>Premium on Treasurer's surety bond</td>
<td>12.50</td>
</tr>
<tr>
<td>Miscellaneous convention expenses</td>
<td>198.62</td>
</tr>
<tr>
<td>Reporting convention</td>
<td>51.50</td>
</tr>
<tr>
<td>Convention publicity</td>
<td>41.25</td>
</tr>
<tr>
<td>Printing annual report</td>
<td>1,998.71</td>
</tr>
<tr>
<td>Stationery</td>
<td>99.68</td>
</tr>
<tr>
<td>Paid toward expenses of Nursing Information Bureau</td>
<td>300.00</td>
</tr>
<tr>
<td>Committee on Studies</td>
<td>53.75</td>
</tr>
<tr>
<td>Committee on Records</td>
<td>65.29</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>41.10</td>
</tr>
<tr>
<td>Committee on Lay Participation</td>
<td>73.84</td>
</tr>
<tr>
<td>Program Committee</td>
<td>219.09</td>
</tr>
<tr>
<td>Nominating Committee</td>
<td>1.90</td>
</tr>
<tr>
<td>American Hospital Association booth</td>
<td>74.08</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>158.72</td>
</tr>
<tr>
<td>Printing and other expenses of publications, etc., for sale:</td>
<td></td>
</tr>
<tr>
<td>Sundry League publications</td>
<td>$1,447.86</td>
</tr>
<tr>
<td>Photographs</td>
<td>145.25</td>
</tr>
<tr>
<td>Records</td>
<td>908.75</td>
</tr>
<tr>
<td>Slides</td>
<td>350.78</td>
</tr>
<tr>
<td>State League supplies</td>
<td>97.51</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$27,255.59</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Excess of Expenses over Income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Add: Balance of General Fund, December 31, 1934</td>
<td>20,975.40</td>
</tr>
<tr>
<td><strong>Balance of General Fund, December 31, 1935, per Exhibit &quot;A&quot;</strong></td>
<td><strong>$17,293.55</strong></td>
</tr>
</tbody>
</table>
### EXHIBIT B—SCHEDULE 1

**STATEMENT OF HEADQUARTERS' EXPENSES FOR THE YEAR ENDED DECEMBER 31, 1935**

**Headquarters' Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$7,467.49</td>
</tr>
<tr>
<td>Extra stenographic service</td>
<td>765.87</td>
</tr>
<tr>
<td>Rent</td>
<td>1,682.30</td>
</tr>
<tr>
<td>Special office care</td>
<td>23.40</td>
</tr>
<tr>
<td>Telephone</td>
<td>365.87</td>
</tr>
<tr>
<td>Telegrams</td>
<td>57.56</td>
</tr>
<tr>
<td>Supplies</td>
<td>253.42</td>
</tr>
<tr>
<td>Shipping service</td>
<td>439.18</td>
</tr>
<tr>
<td>Postage and express</td>
<td>1,585.84</td>
</tr>
<tr>
<td>Letter service</td>
<td>366.49</td>
</tr>
<tr>
<td>Library service</td>
<td>132.00</td>
</tr>
<tr>
<td>Entertainment</td>
<td>34.95</td>
</tr>
<tr>
<td>Insurance</td>
<td>43.72</td>
</tr>
<tr>
<td>Reference books and reports</td>
<td>24.63</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>139.97</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$13,382.69</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Department of Studies</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$5,540.01</td>
</tr>
<tr>
<td>Extra stenographic service</td>
<td>70.00</td>
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<tr>
<td>Travel</td>
<td>87.41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,697.42</strong></td>
</tr>
</tbody>
</table>

*Total Headquarters' Expenses, per Exhibit "B"*  
**$19,080.11**

### NATIONAL LEAGUE OF NURSING EDUCATION

**GENERAL FUND—FINANCIAL REPORT—JANUARY 1 TO MAY 31, 1936**

**Balance, January 1, 1936**  
**$20,869.37**

**Income**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Schools of Nursing</td>
<td>$110.40</td>
</tr>
<tr>
<td>Publications</td>
<td>868.71</td>
</tr>
<tr>
<td>Nursing Schools Today and Tomorrow</td>
<td>182.50</td>
</tr>
<tr>
<td>An Activity Analysis of Nursing</td>
<td>79.00</td>
</tr>
<tr>
<td>Records</td>
<td>582.57</td>
</tr>
<tr>
<td>Photographs</td>
<td>166.33</td>
</tr>
<tr>
<td>Slides</td>
<td>219.50</td>
</tr>
<tr>
<td>State League Supplies</td>
<td>31.83</td>
</tr>
<tr>
<td>Dues: State</td>
<td>10,568.00</td>
</tr>
<tr>
<td>Individual</td>
<td>1,342.00</td>
</tr>
<tr>
<td>With application</td>
<td>172.00</td>
</tr>
<tr>
<td>Contribution in lieu of calendar sale</td>
<td>415.60</td>
</tr>
<tr>
<td>Royalties</td>
<td>27.60</td>
</tr>
<tr>
<td>Fees—Department of Studies</td>
<td>2,100.00</td>
</tr>
<tr>
<td>Interest on Mortgage Certificates</td>
<td>135.00</td>
</tr>
<tr>
<td>Interest on Warrant</td>
<td>1.02</td>
</tr>
<tr>
<td>1935 Expenses for Community Nursing Service Refunded</td>
<td>25.91</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,027.97</strong></td>
</tr>
</tbody>
</table>
Special Research Fund—Curriculum Committee

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Contribution</td>
<td>$7,412.78</td>
</tr>
<tr>
<td>Sale Bulletin A-1</td>
<td>243.69</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>7,656.47</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headquarters' Appropriation</td>
<td>$12,500.00</td>
</tr>
<tr>
<td>President's Expenses</td>
<td>89.82</td>
</tr>
<tr>
<td>Directors' Expenses</td>
<td>306.35</td>
</tr>
<tr>
<td>Officers' Expenses</td>
<td>212.72</td>
</tr>
<tr>
<td>Photographs</td>
<td>126.46</td>
</tr>
<tr>
<td>Publications</td>
<td>152.49</td>
</tr>
<tr>
<td>Slides</td>
<td>96.68</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>26.69</td>
</tr>
<tr>
<td>Nominating Committee</td>
<td>8.84</td>
</tr>
<tr>
<td>Records Committee</td>
<td>5.35</td>
</tr>
<tr>
<td>Committee on Lay Participation</td>
<td>26.64</td>
</tr>
<tr>
<td>Treasurer's Bond</td>
<td>12.50</td>
</tr>
<tr>
<td>Stationery</td>
<td>30.93</td>
</tr>
<tr>
<td>Convention Expenses</td>
<td>6.09</td>
</tr>
<tr>
<td>State League Supplies</td>
<td>33.66</td>
</tr>
<tr>
<td>Auditing Books</td>
<td>75.00</td>
</tr>
<tr>
<td>Printing Manual on Essentials of Good Hospital Nursing Service</td>
<td>119.83</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$13,830.05</strong></td>
</tr>
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</table>

Special A. N. A. Fund

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$358.32</td>
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</table>

Committee on Mental Hygiene:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>$86.36</td>
</tr>
<tr>
<td>Mimeographing</td>
<td>20.90</td>
</tr>
<tr>
<td>Typing</td>
<td>72.00</td>
</tr>
<tr>
<td>Postage</td>
<td>11.72</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>190.98</strong></td>
</tr>
</tbody>
</table>

Committee on State Board Problems—Mimeographing

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee to Work with A. H. A.—Travel</td>
<td>4.35</td>
</tr>
<tr>
<td>Auditing Books</td>
<td>25.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>592.05</strong></td>
</tr>
</tbody>
</table>

Funds for Carrying on Grading Activities

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$1,608.33</td>
</tr>
</tbody>
</table>

Joint Committee on Community Nursing Service

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee on Standards:</td>
<td>500.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>$91.57</td>
</tr>
<tr>
<td>Salaries</td>
<td>466.20</td>
</tr>
<tr>
<td>Stenographic service</td>
<td>62.00</td>
</tr>
<tr>
<td>Luncheon and Dinner Meetings</td>
<td>12.75</td>
</tr>
<tr>
<td>Telephone and Telegraph</td>
<td>4.66</td>
</tr>
<tr>
<td>Postage</td>
<td>1.20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>638.38</strong></td>
</tr>
</tbody>
</table>

Auditing Books

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditing Books</td>
<td>25.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,771.71</strong></td>
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</tbody>
</table>
Special Research Fund

Salaries ......................................................... $1,750.00
Secretarial Assistance .......................................... 554.82
Curriculum Committee:
  Travel ............................................... $190.20
  Other .............................................. 16.35
  Installation and Operation Committee ........ 48.27
  Steering Committee—other . .............. 3.00
  .................................................. 257.82
Production Committee:
  Travel ............................................... $104.38
  Chairman Conference ...................... 60.62
  Other ............................................... 7.47
  ................................................ 172.47
Scholarship, Fellowship, and Special Studies:
  Salaries ......................................... $1,480.73
  Other ............................................... 41.41
  Tuition ........................................... 75.00
  Travel ........................................... 12.57
  ............................................... 1,609.71
Mimeographing ................................................. 372.23
Postage and Express charges ..................... 166.62
Supplies .................................................... 90.47
Stationery ................................................... 19.47
Telephone and Telegraph ......................... 5.44
Miscellaneous .............................................. 14.48
Auditing Books .............................................. 25.00
  ............................................... 5,038.53

Special Fund for Advisory Groups
  Traveling Expenses ................................... $242.26
  Luncheon and Dinner Meeting .............. 25.95
  ............................................... 268.21

Total Expenses ........................................... $22,500.55

Balance, May 31, 1936 ........................................ $23,053.26

Respectfully submitted,

MARIAN R. FLEMING, Treasurer

ADDRESS OF THE PRESIDENT

EFFIE J. TAYLOR, R.N., Dean of the School of Nursing, Yale
University, New Haven, Connecticut

It is not my thought this morning to give you a long address nor yet a
report on the work of the League during the year which, with this conven-
tion, will be brought to a close. The secretaries, the Director of Studies,
and the chairmen of the committees, in submitting their reports will present
completely what has been accomplished and the varied activities in which the
League has been engaged since we met together in New York City a year ago.
I have thought, rather, to hastily review the past four years of my stewardship and draw together, somewhat in sequence, a few events which, controversial and tangled though they may be, have brought us to where we stand today. If some of our tangles are unravelled here, this will be a memorable and an historically important meeting; and where more fittingly could tangles be unravelled and solutions found for controversial questions, than this vast and beautiful state unhampered by inhibiting traditions and customs?

Just four years ago, at the close of the thirty-eighth annual meeting of the League of Nursing Education held in San Antonio, Miss Elizabeth Burgess dropped her mantle of responsibility upon my shoulders, but in the interim she has stood by nobly with other members of the Board, to help me carry on. The preceding four-year period, in which Miss Burgess was president, was strategic in the history of the League, as during that time foundations were laid for much of the work which is now in active progress.

It was as early as 1928 that the Committee on Consultant Service, of which Miss Nutting was chairman, suggested in a progress report the need for developing some type of advisory service, which finally bore fruit in establishing in 1932 a Department of Studies. This same committee made a second suggestion. It was this: "that an effort be made to reach a clearer conception of the functions which the League can properly be expected to perform." The report continued to say, "The League represents a large and important field of education. What is its precise relation to the field it was created to serve? What are the duties and responsibilities this involves? To the urgent questions which year after year arise, what should be its attitude? What, if anything, should it be doing about them?"

We are still endeavoring to answer these four important questions and it would appear to me that we must continue for a long time to search for answers. For is it not true that with changing health and social situations and with advancing ideas in general and professional education we must never cease to study our function "in relation to the field the League was created to serve," and must change our ideas to accord with new duties and responsibilities? It is also conceivable that other organizations may be equipped to carry to perfection certain of the functions which originally were allocated to the League. Then the question looms before us, "What, if anything, should we be doing about it?"

The League has been concerned with vital problems and something had to be done about them, but it has usually been wisely conservative in the way these emergency problems were attacked. Even in the very early days when little was thought about "the scientific approach" to the solution of a problem, practically no final decisions were made without first creating a committee to study the various aspects of the case in order to determine how well or how practically they could be used in forwarding the standards and ideals of the society.

Traditions were not forgotten when the Committee on Functions and Re-
sources was formed, which later dropped the word "resources" and continued its work with one objective, that of defining the functions the League was expected to perform.

At the meeting in 1929 in Atlantic City, a progress report of the Committee on Functions and Resources was made by its admirable chairman, Miss Mary Roberts, and it is most interesting to note how significant, extensive, and far-reaching were its implications and how very comprehensive in the number of activities it brought forward for discussion. In the report, considerable space was given to the thought of accreditation. Accrediting agencies for the evaluation of other types of professional schools had apparently been given not a little study by certain members of the committee, many of whom, with the chairman, continued to serve during the years the committee devoted to study.

About this same time a good deal of discussion was taking place as to the advisability of combining our three national organizations in order to prevent duplication of function and to simplify activities, and thereby to reduce the expense of dues to so many associations. The membership of the League was quite divided in opinion as to the wisdom of such close integration as some were suggesting.

Since the League had formed a committee which had already begun a study of functions, it was felt desirable and quite logical to give its committee authority to make a study of the suggested plans for reorganization, and to study intensively the several activities and functions of the League in their own internal relation, and in the field the League was created to serve. In addition, it was also given authority to study the League and its function to other organizations.

Perhaps no committee report, in recent years, has been more useful in suggesting the clarifying of certain issues which had been taken for granted but had not been specifically stated. The questions raised presented a challenge to the League to find the answers, and to effectively and clearly make statements which could be quoted as defining what were the policies the League was willing to support. The functions which the committee presented and which were accepted by the League in 1933 at its fortieth anniversary meeting in Chicago, have, to borrow from our political friends, become the "planks in our platform" during the past four years.

At the meeting of the Board in 1932, this then newly reorganized Committee on Functions, to which we have referred, recommended in its report that, to facilitate the work of our two organizations the League become the Educational Department of the American Nurses' Association and that the Executive Secretary of the League serve also as the Educational Secretary of the American Nurses' Association. The two Boards, at a special meeting, agreed to this arrangement, each believing that it was a progressive step in bringing our work into closer unity. The arrangement was entered into as an experiment without interfering in any way with the autonomy of either organization. No change in by-laws was considered and no arrangements
were made at this time for the exchange of funds. As the work grew and the responsibilities fell upon the League for carrying on a greatly enlarged educational program which had a direct influence on the welfare of all nurses, it was necessary for the League to present a budget to the Board of the American Nurses' Association for an appropriation to carry on certain specific activities, such for example, as the work of the Mental Hygiene Committee which had formerly functioned as the Mental Hygiene Section of the American Nurses' Association. Other projects which involved consideration of the graduate nurse in the hospital nursing service and which were considered in the budget, have been financed by the American Nurses' Association and, in addition, some studies and activities accepted by the League in the program following the dissolution of the Grading Committee. During the past three years the American Nurses' Association has allocated $8,000 to the League in support of the cooperative program to which we have referred.

Plans for the future are now under the American Nurses' Association Committee for Advisement and Study. I may say at this point that the Board of Directors of the League believe that much has been accomplished by the cooperative relationship of the two organizations through this integration of their educational activities. We are looking forward to the future with confidence that a way will be found, by a still greater pooling of resources and a sharing of facilities and experiences, to further the interests of both organizations and make them more effectively serve their purposes.

The League has always accepted, as one of its primary responsibilities, the upholding of standards of organization for national, state, and local groups, and the Executive Secretary has been diligent in her contact with all state and local groups associated with the League, in seeking to set up new standards as they fitted into the progressive program adopted by the national organization.

It would be superfluous to review in detail all the functions set forth when the work of the committee was completed. Suffice it to call to your attention a few of those which, during the past four years, have necessitated committee discussions and intensive study. A major function presented by the committee was the setting up of standards for a good school of nursing and this was accepted by the League as an immediate obligation. It is exceedingly interesting to note, however, that what obviously appeared to be a simple procedure has taken a committee, composed of experienced and practical principals of schools and instructors, a year to complete. The number of variables in determining standards presented such diverse problems, not foreseen at the beginning of the study, that in the committee meetings decisions were made and rescinded till the final drafts of the report bore little resemblance to the original document. However, we believe the consideration put into the selection, compilation, and arrangement of data is justified in the manual now to be presented under the title, Essentials of a Good School of Nursing, and the committee, under the able chairmanship of Miss Nellie Hawkinson, is to be congratulated on putting out so admirable and useful a publication.
Among the list of functions, one of major prominence was the assumption of responsibility for all curricula in nursing schools. The Education Committee has virtually, for many years, provided the backbone of the League. Among its many and varied projects the preparation and publication of a curriculum for schools of nursing stands out preeminently. Synonymous with the Education Committee is the name of Isabel Stewart, its able and far-seeing chairman, and her work will go down in the history of the League as outstanding in its significance.

During the recent past, the name was changed to the Curriculum Committee as more fittingly describing its objective. There is probably no one here today who is not aware of what has been accomplished by this committee during the past year and a half. The original publication prepared by the Education Committee is now under complete revision. This revision has been made possible by an exceedingly generous gift from a friend of nursing through the Research Foundation of the Children's Hospital in Cincinnati, Ohio. We will for all time be indebted to the giver of this gift for the opportunity it has provided wherewith to make an intensive curriculum study. At no time in the past was it possible to bring together so large a number of nurse instructors and principals of schools, as combined in the study and analysis of the content and subject matter of courses. Many of the best minds in the profession, with consultants from the fields of public health, administration, and the fundamental social and biological sciences, were able to collaborate as members of the committees on program of studies and production of tentative outlines, and also on the Curriculum Committee itself.

I will not anticipate, by a long discussion, the report of the Curriculum Committee except to say that, whether or not in the immediate future the ideals for which we stand can be carried out, these ideals will be expressed in clear and simple words, that "those who run may read," and they should realize that whatever compromises are made in the process of evolution, these compromises inevitably must be steps taken toward our ultimate goal when students in nursing schools will have all the rights and privileges of students in other schools. This birthright, however, will not become assured until students in nursing schools will pay, as do other students in colleges and universities, for a part, at least, of their education, and also until schools of nursing become a part of the general educational system for which the state or the community will assume, as it does for other professional education, some financial responsibility. We can not look forward to attaining the freedom to develop the educational policies in schools of nursing on a level which the new curriculum will uphold until these fundamental principles are accepted as public obligations.

To assume responsibility for carrying on the work begun by the Committee on the Grading of Nursing Schools was still another suggested function and one also accepted by the League. During the last two years, since this committee dissolved, the League has sought to use the information gained
through seven years of research into conditions in schools of nursing and into
the supply and demand of nursing service, in so far as possible through
addresses, conferences, and publications, for the primary purpose of creating
a more advanced and reasonable point of view on the part of the community
and the hospital world towards the better education of nurses. It will be
recalled that the accreditation of schools of nursing was one of the original
functions of the Grading Committee, which, for various reasons, was not
fulfilled, and this obligation as a follow-up program, the League has not
forgotten. In this interval, and I might also refer to years in the past, the
League has been diligently at work trying to determine whether or not it
should assume this responsibility and if so, how best should it proceed. A
special committee created for the purpose of considering this function will
report at this meeting.

For the past three years the League has been engaged in cooperation with
the American Hospital Association in a study of the hospital nursing service,
and a pamphlet of considerable value has recently been published in collabor-
ation, in which are presented The Essentials of a Good Hospital Nursing
Service. A better understanding and cooperative relationship has been estab-
lished between the League and the American Hospital Association which has
significant implications, and, in seeking to find solutions for some of our
mutual problems, we have learned to know and to appreciate each other
better, and also to gain a more tolerant viewpoint in regard to certain long-
time differences of opinion.

During the coming year further studies regarding costs of nursing service
will be carried on by the Department of Studies of the League and the
American Hospital Association, and these studies should prove to be ex-
tremely valuable in that they will assist, we trust, in placing certain items
of cost and expense in the categories to which they naturally belong.

The work of the League has increased and developed far beyond our
expectations and already the office at Headquarters is entirely inadequate for
its needs. The intelligent, efficient, and loyal staff required to meet the many
and varied obligations within the national office, while somewhat increased
during the past three years, is much too small to satisfy the demands from the
field for help and advice, and, at the same time, to carry on the many
functions which, with the tide of events, the League can not relinquish to
any other organization, or set aside to be forgotten.

I have traced the steps historically in some detail, that you may know the
reason for the formation of certain new committees created in recent years,
and that you may the more easily follow the sequence of events which led
to their activities, reports of which, together with many others of equal im-
portance, you will have the pleasure of hearing during the present convention.

The National League is truly alive and its aim is to function usefully.
Its committees are active and intelligently working, each for a special ob-
jective. It is through the activities of many research groups that constructive
and safe policies will be formed which inevitably must succeed in building
up a sufficient amount of influence, through a better informed public, to pro-
vide assurance that nursing schools will be established on a sounder economic
and educational basis.

I promised not to weary you with a long address but I fear that I have
forgotten my promise in my enthusiasm to tell you some of the ways the
League is trying to serve and how we are all striving to work in advancing
towards our goals.

I must, however, take a moment or two longer to pay a tribute to my dear
friends and associates, Miss Wheeler, our Executive Secretary, and to Miss
Pfefferkorn, our Director of Studies. The work which they have accom-
plished during the past four years I can not evaluate, nor can I express the
appreciation that I would wish for the loyal support they have given to me
during my term of office. At no time were they weighed in the balance and
found wanting, and their vision and insight into the functions and work of
the League have kept the wheels in constant harmonious motion, at times,
let me assure you, under difficult and trying circumstances. The League is
entering a new era of usefulness and its activities can be safely entrusted to
what has proven to be a just and intelligent leadership.

REPORT OF THE EXECUTIVE SECRETARY

As Executive Secretary of the National League of Nursing Education, I
have the honor and privilege of presenting a report of the activities carried
on at Headquarters during the past year.

Miss Nutting in a paper, Thirty Years of Progress, read at the twenty-
ninth convention of the League asked, "What is progress? Is it the kind
of improvement which can be measured by statistics, or is it a spiritual
thing?" Undoubtedly most of us believe that the progress we have made
can not be shown by statistics alone, but the spiritual values are not so easily
measured. Does the recording from year to year of so many activities of
the League indicate progress? Those of us who are closely associated with
the organization believe that the work we are doing is most vital and neces-
sary and that it is urgent for us to carry forward our program as rapidly as
possible. Only the passing of years, however, will reveal whether the ac-
tivities in which we are engaged have served to advance our work in the
spiritual sense.

This report will deal only with the activities at Headquarters because the
chairmen of the various active committees of the League will give their own
reports.

MEMBERSHIP

Last year our membership went over the 4,000 mark—the goal which had
been set in the 1934 membership campaign. But having reached this goal,
we set another, farther ahead. The Board of Directors authorized the Head-
quartes staff to proceed with another membership drive this year. A study
was made in the office of our potential membership which revealed that our
present membership is only about 14 per cent of what it might be if all
eligible nurses were members—so many, yet so few! If all persons who were eligible were members, we would be nearly 29,000 strong! But we thought that for this year we would be satisfied to secure 5,000 members.

Letters, therefore, were sent to all state leagues asking their cooperation; a personal letter was mailed to every member of the League asking her to secure at least one new member during 1936; and a page on membership has appeared monthly beginning with February in the American Journal of Nursing. A certificate of honor was also offered to all schools reporting 100 per cent membership of their eligible staff. The procedure for obtaining this certificate will be found in the June Journal. The St. Luke’s Hospital School of Nursing at Bethlehem, Pennsylvania, was the first school to report to us a 100 per cent membership of their staff, and consequently was the first to receive the certificate. Since then, the schools connected with the Highland Hospital of Rochester, New York, and the Tacoma General Hospital, Tacoma, Washington, have been awarded the certificate of honor.

The most discouraging thing about our membership is the number of persons who drop out each year. We secure new members but every year many of the members we count on allow their membership to lapse. The number of cards in the lapsed file at Headquarters is a discouraging sight. This year, for example, we have received, so far, 77 new members from states without leagues and 644 new members from state leagues, but 884 of our 1935 members have failed as yet to pay dues. We wish that some of the states were able to assume more responsibility in following up their members when they allow their membership to lapse. The total membership for 1936, so far, is 4,063.

No doubt some of our old members have very good reasons for not keeping up their membership, some others may believe they are getting no return for the dues which they send in each year. That is why we wish that nurses engaged in all forms of educational work could learn more about the League program, could appreciate its far-reaching effects on the profession as a whole, and could realize their responsibility in carrying it forward. We can not expect to gather fruit from a tree newly planted. Reforms are effected slowly, and we must have confidence, faith, and patience, not just for one year or two years, but for many, if our objectives are to be reached. We wish our members would think of this before they allow their membership to lapse. Their support needs to be a steady thing—the trickle of water against stone.

STATE AND LOCAL LEAGUES

Maine has just been accepted as a state league and we now have 34 state leagues. One or two sections on nursing education in other states are planning to form leagues as soon as they can secure a few more members.

Several of the states are forming local leagues in accordance with the recommendations of the National.

The Executive Secretary attended two state league meetings and two meetings of educational sections during the year.
Correspondence

Correspondence is always a major activity at Headquarters. Many of the letters received require considerable time and thought; reference material has to be looked up and much time is necessarily consumed in formulating replies. Letters are answered promptly and every attempt is made to be as helpful as possible. If we do not have the information desired, correspondents are referred to sources where it may be obtained. Much of the correspondence carried on by committees is done in the Headquarters office.

An analysis of the mail for the year 1935 shows:

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<th>In</th>
<th>Out</th>
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<tr>
<td></td>
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<tr>
<td>Educational</td>
<td>6,064</td>
<td>5,569</td>
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<tr>
<td>Publications, dues, etc.</td>
<td>5,636</td>
<td>7,731</td>
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<tr>
<td></td>
<td>11,700</td>
<td>14,653</td>
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<tr>
<td>Total</td>
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This is an increase of 2,290 letters received, and 9,322 letters sent out over the year 1934.

Interviews, Conferences, and Committee Meetings

The Executive Secretary has held approximately 862 interviews with persons coming to the office. It would be of interest to know the number of conferences and committee meetings attended during the year, however no record has been kept. An enormous amount of time is consumed by our Headquarters executives in such meetings.

Work on Publications

Considering the fact that the annual convention was held late last year, we were fortunate in being able to mail the Annual Report to the membership in September. The small pamphlet on the National League of Nursing Education has been revised and is now called How the N. L. N. E. Serves You. The list of courses in the clinical specialties has been revised through a questionnaire study of the schools; and a new list of schools of nursing connected with colleges and universities where the nursing course counts towards a degree has been completed. The publications list was brought up to date last fall and copies were sent, with a letter, to all the schools on the Accredited List calling attention to the new records and other publications. A new list has been published for this convention.

An addendum has been prepared for the Accredited List to bring it up to date. A recent check-up with the state boards of nurse examiners shows that since January, 1935, 78 schools have been closed, 31 schools are in the
process of closing, and 5 new schools have been opened. The total number of schools accredited by state boards at present is 1,399, 73 less than on January 1, 1935.

The Headquarters staff has also spent considerable time during the winter in preparing the *Manual of the Essentials of Good Hospital Nursing Service*. In addition, Miss Ella Taylor has written several articles for the *Journal* from data gathered in compiling the list of schools.

Miss Laura Logan, who edited the *Essentials of a Good School of Nursing* for the Standards Committee spent seven weeks in the office at Headquarters doing this important piece of work.

**BOOKKEEPING**

With all the separate funds which the League now has, including the accounts for the Curriculum Committee, the amount of bookkeeping has been greatly increased. The sale of publications continues to grow, and the larger number of members means more dues to be handled by the bookkeeper. Although Miss Parker has assistance from others in the office she has had all she could do to handle the work this past year.

**LEAGUE FILES**

Nothing has been done with the files for years. The folders were so old they were literally falling to pieces and many of the labels were broken off so that it was difficult, if not impossible, to find material. The files have been entirely rearranged and set up in a more efficient manner, new folders properly labelled have been made, and the card file has been brought up to date.

**MISS ELLA TAYLOR'S WORK**

Last year Miss Ella Taylor devoted the greater part of her time to work on the Accredited List, and in gathering data for committees. Since January first she has given about four months to the Department of Studies.

**BIENNIAL CONVENTION**

Since it was the League's turn to handle the arrangements for the Biennial Convention this year, the Executive Secretary has been chairman of the Headquarters Biennial Convention Committee. Correspondence with the Committee on Local Arrangements in California has consequently been carried on through the League office, and has added greatly to the work of the office.

**ATTENDANCE AT STATE MEETINGS**

Upon invitation from the states, the Executive Secretary in October attended the state conventions at Chattanooga, Tennessee, and Tuscaloosa, Alabama. In March she attended a meeting of the New Hampshire State Nurses' Association at Concord, New Hampshire, and in April the convention of the New Jersey State League at Asbury Park, New Jersey.
EXHIBITS

The League shared a booth with the American Nurses' Association at the convention of the American Hospital Association held in St. Louis the first of October. Miss Ella Best represented the American Nurses' Association, and the Executive Secretary, the National League of Nursing Education. In preparation for the exhibit we had 14 large charts made in our office, part of which showed some of the improvements in schools in 1935 as compared with the first and second gradings. The other set gave data on the hospital personnel which were secured in the study made for the committees of the League and the American Hospital Association. The American Nurses' Association also had charts on registries and the progress of the eight-hour program for private duty nurses. We were much gratified by the amount of interest shown in the exhibit and by the number of persons who visited our booth.

Miss Best used part of the charts—those on the hospital personnel—at the meeting of the American College of Surgeons in San Francisco. The charts on schools of nursing were used by the Executive Secretary at the state meetings.

League publications were also exhibited at the Convention of the Catholic Hospital Association in Baltimore, Maryland, June 15-19.

Since we were having so many requests for exhibits, the Executive Secretary asked the Board of Directors to appoint a special committee on exhibits. This committee has been most helpful in making suggestions for better methods of preparing publications for exhibit purposes, and in assisting with arrangements for this convention.

THE NATIONAL LEAGUE OF NURSING EDUCATION AS THE DEPARTMENT OF EDUCATION OF THE AMERICAN NURSES' ASSOCIATION

A complete report of the activities of the League in its function as the Department of Education of the American Nurses' Association will be found in my report as Educational Secretary of the American Nurses' Association.

COMMITTEE ACTIVITIES

We wish to call attention to the fact that the Headquarters office lends much assistance to special committees of the League and carries many details of their work. (This does not, of course, apply to the Curriculum Committee.) National committees frequently hold their meetings at Headquarters.

PROBLEMS

We wish it were possible for us to help solve all the problems which are presented to us in the office. We have frequent appeals for assistance with problems for which we should very much like to have an answer. In spite of the reported oversupply of nurses, hospitals write us that graduates can not be found to staff their wards. The situation is present both in cities and in rural communities. Hospitals have closed their schools and now find them-
selves in a serious position without nurses to care for their patients. On the other hand, we hear that a good many nurses are unemployed. However, the registries and nursing bureaus report that nurses are unwilling to take hospital positions because of low salaries and long hours of work. This situation is serious enough to warrant study. Is there a shortage of nurses? Are hospital salaries too low and hours too long? Are some of the unemployed nurses really employable?

One hospital superintendent at a recent meeting of the American Hospital Association said, "If the small rural hospitals can not secure graduate nurses, and the nursing profession fails to come to their aid with a solution, dreadful things are likely to happen. . . I am afraid that unless nursing leadership calls a halt, large numbers of hospitals of the small type will undertake to train practical nurses, free from the encumbrances of strict regulations and requirements . . . many of us have given up our training schools and as such it has been an aid to the unemployed nurse. For this reason we expect the nursing profession to take account of our needs should the occasion arise." 3 This is a challenging statement, and it puts squarely before our national nursing organizations a responsibility which we must immediately assume.

The whole question of the use, preparation, and control by law of subsidiary workers in nursing services is another issue which our nursing organizations can no longer afford to evade. If we do not do something about it, the public will.

Legislative problems are also constantly arising, but we have little to give in the way of national guidance as far as sound legislation pertaining to the requirements for accredited schools is concerned.

Another challenge which we must meet is the constant criticism that nurses are being overeducated. This is undoubtedly due to erroneous reports which are being circulated, and to a lack of understanding as to what the education of the nurse actually means.

As League members we must demonstrate to our critics that we are sincerely attempting, with all the knowledge and resources at our command, to prepare better nurses—those who shall possess not only skilled technique and scientific knowledge, but who shall be conscious of the mental, social, and health needs of their patients. We must insist that nurses no longer be prepared exclusively for nursing in hospitals, they must be fitted to serve the public wherever their services are required.

To see that nurses are prepared to meet present-day needs is clearly the function of the League. It is also our duty to see that in receiving such preparation students are not exploited to meet the needs of the hospitals for nursing service, and to see that their health is protected through proper hours and working conditions. The only excuse for our existence as an independent organization is that we are not motivated by self-interest but have an obligation to society in providing for its sick, adequately prepared nurses.

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May I take this opportunity to express my appreciation of the splendid support and cooperation accorded me by the membership, the Board of Directors, and particularly by Miss Taylor who, during her term as President, has given so untiringly and generously of her services.

Respectfully submitted,

CLARIBEL A. WHEELER, Executive Secretary

REPORT OF THE EDUCATIONAL SECRETARY OF THE AMERICAN NURSES' ASSOCIATION

The Educational Secretary of the American Nurses' Association has the honor to present the report of the Department of Education. The report gives a résumé of the work of the two years during which this department has received funds from the American Nurses' Association.

Attention is called to the fact that the projects listed below, as well as other activities of the National League of Nursing Education, are logical follow-up activities of the Grading Committee's work.

The principal activities undertaken by the Department are:

I. Activities with state boards of nurse examiners
II. Activities in mental hygiene and psychiatric nursing
III. Activities with the American Hospital Association
IV. Activities in connection with the preparation of A List of Schools of Nursing Meeting Minimum Requirements Set by Law.

I. Activities with State Boards of Nurse Examiners

These activities are carried on through: A. The Committee on State Board Problems of the National League of Nursing Education; B. Special conferences of the state boards of nurse examiners; C. Joint Committee on Legislation of the American Nurses' Association and the National League of Nursing Education.

A. The Committee on State Board Problems

The membership of the Committee on State Board Problems is as follows:
Daisy Dean Urch, Chairman; Irene Murchison, Clara Querciau, Ethel M. Smith, Julie C. Tebo, Corah V. Lund, Anne Radford, Elizabeth Sullivan, Irene Wilson, Barbara Thompson, and Sister Domitilla.

Several of the members of the committee are also chairmen of important sub-committees. The principal pieces of work undertaken by this committee and its subcommittees are:

1. State board examinations

With Sister M. Domitilla as chairman of the subcommittee, an extensive and valuable study of state board examinations has been made. It dealt with the present practice in state board examinations; gave an analysis of the application form used, and of the types of examination questions; discussed the value of examinations in the principles and practice of nursing, etc. A complete report of this study will be found in the Proceedings of the Special Conference of State Boards of Nurse Examiners published by the National League of Nursing Education, 1935.
The subcommittee made the following recommendations:

a. That the state nursing organizations recommend for appointment to the state examining board only such nurses as would be qualified for their duties.

b. That the objectives to be emphasized by state board examinations be more clearly defined and that examinations be constructed which will more adequately attain these objectives.

c. That in addition to the usual objective or objectives, examinations be made instruments for promoting greater uniformity of standards in nursing education in the various states.

d. That steps be taken to promote greater uniformity in practice relative to the reexamination of applicants who fail.

e. That examinations in eight, ten, or twelve subjects be abandoned in favor of examinations along broader lines such as the areas suggested for the new curriculum. It might even be advisable to give an examination in the basic sciences to students who have completed a year of work in a school of nursing and reserve the final state board examination for the principles and practice of nursing, the medical sciences, therapeutics, the social sciences, and professional problems.

f. That each state organize a state committee on state board problems and that committee membership be extended to include experts on examinations from the field of general education.

g. That plans be made for a central council or committee which will be able to:
   1. Construct good examinations which can be secured by the various states.
   2. Set standards relative to scoring and grading examinations.
   3. Give advice and assistance relative to other matters which come under the jurisdiction of the examining board.

h. That scientific studies be made to determine the advisability of giving examinations in nursing practice through practical demonstrations, and that acceptable methods of giving and scoring such examinations be determined.

Sister Domitilla is continuing a study of state board examinations this year.

2. Surveying or inspecting schools of nursing

Through information secured by a questionnaire sent out by the committee last year, the urgent need for a further study which would lead to recommendations for more uniform methods of surveying schools was demonstrated. Consequently a subcommittee with Clara Quereau as chairman was formed. This committee has been very active and a report of its work will be given at the Conference of State Boards of Nurse Examiners on Saturday, June 27, 1936.

3. Records of closed schools

A study is being made of the way in which records of schools that are closed are being handled both by the hospital in which the school was located and by the state boards. Recommendations as to the best disposition of such records will undoubtedly be the outcome of this study.

4. Better-prepared faculties

The committee is also studying methods by which state boards may gradually raise the requirements for members of the faculties of schools of nursing in the various states. The committee believes this can be accomplished by a gradual process of upgrading.

5. Better selection of students for schools of nursing

The committee is studying admission requirements in the various states with the hope that the state boards may be able to do more than they have
done in the past in raising admission requirements for students and in assisting the schools in making a more careful selection of students.

6. Work with Curriculum Committee

The committee has been working very closely with the Curriculum Committee, and on January 25, 1936, held a joint conference with the Curriculum Committee in New York City. Twenty-six state board representatives were present at this meeting.

7. Work with state league committees

The committee is lending all possible assistance to state league committees on state board problems which are being formed in the states.

8. Other activities

Other activities of the committee are directed towards securing more adequate clinical experience for the basic preparation of students in schools of nursing, in using better programs of staff education in hospitals conducting schools, and in promoting the use of graduate nurses in sufficient numbers to assure better preparation of students and at the same time safeguard the care of the patients in hospitals.

B. Through Special Conferences of the State Boards of Nurse Examiners

The committee has sponsored special conferences of the members of state boards in connection with the National League of Nursing Education conventions and with the American Nurses' Association and the League at Biennial conventions. Such a conference is being held the day following this convention.

C. Through Joint Committee on Legislation

A Joint Committee on Legislation of the American Nurses' Association and the National League of Nursing Education, Elizabeth C. Burgess, Chairman, is attempting to formulate the principles of a good nurse practice act.

II. Activities in Mental Hygiene and Psychiatric Nursing

Since the American Nurses' Association voted to give up its Section on Mental Hygiene and turned over these activities to the National League of Nursing Education, the League has formed a Committee on Mental Hygiene and Psychiatric Nursing with May Kennedy as chairman. The members of the committee are: Rose Bigler, Elizabeth Bixler, Marion Faber, Mary E. Corcoran, Lena Kranz, Anna K. McGibbon, Eloise A. Shields, Sister M. Laurentine, Helena L. Willis, and Letitia Wilson.

This committee, which has been very active since its beginning, has assumed the following functions:

1. Aiding in improving the care of the mentally ill. This could be accomplished by:
   a. Interesting nursing educators in the care of the mentally ill patient, so that the subjects of mental hygiene and psychiatric nursing would be included as required subjects in the curriculum of the school of nursing.
   b. Emphasizing the importance of including the mental aspect as a significant factor in the study and care of every sick person.
   c. Getting nurses interested in and prepared for state hospital positions and for psychiatric nursing and mental hygiene work in the community.

2. Informative—distribution of data on matters pertaining to psychiatric nursing and mental hygiene, such as:
   a. Information regarding graduate courses in psychiatry and mental hygiene.
   b. Information regarding various therapeutics: recreational and occupational therapies, hydrotherapy, etc.
c. Information on the subject of a general nature which is constantly being sought by nurses in the field.

3. Relationships—seeking best means of becoming associated with:
   a. Psychiatrists and mental hygienists so that we may learn what they expect of the graduate nurse and how she might cooperate and work with them.
   b. Departments of public welfare or those groups which control state institutions in order that nurses may be informed regarding positions and the qualifications for same.
   c. Mental hygiene societies in the various states so that nurses might cooperate with them in their activities.
   d. State Board Examiners. It is important that this committee and the state boards get in closer relationship with each other so that the board will have information on mental hygiene and psychiatric nursing for the nurses of their respective states.
   e. Superintendents of Schools of Nursing and Governing Boards of Hospitals. It is important that superintendents and governing boards become interested in the subjects of mental hygiene and psychiatry in order that these subjects may be included in the curriculum.

4. Publicity
   a. The public should be better informed regarding mental hygiene and psychiatric nursing. The committee is making an effort to assist organizations in procuring programs and speakers on these subjects.
   b. It should also assist in procuring articles for magazines and journals.

5. The committee should study facilities for courses in mental hygiene and psychiatric nursing.

6. The committee will assist, wherever possible, those nurses who are interested and who are working in state hospitals to improve the nursing care of the patients and to promote the education of the nurse.

The most important work under the auspices of this committee has been a survey of nursing schools in seven psychiatric hospitals by Miss Harriet Bailey. This study was made with the cooperation and full approval of the American Psychiatric Association. The purpose of the study was to ascertain what is being done by psychiatric hospitals to provide preparation for nurses, both undergraduate and graduate, in this field of work, and to show what steps are necessary to improve the present facilities for the preparation of nurses and to provide better nursing care for the mentally ill. Miss Bailey's report A Survey of the Nursing Schools in Seven Psychiatric Hospitals was published in the American Journal of Nursing in May, 1936.

The committee is working on a reading list on psychiatry, mental hygiene, and related subjects, which may be used in giving out information at Headquarters. A subcommittee with Miss Anna McGibbon as chairman is preparing an outline for a course in psychiatric nursing for graduate nurses.

III. Activities with the American Hospital Association

The following committee was appointed to work with the Division on Nursing of the American Hospital Association: Laura M. Grant, Chairman; Katharine J. Densford, Susan C. Francis, Josephine Goldsmith, Carrie M. Hall, Elsie M. Lawler, Jessie Murdoch, Elizabeth Odell, Elizabeth Pierce, Clara Queereu, Dorothy Rogers, Alma H. Scott, Sister John Gabriel, Maud Traver, Blanche Pfefferkorn.
As a first step it seemed advisable to begin work on the essentials for a good hospital nursing service since such a service is necessary as a background for a school of nursing. The Manual of the Essentials of Good Hospital Nursing Service was consequently prepared and published in February, 1936.

In connection with the preparation of this Manual a study of salaries, health examinations, vacations, etc., was made by the two committees, and was published in the hospital Bulletin, October, 1935. This work was carried on entirely in the Headquarters office.

IV. Preparation of the List of Schools of Nursing Meeting Minimum Requirements Set by Law

The League was fortunate in having Miss Ella Taylor, formerly with the Grading Committee, to take charge of the revision of the List of Schools of Nursing Meeting Minimum Requirements Set by Law. The preparation of questionnaires, tabulation and checking of data, reconciliation of the information received from schools with that from state boards, the preparation of the material for publication, and the proof reading was a long and exacting job which took seventeen weeks of Miss Taylor's time and that of a clerical worker.

From the data obtained, a study was made of tuition, allowances, vacations, health examinations, hours of duty, and number of full-time instructors, and charts were made showing the comparison of conditions in schools of nursing in 1935 as compared with the first and second gradings. These formed the bases for a series of Journal articles written by Miss Ella Taylor and one published in Modern Hospital by the Educational Secretary. This work can well be considered a direct follow-up of grading activities.

CARRYING ON GRADING ACTIVITIES

Much of the work in which the League is now engaged may be considered as carrying forward activities of the Grading Committee. The most important may be briefly described as follows:

1. Revision of the Curriculum for Schools of Nursing. The study made by the Grading Committee showed the need for a change in the present curriculum. This is being carried out by the Committee on Curriculum, formerly the Committee on Education, and a report of the progress of the work on revision will be presented at this convention.

2. Work with State Boards of Nurse Examiners. The Grading Committee worked closely with the state boards of nurse examiners, and the League is most desirous of doing so also. The entire program with state boards as outlined previously in this report could quite logically be considered as carrying forward the work of the Grading Committee with state boards.

3. Mental Hygiene and Psychiatric Nursing. The Grading Committee pointed out the need for better preparation of students in mental hygiene and psychiatric nursing, and the League is actively engaged in a study of how better preparation than they now receive may be provided for students in psychiatric nursing.

4. Improvement of Hospital Nursing Service. The Grading Committee emphasized that good nurses could not be prepared in schools of nursing unless the students could see good nursing practice on hospital wards; also that the hospital
must provide graduate nurses in sufficient numbers so that students could be assigned only to such practice as they needed to learn. The Manual on the Essentials of Good Hospital Nursing Service before mentioned is designed to raise the standards of nursing service in hospitals. A study of the nursing service in 50 hospitals in New York City has been made by the Department of Studies.

5. Intensive Studies of Schools. The Department of Studies has already made a survey of nursing education facilities in all the schools of two states, and in addition, in a number of individual schools. No better follow-up of grading activities than this could possibly be instituted.

6. Standards for Nursing Schools. One reason given by the Grading Committee for not actually grading schools of nursing was that it did not have a sufficient number of accepted standards or criteria on which to base grading of schools. The League, through its Committee on Standards, has formulated such criteria, and has published them in a pamphlet called the Essentials of a Good School of Nursing, June, 1936.

7. Lay Participation. The Grading Committee strongly recommended more active participation of lay groups, particularly school committees, in nursing affairs. The League, with a thorough appreciation of this need, organized a Committee to Consider Lay Participation and is recommending the formation of similar committees in the states.

8. Courses for Graduate Nurses. The Grading Committee emphasized the need for courses for graduate nurses on several different professional levels. The Education Committee of the League spent two years in a study of such courses and a number of articles and outlines were published in the American Journal of Nursing. The Committee recommended to the Board of Directors that the League publish as soon as possible an approved list of courses on an advanced level. The League is entirely cognizant of the need for such a list, and, as soon as a way can be provided, will set up criteria for courses on the various levels with a view to studying the existing courses and publishing an approved list. In the meantime, the best it can do is to furnish to those seeking information a list of the courses now being given together with such data as will help them most in making a wise selection of courses.

OTHER JOINT ACTIVITIES OF THE A. N. A. AND THE N. L. N. E.

The League is particularly interested in cooperating with the American Nurses' Association this coming year in the following activities:

1. Furnishing better guidance to states on legislative matters, and in setting up principles governing an ideal nurse practice act.

2. Publishing a new digest of laws which will include not only the regulations set by law, but those set by the state boards.

3. Reaching, with the National Organization for Public Health Nursing, a national agreement on the question of use, preparation, and control of subsidiary workers in nursing services.

4. Seeking ways and means of furthering the use of graduate, registered, staff nurses in hospitals.

SUMMARY

In this brief report an attempt has been made to give a picture of the program of the N. L. N. E. as it functions as the Department of Education of the A. N. A., the special projects which have been undertaken, some of the chief problems vitally concerning the two organizations, and the proposed activities for 1936.

The united efforts of the staffs of the A. N. A. and the N. L. N. E., and the spirit of friendliness and cooperation which permeates the Headquarters
offices will, we trust, make itself felt by the nursing groups in the states. With such a united front we should be able to push forward to creditable accomplishments in the interest of the profession.

Respectfully submitted,

CLARIBEL A. WHEELER, Educational Secretary

REPORT OF THE DIRECTOR OF STUDIES

Each year as I prepare the report for our membership, it seems to me that the work of the past twelve months has been particularly interesting and significant. However, it may be that my nearness to the task and my own personal interest in it tend to color my thinking. In the outline of the year's activities which I submit to you, I have endeavored to point out certain aspects and conditions as disclosed by the findings of the studies made during that period which are fundamental in any well thought out plan of nursing service, and which inevitably affect the existing scheme of nursing education.

The Department of Studies has been engaged in three major projects in the past year. These projects are:

1. A study of the nursing education facilities in Vermont (This study was requested by the Vermont Nurses' Examining Board.)

2. A study of the nursing education facilities in Washington (This study was requested by the nursing organizations of the District of Columbia. It is not yet completed.)

3. A study of the nursing service in fifty selected hospitals in New York City

Perhaps no two localities in the United States offer more of a contrast in a nursing survey than Vermont and the District of Columbia. In every community there are certain local factors which affect the general organization of the hospitals, the nursing service in these hospitals, and the existing nursing schools. These factors include: (1) the attitudes and culture of the people; (2) the topography of the country; (3) the character of the population, whether rural or urban; (4) the ways people earn their livelihood; (5) the state's estimated wealth; (6) the community health program; and (7) the local facilities for general and professional education. To consider each of these factors as they influence hospitals and nursing education development in Vermont and Washington would require more time than is permissible on this program, so that I have included in the discussion only two or three of the more significant.

Vermont spreads over 9,013 square miles. It is a state of mountains, valleys, little lakes, and rivers. In the establishment of any cooperative plan between two or more institutions in Vermont, one does not ask the question, "How many miles is one institution from the other?" but, "Is there a mountain between the towns where the two institutions are located?" Thus, when I discovered a progressive college within a fairly short radius of several nursing schools, I naively remarked on the opportunity for establishing a collegiate relationship. I was promptly reminded, however, that the college was walled in by a circle of mountains, and that especially in winter (and
the winters are long and cold and snowy in Northern New England) transportation became a difficult problem over some of these mountain roads.

Washington, which is coextensive with the District of Columbia, covers 62 square miles as against Vermont's 9,000. While the outskirts of the city are hilly, the country is fit with short, easily traveled distances between all sections of the capital. Bus and street car lines intersect all parts of the city, and innumerable taxis, with low fares, are constantly cruising about the town. There is no problem of going from one place to another, and the matter of transporting students from the home school to an affiliating institution is simple and inexpensive in winter as well as in summer.

The topography of Vermont naturally lends itself to small communities with a large rural population. More than 60 per cent of the towns have less than 1,000 persons, and 67 per cent of the population is rural. The entire population of the District of Columbia is concentrated in the city of Washington so that it represents an essentially urban area—in the United States Census Report of 1930 it is recorded as 100 per cent urban. In 1930 there were 39 people to each square mile in Vermont, whereas in the District of Columbia there were about 7,900, and at the present time there are probably more, since the New Deal projects have increased the census to almost war-time peaks.

As a result of population distribution, the majority of the hospitals in Vermont are small. The largest general hospital in the state has a bed capacity of 135, two others exceed 100 beds, but the remaining 15 range from 12 to 86. In Washington, on the other hand, there are two general hospitals only, with fewer than 100 beds; in the remaining nine, the number of beds ranges from 127 to 1,135. Thus, Vermont is a state of small and medium-sized hospitals, whereas in Washington the hospital development is toward fairly large institutions.

In Vermont the two occupations which engage the largest percentages of the population are agriculture and manufacturing and mechanical industries; in Washington, clerical and domestic and personal service. The estimated wealth of Vermont is about eight hundred million dollars; that of the District of Columbia almost seventeen hundred, or more than twice as much as that of Vermont. Scattered over the 9,000 square miles of Vermont are ten universities, colleges, and normal schools; concentrated in the 62 square miles of the District of Columbia are twenty-three. In Vermont a characteristic of the population is stability—many Vermont families have lived in Vermont for generations; but in Washington, there is considerable flux in the population, even though the claim is made that there are native "Washingtonians."

Now, the things which have been named and described inevitably and vitally affect the local hospital nursing services and the nursing schools. The size of the hospitals, accessibility of one hospital to another, educational institutions, available financial resources, and the permanency of the residents, their attitudes and cultural background, are all factors which require thought-
ful consideration for an understanding appraisal of any local nursing education system. The value of the surveys carried on by our organization in different sections of the country are, we believe, twofold: for the community they provide an objective evaluation of its nursing schools with suggestions for the utilization of the facilities in the state; for the League the opportunity to gain first-hand insight as to how nursing education operates in different sections of the country and is affected by different local and social conditions.

The New York Hospital Nursing Service Study was a part of the Hospital Survey for New York. The survey was carried on by a Study Committee of which Dr. George E. Vincent was chairman; the director of the survey was Dr. Haven Emerson. Our organization was requested to undertake the nursing service study in fifty selected hospitals. Basically, the purpose of the study was to find out how well patients were nursed in New York. More specifically it aimed to determine (1) the average bedside nursing hours provided for patients on the different hospital services and in the different hospital accommodations; (2) the distribution of the total bedside nursing hours during the 24-hour period; (3) the relationship of bedside hours provided by graduate and student nurses; (4) the proportion of supervisors and head nurses to patients; (5) the proportion of supervisors and head nurses to bedside personnel; (6) the proportion of subsidiary workers to patients; (7) the extent to which nonprofessional workers are employed for bedside care; and (8) balance maintained between patient load and bedside workers.

From the above it will be seen that the study dealt with certain factors that are fundamental in the sound organization of a nursing service and in the provision for a good quality of nursing care to patients. It disclosed some extremely significant practices. The report of the nursing service study will be published as a part of the Hospital Survey. It is also planned to prepare a series of short articles for the American Journal of Nursing in the coming year. These articles will deal more particularly with principles and techniques evolved from the nursing service study, a discussion and description of which it is believed will be of practical help to the nursing service administrator.

In addition to the above projects, inquiries have been received concerning nine other studies during the year. In two instances, the studies were concerned with the nursing service of hospitals which were being considered as experience fields for college schools of nursing. A third well-known school desired an analysis of the nursing service of a mental hospital prior to the establishment of an affiliation with that hospital. Another inquiry related to the possibility of carrying on a mental nursing time study. In three other cases the question was asked if the Department of Studies would provide consultant service for local studies. It is interesting to note that in the past year the number of single requests for purely nursing service studies has exceeded those for educational surveys, and that in places where nursing
education is contemplated in a university system it is increasingly proposed to appraise the nursing service of the hospital or hospitals before negotiations are completed for affiliation.

At the time of this writing it seems probable that our commitments and proposed program will carry us well into or past the next convention period. Two of the studies that are scheduled for next year are (1) Out-patient nursing service study and (2) a long-talked-of cost study. Both of these studies will be carried on in cooperation with the Division on Nursing of the Council of the American Hospital Association. We undoubtedly need information on both of these topics. The extent to which we can unravel hospital operations and accounts sufficiently to separate, with reasonable accuracy, nursing service and nursing education costs, remains to be found out. But we believe we can point out some of the factors entering into costs and ways for determining the cost of these particular items. As for the outpatient nursing service study, it is a project which I believe is urgently needed. In the large majority of outpatient divisions, at least in those visited by the writer, nurses are little more than technical assistants to the physicians with practically no opportunity for developing the preventive and teaching aspects which are so numerous in outpatient nursing. Once the functions of the graduate nurse staff are classified and more clearly defined it may be that a better use will be made of outpatient service as a field for student experience.

In the course of the year’s work visits have been made in 75 hospitals. I have only the pleasantest memories of each of these visits; of the thoughtfulness, the cordiality, and the frankness with which I was received, and the cooperation I was given in securing data.

At Headquarters, Miss Ella Taylor gave valuable assistance in the New York Nursing Service Study. To the Committee on Studies, I am grateful for the time they have so generously given in reviewing studies, and to Miss Effie J. Taylor, our President, for the ready and sympathetic counsel which I have received from her on many occasions.

Respectfully submitted,

Blanche Pfefferkorn, Director of Studies

REPORT OF THE CURRICULUM COMMITTEE

For the report of the Curriculum Committee, see Miss Stewart’s Progress Report given at the Wednesday morning session conducted by the Curriculum Committee which appears on page 164.

REPORT OF THE COMMITTEE ON ELIGIBILITY

The following states where there are no state leagues and admission is through individual membership have increased their membership: Alabama, Arizona, Connecticut, Maine, Montana, Ohio, South Carolina, South Dakota, Territory of Hawaii, Vermont, Virginia, West Virginia.
Ohio has sent in by far the largest number for active membership; Connecticut the largest number for junior active membership.

Sixty-two applications have been received and approved by the committee for active membership, fourteen have been approved for junior active membership, and one for associate.

Seventy-seven members have been added during the year. Inasmuch as only two states, Connecticut and South Dakota, are represented in the junior active membership group, it would seem evident that very little effort is being exerted in stimulating the younger members of our profession to join and thereby benefit by the opportunities offered by the National League of Nursing Education to its members. It would seem desirable that some plan be formulated which would place a responsibility upon each state for such stimulation and for interesting and encouraging young graduates to participate in the work of the League.

Endorsed applications, as listed, have been approved and recommended for membership by the Committee on Eligibility:

Active Members

Allen, Fern N., 617 West Grace Street, Richmond, Virginia
Barbin, M. Georgina, 489 State Street, Bangor, Maine
Bowers, Annie L., 812 Adams Avenue, Montgomery, Alabama
Box, Adelyn E., 3161 Harvey Avenue, Cincinnati, Ohio
Braun, Mary T., Good Samaritan Hospital, Dayton, Ohio
Burns, Agnes Evelyn, University Hospitals, Western Reserve University, Cleveland, Ohio
Campbell, Eleanor F., 79 Branham Street, Portland, Maine
Celaya, Laura F., 913 Myrtle Avenue, Tempe, Arizona
Cihalk, Clara A., St. Joseph Hospital, Mitchell, South Dakota
Coughlin, Julia M., 1442 Chapel Street, New Haven, Connecticut
Dailey, Mary J., St. Vincent’s Hospital, Birmingham, Alabama
Foley, Mary Madelyn, Grant Hospital, Columbus, Ohio
Gage, Edith B., 1803 Valentine Avenue, Cleveland, Ohio
Hammock, E. Walton, 617 West Grace Street, Richmond, Virginia
Hanes, Gladys M., 1805 Valentine Avenue, Cleveland, Ohio
Hanhauser, Margaret C., Ohio Valley Hospital, Steubenville, Ohio
Hanson, Ruth, Britton Hospital, Britton, South Dakota
Haynes, Gertrude T., 412 East Tuscaloosa, Florence, Alabama
Hobson, Sarah M., 380 Summit Street, Steubenville, Ohio
Hoffmeyer, Ellen, The McLeod Infirmary, Florence, South Carolina
Hoglund, Elsie, Britton Hospital, Britton, South Dakota
Horning, Irene L., 482 Glenwood Avenue, Akron, Ohio
Hurley, Roselle Ferry, 78 Oak Street, Ellsworth, Maine
Jamieson, Esther V., 1805 Valentine Avenue, Cleveland, Ohio
Kean, Elsie C., Norfolk Memorial Hospital, Norfolk, Virginia
Kent, Bernice I., Bridgeport Hospital, Bridgeport, Connecticut
Kilpatrick, Golda G., South Side Hospital, Youngstown, Ohio
Kish, Velma, State Hospital, Toledo, Ohio
Lanford, Eloise M., 617 West Grace Street, Richmond, Virginia
Lewis, Mary E., 98 Burtles Avenue, Columbus, Ohio
Malone, Nell T., 224 49 Street, Newport News, Virginia
McCabe, Agnes, Grace Hospital, New Haven, Connecticut
McClelland, Frances E., Ohio Valley Hospital, Steubenville, Ohio
McKenzie, Janie, 812 Adams Street, Montgomery, Alabama
Neilson, Ruth E., Youngstown Hospital, Youngstown, Ohio
Quigley, Dorothy R., St. Francis Hospital, Honolulu, Hawaii
Richardson, Anna L., Rockingham Hospital, Bellows Falls, Vermont
Scheips, Edna Marie, Community Hospital, Rumford, Maine
Schweikart, Katherine M., 179 West Washington Street, Alliance, Ohio
Showalter, Marie, 738 South Mason Street, Harrisonburg, Virginia
Sister Hildegaridis, St. Mary's Hospital, Betts and Linn Streets, Cincinnati, Ohio
Sister Irene Flanigan, 812 Adams Street, Montgomery, Alabama
Sister Jane Frances Byrne, 812 Adams Street, Montgomery, Alabama
Sister John Marie Pithand, St. Vincent's Hospital, Billings, Montana
Sister Louise Agnes Clausmeyer, 1442 Chapel Street, New Haven, Connecticut
Sister Lydia, St. Vincent's Hospital, Birmingham, Alabama
Sister Mary Ita, St. Luke's Hospital, Aberdeen, South Dakota
Sister M. Loyola, Corner High and Baxter Streets, Lima, Ohio
Sister M. Norbert, St. Joseph's Hospital, Mitchell, South Dakota
Sister Mary Veronica, St. Joseph's Hospital, Phoenix, Arizona
Sister Mary Wilhelmina, 1601 Second Avenue, North, Great Falls, Montana
Sister Saint Benjamin, 518 Sabattus Street, Lewiston, Maine
Skott, Helene C., Ohio Valley General Hospital, Wheeling, West Virginia
Spencer, Katherine M., 617 West Grace Street, Richmond, Virginia
Stemler, Mildred McConnell (Mrs.), Deaconess Hospital and St. Mary's Hospital, Cincinnati, Ohio
Taylor, Margaret S., The Eastland, Portland, Maine
Watts, Donna E., 1020 Kennedy Avenue, Havre, Montana
West, Hazel, Elyria Hospital, Elyria, Ohio
White, Mercedes E., Cary Memorial Hospital, Caribou, Maine
Wikman, Svea A., Bridgeport Hospital, Bridgeport, Connecticut
Wilder, Agnes M., 1020 Kennedy Avenue, Havre, Montana
Windley, Dorothy, Youngstown Hospital, Youngstown, Ohio

Junior Active Members
Hanson, Mildred V., 43 Clinton Avenue, Stratford, Connecticut
Kelleher, Margaret M., Grant Street, Bridgeport, Connecticut
Laskarzewski, Harriet G., Bridgeport Hospital, Bridgeport, Connecticut
Marcel, Mary G., 585 Main Street, Ansonia, Connecticut
Mehalak, Nellie E., Bridgeport Hospital, Bridgeport, Connecticut
Nelson, Margaret M., Bridgeport Hospital, Bridgeport, Connecticut
Powell, Louise, 1812 East 105 Street, Cleveland, Ohio
Reinertson, Marie, Britton Hospital, Britton, South Dakota
Rolf, Charlotte C., New Britain General Hospital, New Britain, Connecticut
Sauer, Dorothy H., Bridgeport Hospital, Bridgeport, Connecticut
Tierney, Marion M., 86 Catherine Street, Bridgeport, Connecticut
Walker, Clarice E., 97 Vine Street, Bridgeport, Connecticut
White, Alice G., Bridgeport Hospital, Bridgeport, Connecticut
Zabel, Dorothy A., R. F. D. 4, Bridgeport, Connecticut

Associate Member
Jarboe, Della G., St. Francis Hospital, Honolulu, Hawaii

Respectfully submitted,

ADELAIDE A. MAYO, Chairman

REPORT OF THE COMMITTEE ON FINANCE

The Committee on Finance begs to submit the budget for 1936.
The committee approved and recommended to the Board of Directors at
its meeting in January, 1936, a budget of $28,822.53. This includes the budget of $19,382.48, which is itemized separately.

The committee approved and recommended to the Board of Directors the adoption of a budget of $1,885.00 for the Special A. N. A. Fund, leaving a small balance of $258.35 in that fund.

In the Fund for Carrying on Grading Activities, there remained at the beginning of this year, $9,548.47. A tentative budget was set up and referred to the Board of Directors. Since that time, by referendum vote, $1,000 has been added to the budget to cover the cost of printing a library handbook; also $300 for the Committee on Standards. It is expected that some portion of this will be returned to the fund as a result of sales. The total estimated budget for 1936 is $6,685.00, leaving an estimated balance, December 31, 1936, of $2,863.47.

Itemized estimated budgets are attached to this report, including the budget for the Special Research Fund for the Curriculum Committee, which has been submitted by the chairman.

It was voted by the committee that the amortization of $1,000 on the $10,000 investment in first mortgage certificates of the Plainfield Title and Guaranty Company be reinvested in some savings bank.

NATIONAL LEAGUE OF NURSING EDUCATION

1936 Budget

GENERAL ACCOUNT

Estimated Income

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<td>Publications (including reprints, curriculum, Nurses, Patients, and Pocketbooks, studies, biographical sketches)</td>
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$28,822.53

Estimated Expenses

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<td>Board of Directors Meeting—Officers and Directors, January</td>
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<td>Booth—American Hospital Association Convention</td>
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Committees:
- Eligibility: $5.00
- Finance: $50.00
- Functions: $5.00
- Lay Participation: $75.00
- Nominating: $20.00
- Records: $40.00
- Revisions: $5.00
- Sisters' Committee: $100.00
- Studies: $85.00

Convention:
- Miscellaneous: $100.00
- Officers' expenses: $1,550.00
- Program and Speakers: $250.00
- Reporting: $100.00
- Headquarters Budget: $19,382.48
- Miscellaneous: $50.00
- Nursing Information Bureau: $300.00
- Photographs: $150.00
- Publications: $650.00
- Records—Printing: $400.00
- Slides: $250.00
- State League Supplies: $150.00
- Stationery: $125.00

Traveling Expenses for Field Work:
- Executive Secretary: $400.00
- President: $250.00
- Treasurer's Bond: $12.50
- Manual of Essentials of Good Hospital Nursing Service—Printing: $100.00

Total: $28,179.98

Balance, December 31, 1936: $642.55

**TOTAL**: $28,822.53

### Special A. N. A. Fund

Balance, December 31, 1935: $2,123.35

Estimated Expenses:

- Auditor's Fees: $25.00
- Committee to Work with the A. H. A.: $200.00
- Committee on State Board Problems: $400.00
- Committee on Mental Hygiene: $400.00

Salaries:
- One-half Stenographer: $660.00
- Educational Secretary: $200.00

Total: $1,885.00

Balance: $238.35

**TOTAL**: $2,123.35
FORTY-SECOND ANNUAL CONVENTION

Funds for Carrying on Grading Activities

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REPORT OF THE COMMITTEE ON HEADQUARTERS

The Headquarters Committee, which serves as an executive committee between Board meetings, has not had occasion to meet so frequently this year. The committee has held but two meetings since the June convention—one in November, 1935, and another in March, 1936.

The committee has accepted a good many applications from new individual members so that they might be received into the League more expeditiously.

The committee recommended to the Board of Directors in January that the Headquarters staff organize another membership campaign this year. The recommendation was accepted and has been carried out.

In accordance with the recommendation of the Board of Directors, the committee approved the consultants invited to participate in the special conference on accreditation held March 16 in New York City who were to have their expenses paid from the special fund allocated for this purpose.

The committee approved a new section for the suggested by-laws for state and local leagues. This is Section 3, Curriculum Committee, under Article IV, Standing Committees. The new wording was to replace the section on Education Committee so that the state by-laws would be in accord with the National by-laws. The article recommended by Miss Stewart, Chairman of the Curriculum Committee, and approved by the Headquarters Committee is as follows: "The Committee on Curriculum shall study and be informed on various types of nursing education programs on both basic and advanced levels; shall cooperate with the Curriculum Committee of the National League in its studies and projects; shall cooperate with state boards of nurse examiners in problems relative to curricula."

A plan for the meeting of the Advisory Council in Los Angeles was discussed at the March meeting and the type of program decided upon.

Respectfully submitted,

Effie J. Taylor, Chairman
REPORT OF THE COMMITTEE ON NOMINATIONS

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

In September, nominating blanks were sent to the presidents of thirty-three state leagues.

Twenty-seven ballots were returned.

The following nominees have allowed their names to appear on the ballot:

President: Nellie X. Hawkinson, Chicago, Illinois
            Shirley Titus, Nashville, Tennessee
Treasurer: Marian R. Fleming, New York, New York
           Jessie M. Murdoch, Jersey City, New Jersey
Directors: Effie J. Taylor, New Haven, Connecticut
           Edna S. Newman, Chicago, Illinois
           Elizabeth C. Burgess, New York, New York
           Dorothy Rogers, Chicago, Illinois
           Elsie M. Lawler, Baltimore, Maryland
           Pearl I. Castile, San Francisco, California
           Margaret Tracy, San Francisco, California
           Olga M. Breihan, Dallas, Texas

Respectfully submitted,

HESTER K. FREDERICK, Chairman

REPORT OF THE COMMITTEE ON PROGRAM

The Program Committee submits the completed program for the annual meeting to be held in Los Angeles, California, June 22-26, 1936.

The committee expresses appreciation of the helpful suggestions and assistance given by the National and State League officers, and the Executive Secretary.

Respectfully submitted,

PEARL I. CASTILE, Chairman

REPORT OF THE COMMITTEE ON PUBLICATIONS

The Committee on Publications has held two meetings since last June. Several important publications have passed through the hands of the committee this year. The first one, which was published in February, was called *A Manual of the Essentials of Good Hospital Nursing Service*, and was a joint publication of the Division on Nursing of the Council of the American Hospital Association and a special committee of the League. This publication has, judging from the requests for it and the letters which we have received, met a felt need. The American Hospital Association sent a copy to each one of their members, and we were able to send one to all of our sustaining members.

*The Essentials of a Good School of Nursing*, a publication of the Committee on Standards, is just off the press. Miss Laura Logan took the material which the committee had been working on over a period of two years
and prepared it for publication. This bulletin has been in preparation for a long time and we believe it will be a most useful publication. At last we have something concrete to put into the hands of those seeking information on nursing school organization, school committees, etc.

Another book just off the press is *A Library Handbook for Nursing Schools*, which has been prepared by the Subcommittee on Libraries of the Curriculum Committee. This book gives suggestions for the administration of a nursing school library, a list of fifty periodicals recommended for the library, lists of sources of free and inexpensive material, and a list of subject headings (prepared by the Bellevue School of Nursing Library), and a classification outline. This subcommittee is working on a book list and hopes to have it ready for publication in the fall.

The Committee on Publications is now working on a series of biographical sketches of leaders of American nursing which will appear in sets of twelve or sixteen each, in the form of a folder with a photograph on the first page. We believe these will be helpful to schools of nursing in teaching the history of nursing and for other purposes. Eventually the committee hopes to issue an attractive folder to hold the collection. Already about sixteen of our famous nurses have consented to have their biographical sketches written and we expect to have them ready for publication some time in the early autumn.

The *Illustrative Material* is being revised under the direction of the Curriculum Committee and will be available in the near future in mimeographed form. In addition to illustrative material which was included in the former pamphlet, the revised edition will contain an extensive list of sources of information relative to motion pictures which may be adapted to the various courses in the nursing school curriculum.

Miss Ann Doyle is revising her pamphlets on *Nursing by Religious Orders*. Instead of the six reprints which have been sold in sets, we will have this valuable material published in one bound volume.

The National League of Nursing Education has added, altogether, twenty new publications to the list this year. The Committee on Publications believes that the League can render no greater service to the profession than by constantly furnishing it with new, fresh, up-to-date literature and studies which will be useful to students, faculties, school committees, hospital trustees, and others interested in nursing education.

Respectfully submitted,

Claribel A. Wheeler, Chairman

**REPORT OF THE COMMITTEE ON REVISIONS**

The Committee on Revisions held one meeting on May 26 at the Headquarters office of the Illinois State Nurses' Association. The constitution and by-laws of the Maine State League of Nursing Education were approved. No changes have been made in the constitution and by-laws of the Na-
ional League of Nursing Education because none has been recommended by the Board of Directors since the last convention.

Minor changes in state by-laws have been passed on by the Headquarters office.

Respectfully submitted,

ELIZABETH W. ODELL, Chairman

REPORT OF THE COMMITTEE ON STANDARDS

The Committee on Standards held one meeting during the year, on January 28 at Hotel Roosevelt, New York City.

At this meeting the committee voted to recommend to the Board of Directors the appointment of a full-time worker to assist with the preparation of the Essentials of a Good School of Nursing in order that this project might be brought to completion as soon as possible. Miss Laura Logan was given this appointment by the Board and the committee is happy to report that the manual has now been completed and is ready for distribution.

In bringing out this publication the committee wishes to explain that in its preparation the committee made no attempt to test old standards or evolve new ones through scientific studies and experimentation. All that the committee found it possible to do was to bring together from many sources the best elements in already established educational standards and practices.

The committee wishes to express again, as it has expressed in previous reports, the hope that this publication may prove a helpful guide and stimulus to improvement in schools of nursing and also that it may serve as a step towards the establishment of some kind of a national program for the accreditation of schools of nursing.

It was this hope that led the Committee on Standards in June, 1935, to recommend to the Board of Directors "that a committee be appointed to study accrediting systems and plans with the idea that the findings be taken to the Joint Board with the proposal that consideration be given to the establishment by the three national organizations of some type of agency for the accreditation of all kinds of programs in nursing education." The Board accepted this recommendation and delegated to the Committee on Standards the responsibility of making such a study.

At the January, 1936, meeting of the Committee on Standards the chairman reported on the results of this study. After very careful consideration of the report and of the implications of the findings for our own problem of accreditation, the committee was agreed that further study and additional advice was needed before specific plans could be outlined for presentation to the Board of Directors. Consequently, it was voted that the Board of Directors be asked to invite a group of consultants to meet with representatives from the Committee on Standards, and others whom the president might designate, for the purpose of discussing all phases of accreditation.

The recommendation was accepted by the Board and the president was
authorized to call such a conference. A report of this conference will be included in the report of a newly appointed Committee on Accrediting.

Respectfully submitted,

NELLIE X. HAWKINSON, Chairman

REPORT OF THE COMMITTEE ON ACCREDITING

In June, 1935, the Committee on Standards, in submitting its report to the Board of Directors, recommended "that a committee be appointed to study accrediting systems and plans with the idea that the findings be taken to the Joint Board with the proposal that consideration be given to the establishment of some type of agency for the accreditation of all kinds of programs in nursing education."

The Board accepted this recommendation and delegated the Committee on Standards with the responsibility of making such a study.

At the January, 1936, meeting of the Committee on Standards, which was held just prior to the Board meetings, the findings of this study were reported to the committee by the chairman. The report was based on a study of the literature of accrediting agencies functioning in the fields of general and professional education and on personal interviews which the chairman had with the Secretary of the Commission on Institutions of Higher Education of the North Central Association and the Secretary of the Council on Medical Education of the American Medical Association, and included a summary of purposes of accreditation, plans of organization, methods of financing, and accrediting procedures.

After careful consideration of these findings and of their application to our own problems of accreditation, the membership of the Standards Committee unanimously agreed that further study and additional advice were needed before specific plans could be outlined for presentation to the Board. On the basis of this decision a recommendation was sent to the Board asking that a group of consultants be invited to meet with representatives of the Committee on Standards and others whom the Board might designate, for the purpose of discussing all phases of accreditation.

The Board approved this recommendation and, in accordance with the action taken, a conference on accreditation was held at the Hotel Roosevelt, New York City, on March 16, 1936. The call for this conference was issued by the president, Miss Taylor, who presided at the meeting. The following members of the League and invited guests were in attendance:

Mr. Roy J. DeFerrari, Dean of the Graduate School of Arts and Sciences, Catholic University of America, Washington, D.C.
Mr. Edward S. Evenden, Professor of Education, Teachers College, Columbia University
Dr. Nathaniel Faxon, Superintendent, Massachusetts General Hospital
Dr. Claude Munger, Superintendent, Grasslands Hospital, Valhalla, N.Y.
Dr. C.-E. A. Winslow, Professor of Public Health, Yale University
Mr. George A. Works, Dean of Students and University Examiner, Professor of Education, University of Chicago
Miss Elizabeth C. Burgess
Mrs. Marian R. Fleming
Miss Susan C. Francis
Miss Annie W. Goodrich
Miss Stella Goosnray
Miss Nellie X. Hawkinson
Miss Marion G. Howell
Miss Blanche Pfefkerkm
Miss Elizabeth Pierce
Miss Mary M. Roberts
Miss Isabel M. Stewart
Miss Claribel A. Wheeler

It is not possible to give a detailed account of the conference in this report but the following statements taken from notes of the meeting will serve to acquaint you with the trend of the discussion and some of the significant ideas expressed.

1. The idea of classifying or grading nursing schools or setting up an accredited list is not new. It has been under consideration by the League for a long time. Many approaches have been made to the problem, but for various reasons a definite plan of accreditation has not yet been worked out.

2. The need for such a plan seems to be particularly urgent at this time and requests that consideration be given to it are coming from many sources.

3. A vast amount of information about nursing schools has already been collected by such study committees as the Winslow Committee and the Grading Committee and can be used by the League in building up an accrediting program.

4. The Committee on the Grading of Nursing Schools designated the National League of Nursing Education as the body to carry on its activities.

5. It is an accepted principle that the accrediting of schools within a profession is essentially a function of the profession itself.

6. Those attending the conference were in unanimous agreement that the League is the logical body to assume responsibility for initiating a plan of accreditation.

7. A discussion of plans of organization and accrediting procedures brought out the following points:

   a. That classifying or rating schools as grade A, B, or C, should be avoided.
   b. That a national scheme or plan which provides for national standards is most desirable for a professional group. Different standards for different regional areas should not be encouraged. Regional conferences might be held for purposes of interpretation.
   c. That cooperative relationships with state boards of nurse examiners and the Association of Collegiate Schools of Nursing should be given careful consideration.
   d. That, once started, a project of this type should be self-supporting. The expenses should be met through the payment of a small annual registration fee by all schools whose names appear on the list.
   e. That the standards selected in the beginning should be reasonable and should not place too great emphasis on fixed quantitative requirements.
   f. That an institution’s eligibility for accreditation should not be determined on the basis of data secured from reports alone. Visitation of the institution should also be required.
g. That the primary purpose of the whole movement should be to help schools of nursing to improve, and plans of organization and accrediting procedures should be developed with this objective in mind.

Before the conference adjourned, Miss Taylor, the chairman, was instructed to appoint a special committee on accrediting to prepare a report including suggestions for an accrediting plan to be presented at the Biennial meetings in June.

The committee was appointed in April and is composed of the following members: Miss Elizabeth Burgess, Miss Stella Goosney, and Miss Nellie X. Hawkins, chairman.

In drawing up the following suggestions for the Board concerning plans for the accrediting of schools of nursing, the committee has had the advice of Mr. George A. Works, Professor of Education, University of Chicago, and Secretary of the Commission on Institutions of Higher Education of the North Central Association.

Suggestions re Plans for the Accrediting of Schools of Nursing:

I. Aims of Accrediting
   A. To define the characteristics of a good school of nursing and to identify those schools worthy of recognition as such.
   B. To help those responsible for the administration of schools of nursing to improve their schools and to place them on sounder educational bases.
   C. To assist prospective students in the selection of a nursing school through the publication of an accredited list.
   D. To make available to institutions admitting graduate nurses for advanced standing information that will help in evaluating credentials and to facilitate other interinstitutional relationships.
   E. To provide basic information which may be made available to lay and professional groups for the purpose of developing an understanding of the ideals, objectives, and needs of nursing education.

II. Suggestions re Plan of Organization
   A. To be administered by the League through a standing committee on accrediting.
   B. The Committee on Accrediting to have the assistance (either full-time or part-time) of a paid professional secretary and other secretarial assistance as needed.
   C. Qualified nurses to be appointed to survey the schools applying for accreditation (these to be selected from the membership of the League and to serve as needed without salary).

III. Duties of the Board of Directors, Committees on Accrediting, Professional Secretary, and Nurse Visitors

In the plan of organization outlined above the duties of the Board of Directors, Committee on Accrediting, professional secretary, and nurse visitors would be practically as follows:

A. Duties of the Board of Directors. The Board would function as a board of appeals, passing on appeals made from decisions of the Committee on Accrediting. In other ways the relations between the Board of Directors and the committee would be the same as in the case of other standing committees.

B. Duties of the Committee on Accrediting. The Committee on Accrediting would set and revise standards subject to the approval of the Board
and would be responsible for establishing accrediting procedures and making them effective, and for passing upon the eligibility of schools applying for accreditation.

C. Duties of the Professional Secretary. The professional secretary would act as the executive officer of the Committee on Accrediting, carrying on all communication with institutions applying for accreditation, collecting data, making plans for visitation, and summarizing data for presentation to the Committee on Accrediting.

D. Duties of the Nurse Visitors. The nurse visitors would survey institutions applying for accreditation and report their findings to the Committee on Accrediting.

IV. Fees

In order to meet the expense of an accrediting program, it is suggested that an annual registration fee of approximately $25 be paid by each school, and in addition that a flat fee be established which would be charged for the visit.

V. Accrediting Procedures

Accreditation, on the basis suggested, would be a purely voluntary matter. A school desiring to be accredited would make application to the Committee on Accrediting and its eligibility would be determined on the basis of data submitted by the school and the reports of the visitor or visitors.

As part of the accrediting activities, provision would have to be made for periodic revision of the accredited list and for continuous study of accrediting procedures through a follow-up program.

VI. Standards

In setting standards it is recommended that every possible use be made of the findings of such study committees as the Committee on Nursing and Nursing Education in the United States, the Committee on the Grading of Nursing Schools, and the Committee on Standards of the National League.

The Committee believes that, in so far as possible, the newer trends in setting standards should be followed and that too great emphasis on rigid application of specific quantitative standards should be avoided.

The foregoing suggestions are presented for discussion and not for action.

Respectfully submitted,

NELLIE X. HAWKINSON, Chairman

The Secretary presented the following recommendations from the Board of Directors:

1. That the National League of Nursing Education has the responsibility for accrediting schools of nursing on a national basis.

2. That a standing committee on accrediting be appointed to complete the plan of the League and put it in operation.

It was moved, seconded, and carried that action concerning these recommendations be taken at the last business session.

The President appointed the following committees: Tellers: Marian Durell, Michigan, chairman; Leila Halvorson, Minnesota; Julie C. Tebo, Louisiana. Inspectors of Election: Agnes Gelinis, New York, chairman; Minnie Howe, Illinois; Ella Hasenjaeger, New Jersey. Committee on Resolutions: June A. Ramsey, Michigan, chairman; Eleanor Lee, New York; Edith Smith, California.
REPORT OF THE COMMITTEE TO CONSIDER LAY PARTICIPATION

Two meetings of the committee have been held in New York City, one in December and one in February. The committee has been very fortunate in securing new lay associates. Their names are as follows: Mr. Ernest C. Savage of Philadelphia, Pennsylvania; Mrs. Robert Homans of Boston, Massachusetts; Miss Mabel Peirson of Pasadena, California; Dr. Edna Bailey of Berkeley, California; and Mrs. Robert Taft of Cleveland, Ohio.

States have shown interest in forming committees for active work and have sought information from our executive offices concerning programs. This, we believe, is a sound beginning.

The section on Organization and Administration in the Essentials of a Good School of Nursing as prepared by the Standards Committee has been reviewed by the committee. This unit of the publication will be of particular value to the national and state committees and members of boards of directors of schools and hospitals as well as directors of schools.

Upon the approval of the Board of Directors of the National League, a luncheon meeting under the auspices of the committee has been arranged for Wednesday, June 24, 1936, under the chairmanship of Dr. Edna Bailey of the faculty of the University of California and a lay associate of our committee. The general topic, the responsibility of the laity in nursing education, will be discussed from the point of view of a nursing school committee member by Miss Mabel Peirson of the Pasadena Junior College, and from the point of view of a director of a school of nursing by Miss Florence Ambler, Principal of the School of Nursing, Samaritan Hospital, Troy, New York. Letters have been forwarded to all directors of schools of nursing in California telling them of this meeting and asking them to solicit the interest and attendance of their board members and the superintendents of their hospitals.

The common interests of lay members of schools of nursing committees and public health agencies are increasingly evident. In many instances individuals serve as board members for both types of organizations. It has seemed quite appropriate and advantageous to have our luncheon meeting open to friends in the public health field. Therefore letters of invitation have been written asking them to attend. We have not received reports of the number we may anticipate, but our hopes are high for an interesting and stimulating meeting.

Before closing this report I wish to acknowledge with very sincere appreciation the cooperation and assistance of our Executive Secretary and her staff and the help of our friends in California who have made arrangements and carried out many of the details for our luncheon meeting.

We believe the work of this committee is barely begun and that the future holds much in store for active service through coordinated efforts of our national and state committees.

Respectfully submitted,

Anna D. Wolf, Chairman
REPORT OF THE COMMITTEE ON MENTAL HYGIENE AND PSYCHIATRIC NURSING

The Committee on Mental Hygiene and Psychiatric Nursing was very active during the past year. There was one meeting of the whole committee and the chairman met several times with the chairman of subcommittees since the report of last year.

Miss Harriet Bailey made a very comprehensive survey of five state hospitals and one private psychiatric hospital. The general summary of this survey was published in the May issue of the *American Journal of Nursing*. Three hundred reprints of this article are being distributed through the National League of Nursing Education, and the American Psychiatric Association has ordered 200 copies to send to the members of that organization.

The subcommittees of the Mental Hygiene and Psychiatric Nursing Committee have completed their projects and have started others, which will be completed within the next year.

Letitia Wilson and her committee have completed a comprehensive study of schools for male nurses which will be valuable to those seeking information regarding such schools.

Elizabeth Bixler assembled information regarding schools of physiotherapy, occupational therapy, and hydrotherapy. This material in mimeographed form will be available through League Headquarters.

Mary E. Corcoran and Eloise Shields made a study of nurses who graduate from mental hospitals, to ascertain what they do after graduation. It was found that over 50 per cent of the state hospital graduates were working in state hospitals, about 20 per cent were doing some other type of nursing, and 22 per cent were not nursing at the present time.

Anna K. McGibbon and her committee have prepared an advanced course in psychiatric nursing which will soon be published in the *American Journal of Nursing*. This course is one of the courses for graduate nurses, in which the Curriculum Committee has been interested.

Helena Willis is preparing an annotated bibliography on psychology, psychiatry, mental hygiene, and allied subjects. Miss Willis and her committee have done a very splendid piece of work and it is hoped that at the annual meeting next year the committee will have this important project completed and in mimeographed form for distribution.

The interest and cooperation manifested by the members of the various subcommittees have been very great and the work accomplished will be of inestimable value to all those interested in mental hygiene and psychiatric nursing.

The chairman represented the National League of Nursing Education at the annual meeting of American Psychiatric Association in St. Louis. It was a great privilege to have the opportunity of meeting with psychiatrists and discussing with them the problems of nurses in that field. It was evident that representation from the League would be an effective means of bringing about a closer relationship between the psychiatrist and the nurse,
and your chairman recommends official representation of the National League of Nursing Education at the annual meeting of the American Psychiatric Association.

Respectfully submitted,

MAY KENNEDY, Chairman

REPORT OF THE COMMITTEE ON STATE BOARD PROBLEMS

The Committee on State Board Problems met in New York City on January 27, 1936, and in conjunction with the Curriculum Committee held an all-day joint conference on the tentative curriculum on January 25, 1936. To this conference twenty-six states sent representatives. Reports of the results of this conference have been given elsewhere.

The work of this committee has been done by subcommittees. The Subcommittee on Methods of Surveying Nursing Schools, Clara Quereau, chairman, will conduct an afternoon session at the all-day session of State Boards of Examiners of Nurses at the convention on June 27.

Sister Domitilla has been studying objectives in state board examinations and methods of attaining them and will have a meeting during this week.

Barbara Thompson is continuing her study of upgrading faculty members in schools of nursing and will incorporate her findings in the general meeting on Saturday afternoon, June 27.

The League office has prepared reports on records of closed schools and admission requirements which will be distributed to the state officers.

Repeated attempts to secure some one to study the value of the practical examination have not met with success. One problem which has been repeatedly brought before this committee is the setting up of a model law. A program on this subject will be given June 27 in Los Angeles.

The committee will meet June 23 to discuss work already accomplished and to plan the work for next year, and a report will be ready for the new Board.

Respectfully submitted,

DAISY DEAN URCH, Chairman

REPORT OF THE COMMITTEE ON STUDIES

Since the convention last year one meeting of the Committee on Studies has been held, December 14, 1935. The purpose of this meeting was to review the Vermont Survey and to consider the 1936 program of the Department of Studies. Otherwise, the Director of Studies has conferred with the committee by correspondence on special questions which have arisen during the year.

Respectfully submitted,

MARIAN R. FLEMING, Chairman
REPORT OF ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

This committee begs to report that the usual activities have been carried on during the year.

Six scholarships have been awarded of the value of $300 each. These were awarded to:

Annie K. Lyman, American University, Beirut, Syria, graduate of Presbyterian Hospital School of Nursing, New York
Eleanor P. Bowen, Wellesley, Massachusetts, graduate of Newton Hospital School of Nursing, Newton Lower Falls, Massachusetts
Lulu K. Wolf, Richmond, Virginia, graduate of Army School of Nursing, Washington, D. C.
Helen E. Shearston, Baltimore, Maryland, graduate of the Hospital for the Women of Maryland, Baltimore, Maryland
Hilda M. Torrop, New York, graduate of Faulkner Hospital, Jamaica Plains, Massachusetts
Ethel C. Ryckman, Cleveland, Ohio, graduate of Western Reserve School of Nursing, Cleveland, Ohio

A total of forty-one applications representing thirty-seven schools was received from the following states:

|----------|----------------------|---------|----------|---------|---------|----------|-----------|-----------|----------|-----------|----------|-------|-----------|-------------|-----------|----------|------|--------|----------|-----------|--------|-------|

The applicants were desirous of further preparation for work in the following fields:

| Teaching in Schools of Nursing | 13 |
| Teaching in Public Health | 2 |
| Teaching and Administration | 3 |
| Administration | 5 |
| Public Health | 10 |
| Public Health and Administration | 1 |
| Nursing Education | 7 |

Places of study desired were:

| Teachers College, New York | 14 |
| University of Minnesota | 6 |
| University of Chicago | 3 |
| Western Reserve University | 3 |
| Simmons College | 3 |
| Colorado State College | 2 |
| George Peabody College | 2 |
| University of Michigan | 2 |
| Catholic University of America | 1 |
| University of California | 1 |
| Russell Sage College | 1 |
| Marquette University | 1 |
| University of Virginia | 1 |
| Catholic University, St. Louis | 1 |
The educational preparation of the candidates was as follows: nine possessed degrees; nineteen, one to three years of college; three, normal school; and ten, high school. Of the forty-one candidates, twenty-two were members of the League and twenty-five were subscribers to the American Journal of Nursing.

At the meeting in January, 1936, it was decided in addition to awarding the six scholarships above mentioned, scholarships of $300 should be awarded if properly qualified candidates presented themselves for work at the Florence Nightingale International Foundation and also for a course in midwifery. It was decided, too, that in the future, payments shall be made to successful candidates in two installments, September 1 and December 1. Also, the members of the Executive Committee were reappointed and the officers appointed were: Treasurer, Mrs. Eden; Secretary, Miss deWitt; and Chairman, Miss Lawler.

The contributions to this fund were: for 1934, $857; and for 1935, $1,580.

**Report of the McIsaac Fund**

During 1935 we made eighteen loans. Five of these were to former Robb applicants. Payments on eleven loans were completed and partial payment made on others. There are fifteen loans overdue, however; several seeming hopeless. The amount in overdue loans is $2,472.35.

The contributions to this fund have also shown a substantial increase: for 1934, $852; and for 1935, $1,412.50.

The members of the committee wish to express their appreciation for the work of Mrs. Eden and Miss deWitt. They have been untiring in their efforts. Our increased contributions are, we feel, the result of Miss deWitt's appeals to the states. The increased volume of work which resulted from more income and a more rapid turn-over of funds, as in the McIsaac Fund, has increased the work for the treasurer.

Respectfully submitted,

**Elsie Lawler, Chairman**

A motion was made, seconded, and carried to defer the reports of the Committee on Records, the Committee on Exhibits, and the Committee to Work with the American Hospital Association until the last business session of the convention.

**Joint Opening Session**

*American Nurses' Association*

*National League of Nursing Education*

*National Organization for Public Health Nursing*

**Monday, June 22, 8: 30 p. m.**

Presiding: Susan C. Francis, R.N., *President of the American Nurses' Association*.

After a concert by the Nurses' Chorus under the director of Hugo Kirch-
hofer, the invocation was given by the Most Reverend John J. Cantwell, D.D., Bishop of Los Angeles and San Diego, California.

ADDRESS OF WELCOME

EDITH S. BRYAN, R.N., President, California State Nurses' Association

I have watched you entering this great hall, coming in marvelous numbers from your eastern states; it has seemed almost emblematic of a great vision. You seem to come over the mountains as the brightening dawn of a new era of understanding of the professional life of our entire country. Many times, in the few hours you have been here, have I heard it said, by one and another of our great leaders: "I am so glad to come west as I feel I will understand your people and your problems so much better." May I say in like strain: "We are so happy to have you here, because we feel that having seen you at our own fireside, we will better understand your hopes and fears, for yourselves and for us."

As I sat in my window yesterday morning at six o'clock and heard the fall of the rain and the dimmed roll of distant thunder, I wondered if it could be symbolic of the fall of the walls of partition and the rolling call, heard simultaneously though separately by all, of a mighty power to seek the greatest good for us all.

Only by the harnessed power of nature and great human thought have you been able to come in so short a time from your office, hospital, field, and home, soaring over our mountains or climbing their great steeps. With uplifted minds, in our great open spaces, may we seek and find solution to our problems.

We call you to forget at times your serious mood, to go out to enjoy the thought of the enduring strength and towering grace of our giant trees, the peace of our great sea, and the grand patience of our deep canyons. May the lilting joy of our mocking bird's song enter your heart and give you peace.

We may not have your polished formalism, we may lack something of your soft eastern speech, and we know we are young and without the background of long experience; but we offer to you and to the service of our profession, vigor, unbounded hope and faith, and a determination to progress. The heart of the westerner is as warm as the seeking sunshine, her mind is open and uplifted to universal thought as she listens to the clear voice of the Occident on the one side and to the murmur of the Orient on the other.

Whatever your race or your creed, your caste or your training, you will find here a receptive mind, listening, questioning, and responsive.

May I extend to you not only the most heartfelt welcome of California but also that of our sister coast states of Oregon and Washington and our neighboring province of British Columbia.

We want to thank you with truest sincerity and the real warmth of western affection for coming to roam our paths and to sit at our hearthside. To those from the East we hope that in all the years to come, the setting sun will mean more to you as it drops from your skies to ours. We will always
be greeting it with greater warmth because we know it has just been warming the heart of a friend. To those living in the West we trust it will always seem to be carrying our “Good Morning, God speed the day for you.”

And now as you spend the days with us, we offer to you our warmest handclasp that we may hold you close, our clearest thinking that we may save you trouble, and our open hearts that we may give you rest.

ADDRESS OF WELCOME

PEARL I. CASTILE, R.N., President, California League of Nursing Education

The California League of Nursing Education rejoices that you have heeded the advice of Horace Greeley to go west. We sincerely hope we may all grow in wisdom and friendship in this city of Los Angeles, the City of Angels. May our deliberations be constructive and the new friendly acquaintances lasting.

Carved in stone on our Capitol Building are these words: “Give me men to match my mountains.” Here in this great western state you will find great mountains eternally covered with snow; parks where water drops thousands of feet to become raging torrents, only to be harnessed behind huge man-made dams and converted into energy, wealth, and happiness. May you hesitate, before you depart, to enjoy our parks, our exposition at San Diego, Hollywood, our seashore. We hope you will see the great Bay Bridges nearing completion and that you will return to celebrate their completion and the exposition which will mark it.

But you have been attracted to this Biennial because of the help and inspiration which you expect to receive from the meetings, and because you want to participate in the discussions of problems which are paramount in nursing education today. Our president, Effie J. Taylor, in her opening address at the New York convention a year ago stated clearly and meaningfully our problem as it concerns the modern social order. I quote: “The art of nursing has a deeper connotation than the practice of nursing procedures. It means more than the application of therapeutic measures in the cure of disease and an intellectual knowledge of many subjects. Nurses have other functions more binding, more urgent, and more real than those which can be absorbed by a series of physical manipulations, though these are not to be minimized. The mental therapies are more intangible, and more difficult to practice. And finally, good nurses must know not only how to care for the sick body, but how to help relieve the strain and anxiety of mental worry and unrest.”

Our problem thus resolves itself into the necessity of formulating requirements and curricula that will produce nurses who can meet this broader, modern challenge. As Elbert Hubbard once said, “There is no doubt that a teacher once committed to a certain line of thought will cling to that line long after all others have deserted it. In trying to convince others he convinces himself. This is especially so if he is opposed. Opposition evolves in his mind a maternal affection for the product of his brain and he defends
it blindly to the death.” Thus we see why institutions are so conservative. The nursing profession has ever met the challenge of the changing social order. First let us carefully select the students in nursing who will be our successors, then provide for them curricula which will develop them to a social stature greater than our own. May they attain wisdom which, like all of life’s blessings, can not be hoarded but must be used for service. Those who are truly wise share their wisdom and thus do they retain it and increase it.

The California League of Nursing Education sincerely expresses to you its happiness in your being here, and wishes for you as much pleasure as we have had in the expectancy and preparation for your coming. We extend to you a cordial welcome. When our convention closes and you scatter to your homes and duties, take with you a picture of a latchstring, always out, pulling at your heart, pleading for a speedy return.

ADDRESS OF WELCOME

NAOMI DEUTSCH, R.N., President, California State Organization for Public Health Nursing

The California State Organization for Public Health Nursing has been particularly fortunate in having distinguished members of the National Organization for Public Health Nursing come to California from time to time. From each visitor we have gained knowledge, inspiration, and stimulation. The reports and expositions of public health nursing and allied services in other parts of the country have been of great benefit to us in the development and extension of our own services. Following these visits from national Headquarters, the foundations of our community services have been strengthened, and many improvements have been initiated.

It is, therefore, with a keen consciousness of the benefits of such a conference as this, that I welcome you—the delegates to this Biennial Meeting of Nursing Associations, which brings to the west coast leaders in many fields of nursing. Our own professional life and the nursing information of our citizens will be greatly enriched through your papers and discussions, and by the opportunity your visit affords us to know you, and to confer with you about our common problems and goals. These meetings, and the opportunity they provide for the interchange of professional experiences, should enable us to define our purpose more clearly, and to make our goals more certain of realization.

The American Nurses’ Association, the National League of Nursing Education, and the National Organization for Public Health Nursing have always expressed nationally their cooperative relationship through many joint committees which integrate and unify our national plans and activities. Similarly, in states and local areas, the public health nursing organizations must actively participate in nursing education and allied fields, in order to be a more effective force in the development of public health, and of greatest social value to the community. This Biennial will give us an opportunity to observe and
participate in such integrated programs, making for greater understanding
and coordination among nursing groups.

The California State Organization for Public Health Nursing has an active
membership and it has been a unifying force among public health nurses.
It has promoted high standards and has interpreted the Far West to the na-
tional organizations. In recent years it has invited lay participation in its
deliberations, and stimulated citizens and communities to gain knowledge
and information on their nursing needs. On behalf of the California State
Organization for Public Health Nursing I wish to express our gratitude for
choosing California for your meeting place, and to bid you a hearty welcome.

We hope that our nursing activities, our schools of nursing, and our com-
munity relationships will interest you and keep you in California for an ex-
tended visit, so that we may greet you in many other parts of the state.

And now I beg your indulgence for a personal word to my colleagues in
the California State Organization for Public Health Nursing. I can not
refrain from taking this opportunity to express my appreciation to them for
the privilege accorded me—now a nonresident—of extending this word of
welcome to you.

RESPONSE TO THE ADDRESSES OF WELCOME

SUSAN C. FRANCIS, R.N., President, American Nurses' Association

For two years we have cherished the thought of visiting this exotically
beautiful city and of experiencing that stimulating lift of the spirit which
we have been assured, and which we now know, comes to those who visit
California.

This afternoon I gave to my colleagues of the American Nurses’ Asso-
ciation, which now has a membership of over 120,000 registered nurses, an
account of my stewardship in the biennium since my election as president in
1934. This evening I shall speak only of some of the larger objectives of
nursing.

We believe we have a part to play in your lives, a part which is of vital
importance to you, not only as individuals, but as members of families and
of communities. To play this part effectively and in your best interests we
must be carefully selected for our respective roles. We must have received a
sound preparation, each one of us, for enacting our parts. We must have
absorbed a realization that the parts we may be called upon to play, no matter
how obscure, will always be greater than we who are the players. We must
possess the vision and the determination to find the appropriate stage—and
one with suitable settings, upon which to enact our respective roles. This
stage must be so broad that even those who live in the most remote sections
of our country may come to know us as their friends and helpers and wel-
come us among them. I know of no community which has as yet a com-
plete and well-integrated nursing service—one which can, at will, provide
care for each man, woman, and child within a given area, according to their
needs.
It is for the purpose of discussing problems which relate to the selection and the preparation of nurses and the distribution of the nursing services of this country, now and in the future, that we have come to spend what we confidently anticipate will be a most fruitful and delightful week together in this beautiful city in Southern California.

The theme of this convention, as you know, is "Nursing as a Part of Tomorrow's Community Health Service."

The three national nursing organizations here represented have different functions, but a common purpose. That purpose is to cooperate with scientific medicine in providing all the types of nursing service required in the treatment of disease and those required to bring about a state which Dr. Alexis Carrel in his great book, *Man the Unknown*, calls "natural health."

As you may recall, Dr. Carrel says:

There are, as we know, two kinds of health, natural and artificial. Scientific medicine has given to man artificial health, and protection against most infectious diseases. It is a marvelous gift. But man is not content with health that is only lack of malady and depends on special diets, chemicals, endocrine products, vitamins, periodical medical examinations, and the expensive attention of hospitals, doctors, and nurses. He wants natural health which comes from resistance to infectious and degenerative diseases, from equilibrium of the nervous system. He must be constructed so as to live without thinking about his health. Medicine will achieve the greatest triumph when it discovers the means of rendering the body and the mind naturally immune to diseases, fatigue, and fear. In remaking modern human beings we must endeavor to give them the freedom and the happiness engendered by the perfect soundness of organic and mental activities.

Nursing has a profoundly significant part to play in aiding medicine to bring about a state of "natural health" for our people. It is a far distant goal and we must continue and extend our participation in community programs designed to provide the type of "artificial health" of which Dr. Carrel speaks.

One of the evidences that nursing is emerging from an amorphous vocational state into full professional stature may be found in its active participation in social planning. The profession, through one or more of its three organizations, has participated in many of the projects developed by our national government during the economic depression now happily passing, but destined, one believes, to leave a lasting impress upon our society. It has been stirred to effective action by some of the provisions of the Social Security Act. But we shall not fully attain our objectives until, in every community, nursing has developed some type of coordinating agency by means of which those needing nursing service of whatever type, may be assured of securing it. Such agencies will possess complete data about various nursing services in their area—whether hospital, public health, private duty, or other highly specialized nursing services. Occupying a commanding position in their communities, and subsidized or supported by them, they will serve as distributing centers for certain types of services, and as coordinators for all. It is my confident belief that out of the deliberation of this great gathering, much progress may be made toward that desirable goal.
RESPONSE TO THE ADDRESSES OF WELCOME

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

It is my happy privilege tonight to respond for the National League of Nursing Education to the gracious and cordial welcome which has been given to us from our friends and colleagues in California. The cordiality of our reception and the whole-heartedness with which it has been extended correspond to the beauty, dignity, and vastness of the state itself.

Situated as California is along the rugged coast of the great Pacific, it knows no inhibiting forces to the attainment of its ideals. Its romance, beauty, and color are symbolized in its name, and in its flowers; its motto, "Eureka," is significant of its ambition, its confidence, and its power.

Where mountains tower with snow-capped peaks and sunlit valleys drop in charming vista; where flowers attain luxuriance and forests rise in majesty; where the magnificent, though unrelenting, waters of the ocean stretch from north to south beyond man's vision—here we are assembled to think our own thoughts, to deliberate over our mutual problems, and to build as nobly and as liberally as our wisdom and knowledge will permit, not only for the immediate needs of our profession and those whom we must serve, but also for the welfare of the generations who inevitably will follow us.

The architects, scientists, and educators of the world have envisioned a picture of what they wished to achieve, but when the picture was completed their work had only begun. Great cathedrals, great bridges, great inventions, and great systems of education have slowly emerged after dreams have been dreamed, after convictions have become assured, and after plans and charts have been perfected for the guidance of those who must collaborate to bring into being the ideal of their creator.

In any great adventure in the interest of progress, the ideals, the dreams, and the plans of the philosopher and the inventor have come first. They have sought forthwith to find the way to carry them out. Ideals, aims, and objectives are not bound down by material resources, but are free to wander. They are limited only by knowledge and by spiritual vision.

The demand for the services of nurses to satisfy the daily and immediate needs of the sick has somewhat reversed the usual order. Too often, without a well-developed chart or plan, nurses have embarked upon their journey, with a vision, it is true, but not always knowing the way. In thinking of nursing education and in building for it safely, we must dream and we must plan, but we must not fail to lay a sound and strong foundation upon which to erect a structure that can not fall.

We have come together at this time not to limit discussions to material and immediate things alone, but to give scope to imagination, and to voice ideals and dreams for the future in developing the spiritual as well as the physical elements embodied in our profession, and to consider what these elements together contribute to the betterment of humanity.

As a swimmer can not reach the other side while he hesitates in fear upon the shore, so our nurses will not achieve their aims if afraid to venture be-
yond the traditional bounds. They may need assistance, it is true; some may
even seem to fail; a few, at least, will attain their goals; but all who venture
out will serve, through failure or success, to chart the way.

Could there be found a place more fitting in which to think and plan than
here in the Golden State where traditions can be forgotten in the interest
of the future? The motto of our convention is significant of tomorrow.
Can we release our minds to see beyond the horizon and to seek the way to
make our dreams come true? With unhampered vision in the midst of
natural beauty we pray for guidance to use with wisdom the talents which
are ours, knowing full well that as we ask we shall receive, and if we seek
it, we shall find the way.

RESPONSE TO THE ADDRESSES OF WELCOME

AMELIA GRANT, R.N., President, National Organization
for Public Health Nursing

(Miss Grant spoke extemporaneously)

PRESENTATION OF GREETINGS

(Prepared by Clara D. Noyes, before her death on June 3, 1936)

MARY M. ROBERTS, R.N., Member of the National Committee
on Red Cross Nursing Service

It is my exalted but sorrowful privilege to present to you the greeting
prepared for this occasion by Miss Clara D. Noyes, Director of the Nursing
Service of the American Red Cross, whose sudden death in Washington on
June third, has saddened nurses throughout the world. Miss Noyes was a
truly international figure in nursing for she gave generously of her talents,
indeed one might say of her genius for organization and administration to
the upbuilding of nursing in many lands.

In the postwar years, shortly after the mantle of her distinguished prede-
cessor, Miss Delano, had fallen upon her extraordinarily capable shoulders,
Miss Noyes was sent to Europe to study the many ramifications of our Amer-
ican Red Cross activities on that unhappy continent. Her reports, and those
of other competent observers, clearly indicated a need for the development
of public health nursing services in some of the war-weary countries in
which malnutrition and disease were rife. The basic recommendation, how-
ever, was for the establishment of schools of nursing. American Red Cross
nurses who stayed on in Poland and other countries, to develop new pro-
grams of nursing education, bear eloquent testimony to the staunch loyalty
with which Miss Noyes, from her office in Washington, subsequently sup-
ported them in their efforts. She was a participant in the conferences of
the League of Red Cross Societies out of which came the establishment, in
1920, of the courses in London which, through a union of interests of the
International Council of Nurses and the League of Red Cross Societies be-
came the nucleus of the work of the Florence Nightingale International Foundation in 1934. These courses were originally established to further the development of public health nursing throughout the world. As the work of the foundation develops it is expected that it will promote the development of nursing of all types. By 1934 there were well over two hundred "Old Internationals," as they love to call themselves, from forty-three countries. Many of them have already won distinction by their constructive leadership in social, nursing, and health activities in their own countries.

In those same postwar years, 1918-1922, Miss Noyes was president of the American Nurses' Association. Here too she brought into play the precision in thinking and the great gifts for organization which had earlier been demonstrated in various ways, notably as president of the National League of Nursing Education, president of the Board of Directors of the American Journal of Nursing, and as General Superintendent of Nurses of Bellevue and Allied Hospitals in New York City. Hers was the courageous and far-seeing spirit which led the movement and established the groundwork for our national nursing headquarters.

It was in those postwar years too, that American nurses, in honor of those comrades who had given their lives in the World War, poured out their gifts for the American Nurses' Memorial in Bordeaux, France. As chairman of the Advisory Committee to the Florence Nightingale School at Bordeaux, Miss Noyes had the satisfaction of seeing that memorial completed, the school soundly established, and its graduates in demand in many parts of Europe. Those who have visited the school know in what spirit of consecration Dr. Anna Hamilton and her nurses accepted that living memorial to American nurses.

Of late, as vice president of the International Council of Nurses, an influential position to which she was twice elected, and as a member of the American Nurses' Association Committee on the Florence Nightingale International (Memorial) Foundation, Miss Noyes has repeatedly, and with the utmost urgency, expressed the hope and belief that this country, through the American Nurses' Association and the American Red Cross, should assume its full share of responsibility for the financial and educational development of the Foundation, in order that it may become fully worthy of the founder of modern nursing. The challenge is inescapable. This is a spiritual legacy which we may not refuse.

When Miss Delano laid down her task, Miss Noyes wrote, "The influence of a great mind and spirit lives on indefinitely." So will it be of her own, for the spirit of Clara Dutton Noyes is woven into the very structure of the professional organizations which owe so much to her orderly habit of mind, her persistent zeal, her exalted courage, and her abiding faith in nurses.

It was however of her immediate task as Director of the American Red Cross Nursing Service that Miss Noyes planned to speak to you tonight. May I now give you that message?

Two years have passed since it was my privilege to extend greetings from the officials and members of the nursing staff of the National American Red Cross Society to the
members of our national organizations of nurses who had gathered in Washington to consider questions of professional interest to them. These have been busy years for the Red Cross for, as a great relief organization, it has not only actively participated in helping to relieve the distress of our people who have suffered from the conditions resulting from the general state of economic depression, but the frequent disasters from natural causes have exercised a serious tax upon the resources of the organization.

To review the activities and accomplishments of all the various services of the Red Cross in the time at my disposition would be impossible; neither is it possible to report at length on the part that the Nursing Service of the Red Cross has played in these activities. The numerous and serious disasters which have visited our country during the past two years have drawn many hundreds of Red Cross nurses and others into service. Approximately one thousand served during the recent devastating floods and tornadoes occurring in the Eastern Area of the United States. Epidemics of scarlet and typhoid fever, spinal meningitis, and respiratory diseases, following the serious dust storms occurring in the Midwest have called many Red Cross nurses into service. Through the Public Health Nursing Service some 765 nurses, financed in full or in part by the Red Cross, ministered to the sick during the past year, largely in rural communities, while over 1,500 Red Cross nurses carried instruction through the Red Cross courses in home hygiene and care of the sick into thousands of American homes.

Local committees on Red Cross Nursing Service, upon which approximately 1,400 Red Cross nurses serve as volunteers, exert every effort to interest the young graduates in enrollment and in this effort district and state associations of graduate nurses join, but slightly over 3,000 nurses were enrolled last year, probably less than one-fifth of those graduating. This number is entirely inadequate to meet the needs of the society—for example, during the serious floods and tornadoes occurring recently in the Eastern Area approximately 1,000 nurses were used, the majority of whom were unenrolled. While our policy permits the use of local nurses who have not joined our Nursing Service, provided the supervision is by an enrolled Red Cross nurse, nevertheless we were seriously hampered because the supply of enrolled nurses was inadequate. We are deeply indebted to the American Nurses' Association and its state and district branches for their continued support. To our state and local committees, the members of which give so generously of their time and professional experience, we wish to express our deepest appreciation. Our frequent calls upon them are never unanswered.

LOOKING TOWARD TOMORROW

AURELIA HENRY REINHARDT, PH.D., President, Mills College,
Mills College, California

(Read by Esther Dayman, Dean of Undergraduates, Mills College)

What a fascinating subject you have given to this speaker upon your program! I am to look at tomorrow, telling you what I see in the future as if I were a reputed clairvoyant or perhaps a mediaeval crystal gazer. Personally, I would rather assume the latter rôle. Have you ever made the experiment? If so, you know it is an entertainment bordering on magic to look unblinkingly into the depth of a crystal ball and strive to give name and meaning to the shapes that come into view. In my hand I hold the crystal. I shall ask two questions about tomorrow and look searchingly for the answer—just two questions. First, what general contribution shall women be making to civilization tomorrow—women, rather than their brother man? Second, what specific contribution shall these women make who are dedicating themselves, as are your associations, to health—the health
of the individual and the group, through perfecting the techniques of nursing and spreading far and wide the knowledge of personal and community hygiene?

In the center of my crystal is light in movement. Now color radiating from the center. And now quite distinctly human figures. Now I make out fires—primitive open fires—over which hang steaming kettles; women are moving about them and chanting. Now I see other women with babes in their arms; they fall on their knees in evident anguish; they hold the babes aloft as in dedication or supplication. Again the figures change and I see women piling gifts on altars or shrines; some of them carry babes; some of them lead children by the hand; some of them guide those who seem heavy with age or uncertain with blindness. What is this confused scene, prostrate figures, distortion, mutilation? Is it a battlefield where women move about among the dead and wounded? The light and color change too swiftly for an amateur to recognize them all and to suggest their meaning to you. But this surely is a maternity ward in a contemporary hospital; that is an isolation; was that crowded scene not an emergency clinic; and this a modern house, a home, for a woman standing by a bed is advising another near by. Now, nothing in my crystal for a moment. And again movement—crowds on crowds, a pageant, a procession—white-garbed maidsens, youthful, stepping rhythmically, briskly from the past and yesterday into tomorrow and the future. Happy, for light shines from their faces; confident, for they move in rhythm. Are those halos about their heads? No, neither shape nor size nor color of the traditional mark of sainthood. These gay marchers wear jauntily with grace and charm the cap of the nursing profession, significant of womanhood, of a profession, and a generation looking toward a tomorrow of freedom from disease, a tomorrow brightened with sunshine from the great center of light; with knowledge from minds that understand; with love at whose hearth the hands of all living are warmed.

Without intention your crystal gazer has turned prophet. Permit her now to change from this rôle to which she is unaccustomed, and touch upon the subject given her as a mere fellow citizen in this year of problem and promise, 1936.

The responsibility of women for giving life and nurture to the race from the earliest dawn of consciousness developed in them a sense of this responsibility and a yearning to meet it. In Kipling's phrase had not "the female of the species" sensed her duty and learned to perform it, no human race would have emerged. The "deadliness" of which he convicts her was the outcome of her racial task to give birth, to help to live, to nourish. Only as she successfully in all times and places achieved this, has she built through the eons that vast architecture of civilization, through whose windows the stars shine, and in whose gardens are the voices of happy children and the songs of free flying birds.

Historically, religion likes to point to its priests and prophets, proving them the forerunners of medical scientists, the first hygienists. In many a
sacred book can be found religion's ethical rules regarding the virtue of wives and the unselfishness of mothers and practical rules of feeding, fasting, cleansing, healing. Be it so. But secular history knows that these same priests and prophets had learned by generations of observing women how babes could be borne and sustain life, how mothers could return to health, and how infants could be brought to maturity.

Longer than the long highroad of ancient religion, longer than the mountain paths of philosophy, far longer than the wide thoroughfares of the biological sciences, and the new arterials of sociology, is the long, long road of woman's memory, the longer road of her suffering, her loss, her frustration, her slow learning, and her tireless love. Before the mists rise from primitive conditions on this planet, the maternal experiences of woman were her school, her laboratory, her studio. Hers was the task to find food that would nourish; herbs that would heal; fuel that would create warmth. Sociologists acknowledge that the woman of the tribe, Eskimo or Patagonian, in the Arctic Circle or at the Equator, had the four primitive responsibilities to keep life intact from helpless infancy to independent maturity. These primitive responsibilities are today favorite professions—food, shelter, clothing, nursing. Sociologists grant that the primitive conditions which demanded that the male keep at a distance by force of arm and of weapon all enemies, animal and human, were the identical conditions which shaped women to be (whether they liked it or not) the first experimental planters of wild grain; the first pilers of rock for a cave shelter; the first weavers of fiber and scrapers of skin for clothing; and the first experimenters at herb-giving and midwifery. Primitive woman crept painfully forward as the giver and conserver of life. As she grew, she developed the primitive home, the early family, for helpless infancy and age stayed by the source of warmth. She developed the place of growing things, the plot of cereals, the trees that bore fruit, the shrubs that made fiber. I am not one to be styled a feminist seeking to prove that woman is responsible for the major attainments of human culture. I am rather a humanist interested in recognizing what part of basic achievement is due to the gifts, the duties, the ambitions of the men of the race, and what part is due to women.

Perhaps it is well to keep our spirits high in this challenging decade, should we not see too clearly how slow has been human progress. The Creator gave to his children, earth sons and daughters, a planet. It contained not one garden, but many. There were forests, prairies, mountains, valleys; waters in ocean and rivers; fertile soil and minerals; light and darkness; the seasons of the year; and the period of man's life, and the generations that followed each other. The Creator gave all these to his children, together with the greatest of personal gifts, intelligence and capacity for affection. What indeed have we done with our inheritance?

I shall answer this question in the words of a friend who said suddenly to me in the course of a conversation, "It just dawned upon me a few weeks ago that everything is related in a hidden unavoidable way. I have a glimpse
of my own responsibility. I imagine you'll think me turned egotist. Far from it. Rather is it like the feeling religionists call conversion. I've always sort of scampere along in life's procession, a sort of jolly boy, no harm in the world, bringing up the rear with the food wagons. Perhaps my father's death last January removed an unconscious feeling of dependence and protection. I certainly am man-grown at last, in the van and forefront of things. Do other people have experiences of this sort? You ought to know. You're an educator, you know."

And I answered, "Yes, indeed. All people of sensibility do have some such an experience. Be thankful for it and use it!"

But I say to you that our present generation is having this experience. There was a time when it was considered that the most important question an individual could ask ran in some such words as, "What can I do to be saved?" Today's generation puts the question more variously, but centrally it is, "How can civilization be saved?" "How can American civilization be saved?" "What can I do that nothing good in my country and in human achievement is lost?" "Looking toward tomorrow, what is my duty, my responsibility, my opportunity?"

This question is answered by an incoherent chorus of replies; sincere replies, earnest replies. Some have a modicum of truth, some a greater amount. In 1917 many believed that a war would make the whole world safe. Today myriads of voices again cry "War," and others in prayerful petition urge peace. "Peace as an objective, peace as a method, peace as a creed; nothing less will save civilization as a whole or our country as a precious part of the whole." Other voices insist that salvation will be to one people only, or to one form of government only, or to one revealed religion only, or to those who accept one kind of education only. Metallic voices claim that a gold standard, or bimetallism, the purchase of silver, or the printing of valueless currency will build a better tomorrow. Labor believes that maximum wage and minimum hours of work will answer all problems. Dr. Townsend packs responsibility into the magic words, "Two hundred dollars a month for all over sixty." Father Coughlin enlarges on his inexhaustible theme of "Social Justice" —"agriculture," "tariff," "reform," "constitution" . . . As the chorus grows quiet, let us proceed with our argument.

This generation moves toward a future in which there is little national or community privacy, one where we are all close neighbors. Neighborliness means a prevention of intrusion by forethought, an accepted standard of good manners, and recognized methods of financial and business intercourse. These activities can not be left to chance. Indeed we will think and act in the terms and under certain restrictions of government and of group life more inescapably than has been true of any people at any time. A technical, rather than agricultural, order brings to us all the contradictory facts of interdependence and of independence. The biological sciences give us visible proof that men are kindred in their origins, in their development, in their
past, and in their future. The physical sciences impart to men of all colors the secrets of earth and sky. The sharing of knowledge, the source of power, make us all wish alike to be equal heirs of the ages and of the fruits that will ripen tomorrow.

To the statesman, the economist, the financier, the agriculturist, we leave the proof of his claims. What have women to do with tomorrow? What has your profession to do with the salvaging of civilization? Modern woman has a double task—she may in our western world be called upon objectively to be a statesman, economist, farmer, or scholar. And in each of these fields, her work is to do as intelligent a job as she can with the knowledge and the materials at her hand. But older than her profession or her vocation is her fundamental responsibility with the beginnings and the nurture of life. Whatever profession she elects must submit to a final criticism of its human worth. What does it do to life—shelter it, conserve it, heal its diseases and sorrows? If so, her profession in itself is part of the answer to one question. No woman, artist, educator, buyer, or saleswoman can escape the triumph and the challenge of her heritage.

In your chosen profession you must be deeply moved at the opportunities that are yours. It is not only of the research man in his laboratory, or of the influential surgeons in their hospitals, or of the trusted family physician that Dr. Ralph Major speaks in his remarkable volume, *Disease and Destiny*. It is of you, teachers of hygiene, administrators of nursing schools, trained women in wards, and by the bedsides of the sick: "In the welter of present-day political and economic trial and error the importance of the fact can not be overemphasized that the major feature shaping man's destiny has at last come under man's control." The nine ills that have depopulated cities and slaughtered talent and leadership before clocks marked the time of day or there existed calendars to help discriminate between seasons—these ills are in your generation at last understood, and being understood, are being controlled. Smallpox, diphtheria, malaria, leprosy, typhus, yellow fever, syphilis, plague, tuberculosis. These burdens of disease which have been enemies of civilization are still with us and will be with us, as the Hebrews admitted the undesirable presence of poverty, but like poverty it is in the power of those who know to keep all these virulent and dynamic enemies, harmless. The sharing of knowledge, the patience of ministration, the recognition of human interdependence—these belong to you, as we look toward tomorrow which it is in your power to help free from pain and the misery of invalidism, feeblemindedness, and "the thousand natural ills that flesh is heir to."

Lastly I commend to your consideration the prophetic challenge of a great biologist of our day. He looks for his answer to the challenge of tomorrow not playfully into a crystal ball. As a modern biologist, he has looked into living cells through microscopes; and into stellar spaces through telescopes. This is his answer, "Men can not longer follow modern civilization along its present course . . . fascinated by the beauty of inert matter . . . failing to understand that their body and consciousness are subject to natural laws,
... as inexorable as the laws of the sidereal world. They must learn the necessary relations of the cosmic universe, of their fellow men, of their inner selves, ... of their treasure and their mind."

It is with deep confidence in you and in the intelligence and altruism of American women that I offer you these thoughts on our responsibility for the quality of human life, looking toward a joyful tomorrow.

PRESENTATION OF THE WALTER BURNS SAUNDERS MEMORIAL MEDAL

Miss Susan C. Francis introduced Miss Mabel Dunlop, Second Vice President of the American Nurses’ Association, who conducted the 1936 presentation of the Walter Burns Saunders Memorial Medal for distinguished service in the cause of nursing.

Miss Elnora Thomson, former president of the American Nurses’ Association, presented the medal to Miss Helena M. McMillan, Director, School of Nursing, Presbyterian Hospital, Chicago, Illinois.

Open Session Conducted by Advisory Council

Tuesday, June 23, 9:20 a.m.

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

Miss Taylor announced that due to the length of the program, all reports were to be brief, and if it was satisfactory to members of the council, only those reports of states were to be read which had representatives present. This was approved. All reports are to be published.

REPORTS OF STATE LEAGUES OF NURSING EDUCATION

ARKANSAS

Members: 10
Activities: At present we have only 10 members and it has seemed that it is impossible that we get together except at our annual state meetings. Therefore, the activities of the league are very limited. At our state meeting we took up the study of the curriculum as much as we could from the data that we had received from national Headquarters, and asked that each member present study this carefully, looking forward to adopting whatever the National League saw fit to give us as a guide.

CALIFORNIA

Members: 232
Activities: Monthly meetings have been held in both the northern and southern sections of the California League. The Northern League has studied facilities in the community available for nursing education. The Southern League has given considerable time to the study of the curriculum, in addition to their regular program meetings.

The Northern League, District No. 9 of the C.S.N.A., and Unit No. 9 of the C.O.P.H.N. have held three joint meetings this year.

The Education Committee of the California League of Nursing Education functions as the Education Committee of the California State Nurses’ Association, and has been active in helping district associations with their program for the meeting of the Western Hospital Association.
COLORADO

Members: 72

Activities: The Colorado League has held three meetings. The annual meeting held jointly with the state nurses' association in Denver, April, 1935. Guest speaker: Katharine Densford of the University of Minnesota School of Nursing. Subject: The Challenge to Nursing of the Final Report of the Grading Committee.

Summer meeting held on the campus of the Colorado State College of Education at Greeley. Guest speaker: Lulu K. Wolf of the University of Virginia, who was a member of the summer visiting faculty of the State College of Education. Subject: Curriculum Revision. A dinner celebrating the fifth anniversary of the Department of Nursing Education at Greeley was given by the Nurses' Club, a college campus organization.

The fall meeting was not held until December. The Glockner Sanitarium of Colorado Springs was the hostess and served a luncheon to more than 85 guests. The speaker: Dr. Earle U. Rugg, head of the Division of Education of Colorado State College of Education. Topic: Social Implications of Curriculum Revision. A membership campaign was launched at this meeting. The league published its second annual bulletin. It was voted to make this bulletin a permanent part of the yearly activities of the state league.

The one local league which is located in Denver held six meetings during this year; the programs were divided between professional and social activities.

The efforts of the state Education Committee during the fiscal year have centered around the work of the national Curriculum Committee. After a general discussion of our problems at a May luncheon meeting attended by nursing educators throughout the state, fourteen study groups were organized. These have had a very fair representation from other professions since they have included physicians, professors, public school teachers, clergymen, and dietitians as well as representatives from the various nursing fields. The interest taken by these groups has been active and gratifying.

In response to the request from the national Subcommittee on the Nursing School Library, we have sent questionnaires to each nursing school in the state. These questionnaires are being forwarded to Headquarters. Also a subcommittee has been appointed for the development of source material at the Denver Public Library. We are very appreciative of this much needed project.

Since the Colorado State League is sponsor of the nursing education program at the State College of Education at Greeley, the Education Committee has had several meetings with Miss Phoebe Kandel, Professor of Nursing Education at the college. A meeting in the near future has been arranged with President Frasier and Dr. Rugg, of the Department of Education, to discuss problems of nursing education.

DELAWARE

Members: 40

Activities: While the progress of our infant organization has been slow, still there has been progress, and the members, though few in number, have been faithful and active in the work of committees and general activities.

Seven general meetings held since the last annual meeting show an attendance of about 75 per cent of the membership. The board of directors held three executive meetings during the year.

There are no local leagues because of the small area embraced by the state league, and members in Lower Delaware have been unusually faithful in attending regular meetings, all of which have been held in Wilmington.

In October, 1935, we regretfully accepted the resignation of Miss Gwen Miller as president, who was recently married. Miss Miller has served the league faithfully since its organization in 1933, first as its secretary, and later as president. She was untiring in her efforts to promote the best interests of the league and we owe her a debt of gratitude. Since she has taken up residence in New York, we do not have the
inspiration of her presence in our meetings. We feel our loss keenly, but wish her joy and happiness in her married life.—Miss Genevieve Muench, vice president, served the unexpired term as acting president.

The Program Committee, under the chairmanship of Mrs. Epperson presented many timely subjects for consideration at our meetings, among which were: the value of intelligence tests for selection of applicants to schools of nursing, a public health program for the schools in Delaware, the correlation of classroom teaching and ward responsibilities with emphasis upon ward conferences for students, and case study methods and their application to the care of the patients.

The Delaware League is most fortunate in having the services of Miss Mary Moran, long the president of the state association, as the chairman of its Education Committee, for there is no one within the bounds of our state who so thoroughly understands the educational needs as she, or who has devoted so much time as has she to the betterment of schools of nursing here. Her committee reports a number of improvements in these schools. Many supervisors who did not hold high school diplomas were urged to go to night school and have made up all or a good part of their high school credits. Classroom facilities in all schools have been improved, with increase in the number of class hours in many instances. The hospitals have added many graduates as general or staff nurses, thus relieving the ward situation particularly during classes of students. Most of the schools at present give operating room training before obstetrical, and find increased efficiency in work and greater understanding for the student as a result.

While the league has not accomplished much in the way of making suggestions to the national Curriculum Committee, it has been vitally interested in this phase of its work, and it is certain that schools of Delaware will not be allowed to drop behind other states in the carrying out of suggestions made by the new curriculum.

We face the new year as a small but determined group, confident that accomplishment lies not so much in numbers as in the faithfulness of each individual member, and we trust that in the new year we shall enlist the membership and interest of every nurse in Delaware who is eligible to become one of us.

DISTRICT OF COLUMBIA

Members: 94

Activities: The league has had a successful year. The following is an outline of the programs:

The opening meeting for the year was largely a business meeting. However, Miss Stimson gave a talk about the physical conditions of our nurses.

Topics and speakers for other meetings included: a report by Miss Solomon of Georgetown University Hospital on the intersession course of curriculum construction which was held at Teachers College in June, 1935; a paper entitled Outpatient Department for Teaching Purposes by Miss Millin from Georgetown Hospital; a discussion on work accomplished in curriculum revision by C. Mabel Smith, curriculum advisor at Teachers College; a report on Health Service to the Family by Mrs. Fleming, a social worker and graduate nurse of Freedman's Hospital; a report of the study group on sociology by Miss Gladys Sellew of the Catholic University; a report of the study group on psychiatry and psychology by Mrs. Helen Lessner of St. Elizabeth's Hospital; a report of the study group on history of nursing by Miss Helen Respess, Emergency Hospital; and a report of the study group on nutrition and cookery and dietotherapy by Mrs. Lenrice Sartell of St. Elizabeth's Hospital.

At one meeting Mrs. Bertha M. Seering gave a report of the meeting in New York of the state boards of nurse examiners, and also the high lights of the meeting of the national Curriculum Committee. At a special meeting, Miss Isabel Stewart spoke on "The Next Step" for schools planning to use the new curriculum.

The following excerpt is taken from the report of the president:

"Nearly every member of the league has been pressed into service on committees working in connection with the curriculum revision and that their work has been good
has been proven by the several meetings given over to reports of these study groups.

"The following are matters of importance undertaken by the league this year:

"The revision of the curriculum which has taken a good deal of the energy of everyone concerned.

"The survey which is actually now in process of being made.

"We are planning to secure, at whatever date we may be able to get her, Miss Edith Margaret Potts, who has been doing extensive work with tests and measurements of the aptitudes of applicants for the nursing field. One of the major problems to be considered in building up true schools is the type of student who will be in the school.

"The Graduate Nurses' Association of the District of Columbia is already laying plans for their annual meeting in January and they have invited the league to participate in this annual meeting. At a rather informal discussion between some members of the league, it was proposed that the league ask for a whole day at the annual meeting, divided as follows: One half day for a general meeting with possibly an outside speaker, to which members of the Graduate Nurses' Association are invited and the other half of the day to be devoted to concurrent section meetings. These meetings could consist of some discussions of administrative problems, some demonstrations of nursing technique, and other meetings of interest to general and private duty nurses, who might be invited to attend as guests of the league.

"It has been recommended that the program for the coming year be centered around further developments growing out of the work done by the study groups working on the curriculum revision. It would make a very interesting experiment if each school would take at least one subject as revised and develop it in their school, using the suggested teaching—seminar, panel discussions, and conferences in addition to the teaching methods now in use—and then make up a program centering around this subject which would be of sufficient educational value to bring it before the league."

FLORIDA

Members: 22

Activities: The following activities have been carried on during the past year:

1. Revision of constitution and by-laws in process.

2. Membership campaign by means of personal letters and booklets to schools of nursing and eligible individuals in other nursing fields.

3. Talks to high school students by school nurses who used as a basis for their speeches the booklets Nursing and How to Prepare for It and Nursing, a Profession for the College Graduate.

4. The Nurses' Institute is to be held again in July. This was begun last year and embraced all branches of nursing education. It will be conducted in cooperation with the state board of nurse examiners and the General Extension Division of the University of Florida. The object of this course is to afford opportunity to Florida nurses to keep up with the latest discoveries in the field of nursing and modern technique in nursing procedures. This institute met with great approval last summer and nurses are looking forward to an even more valuable course this year.

Due to our being practically in a process of re-creation or revival, the problems are several at the present time. However, interest is slowly but surely being aroused, and membership is gradually increasing.

GEORGIA

Members: 30

Activities: At the 1934 annual meeting, Mrs. Eva S. Tupman, Atlanta, was made President Emeritus and given life membership for her pioneer work in organizing the Georgia League and for serving as president for six years, during which time the Georgia nurses were hostess to the National League at Atlanta in 1931.

In 1933, a special committee was appointed to outline plans and promote nursing education in our State University. This committee is glad to report the establishment of a pre-nursing course of two years, equivalent to junior college, by the University
of Georgia at Athens. This pre-nursing course will be followed by a two-year course in the hospital school of nursing which is integrated into the university system. The two-year hospital course will correlate closely the theory and practice and will be equivalent to one year of college work. The student will return to the university for a fifth year to complete her major for a bachelor of science degree in nursing. These plans are rapidly progressing and Georgia is looking forward to the five-year program of study which will prepare our graduates for the teaching programs needed in our schools of nursing as well as for the public health fields.

A graduate nurse program of study is rapidly being completed in connection with the university system of Georgia whereby our graduates may be given college credit for their school of nursing studies and matriculate for the degree of bachelor of science in nursing.

At the 1935 annual convention of the Georgia State Nurses' Association, the Georgia State League of Nursing Education was made the Educational Department of the Georgia State Nurses' Association. This new relationship will correspond to the National League of Nursing Education relationship with the American Nurses' Association, which plan is only a functional relationship. The Georgia State League of Nursing Education will retain in every other way its original autonomy.

By this relationship we believe greater unity in effort and less overlapping of educational activities will be realized in Georgia.

The Georgia League published a bulletin in 1935, jointly with the Georgia State Nurses' Association and the State Organization for Public Health Nursing. This year the G.L.N.E. plans to publish a bulletin which will follow the Biennial Convention and give to our members the highlights of the program as well as our own state tentative program and call to the annual meeting at Columbus, Georgia, November 5-6-7, 1936.

ILLINOIS

Members: 373

Activities: The Institute on the Child in Nursing Education was held in November, at which the attendance numbered 788. The receipts covered the expenses of the institute and left a small margin of profit.

The Education Committee of which Miss Edna Newman is chairman appointed 11 study groups to make a study of the proposed outlines of courses submitted for criticism by the national Curriculum Committee. These reports were given at the March and April meetings of the league.

The Illinois League awarded a scholarship of $100 for a summer course in nursing education at the University of Chicago. A fellowship of $600 (income from the University of Chicago Graduate Nurse Educational Fund) was awarded for advanced study at the University of Chicago in the Department of Nursing Education for the school year 1935-36. A donation of $25 was made to both the McIsaac Loan Fund and the Isabel Hampton Robb Memorial Fund.

The Committee on University Relations reports an enrollment of 11 students in the Department of Nursing Education at the University of Chicago and an enrollment of 19 students at the course in Trends in American Nursing being given in the evening at University College.

On invitation of the board of management of Illinois state hospitals for the insane, the president of the Illinois League was invited to attend a meeting of that body held in Peoria, May 1, 1936. Subjects under discussion were the establishment of a proper educational set-up for affiliating students from general hospitals and the advisability of continuing state schools of nursing in Illinois state hospitals for the insane.

INDIANA

Members: 64

Activities: Monthly meetings held during the school year were well attended. Each meeting was held in a different city of the state. The annual meeting was held jointly
with the Indiana State Nurses' Association and the Indiana State Organization for Public Health Nursing in October at Turkey Run State Park.

Topics discussed at the monthly meetings were:

1. Evaluation of Textbooks—Dr. W. W. Patty, Professor, School of Education, Indiana University.
2. Health of the Student and the Graduate—Ruth Irwin, of the Purdue University staff; and Mary Meyers, Executive Secretary, Marion County Tuberculosis Association.
3. Interesting the Public in the Education of Nurses—Mrs. Milo Miller, Parent-Teacher Association, South Bend; and Miss Lula V. Kline, Director of School of Nursing, South Bend.
4. A Five-year Nursing Course Leading to a Diploma in Nursing and a Bachelor's Degree—Sister M. Amadeo, Director of Nursing Education, St. Mary's College, Notre Dame, Indiana.

An effort has been made by the Curriculum Committee of the state league to interest all schools in the state in the work of the national Curriculum Committee and to make a study of the proposed changes. A complimentary copy of Bulletin A-1 was sent to each school of nursing in the state by the Indiana State League following the return from the January meeting of the national Curriculum Committee by our state Curriculum Committee chairman.

The following study clubs were organized: (1) dietetics, (2) public health, (3) anatomy, (4) nursing arts II.

The May meeting was one of great interest for the league members in Indiana. Mr. R. E. Cavanaugh, Director of the University Extension Division, gave a splendid talk on curriculums in general. This was followed by a very excellent paper on Revision of the National League of Nursing Education Curriculum for Schools of Nursing by Nellie X. Hawkinson of the University of Chicago. A round table discussion followed Miss Hawkinson's paper and proved very instructive to all present.

**Iowa**

*Members: 87*

*Activities:* Two meetings were held during the past year. The annual meeting was held in Davenport in October, 1935. The main topics discussed were ward management and curriculum revision. In April, 1936, a special meeting was held jointly with the Iowa Hospital Association. The morning was devoted to reports of study groups of the Curriculum Committee, and in discussing these reports and kindred problems. In the afternoon the league joined the hospital association in a round table discussion of the future of nursing education.

Four meetings of the board of directors were held; three regular and one special. The state Curriculum Committee has been quite active. Study groups have been formed and are working on curriculum revision projects.

Our chief problems seem to be the securing of adequate economic support for nursing service and nursing education, and the shortage of registered nurses for both staff nursing and private duty.

**Kansas**

*Members: 47*

*Activities:* The Kansas League of Nursing Education held an institute in Wichita, October 9 and 10, featuring the care of the child. We were fortunate in securing Miss Winifred Rand, of Detroit, as the principal speaker and having the cooperation of the Child Research Laboratory of Wichita, to assist with the demonstrations.

There have been a number of local meetings in both Kansas City and Wichita to study the proposed changes in the curriculum. Kansas City has organized a local league of which Miss Ethel Templin is president and Miss Irene Busse is the secretary. They report having had three meetings during the year at which they discussed the new curriculum. The subject matter and ways and means of adapting it to our needs as well as the adaptation of our physical facilities to curriculum requirements
was discussed. We feel the need of more enlightenment in regard to the new curriculum trends. It would be fine if we could have an expert in this field visit the various centers and talk over the problems.

Membership in the Kansas League has been stimulated by letters to all eligible persons.

**Kentucky**

*Members*: 45

*Activities*: In October, at the annual meeting, the Kentucky League became the Educational Department of the Kentucky State Association of Registered Nurses. The two projects of the year have been a curriculum study and a study of nursing service in state mental hospitals. We hope to gain enough information from the latter to help us improve the nursing in the mental hospitals of Kentucky.

Besides the regular monthly meetings, the Kentucky League sponsored an institute in March. The two-day programs were built around the central theme of injecting public health into the undergraduate curriculum. Our members feel that it was one of the most worth while institutes we have had.

We do not have any local leagues; but by holding the monthly meetings, alternately in Louisville and Lexington, where the greatest number of our members are concentrated, we are better able to afford our colleagues more opportunities of attending meetings and of participating in programs.

**Louisiana**

*Members*: 80

*Activities*: Our league has cooperated actively with the national Curriculum Committee in the critical review of the tentative outlines of the subjects to be included in the 1937 curriculum.

Three members of our league attended both the annual N.L.N.E. meeting in June, 1935, and the curriculum meeting in New York on January 24 and 25, 1936.

With a view to interesting the better type of young women in becoming nurses, the Louisiana League of Nursing Education has sent fourteen copies each of *An Activity Analysis of Nursing and Nursing Schools—Today and Tomorrow* to seven university libraries and seven public libraries in the chief cities and towns of Louisiana.

While we have no local leagues, our schools of nursing have shown themselves to be in close sympathy with the league's move for better preparation of faculties by stimulating their graduates to attend the nurse education courses conducted by Louisiana State University under its Teachers' College.

Our October, 1935, annual meeting, at which Miss Susan Francis was present, was devoted to consideration of means to improve nursing education in Louisiana. To this end, round tables were held, covering the following points: (1) how to gauge maturity of students, (2) vocational guidance within the nursing sphere, (3) changes indicated in nursing education, (4) university affiliation, and (5) suitable financial arrangements for schools of nursing.

The Louisiana League is inviting the nurses of the state to participate in our Institute on Curriculum Construction, to be held June 8 and 9 at the Louisiana State University Medical Center in New Orleans. This institute will be conducted by Sister Berenice, O.S.F., Dean, Marquette University College of Nursing, Milwaukee.

**Maine**

*Members*: 18

*Activities*: Last October the Education Section of the Maine State Nurses' Association voted to organize a State League of Nursing Education. Our efforts this year have been directed toward this end. Maine's nurse population is small but geographically Maine is extensive so that it is difficult to get us together. However, we are now presenting an application for membership to the Board of Directors at the meeting in Los Angeles and we hope soon to be a new-born league.
We have not been inactive in our embryonic stage. Arrangements were made for a meeting this June with Miss Helen Wood of Boston speaking.

The group also initiated plans for nursing courses to be given this summer at the University of Maine and we look forward to its success.

We hope also for an active and useful first year of existence.

Ed. NOTE: Since receiving this report, Maine has been accepted as a state league.

MARYLAND

Members: 100

Activities: There were seven general meetings held during the year. Programs of the general meetings were as follows:

1. Joint meeting. Discussion of problems relative to postgraduate work for nurses and affiliations for students.
2. Prenatal program for public health service.
3. Joint meeting. Principles of supervision (program arranged by the league).
4. Relationship of nursing school libraries to public libraries.
6. Discussion of an affiliation in contagion for nursing schools.
7. Reports of study groups under the state Curriculum Committee.

The course in sociology at the Johns Hopkins University which was established last year through the influence of this nursing group, was offered again this year under the heading of Social Disorganization.

The study groups of the state Curriculum Committee have been the center of our chief activity during the past year. The condensed reports they gave at the last general meeting showed the detailed study and discussions made by this group.

A representative of the state Curriculum Committee has been present for the joint conferences of the national Curriculum Committee.

MASSACHUSETTS

Members: 194

Activities: The Massachusetts League of Nursing Education held a successful institute in April, 1936. The principal subject discussed was the new curriculum. At this institute there were reports from three members who had been given scholarships by the league, to attend the 1935 summer session of Teachers College, and to work on problems of the proposed curriculum.

In May, the annual Students' Night was held. Miss Taylor, President of the National League of Nursing Education, was the speaker. The Nurses' Glee Club of the Burbank Hospital, Fitchburg, sang several selections.

At the present time, there is much interest in local leagues in Massachusetts. A special committee has been studying their advisability in Massachusetts, and will report at the annual meeting in October.

The close relationship and harmony which exist between the Massachusetts State Nurses' Association and the league has been demonstrated in several ways this year. The league contributed largely to the program of the annual meeting of both organizations in the fall of 1935. This year, the state association has given the league two hundred dollars.

We believe that the formation of local leagues in Massachusetts will do much to stimulate membership in the state league, and develop greater interest in the problems which confront both the state and national organizations.

MICHIGAN

Members: 158

Activities: The Michigan League of Nursing Education holds but one meeting each year, in conjunction with the annual meeting of the Michigan State Nurses' Association. The Detroit League, the only local organization in the state, meets regularly
every other month. Except for this local league, the membership is scattered over such a large area that more frequent meetings seem impossible. In planning committees, however, the board of directors has made a special effort to localize the membership of each committee and to set up the different committees in widely separated places in the state. Expenses of members are paid to all committee meetings. This encourages them to take a more active part in the work of the league. We have found this a very successful method of keeping a larger and more scattered group interested. The Education and Curriculum Committees are located in the Detroit and Ann Arbor districts because of the large membership there. The Membership Committee is in Lansing with the executive secretary of the Michigan State Nurses' Association as chairman, and the visiting representative of the board of registration of nurses and a representative of the Catholic group composing the committee. The Finance Committee is situated in Kalamazoo in the western part of the state.

The Committee on Membership has been very active and since two members of this committee are state-wide travelers, every nurse eligible for membership has been reached. As a result, we have the largest membership ever enrolled in Michigan.

The Education Committee has concentrated on the institute which has become an annual event, five having been held since 1932. The subject chosen for this year was Community Nursing Needs. Miss Lenore H. Bradley, special research worker of the State Board of Examiners of New York, opened each of the three sessions with a most illuminating talk. This was followed by a nursing demonstration and was concluded with a discussion of the entire program. The institute has been progressively well attended and reached its peak this year. Despite the extremely cold weather and deep snow, a large group drove down from the Upper Peninsula which we consider very isolated and almost inaccessible during the longer winter season.

The Curriculum Committee has been very active with 21 different study groups, including 50 to 60 different members. Two meetings of the entire committee have been held. This has been a most interesting and stimulating experience and has drawn into the group a number of nurses who after long experience have become experts in their fields, but who have never taken an active part in the league.

Joint committees of the league and the bureau of registration of nurses have been at work on two projects: a list of recommended textbooks for schools of nursing, and regulations for accredited schools of nursing in Michigan.

The traveling members of the Committee on Membership have distributed large numbers of pamphlets issued by the Nursing Information Bureau of the American Nurses' Association, both on their journeys through the state and from their office.

The Detroit League of Nursing Education has held five meetings during the year with an average attendance of fifty. Programs have been based on newer trends in nursing education, ending in May with a discussion of the work of the Curriculum Committee of the National League of Nursing Education by Anne Austin, Assistant Professor of Nursing, The Frances Payne Bolton School of Nursing, Western Reserve University. Other activities have centered in a drive for membership and a revision of the by-laws.

**MINNESOTA**

**Members:** 241

**Activities:** The chief activity has centered about the curriculum. Four members attended the June, 1935, intersession curriculum study program at Columbia University. A luncheon meeting to which nurse executives, boards of trustees, hospital superintendents, and faculty members were invited was held July 13, 1935, for the purpose of having them informed about and participating in the progress of curriculum revision. Miss Isabel Stewart gave an unusually fine all-day curriculum institute following the state meeting in October. Most schools were very well represented.

A six-day psychiatric nursing institute (an invitation affair) sponsored jointly by all nursing organizations was given under the direction of Mrs. Stella Amass at the State
Hospital in Fergus Falls in late October. Twenty-five nursing executives were able to accept the invitation to attend.

On March 2, 1936, some 33 heads of schools and faculty members from 18 of the 30 schools in the state attended a special afternoon conference for the purpose of considering ways and means of testing the new curriculum with a view to assisting study groups in making returns to the national Curriculum Committee. Also, plans are under way for an all-day institute on the child in nursing education.

In addition, the program of each regular meeting sponsored by the Education Committee has presented discussion and demonstration centering about some field of nursing care. Subjects being considered are nursing arts I, II, III, pediatric, psychiatric, obstetric, tuberculosis, combined medical and surgical nursing, and study of patient (the last in lieu of case study). Study groups (17 in number) are active throughout the state in the various nursing fields in studying and in assisting in the curriculum revision.

The following activities have been continued from previous years or newly initiated. A membership drive resulted in a new high membership. The state-wide battery-of-tests program for entrants to schools of nursing has been continued (884 students having been tested). A loan fund of $400 is now available. Closer association with Minnesota Hospital Association has been planned. Further graduate nurse preparation is being urged. A lay advisory program is being planned. In cooperation with private duty nurses, an educational program for that group is being carried in various hospitals. A study of public health facilities available in the state and recommended for student experience has been made. Plans have been made for replacement of calendar sale funds. Other activities were staff education including inter-school visitation; American Journal of Nursing Committee work; legislation and public information jointly with other nursing organizations; and a student program for state meetings. During the past year the league has held eight board and eight regular meetings. It has become the Educational Section of the Minnesota Nurses' Association.

Representatives of the nursing organizations have served in an advisory capacity for a study of state aid for nursing education being made by the state board of education.

For the first time a small remuneration is possible to the secretary and treasurer who perform so much detailed work, and for use by the Program Committee. The league has also shared in the expense of a state fair exhibit.

The league has endorsed the invitation to the American Nurses' Association to hold its 1938 biennial meeting in Minnesota.

The main problems have been securing adequate funds for nursing service and nursing education and devising better means for informing lay groups as well as allied professional groups of the objectives and needs in the field of nursing and nursing education.

Missouri

Members: 91

Activities: The membership in Missouri is divided between two large local leagues in Kansas City and St. Louis, with a sprinkling of members throughout the state.

The Kansas City League has held monthly meetings on the third Thursday of each month with an average attendance of 10 to 12, and 5 to 20 visitors.

Programs have included a play at the December meeting, reviews of books and articles in professional and current magazines, discussions on preparation of student nurse, reports of Biennial Convention, and studies of registries and nursing schools. Other activities included a study of university schools and contacts with the president of the University of Kansas City concerning possible establishment of a school there; sponsoring a public health course given at Teachers College of Kansas City; formation of groups to study material sent out by the national Curriculum Committee; and attendance at luncheons; etc.

The St. Louis League held regular monthly meetings with an average attendance of 40 to 45.
The institute which was held in October, 1935, was very well attended. Afternoon and evening sessions were held on two consecutive days. Programs have been presented on developments of nursing in special diseases; various phases of nursing education; social and community problems; reports of state meetings and the national convention. Interesting programs concerning other current topics are being planned for this year.

The Missouri League of Nursing Education has held two annual state meetings. It has devoted its efforts to assisting the state nurses’ association in the organization and establishment of a demonstration course in psychiatric nursing. Practically all the nursing organizations of the state made possible the demonstration by financial contributions.

A joint committee of the state nurses’ association and the state league made arrangements with the city of St. Louis that the course should be organized in the City Sanitarium. A director and two assistants were chosen to give the course. Two groups of students have each been given a six-month course.

The Commissioner of Public Welfare, the Hospital Commissioner, and other members of the city administration were so well pleased with the results of this year’s work that a special ordinance has been passed by which the city of St. Louis undertakes to continue the work we have begun with a much enlarged personnel.

The Missouri League of Nursing Education has suffered a great loss in the death of its vice president, Miss Talitha Helmkamp. Miss Helmkamp was very active both in the state and St. Louis leagues. Her clear vision, her mature judgment, her tireless energy, her courage, and her uprightness made her an invaluable colleague and friend.

NEBRASKA

Members: 66

Activities: Nebraska has two local leagues: the Omaha League of Nursing Education, and the Third District Nursing League of Lincoln. Both leagues are active and hold about eight meetings each during the year. The programs at these meetings have been educational, very stimulating, and have been well attended.

The chief activities during the year were as follows:

1. Annual meeting held in connection with the state nurses’ association in October at Lincoln. One day of this meeting was sponsored by the league.
2. A three-day institute held in May at Lincoln; one day of which was devoted to the consideration of the child in nursing education, the other two days to newer trends in nursing education. This was directly sponsored by the state league. Enrollment at the institute was 202 members. This institute provides the chief educational feature of the year’s activities.

NEW HAMPSHIRE

Members: 34

Activities: At a meeting at Keene, Hugh M. Galbraith, Assistant Superintendent, New Hampshire State Hospital, presented the topic. The Value of Psychiatric Training for Nurses. A meeting was held in Manchester where Submission of School of Nursing Records was the subject presented by instructors, with general round table discussion. At the Concord meeting, local league problems were presented with round table discussion. Claribel A. Wheeler, R.N., Executive Secretary of the League, was present, inviting members to present for her consideration any or all state league problems.

On September 7, there was a meeting of the chairman and board members of the league for general discussion and presentation of problems or suggestions for the betterment of the league.

In October, we received from the national Curriculum Committee, a set of tentative outlines for the revised curriculum. These outlines are being tried out in the various schools and meetings for discussion of opinions and results will be held at a later date.

Our chief problems have been: (1) lack of funds in schools for the proper education of students; (2) too little interest in nursing education; (3) difficulty in col-
lecting membership dues; and (4) too few eligible graduates interested in becoming members of the league.

NEW JERSEY

Members: 201

Activities: During the year, four meetings were held. The new committees have been organized, namely, the Curriculum Committee and a Committee on State Board Problems.

One of the important activities of the league during the year, has been the work of the Curriculum Committee, the members of which, as regional chairmen, represented the league in various parts of the state.

Our mid-winter meeting, at which an institute conducted by the Instructors’ Section of the league is regularly held, was devoted to a discussion of reports of curriculum studies to date. We were fortunate in having as one of our speakers, Miss Isabel Stewart, who discussed the project of curriculum study.

It was decided that the Instructors’ Section should change their usual activities for the year to participation in the study of the curriculum.

Because it is felt that the educational activities of the Instructors’ Section are of interest to all league members, it has been decided to have the Instructors’ Section assume responsibility for two or more general meetings of the league rather than carry on a separate program, as has been the custom.

Our constitution and by-laws have been revised to conform to the constitution of the national organization.

The Committee on University Relations has been active. Two projects of university affiliation with schools of nursing have been under consideration, one with the New Jersey College for Women, the other with the New Jersey Teachers College leading to a degree in education and a diploma in nursing. The latter has been completed.

Extra-mural courses in the field of general education and nursing education have been arranged for graduate nurses. These are given under the auspices of Columbia University and are sponsored by the league.

A special committee was appointed to complete an unfinished project of the former Committee on Education and Publicity, namely, the preparation of a pamphlet giving publicity to the high schools throughout the state concerning requirements for entrance to schools of nursing.

Efforts to increase our membership are being made through the work of the state Nurses’ Committee on Information. Much work along this line has been done in the past by the state education-advisor inspector.

Our meetings are well attended but we encounter difficulties of transportation from several of the remote centers of the state. It is therefore not possible for members from these places to attend meetings as frequently as they would like to do. The question of forming local leagues was considered. It was found that the number of members in the areas where the organization of local leagues might be considered was too small and the thought of such organization has been abandoned for the present. However, it has been decided to hold more of our regular meetings in these centers during the coming year.

Miss Claribel Wheeler of national Headquarters was present at our annual meeting and gave us a helpful and inspiring talk on the relation of the state leagues to the National League.

The three nursing organizations and the state hospital association in the state work closely together. There is a strong feeling of mutuality of interests. Interest in the study of the curriculum has been manifested by all organizations.

NEW YORK

Members: 577

Activities: The drive for new members began at the annual meeting and state-wide convention in October, 1935, when an information sheet which gave details about
membership requirements in the New York League was distributed. In November, 1935, copies were sent to the five local league presidents advising them to have a membership drive and to send copies on to the directors of nursing service in hospitals and public health agencies. In February, 1936, the chairman of the Membership Committee sent a letter to each local president listing suggestions whereby new members could be recruited and enclosing application blanks. In April, 1936, three local institutes were conducted in Albany, Syracuse, and Rochester, and the membership drive was continued.

There are now five local leagues in this state.

Arrangements are going forward for the annual meeting and convention to be held in New York City in conjunction with the state nurses association and the state organization for public health nursing.

Twenty-two study groups, with a membership of 220, participated in an intensive study of the tentative national curriculum. In many instances the groups started their studies by conducting an all-day institute when Bulletin A-1 was discussed. An attempt was made to have five state-wide institutes, but only three were conducted in Albany, Rochester, and Syracuse. New Developments in Methods of Teaching and The Philosophy Underlying the New Curriculum were presented. The state organization for public health nursing conducted institutes for lay people on the same day. A copy of Bulletin A-1 was sent the regents of the University of the State of New York.

In a drive for new members, an information sheet has been printed for distribution which gives details about requirements for membership in the New York League.

The league cooperated in planning a program for the annual meeting of the S.O.P.H.N., the N.Y.L.N.E., and the N.Y.S.N.A. which was conducted at Syracuse in October, 1935. The theme of the 1936 convention to be held in New York City in October, 1936, is "Preparing the Nurse for the New Social Order."

The Committee on Programs of Education for Staff Nurses has been very active advising and setting up "in-service" programs of education. This committee is especially concerned with "in-service" programs of education, with the need for adequate courses in clinical subject matter on a postgraduate level, and with the need for better distribution of graduate nurses throughout the state. A copy of "Suggested Program for State and Local Leagues, 1936" was sent to the five local presidents.

The Committee on Information has secured material for the Quarterly News, and has encouraged local presidents to conduct one-day conferences with vocational guidance directors in high schools to present materials included in latest league pamphlets. A new Committee on Sisters' Problems has recently been formed.

Each local president was sent a copy of the proposed amendments to the constitution and by-laws and invited to have those of their league amended by October, 1936.

The following committees are now in the process of being organized: (1) Child in Nursing Education, (2) Mental Hygiene and Psychiatric Nursing, (3) State Board Problems, and (4) To Consider Lay Participation.

The president represented the league at several meetings of the Joint Committee on Community Nursing Service. This group is attempting to classify and coordinate the activities of the N.Y.L.N.E., the S.O.P.H.N., the N.Y.S.N.A., the board of nursing examiners, and the state department of health. They are also all seeking accurate information on unemployment of general duty nurses and distribution of nurses in the state. There seems to be a discrepancy in current unemployment reports as hospitals can not fill vacancies.

The majority of the members of the five leagues believe that chemistry and psychology should be required courses of the curriculum in schools of nursing in New York State.

The problem of covering the entire state by local leagues is one we hope to solve this summer with the cooperation of the state nurses' association.
NORTH CAROLINA

**Members:** 52

**Activities:** The annual meeting was held jointly with the North Carolina State Nurses' Association and North Carolina State Organization for Public Health Nursing. At this meeting, Miss Anna D. Wolf, Director of Nursing Service, New York Hospital, New York City, gave an interesting talk on the proposed program of studies for nursing schools.

The state was divided into three divisions for curriculum study groups. Special meetings were held by each group and the program for the March meeting was planned around the curriculum studies. Reports have been sent to the national Curriculum Committee.

A ten-day institute is to be held at the University of North Carolina, from July 28 to August 9. The courses to be offered are: teaching and supervision in schools of nursing, history of nursing, and lectures in sociology and mental hygiene. Fifty hours of attendance are required in order to receive a certificate. No credit is given toward a degree.

Our two major problems are the difficulty members have in attending meetings, as distances are great and it is hard for them to get away from their jobs; and the lack of adequate funds to carry on the kinds of programs that will stimulate interest.

NORTH DAKOTA

**Members:** 14

**Activities:** There are no local leagues in North Dakota, the principal difficulty being the distance between cities with nursing schools. Four cities have two schools each and several have only one school, therefore, the membership in a local league would be very small at its best.

The Education Committee has revised the state curriculum and recommended it to all schools. The national curriculum has been followed as closely as possible with the facilities available in our state. Considerable time has been spent by this committee on the study of the course of nursing suggested by the national Curriculum Committee and it has cooperated in every way possible with the national committee.

OKLAHOMA

**Members:** 20

**Activities:** The following are the officers of the Oklahoma League of Nursing Education for 1936: Ruth Stoll Edmonds, president; Williamina Strong, vice president; Sister Monica, treasurer; Hazel Tuck, secretary.

During the past year the field representative has been reappointed.

Our chief problems have been finding ways of increasing our junior active membership and the difficulty felt by many nurses in meeting their dues.

OREGON

**Members:** 28

**Activities:** While we have not been able to secure many new members, we feel that sufficient interest has been created to increase the membership during the coming year.

There is no lack of interest in nursing education and the league's program, but there has been a hesitancy in paying additional dues which probably is due to the salaries being greatly reduced during the past few years.

The following were the chief activities for the past year:

1. Alternate programs were provided with District No. 1, and speakers secured for other districts throughout the state.

2. Cooperation was given to the state association in making a survey of general staff nursing in the state.

3. A contest was sponsored among student nurses for the best essay on "The Spirit of Nursing." The nine schools in the state cooperated and from the number submitted
to the league, one was selected as the most outstanding. A prize of five dollars was given to the student who wrote the essay which will be published in the Oregon Nurse.

We realize the very important part the league plays in general nursing affairs and it is our aim to provide stimulating programs, to keep alive interest in nursing education within the state, and to support in every way possible the National League objectives.

Pennsylvania

Members: 371

Activities: In 1935, the Pennsylvania League of Nursing Education became the Education Department of the Pennsylvania State Nurses' Association. The first joint activity has been the planning of institutes on tuberculosis with the help of the Pennsylvania Tuberculosis Society. There will be four such institutes this year throughout the state.

A committee of the league is working on standards for state board members and instructors in schools of nursing for the Pennsylvania State Nurses' Association.

The league of District No. 6, in Pittsburgh, has welcomed members from Districts No. 7 and No. 8, so there is in effect a regional league for these districts of our state association.

District No. 5 is considering the organization of a local league. In District No. 4 league members are active as the Educational Section of the District Association of the Pennsylvania State Nurses' Association.

In 1935, through the efforts of a membership chairman, every school of nursing in the state was asked to stimulate membership for the League and some schools are beginning to report one hundred per cent membership for head nurses and supervisors.

Members wish that the hours of duty were not so long so that more time could be devoted to organization activities.

Organizations report difficulty in finding chairmen for committees which take much time; also report lack of funds for contributions they would like to make to scholarships and other educational activities.

The annual convention of the Pennsylvania League of Nursing Education was held in Erie, in connection with the Pennsylvania State Nurses' Association. Meetings were large and much interest was shown.

The 1935 annual institute was held in Pittsburgh in May. The 1936 annual institute was held in Philadelphia in May also.

Every local league has revised its constitution and by-laws in accordance with the state revision.

District No. 1 still sponsors a course of ten lectures for all senior students in public health. It is a member of the Community Council of Philadelphia.

The Instructors' Section has studied tentative outlines for the courses of the revised curriculum. The standards for members of boards of nurse examiners and instructors are being studied.

One school in District No. 2 has 19 members, and one hundred per cent membership of the faculty. This district is separated widely geographically, but it has had six meetings during the year. Three educational programs relating to the improvement of nursing care were open to all graduate nurses. Special committees are working on psychiatric nursing, the child in nursing education, lay participation, and the qualifications for instructors and members of boards of nurse examiners. Symposiums and panel discussions have proved to be interesting.

District No. 3 has held five meetings during the year, and much interest has been displayed in the program, including ward teaching and a series of panel discussions, conferences, and a symposium on mental hygiene in relation to the student nurse, normal child, and the hospital patient. The league has taken responsibility for presentation of programs for benefit of the district members.

A committee in this district has been considering requirements for boards of nurse examiners and instructors in schools of nursing.
Pittsburgh League, District No. 6, was responsible for the annual institute held in May, 1935, and provided for interesting meetings centered about curriculum revision. The yearly program provided for a picnic and a student night, giving a selection of extra-curriculum activities representing twelve schools of nursing in addition to regular meetings. Other topics were: trends of education today, mental hygiene in the curriculum, discussion of university courses in Pittsburgh, the American Journal of Nursing, how to improve your job, methods of dealing with behavior problems, and errors in schools of nursing. A committee in this district has also been working on standards for boards of nurse examiners and for instructors in schools of nursing.

Pittsburgh suffered greatly in the flood. Spring meetings have not been possible.

RHODE ISLAND

Members: 134

Activities: The Rhode Island League of Nursing Education held its annual meeting in January, 1935, a joint meeting with the state association in June, and two additional general meetings. During the year five meetings of the Executive Committee were held in Providence. A nursing institute was held in November, with a registration of 687.

Two nursing courses were given in the Extension Department of Brown University. The subjects were: Educational Psychology for Nurses, and Methods of Teaching.

We again had a series of interschool visits; all nine schools of the state acted as hostesses. It was voted that the attendance at interschool visits be limited to members of the league. This resulted in several immediate applications.

The state Curriculum Committee has been actively engaged in the study of the curriculum, having had several meetings.

TENNESSEE

Members: 35

Activities: The Tennessee League of Nursing Education held its annual meeting in conjunction with the 'Tennessee State Nurses' Association, at which time Miss Claribel A. Wheeler gave valuable counsel and inspiration.

Three board meetings with full attendance have been held. The league has functioned as the Department of Education for the Tennessee State Nurses' Association. Inasmuch as a membership campaign was carried out last year very little effort was made to secure new members, but much time was spent in keeping the members busy. One local league has been organized and the possibilities for another are being discussed.

The Curriculum Study Committee organized study groups in each district of the state and gave each their quota of outlines to study. Each group accepted their responsibility and met regularly inviting, as was their need, a college professor, a doctor, a dietitian, or a lay person to assist in the study. The committee is now making a study of the steps to be taken during the next two years toward a uniform state curriculum.

The Committee on State Board Problems prepared a list of textbooks which was sent to each school.

A letter giving a brief statement about nursing and the pre-nursing course of study for high school students, was prepared and sent to the state supervisor of high schools, who sent this material to the principal of each high school and junior high school in the state. This was followed by another letter from our office enclosing the pamphlet Nursing and How to Prepare for It.

The Committee on Mental Hygiene has sponsored a panel discussion or an institute on mental hygiene in each district of the state and is conducting a contest on mental hygiene giving a $10 prize to the nurse, either graduate or student, writing the best paper, and $5 each to the three next best papers. The awards are made possible through a gift from Dr. Julia Donahue of Massillon, Ohio.

Ward teaching has been greatly emphasized in our regular programs.
TEXAS

Members: 91

Activities: A real effort has been made to increase our league membership. In addition to requests made to league members to make a special effort to interest all eligible nurses in the benefits of membership in the league, a form letter was sent to all nurses in the state eligible for active league membership outlining the purposes and activities of the league and inviting them to become members. At the league meetings an effort has been made to interest the head nurse group in junior active membership.

An effort was made this year to form local leagues, but owing to the great distances and scarcity of league members, the effort has not been successful. One local league has been organized, the Fort Worth-Dallas League. This local league has met regularly once a month throughout the year. The meetings have been well attended and very effective. The group has made a careful study of the mimeographed outlines of the proposed changes in the curriculum. We have no local dues.

The secretary of the state league has sent four form letters to all the league members during the year informing them of state and national league activities. The state Committee on Nursing Education is composed of league members appointed by the directors of the state nurses' association from nurses representing all fields of nursing. The executive committee of this committee edits a page in the State Hospital Journal each month. This affords an opportunity for the league to present its activities and interests to the hospital groups in the state.

The league held a three-day institute in November, which was well attended. Miss Phoebe Kandel was the chief speaker and inspiration of the meetings.

Cooperating with the state nurses' association, the league is sponsoring a fourth summer course in nursing education at the University of Texas this year.

The chief problem of the Texas League is distances. If local leagues could be formed and meet often, the state league would be much more effective, but at the present, at least, local leagues do not seem possible in our state.

UTAH

No report received.

WASHINGTON

Members: 79

Activities: The membership campaign has been more successful in some localities than in others. Only one hospital has made the record of one hundred per cent faculty membership in the League.

The division of the state into eastern and western branches with joint meetings twice in the year, has been maintained for some time. Three local leagues have been established in addition, but these are not yet fully functioning.

The Curriculum Committee prepared the outline for study of clinical experience available in hospitals conducting schools of nursing, used by students receiving federal aid under the National Youth Administration. Twenty-four students in the School of Nursing of the University of Washington were employed on this project.

The Program Committee, at the request of the membership, offered a series of six conferences on ward teaching.

Present problems are due to great distances, scattered membership, and difficulties in instituting a satisfactory program in isolated communities.

WISCONSIN

Members: 137

Activities: The Wisconsin League met conjointly with the State Nurses' Association in September, having with us Elnora Thomson, who gave us much in an educational and inspirational way to take back to our work.
We have had three board meetings at which it was voted to send each member a mimeographed copy of the revised by-laws.

The Institute Committee reported a successful institute with a balance in the treasury. It was voted to discontinue the institute for this summer and to direct attention towards the Biennial.

The reorganization of the Madison League was discussed, but a report from the Madison District indicates their desire to remain an educational section of the district.

District No. 10 disbanded their league the first of the year due to the very small membership. This leaves the Milwaukee League the only local league in the state.

The Milwaukee League is a very active organization, which meets every month at the different hospitals with well-planned programs. The Milwaukee League sends a delegate each year to the national convention. The state league sent two delegates to the convention in New York and one to the present Biennial.

According to the recommendations of the National League, it was moved and seconded that the Education Committee be dissolved and the activities of the Education and Curriculum Committees be carried by the Curriculum Committee. Upon the suggestion of the National League that a Committee for State Board Problems be organized, it was voted to organize this committee and use the members of the dissolved Education Committee to form the new committee. It was also decided that the Lay Participation Committee as suggested by the National League would not be appointed at this time, as the problems related to its functioning seemed too great to be undertaken until more definite guidance in its organization is available.

The chairman of the Records Committee reported on the study of the record forms prepared by the National League. Recommendations were that some of the records were too extensive and should be combined and modified for practical purposes.

A report of both the Educational and Curriculum Committees was made by Miss Barbara Thompson, chairman. The Curriculum Committee met in December, which resulted in the organization of eleven study groups on the curriculum. These groups have been active and recommendations on the curriculum have been prepared by the groups for the national committee.

Miss Thompson attended the meeting of the Curriculum Committee in New York in January and reported a very full and interesting two-day session.

The other committees which were recommended for mental hygiene and child care in nursing have been appointed and have already started some interesting work. Round tables are being planned for the state convention in October to present and discuss each of these subjects.

The Committee on Nursing Information has been started in the state in cooperation with the state nurses' association, the president of the league acting as the chairman of the league committee. Five hundred copies of the pamphlet Nursing and How to Prepare for It have been sent out to the high schools in the state.

The Bureau of Nursing Education is inaugurating a more carefully planned program for vocational talks in the state. High school principals have been notified to write to the bureau for speakers and the bureau in turn will prepare material for talks and appoint nurses in various parts of the state for talks.

Recommendations to the Advisory Council at its meeting during the Biennial were discussed. It was voted that the Council take up the discussion of the comparative values of the educational section of the district versus the continuance of state leagues. The subject was considered worthy of consideration because of the lack of participation of league members in isolated districts and the more active participation that might be encouraged in nursing education through an educational section. The problems of the state league in securing members and maintaining local leagues seem to indicate a reorganization to enlist larger groups. It was voted that a questionnaire be sent to nurses of the state eligible for membership in the league to serve as material on which to base the discussion of our delegate at the Advisory Council meeting.

There were 350 questionnaires sent out and 209 were returned. Eighty-eight reported that they would rather have the league a section of the state association; fifty
said they would not. There were a number who did not know enough about the organization to say, while others said it was immaterial to them. Our questionnaires, however, stimulated not only more interest in membership, but also acquired new members.

REPORTS OF EDUCATIONAL SECTIONS OF STATE NURSES' ASSOCIATIONS

ALABAMA

Members: 20

Activities: The outstanding activities of the Educational Section of the Alabama State Nurses' Association during the year 1935-1936 have been as follows:

1. The rules and regulations governing the educational section have been revised.
2. A representative of the educational section has been appointed in each district.
3. League membership is being urged and the membership in the state has doubled.
4. A summer session is conducted at the University of Alabama. This project is made possible by the state board of nurse examiners which has set aside a certain sum of money available for this purpose. The University of Alabama has given sympathetic cooperation and we are hoping that more extensive plans may be worked out.

CONNECTICUT

Members: 123

Activities: The Educational Section of the Connecticut State Nurses' Association has been working along two lines this past year. At the three meetings and one institute held in different parts of the state, we have tried to present programs which will be of assistance and stimulation to the members of the state.

One of the professors in the department of psychology in one of the universities discussed Tests and Measurements in Nursing Education. To make this topic concrete and helpful, the instructors of the state were asked to send in, before the meeting, any questions they would like discussed.

To prepare us for studying the revision of the curriculum, the subject for the fall meeting was Problems Underlying the Building of the Present Nursing Curriculum, which was discussed by a member of the state board of nurse examiners of a nearby state.

At this institute which is held yearly, emphasis was placed on content and methods of teaching the basic sciences. A presentation by the students of one of the schools of the care of a patient with a heart condition, illustrated a paper given on Methods of Clinical Instruction.

At the annual meeting of the state association, one session was devoted to hearing the reports of the various groups who had been studying the tentative course outlines sent out by the League. At another session, Miss Goodrich spoke on New Developments in Nursing Education.

The work of various groups organized to study the revised outlines of the curriculum has been the other main work of the sections. These groups, which often included members of the Public Health Section, met in various parts of the state throughout the winter. The interest developed by the members in the proposed outlines was more valuable possibly than the recommendations for changes which were sent to the national committee. The opinion of other professional groups (doctors, social workers, science instructors, dietitians, etc.) was sought and used. These groups not only gave us excellent advice, but showed interest in the curriculum.

In cooperation with a committee of the state association, there has been an improvement in the publicity for the work of the section in the local newspapers, etc.

We intend to continue the work of the Curriculum Committee this year and also we are planning to correlate the programs for the section with the program planned by the association. The topic selected for the year is Nursing the Community. We hope to show how the nurses in the hospitals can participate and contribute and how to integrate this in our program for nursing education.
OHIO

Members: 144

Activities: The Section on Nursing Education of the Ohio State Nurses' Association held one meeting of its executive committee and appointed committees on program, nominations, membership, and staff education.

The chairman of the section as a member of the state Program Committee assisted in planning a program of the joint institute, sponsored by the three state sections of the Ohio State Nurses' Association, November 11-13, 1935, in Columbus.

The section's Program Committee also made recommendations to district sections for programs for meetings and district institutes. The Program Committee also contacted all district sections on nursing education and secured suggestions for topics to be presented at the 1936 convention of the Ohio State Nurses' Association. These suggestions were given to the chairman of the state Section on Nursing Education, who is, as stated before, a member of the state Program Committee. A very excellent program was arranged in cooperation with the state sections on public health and private duty nursing.

The special Committee on Membership conducted a campaign for members for the National League of Nursing Education.

The chairman of the special Committee on Staff Education has been very active during the past year. She gave a group of lectures on staff education at the State Institute and at institutes held by District No. 2, Steubenville; District No. 3, Youngstown; and District No. 9, Toledo.

The Florence Nightingale Scholarship Loan was granted to two nurses during the past year—to Olivia Barres, for $500, and she is now at Teachers College, Columbia University, and to Ann Jessih for $200. Miss Jessih is taking her work at Western Reserve University. Thirteen nurses now hold scholarship loans from the Florence Nightingale Scholarship Loan Fund of the Ohio State Nurses' Association.

The chairman of the Section on Nursing Education was asked by the national Curriculum Committee to appoint a chairman of the Subcommittee on Curriculum Revision. She, in turn, asked Miss Clara F. Brouss, chief of the department of nurse registration, to serve as chairman of this subcommittee. Other members of the committee are: Miss Marion G. Howell, Dean, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland; and Miss Ruth Perkins, Director of the School of Nursing, University Hospital, Columbus, Ohio.

The chairman of the Curriculum Committee of the state has been very active with the work on curriculum revision. A number of special state committees have been appointed in districts where there have been at least three schools of nursing. Reports of these committees were extremely interesting and were presented at the educational section meeting of the Ohio State Nurses' Association Convention held on May 7, 1936.

This committee made recommendations and has worked very closely with the national Curriculum Committee. The Ohio State Nurses' Association shared the traveling expenses of the chairman of the Ohio state committee in attending a special meeting in New York, called by Miss Stewart.

The state Committee on Publicity has cooperated with the Nursing Information Bureau of the American Nurses' Association in studying booklets published by the Nursing Information Bureau, with the result that the three booklets were revised and now appear in two booklets: Nursing—A Profession for the College Graduate, and Nursing and How to Prepare for It (for graduates of grade "A" high schools). The first mentioned booklet has gone to all deans of women in colleges and the second booklet has been sent to principals of 1,200 grade "A" high schools in Ohio. The clerical work has been done at the state headquarters office. The state Committee on Publicity has arranged some splendid material for radio talks on nursing education.

Miss Helen Shank attended a meeting on state board problems in New York in January, 1936.

The educational section had an unusually large share of the program at the annual
convention in Columbus in 1936. One entire general session was given over to the study of the curriculum. Speakers on this program were Dr. W. W. Charters, Ph.D., Bureau of Educational Research, College of Education, Ohio State University, Columbus; Sister M. Berenice, R.N., Dean, Marquette University College of Nursing, Milwaukee; and Isabel M. Stewart, R.N., Professor of Nursing Education, Helen Hartley Jenkins Foundation, Teachers College, Columbia University.

The state nurses' headquarters office has cooperated by assisting with the clerical work, correspondence, sending questionnaires to districts and district sections, etc.

The chairman of the state section on nursing has attended three meetings of the board of trustees of the O.S.N.A. and one meeting of the Committee on Educational and Professional Relationships, of which she is a member. She has also served as a member of the state Committee on Publicity.

SOUTH CAROLINA

Members: 12

Activities: At the last annual meeting of the association, the chairman of the committee for the years 1933-1935 presided over the educational section of the meeting and recommended that a state league be formed in South Carolina, considerable preliminary work having been done prior to the meeting. The association went on record as favoring an Educational Committee as they did not feel that the number of members eligible to join the league were sufficient to form an active association.

The chairman also suggested that the pamphlet published by the Nursing Information Bureau, Nursing and How to Prepare for it, be placed in the hands of all high school girls. The matter was referred to the districts for consideration and action.

The new committee held its first conference immediately after appointment and a second conference was called for April 4, but the members were unable to attend. The work of the committee, therefore, has been conducted by correspondence. This, necessarily, has limited the work and caused unavoidable delays.

No effort has been made to increase the membership of the league for the reason that the section has long been inactive; membership so far has meant only the payment of dues. Then, too, those eligible for membership are few and scattered. These conditions have made it difficult to develop an active section. The committee hopes that the situation will soon be changed.

The project decided upon at the first meeting was to study the curriculum offered in schools of nursing in South Carolina, in an attempt to work out a desirable minimum standard for these schools. Questionnaires were essential to carry out this decision. About the time the questionnaires were to be mailed, the committee discovered that the newly appointed state board of examiners was contemplating a like procedure. The committee decided to abandon the project, for they realized that the state board of examiners would most likely receive a one hundred per cent response to the questionnaires, and to send out a second questionnaire would merely mean the duplication of a considerable amount of work.

The next problem of importance was the need to inform high school girls contemplating entering a school of nursing, of the desirable course to pursue during high school years. Frequently talks on nursing education are given to senior classes, but all too frequently they are too late to be of help. The committee plans to work out a suggested outline of study, based on the opportunities offered in the South Carolina high schools, and submit it to the association for approval at the next annual meeting. If approved here, we shall then ask the cooperation of county health nurses, directors of schools, and other qualified persons to place the information before the parent-teacher associations, teachers' associations, and other groups responsible for the student's selection of her high school courses. In this manner, we hope to better prepare the applicant for nursing education to carry the heavy program.
HOW CAN ALL NURSES ENGAGED IN EDUCATION WORK BE MADE LEAGUE-MINDED?

PEARL I. CASTILE, R.N., President, California League of Nursing Education

The basis for the development of any profession is the education of its members. We have a rich inheritance in the educational development of nursing due to the work of devoted and self-sacrificing individuals. Our early leaders in nursing, the directors of our first schools, realized the inadequacy of the instruction given and persistently labored to build a program of education which would prepare the nurse to meet the ever-increasing demands made upon her. They obtained money and established courses in nursing education at Teachers College, Columbia, so that students might have well-prepared teachers and supervisors. They made up and published a curriculum for schools of nursing which has done much to standardize both instruction and practice. They worked for years to induce educational foundations to make a study of conditions in nursing education and then the Winslow-Goldmark survey was the result. Not content with this, they continued their efforts until money was raised to finance the Grading Committee. The findings and recommendations of this committee serve as a stimulus to improve nursing education. And then we come to the present work of the League, the revision of the curriculum, which when completed will give
schoo ls of nursing a further guide for the improvement of their educational programs.

While the League has quietly changed the nursing education program from a training in which students labored in the hospital wards and gleaned what understanding and skill they might from those with whom they worked to a well-planned curriculum, all nurses have reaped the benefits of the work of this organization. It is our responsibility to continue this work. We can not sit back and accept the benefits and contribute nothing.

Many of our nurses engaged in educational work do not belong to this organization. Should we not expect a nurse who teaches or directs others to be not only qualified as to personality, character, aptitude for teaching, and academic training, but also to be, first of all, professionally-minded? Is she really interested in the nursing education program and thoroughly acquainted with the present-day trends if she does not manifest an interest in the work of this organization? Public school teachers are expected to belong and to actively participate in their professional organizations. This mutually benefits the teacher and the organization. Likewise, nurses engaged in educational work should feel that it is their responsibility not only to belong to the League, but to take their part in its activities.

But how can we make all nurses engaged in education work league-minded? It seems to me there are several ways in which membership might be stimulated.

First: Nurses need to be told of the function and activities of the League. Only recently a public health nurse asked the question, "Just what is the League of Nursing Education, and what does it do?" Of course, these nurses have heard of the League while in school, but they need this information again. They could be invited to the meetings and thus be made to realize the value of such membership to themselves.

Second: Members attend meetings to secure help and stimulation for their own work. The programs provided should be those which prove of value to the members. They should meet the needs of the group and provide opportunity for exchange of ideas.

Third: Members should accept their responsibility in carrying forward the work of the League. Too often the greater part of the work is carried by a few nurses. Committee work should be distributed so that as many members as possible are working actively on it. The nurse who works diligently for her organization becomes more interested in the organization as she gives to it. It provides an opportunity for her to contribute. Let us give more members an opportunity to take part. They have much to give.

Fourth: Time to attend meetings should be arranged. Often one or two members from an institution attend each meeting and the other members of the staff are given no opportunity to be present. It is difficult for all members of the staff to be away at one time, but could it not be arranged to alternate those attending if such be the case? Perhaps, definite reports of the meeting could be made to those remaining at home. Members who are
too far away from the meeting place might be sent reports of the program and business.

Fifth: Let us introduce new members to the group and make them feel that they are indeed a part of our organization.

Lastly: It should be a matter of professional pride to be a member of the League of Nursing Education. Professional work demands constant study. They must continue to grow in order to meet their responsibilities. Is it not through the League that one may keep up with the activities, studies, and programs which this organization is sponsoring? It is the duty of every nurse engaged in nursing education not only to safeguard the traditions of the profession, but to carry forward a program which improves nursing.

Can not each nurse eligible for membership be made to realize this responsibility toward her profession? Too frequently we hear adverse criticism of the organizations. Should not each nurse, instead of criticizing, become a part of the organization and try to understand the activities carried on? Her criticisms may be good and if so, she can help to further the program of education, and thus make the organization stronger. It is her responsibility to make the organization better.

An organization is as strong as its members. We should strive to increase the membership, bring in the ability and contributions of all the nurses engaged in nursing education. It is through harmonious efforts that progress can be made. Let us inform nurses; provide helpful programs; arrange their time so they may attend meetings; make them feel they belong; give them work to do so that they will give their whole-hearted interest and intelligent cooperation to make the League of Nursing Education a greater power for the progress of nursing education.

WHAT THE LEAGUE HAS TO OFFER TO ITS MEMBERS

Anne E. Radford, R.N., President, Washington League of Nursing Education

When the American Society of Superintendents of Training Schools for Nurses was organized in 1893 its members were well aware of grave abuses and serious deficiencies existant in many schools of nursing throughout the country.

Roughly the situation may be described: no suitable classrooms; no teaching staff; no libraries; no preliminary course; no planned curriculum; no textbooks.

Notes on Nursing by Florence Nightingale well repaid many hours of study. There was also for the student nurse Clara Weeks' textbook for nurses, containing chapters on anatomy, materia medica, dietetics, ward management, and nursing procedures.

The curriculum offered contained thirty-eight hours of instruction in practice, thirty-six hours in anatomy, four to six hours in gynecology, one hour each in eye, ear, nose, and throat, and two hours in hygiene.
One lecture weekly was delivered by members of the visiting staff, when the appointed members appeared; and one hour of instruction in nursing was given weekly.

The hours of duty required of student nurses were long; living and working conditions very poor.

Students were not admitted in classes, but at irregular intervals, for as one student completed her course, another was called in to fill the vacant bed. If the new student entered in the middle of the course in theory, it was just too bad for her, as the instruction was not repeated.

There was a common practice of permitting the student to obtain much of her experience by nursing in homes entirely without supervision, and often without previous instruction; but with profit to the hospital accepting the call for service.

Courage, vision, and accurate knowledge of the conditions were required for the solution of these grave problems; and the splendid achievements of the League in the forty years of its existence can be acknowledged by every graduate nurse in the country. The League has made possible the conditions under which she received her professional education, and is able to further promote the professional standing of all graduate nurses.

The League has succeeded in shortening hours of duty for both student and graduate nurses; has established Headquarters for assistance of state leagues, schools of nursing, and individual members; has aided in the establishment of courses in nursing education at Teachers College; has prepared and published the Curriculum for Schools of Nursing; has aided in the study made by the Committee on the Grading of Nursing Schools; and has prepared and published a list of accredited schools of nursing.

The many publications of the League in the interest of nursing education are of inestimable value to all concerned in the education of the nurse, to the individual nurse receiving these advantages, and to the community enjoying the efficient service of the well-trained professional nurse.

The educational value to the individual of membership in an association devoted to the special needs of her professional life is inestimable. For the member maintaining a receptive mind the League opens the way towards continuous education. Those engaged in teaching need not rest upon the completion of one or more postgraduate courses as a complete armamentarium for all future requirements, and gradually drop farther in the rear as the vanguard presses forward. Close connection with the League will keep the member abreast of advances in medical science, changes in nursing techniques, and the application of new principles.

Membership in the League will promote unity and friendship, acting as a professional cement for those whose work and aims are identical. Regular meetings will stimulate habits of scientific study, and serve as a clearing house for solution of the many problems facing those concerned in the education of the nurse every hour of every day.

Much depends on the activity of state and local officers in the preparation
and presentation of a well-outlined, carefully planned program, dealing with live situations, offering opportunity for demonstration and free discussion.

The League exists to improve the quality of nursing service, and to maintain standards which will attract a desirable type of applicant to schools of nursing.

The League has to offer to its members unlimited opportunities for professional growth; to the student in the school of nursing, a professional education on a sound scientific basis; to the community, the production of a graduate nurse capable of meeting its most exacting requirements.

**WHY LOCAL LEAGUES ARE NEEDED TO CARRY FORWARD THE ACTIVITIES OF THE NATIONAL LEAGUE**

**CLARIBEL A. WHEELER, R.N., Executive Secretary, National of Nursing Education**

Why is it that we are continually advocating the organization of local leagues? The primary reason is that no national program can possibly be effective unless local groups participate in it—unless it can be put into operation by them. No matter how splendid a program is initiated by a national committee, it will never be brought to fruition unless local groups have a part in it.

When state leagues meet only once a year they can do little more than guide and direct a program for the local groups to carry out and stimulate interest in certain projects. Any enthusiasm worked up at a state meeting soon dies down unless it can be kept burning by active participation in some work. A good example of this is seen in the curriculum project. The state curriculum committees did their work through local study groups. State leagues can best accomplish their work through local leagues, unless the state is small enough so that several meetings can be held during the year in different parts of the state. Even then some of the advantages of a local organization are lost. Many of the nurses in a local community can not attend a state convention and they can not go long distances to meetings. If they have meetings in their own town or city, they are able to attend.

Local league meetings can be made more valuable to a larger number of members than a state league meeting because programs can be planned to meet the needs and stimulate the interest of the younger members who are less likely to go to the state meetings. Topics of interest to the head nurses or supervisors in hospitals, supervisors in the local public health agencies, as well as topics of interest to instructors and principals of schools of nursing can be selected for the meetings and special projects planned for the different groups.

Local leagues make it possible to get people to work. Here again, the curriculum project has demonstrated the value of getting local groups actually to work together. This is one of the soundest and best ways of stimulating interest in an organization. Local leagues make their members feel the
value of League membership. Members of good, live local leagues do not question whether or not they receive value from the dues they pay. Local league programs can be made so interesting that nurses will not want to miss them.

In places where there are active local leagues it is easier to keep the membership informed about what is going on in nursing education in the state and national organizations. Most state leagues are not financially able to send bulletins to each member but letters and communications can be read at local gatherings.

In states where there are several local leagues the members not only receive greater benefit from their membership but the National receives more members. It is much easier to secure new members and hold old ones through an active local group.

Our local leagues function in the same manner as district associations, and there is the same need for them that there is for district associations. The American Nurses’ Association carries out its functions and promotes its program through state and local groups in precisely the same manner as we are suggesting for local leagues.

We are frequently asked whether or not a section on education in a district association of the state nurses’ association will not serve the same purpose as a league. The answer is “No,” providing there are enough eligible nurses to form a league. If there is not a sufficient number of eligible nurses to form a league, then a committee on education rather than a section can be formed in a district association. If we are to adhere to proper lines of organization, a section in a district or state association can not serve the same purpose as a league because the functions and program of one organization can not be assumed by another.

The American Nurses’ Association has one function, the National League of Nursing Education, a different function, although many of our activities are carried on together. The League is not an organization for the promotion of the welfare of nurses directly, its primary function is the preparation of nurses to meet the needs of the public. In this respect it is a service organization to the public. As long as we have both of these national organizations, there is a need for corresponding organizations in the states and districts. The National League of Nursing Education has a very worth while program and this program can be more effectively and efficiently carried forward in those states which have a number of local leagues.

In summarizing the advantages of having local leagues, then, we find that they are the most effective means of carrying forward the program of the National; they can arouse greater interest among their members and serve the needs of all classes of membership better than state leagues; they are able to get people working together toward a common goal; they serve as a means of keeping the membership informed of state and national affairs; they assist in increasing the membership because they keep alive interest in
the League and its program; and finally our members receive a richer benefit from their association with the League.

Therefore, we need local leagues for they furnish the roots from which the main trunk gathers the strength and sustenance necessary for growth.

The remainder of the session was devoted to discussion of the following questions which had been submitted by the various members of the council:

1. What is the best way for state leagues to keep in touch with all members of the state league?
   
   **Answer:** Some states suggested by means of the state boards; others have state association bulletins in which several organizations are combined on the editorial staff.

2. Does the National League of Nursing Education advise state leagues to become incorporated?
   
   **Answer:** Yes. By being incorporated, the name of the organization is protected; it is possible for the league to hold property; and it is possible for it to hold funds in trust.

3. What can be done for those who are unable to attend meetings?
   
   **Answer:** Bulletins, pamphlets, and proceedings of meetings may be sent to members. One state sends its instructors to visit the different schools so that they may interchange ideas.

4. Is it advisable to have league meetings open to everyone or should they be closed meetings simply for the membership?
   
   **Answer:** Some states believe that open meetings stimulate new members to join the League, particularly the junior meetings. Others believe that if meetings are open to everyone, there is no value in being a member. To offset this, there should be stimulated a knowledge of the values of membership aside from attendance at meetings. Fees for institutes are less to league members than to non-members. On some occasions, as many as will come should be invited to listen to league programs so that interest in the work of the league may be created.

5. What is the best way to make members feel their responsibility towards committee work?
   
   **Answer:** As much clerical and secretarial assistance as possible should be given to committees. Chairmen of committees should have their expenses paid.

6. Discuss the objectives and functions of the League Committee on State Board Problems.
   
   **Answer:** The national committee was created to be of assistance to state boards and to help them solve their problems. Suggestion was made that similar committees be set up in the various states composed of members of the state boards and other members in educational work.

**Question from the floor:** Does the League approve of nurses in one state approaching those in another state urging support of certain candidates in election of national officers?
Answer: A motion was made, seconded, and carried that the League go on record as disapproving of the practice of soliciting support for any name appearing on either national or local league ballots.

General Session

Tuesday, June 23, 2:00 p.m.

Presiding: Effie J. Taylor, R.N., President.
General Topic: The Contribution of Institutions of Higher Learning to Nursing Education

1. The Junior College and Other Institutions of Collegiate Grade

George W. Graves, Ph.D., Fresno State College, Fresno, California

I welcome this opportunity to speak before the National League of Nursing Education on The Contribution of the Junior College and Other Institutions of Collegiate Grade to Nursing Education, first, because of my interest in the question as a member of a faculty in an institution giving pre-nursing work and as an adviser for such students and second, because the task set before me has compelled me to attempt, at least, the orderly organization of my own ideas on the subject.

Upon considering the subject given me, I am somewhat in doubt as to whether it is the past contributions of the junior college and the collegiate institutions or their future relationship which are the main points under consideration. Inasmuch as the junior college is itself such a relatively new institution and as the whole field of nursing education is changing, I take it that we are primarily concerned with future relationships.

For one involved in other phases of educational work, it is particularly interesting to read the discussions in your professional magazines regarding the changing status of nursing education. The question is complicated by the fact that not only is the fundamental educational philosophy of the situation involved but also an economic condition with probably an adequate or oversupply of nurses capable of doing routine work and an inadequate supply of workers prepared for leadership and capable of meeting rapidly changing social conditions.

Nursing education is certainly passing out of the craft or apprenticeship stage in which it was assumed that adequate preparation could be obtained in a hospital even though there was little general education upon which to base this practical training. This arrangement has entrenched itself because of the contribution to hospital operation of the service of the students in training. One common defense for the maintenance of this type of training that I have heard advanced is that a nurse can know too much and that a more thorough preparation tends to encourage her intrusion into fields not rightfully hers.
In this noticeable transition from the status of a craft to that of a profession, nursing is doing what many other groups have done in emphasizing academic training as a preparation for a particular profession.

If you are familiar with the changing viewpoint in regard to education for the professions of teaching, engineering, medicine, and law, you have undoubtedly noted one common characteristic. In each case there is a tendency to lengthen the period of general educational preparation before definite professional studies are undertaken. This change is motivated in part by the necessity of using this preparatory work as a selective process to eliminate poorly qualified candidates and also by the fact that the great increase in knowledge in all fields demands a better preparation upon which to base professional training. Knowledge and practices in any professional field are themselves in a condition of constant flux and it is generally agreed that the better the general preparation the greater the possibility of adjustment on the part of the individual to changing conditions.

This increasing emphasis upon general educational preparation which stresses the all-round development of the individual in addition to the training period where emphasis is upon habits, skills, and techniques is, to my mind, the evidence of transition from the craft viewpoint to the professional viewpoint.

But why should nursing be a profession? The answer is, I believe, self-evident. It can hardly be disputed that human life and health are the primary assets of a nation and that their conservation and development are the concern of all citizens. We already recognize this in a limited sense by our laws regulating the handling of food, the sale of narcotics, and the preparation for and the practice of nursing, dentistry, medicine, etc. Adequate nursing service goes far beyond care of the present sick, important as that may be, but should consider the entire health needs of the community, both mental and physical. Nursing then becomes a form of public service: curative in relation to the mental and physical needs of the individual, social as the individual is in all cases part of a community, and educational as public health is something that can be taught and obtained.

Just what then is to be the contribution of the junior college and collegiate institution to the professional training of nurses?

College work in the United States above the high school level has developed in a variety of ways. We have a multiplicity of institutions with great confusion in organization and purpose. By "college," we usually mean those four-year institutions primarily interested in the liberal arts or general education of the student such as Smith, Oberlin, or Pomona. The term is also applied to the units of a university with its colleges of arts and sciences, law, engineering, medicine, etc., and its graduate departments, as well as to state colleges which were originally established to provide vocational training in agriculture, engineering, and home economics. Our failure to differentiate sharply between the functions of the college and university has led us into a confusion of purpose and duplication of effort. We should
emphasize the fact that colleges, especially those of "Liberal Arts" are primarily for purposes of general education and that at least the first two years are really part of the secondary period of education. Universities, upon the other hand, should be primarily institutions of technical, professional, and graduate training where research or the increase in knowledge is stressed while colleges are primarily teaching institutions.

If nursing education is to be raised to semi-professional or professional status, a broader educational base is absolutely necessary. This academic training can be obtained only in institutions above the rank of high schools and therefore in colleges or universities.

A conspicuous feature of American higher education in the last 40 years has been the rapid development of the junior college. By a junior college we mean an institution, either publicly or privately supported, requiring graduation from high school for entrance and offering two years of college work.

**Historical Development**: We might at this point consider something of the history of the junior college.

There is some doubt as to the exact date of the first junior college in the United States. The idea seems to have developed at the University of Michigan¹ in the early nineties by allowing university credit for work done in certain high schools beyond the usual high school level. Such students were thus enabled to complete their university courses in a shorter time. This plan, however, was not continued.

The first public junior college, which is still functioning as that type of an institution, was at Joliet, Illinois.² Other public institutions now defunct and certain private institutions, which have since changed their status, certainly antedate Joliet.

This development of the junior college in the Middle West is largely attributed to President James of the University of Illinois and President Harper of the University of Chicago. President Harper’s influence was especially strong in support of the idea of segregation between the lower and upper two years of college work, based on the assumption that the first two years are primarily part of the secondary school and are preparatory to university work proper. The University of Chicago has maintained and further developed that segregation of function.

Junior college development has been particularly rapid in California, especially since 1920, but this growth has paralleled growth in the United States as a whole, with largest growth for the West, South, and Middle West, and is certainly due in part to those varied forces which have tended to increase so greatly college enrollment throughout the United States.

There are at the present time some 458 junior colleges³ in the United States. The following states have the largest number: California, 49;

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¹ Fells, W. C.: *The Junior College.*
Iowa, 38; Texas, 36; Illinois, 24; Missouri, 23; Oklahoma, 20; and North Carolina, 19.

Function of the Junior College: A wide variety of reasons have been advanced for the development of the junior college. Thomas in discussing the function of the junior college classifies these reasons under four heads: 1, the "preparatory" function; 2, the "popularizing" function; 3, the "terminal" function; and 4, the "guidance" function. In relation to nursing education it is the preparatory, popularizing, and guidance functions in which we are particularly interested.

The attempt to raise the standards of nursing education by requiring a certain amount of academic work is dependent upon the availability of opportunities for such preparatory work. The rapid development and wide distribution of junior colleges make such work readily available. In the past girls entering training schools for nursing were to a considerable extent attracted by the opportunities of a relatively cheap education. They were able to obtain their support as well as their vocational training. Colleges of the four-year type or universities would make this preparatory training so expensive that I believe the supply of candidates would be seriously curtailed.

The offering on the part of the junior college of approximately the first two years of college or university work is part of its preparatory function as discussed by Thomas.

It assumes that these first two years of college work are essentially part of the secondary period of education and that the junior college can offer a well-rounded foundation for citizenship, for a vocation, or for further work of a general or professional nature in the university.

Numerous studies indicate that the availability of collegiate institutions is an important factor in determining the number of students who actually go to college. The junior college meets this popular need of geographic availability, an important factor as far as pre-nursing education is concerned. It is part of the common desire, too common no doubt in many cases, to make available to local students opportunities to continue their studies in the home environment until greater maturity, more clearly defined aims, and adequate means justify departure to the more removed college or university.

The large number of high school graduates applying for entrance to college as well as the high mortality among those accepted for entrance indicates that the exploratory and guidance phase may be a particularly significant function of the junior college. A considerable portion of college entrants have not yet determined their field of future work. The smaller institution with the more intimate student and faculty contacts provides opportunities for greater participation in school activities, the development of individual abilities, and vocational choice. As previously stated, the field of nursing has been too frequently selected because of its cheapness in the matter of

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4 Thomas, F. W.: "The Function of the Junior College," in The Junior College, by Wm. M.
training rather than because of an informed opinion on the opportunities and wide social implications of nursing as a profession. This relative ease of entrance has resulted in too many applicants with little to recommend them. In the junior college the idea of nursing as a profession can be presented, the poorly qualified eliminated, and the capable interested.

The attempt to improve the quality of nursing education through the requirement of a certain amount of college work is based upon the idea that the professional level is not reached until about the junior year of college. By that time the student has attained sufficient maturity, obtained a cultural background, and is prepared for rigorous professional training. The junior college offers a solution for the problem and its rapid development in various parts of the United States should be of great help. The utilization of the first two years of typical four-year colleges or certain parts of their curricula is part of the same situation.

In my discussion of this problem of the academic preparatory training of nurses, I see no reason for attempting to distinguish between suitable preparatory courses, whether offered in a junior college or other collegiate institutions. The contributions of the university to nursing education will be discussed by your next speaker.

Any general acceptance of this idea of requiring certain amounts of college work is contingent, however, on the availability of such institutions and the capacity of students to take advantage of their educational offerings in such number as to provide an adequate supply of trained nurses. There must be, of course, sufficient economic rewards to justify the longer and more expensive preparation. This is in itself a serious problem and not easy of solution from the standpoint of the patient upon whom the final expense must fall.

It is good building practice to design a foundation in relation to the building which it is expected to support. It is also good practice to overestimate somewhat the load that the foundation will carry rather than to underestimate it.

I know of no better statement of what the community expects of a nurse than is given in Chapter III in Nursing Schools—Today and Tomorrow under the title: "What Should a Professional Nurse Know and Be Able to Do?" by Ethel Johns, R.N. This is the building in my illustration—a structure designed for varied and exacting service. Because of its relation to the whole problem of preparation for training I wish to quote the entire summary to that chapter.

"1. The patient expects his nurse to keep him comfortable and contented, to adjust herself to his household, to get along amicably with his family and friends, and to take an interest in him as well as in his illness. Also he expects her to have skill and gentleness, knowledge, and experience.

"2. The physician expects for his patient the same qualifications that the patient demands. He also expects loyalty to himself, obedience to his orders, assistance in his procedures, and a building up by the nurse of the patient's confidence in his competence and skill."
"3. The hospital administrator expects the nurse to satisfy the patient and the physician; he expects her to adapt herself to the institution and to assume her share of administrative responsibility. She must devote constant vigilance and considerable knowledge to the administration of the division under her care.

"4. The community expects the nurse in case of epidemics and disaster to display well-disciplined service, courage, and resourcefulness. In normal times it expects the nurse to be specially qualified in preventive work, school nursing, maternity, and public health work.

"5. Nurses know that as a group they must meet the needs of the patient, the physician, the hospital, and the community. They know that the traditional nursing virtues—courage, dependability, patience, and devotion—must accompany all nursing practice worthy of the name.

"6. All nurses should be able to give expert bedside care and have sufficient knowledge of household arts to deal effectively with domestic emergencies.

"7. All nurses should be able to observe and interpret patients' symptoms—both physical and social.

"8. All nurses should not only be able to deal effectively with special needs associated with the care of common types of diseases, but they should be prepared to give appropriate nursing care to men, women, and children.

"9. All nurses should be able to apply the principles of mental hygiene to the care of all sick people.

"10. All nurses should contribute to the maintenance of health and prevention of disease by making themselves familiar with the community's health needs, helping to protect it from infection and other dangers, and helping to teach prevention of diseases and improvement of health and standards of living.

"11. All nurses should be able to teach measures to conserve and restore health, including:

(a) Teaching the patient measures to promote his recovery;
(b) Teaching him policies to follow after recovery for the maintenance of his health;
(c) Teaching not only the patient but his family as well the elementary principles of hygiene and healthful ways of living.

"12. All nurses should be able to cooperate effectively with the family, with local hospitals, health and social agencies, and organized medical groups.

"13. All nurses should be able through their profession to attain economic security and provision for sickness and old age; they should be able to conserve their health, and to seek and attain mental stimulus in their work."

I have trespassed on your time in quoting this rather lengthy summary because it aptly states the varied and exacting demands upon the professional nurse as an individual from the standpoint of the patient, the physician, the hospital, and the community.
You will note also that this summary involves professional service of the three main types, i.e., bedside care, institutional care, and public health service. The technical training and skills necessary for this program will be provided by your training schools but this summary goes beyond that in that it must be based on a background of native ability, personality, and training; the foundation, to continue my illustration, that can not be made, but certainly can be improved by academic training. To meet it adequately calls for the best general education that the candidate for a nursing school can obtain under the limitations of expense and time.

I believe we face the same situation here that we do in so many other phases of human activity. You undoubtedly have many unsolved problems in teaching the skills and techniques of nursing, but in general our command of techniques has advanced far beyond our application of them in their human relations. In no type of professional service is there a greater need of the capacity of a worker to adjust herself to individual personalities and community attitudes.

In the general education of nurses as contrasted with their professional training we are primarily interested in the maximum development of the individual, a statement which might be taken as a definition of education, rather than their capacity to do particular things well, which is the function of the training school.

In junior colleges, colleges, and universities, various "pre-" curricula have been set up. The examination of almost any catalogue will show curricula labeled pre-engineering, pre-medical, pre-nursing, etc. The advantage of this arrangement is to call to the student’s attention the desirable sequences deemed by the college authorities the best possible introduction to the student’s field of interest.

The use of the prefix "pre" in this connection has an unfortunate connotation. It rather implies that the values of this portion of the educational period are entirely subsidiary to the training period whereas they are of the greatest possible value in themselves in their contribution to the all-round development of individual personality. This difficulty is avoided in those fortunate situations where a continuous program can be worked out due to the close proximity of the junior college and the training school as at Riverside and Pasadena where the school of nursing is organized as a school or college within a university.

Too frequently these courses represent the transfer of more or less technical work to a lower level. If work in anatomy or bacteriology can be done better in the college than in the training school, it is probably justifiable on that basis as well as on the basis of giving more time later for clinical work. Most of the pre-nursing curricula I have examined seem to be made up of courses that give the appearance of having been lifted out of various course offerings with the idea that by having covered certain sciences fundamental to nursing, such as chemistry and bacteriology, some English, economics, and

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psychology, a well-rounded general education has been obtained. In general
these courses are fragments of longer curricula, going nowhere in themselves
and being typical of the piece-meal, credit-accumulating organization of our
college curricula. Almost invariably they represent introductory university
courses, taken over bodily by the junior college but originally developed by
specialized university or college departments as introduction to further and
more advanced study in the same field.

If entrance to a training school is to be based on one or two years of
general college work, the time available in junior college course offerings
should be synthesized into a more general program. May I take as a basis
for discussion a group of courses recommended by the California State Board
of Health as a program for entrance to a training school. These courses are
typical of the usual pre-nursing programs and are:

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy</td>
<td>3</td>
</tr>
<tr>
<td>Physiology</td>
<td>5</td>
</tr>
<tr>
<td>Bacteriology</td>
<td>4</td>
</tr>
<tr>
<td>Chemistry</td>
<td>5</td>
</tr>
<tr>
<td>Economics</td>
<td>6</td>
</tr>
<tr>
<td>English</td>
<td>6</td>
</tr>
<tr>
<td>Psychology</td>
<td>3</td>
</tr>
<tr>
<td>Physical Education</td>
<td>1</td>
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</tbody>
</table>

Total: 33 units

This program is an exceedingly heavy schedule and only the ablest students
will survive. That in itself might be a decided advantage as a selective
device to secure a better group of candidates. The sciences listed are funda-
mental to nursing but the aim in their presentation should not be primarily
for information and laboratory discipline as a training for specialists but as
part of the general cultural training of the student with emphasis on their
relation to social welfare as a whole. We will all agree that the professional
nurse must know something of chemistry and bacteriology, for example, as
part of her technical and professional equipment, but at this point in her
development the broad relations of these sciences to man’s control of his
environment are, I believe, a much more valuable method of approach. The
routine of transfer and incubation of culture, staining procedures, and asepsis
can be taught in a few lessons, but what more stimulating experience can a
student have than to trace the historical development of the theory of sponta-
aneous generation and see its final overthrow by Pasteur culminate in the
germ theory of disease and the resulting epoch-making advances in human
welfare through its application to surgery by Lister.

In the summary of “What Should a Professional Nurse Know and Be
Able to Do?” emphasis was laid upon the responsibility of the nurse both to
the individual patient and to the community to teach health. This calls for a
command of both the written and spoken word with training in the organi-
ization and development of ideas as well as their effective presentation. With-
out such a command the nurse will find herself handicapped.

Work in psychology and the social sciences, represented in this program
by psychology and economics, has decidedly important contributions to make
to the student’s general educational equipment. The increasing incidence of
mental diseases, the problems of human traits and habits, the strain of modern society as it affects the individual in relation to health and disease justify as thorough an introduction to psychology as possible.

This ideally trained nurse needs a different and broader introduction to the anatomy of the social structure than is provided in the usual course in general economics. Such a course or courses might well start with a study of the social structure of the immediate community and with that as a starting point trace the development of the social, economic, governmental, and historical factors that have produced contemporary society.

In discussing the content of the pre-nursing course, I am stressing, you will note, the organization of these courses for the development of the individual rather than the teaching of specific subject matter directly related to nursing procedure.

In conclusion may I summarize the possible contributions of the junior college to nursing education. Professional status with its necessity for maturity, judgment, and discretion demand a more adequate academic experience before the training period is started. Because of the limited number and geographic distribution, colleges and universities can not meet this demand. Junior colleges are able to furnish preparatory work and because of their increasing number and distribution provide a possible solution from the standpoint of availability. In doing this preparatory work the junior college has before it a unique opportunity in the matter of guidance, an opportunity for the selection and direction of students into the profession of nursing who have the vision and the capacity to meet its expanding responsibilities. This will at the same time permit transfer of poorly adapted students to other fields of work with minimum loss of time and disappointment to the student.

In the organization of subject matter the junior college is in an unusually favorable position for service. Its very newness and freedom from tradition permits ready adjustment to new needs. Subject-matter materials, whether contributing to general education or to the future professional training, can be brought into new alignments which will contribute to individual resources of enjoyment, increase social intelligence, and furnish a foundation upon which professional training can be based.

These are some of the contributions of the junior college to nursing education.

2. THE UNIVERSITY

T. D. BECKWITH, PH.D., Professor of Bacteriology, University of California at Los Angeles, California

In discussing the subject accorded me, it is necessary that if one is to consider the contribution of the university to nursing education, there be sketched briefly the recent advancements in the profession of nursing as they present themselves to a member of an allied profession. When the picture is outlined, then its foundations and background may be examined. The
university serves humanity; what should be its relationship to the nursing profession which likewise serves people? With the possible exception of medicine, and even that exception may be disputed, you move more closely to human life and welfare than does any other group.

Nursing is so utterly a woman's profession! There are men among you, and in relatively small numbers they have a place among you. Rugged physical strength occasionally is needful. Usually though, feminine tact and touch are of greater power and value in your field whether it be at the bedside, administratively, or in society at large. I must not be classed as a feminist but I can see merely a minor place for men in your membership. We are discussing a profession which intrinsically is woman's. It is bound to remain among women. Our discussion then may be stated to concern women rather than men.

Nursing has undergone certain fundamental changes during the period included in the last three or four decades, for its scope has widened from that of individual contact to one of mass service. No other field of social endeavor deals more intimately with preservation of the life of our people and with the betterment of their state of welfare than does yours. This does not mean that bedside care now is ignored as being of less importance in any degree than it was formerly. On the other hand, with increase in the extent of our knowledge of infection, trauma, surgery, and obstetrics, the bedside nurse is more important today than she has been at any time previously, for greater skill is required now to follow increasingly detailed technique.

Nursing no longer is a vocation. It has become a profession and, in tune with modern advancement, that profession has become specialized in ever intensifying degree. Nursing today includes not only the care of the physically or mentally ill individual but it has extended its breadth of view and activity to the point where it ministers to various social groups and levels. More than that, with increasing frequency the nurse is called upon to act as spokesman to render articulate mass misery to society at large and thus to authorities in charge of public health. Thus public service has followed as the natural amplification of the former more limited field occupied by the nurse. Medicine is devoting increasing emphasis to modes and methods of prevention of illness and to betterment of human health and happiness. More and more the public health nurse becomes the minister of contact to spread this clinical knowledge and to amplify its effectiveness. Through her ministrations, theory and practice meet. To prepare her properly for this activity, competent instructors in the techniques of nursing education are required. The instructor in nursing, then, occupies a position of major importance, although she may not be so prominently placed in the eye of the public as is the social contact. Nevertheless, the teacher's is the keystone position in the structure of training upon which nursing rests today.

Nurses occupying positions of public importance are distributed widely these days. One of them proceeds into the rural districts where large numbers of American citizens await her. Her work and duties are difficult but
increased interest in the community center becomes evident. In the scattered settlements, there is more knowledge available as to the prevention of intestinal infection, small pox, and diphtheria. The countryside learns more of the dangers of a bad water supply, of the difficulties which may lurk in milk improperly cared for after removing from cows of questionable condition, and they even may arrive at the point of appreciation that the glorious fresh air is not to be excluded from the sleeping chamber. Have you ever attempted to sleep in one of those rural bedrooms where the windows evidently are never opened between November and March? It is an experience. The school nurse, both urban and suburban, meets many problems and she must be equipped to cope with them. Upon her depends largely that tactful cooperation between school and home so fundamental if the health of our children is to be conserved. Eyes, teeth, epidemiology, home surroundings are all subjects which demand her intense consideration. In a country so composite as is ours she must be prepared to meet a variety of groups. Think for a moment of the differences between an Indian school with its surroundings of tribal customs, a center for the colored with color lines to be crossed and with superstitions to be met, a community of some of our mountain whites enclosed within a wall of crass ignorance and of long isolation. Ponder for a moment over the problems which are present and which need solution in a school located in the Mexican or Oriental quarters of certain of our southwestern cities where overcrowding and filth are ever present. The problems to be treated by the school nurse are diverse and most difficult. The nurse of our times serves also in our courts where she must act as the buffer between stark, unsentimental justice and the weakness of the individual. There she must evaluate human emotions, mental and spiritual attitudes, physical weaknesses. Psychology and social organization becomes her stepping stones. In our high Sierra camps, one meets the nurse. Her function is very important in those locations where no other medical attendance is near and hospital centers are distant. There in large part, her activity includes first aid and emergencies. She must act promptly and with decision. In our institutions, there are the ever-present problems of proper feeding for control of vitamin deficiencies. Again first aid comes to the front; the mental subjective picture of the child and of the adult inserts itself; infection both acute and chronic presents problems which always confront the institutional nurse.

Back of all of these varieties of activities with their individual and social imports, lie the considerations and questions of proper, adequate training. Administration implies the acme of training with experience so that frequently the specialist in nursing education likewise is an administrator. In any case, however, the professional aspects of nursing, in so far as training for them is concerned, devolve upon the group consecrated to the education of our nurses. It is your particular function to prepare those who are to enter the diverse activities which I have mentioned and your success is critical to the positive outcome of the whole great movement which modern nursing
has entered. Preparation must incorporate not only technical details but it must proceed farther and must include moral and spiritual background. The group centered in nursing education occupies a position which is most critical and your responsibility is correspondingly great. You must be versed in the technique of education and must be conversant with sources of information.

In the preceding brief discussion, a university man has endeavored to picture the professional and human requirements of the modern nurse. In this delineation of the ideal nurse, you will agree with me that she emerges as the Mother of Humanity. She becomes the spirit of the Red Cross to society at large. To quote one of your own authorities, the ideal nurse must be prepared to combine "breadth of culture, maturity, and wisdom." This is a large assignment and if you are to be enabled even to approach it, you must utilize the best facilities available. The versatility which is demanded of you, the increasing specialization which you are called upon to meet constitute a problem of major magnitude. Sources of training in the fundamentals of your profession should be selected by you with thoughtful care.

To define a university is difficult. Possibly the older definition, that it is a community of scholars, will serve for the present occasion. Its function is instruction and research. The university staff may be expected then to be composed of persons who have devoted years to instruction and research. It is evident that the younger members of a university staff have not had time for attainment of the best which is within them but they are supposed to be selected with an eye to their future capacity and with the hope that they may continue the work of those who have preceded them. Always, however, scholastic ability, either demonstrated or promised in development, constitutes the desideratum sought. The years of effort spent conscientiously in preparation come to fruition in a mind trained in some special compartment of knowledge and skill. We may admit that often the walls of the compartment cause the view out upon life to become narrowed, but in his specialty the university staff appointee has opportunity to become supreme in his grasp of its content. If he is thoughtful, he will perceive the articulation of his particular field to life generally. If he is totally immersed in his one little area of thought, he may become cloistered and thus content to allow life and its problems to flow past him while his mind is occupied in a haze of detail. If he is connected with a state institution, he may even ignore the fact that he is also a public servant and that thus he carries with him a certain degree of responsibility to the public at large, whose taxes pay for his sustenance and to whom he owes fealty. To an increasing degree, however, one is justified in the feeling that our present-day staff members realize more thoroughly their responsibility to the state and to society at large than has been the case hitherto. In all instances the faculty man has received intensive training. He has opportunity for contact with other scholars; the facilities of the library and the equipment of the laboratory are at his com-
mand. Necessary personal aid usually is available. Ordinarily, and in fact always in our greater universities, he has attained that union card of the academic world, the doctorate degree which, however, is to be evaluated merely as evidence of certain effort and training in some specialty. To be able to write a line of letters after one's name may appeal to the vanity of some of us but degrees do not and can not guarantee human sympathy nor even continuous progress in one's special line of training. Those attributes depend upon the individual but the university increasingly is demanding evidence of them in its staffs. The main point, which it is desired to stress, is that the university is composed mainly of individuals trained as specialists. This summarizes what may be stated regarding the personnel of the university.

In organization, the university comprises a collection of schools, colleges, and departments which offer curricula suited to the needs for preparation of the student in a particular line. Medicine, business administration, dentistry, preparation of teachers for grades below the university, divinity, the various subdivisions of engineering, social engineering, public health, nursing, and the training of specialists in nursing education are all included as intrinsically a portion of the professional series offered by the modern university. Academic practice along departmental lines such as zoology, bacteriology, psychology, languages, and the humanities is incorporated. Social sciences have reached high levels. The university then becomes a pattern of the lines of human endeavor and these patterns are so interwoven that each unit strengthens the others. Were it otherwise, the university could not be considered to be a community of scholars, a reservoir of training and experience. The vocational level of a field usually is well-nigh ignored and this statement includes nursing as well as other fields. The professional aspect is emphasized and that rightly. It is felt by our universities that vocational treatment of a line of endeavor pertains to schools which are vocational in character. Theirs is a most important province and the university should not encroach upon it deliberately.

Early in this discussion, attention was directed to the fact that nursing, like so many other professions, has undergone increasing specialization during the period of the memory of many of us. Care of the individual case of illness still is the cornerstone of the profession and the importance of ward instruction is in no wise to be minimized. Courses of instruction of sufficiently high level can be constructed by many varieties of institution to the end that a young woman may be taught sufficient detail to carry out directions of the clinician in charge of a case. Likewise, that young woman will be able to act with reasonable discretion in times of stress when the clinician or supervisor is not available. It is not necessary that she be enrolled in any university in order to attain a degree of excellence sufficient for that duty. We must contend, however, that if she has the depth and breadth of training which a university, with its medical school accompanying its department of nursing education, should be able to afford her, then her value in alleviating human suffering becomes correspondingly greater.
But consider this one example, nursing education in California can probably be considered to represent usual standards among nurses. There are about 13,000 nurses in the state and this figure represents all levels of training. Approximately 700 of these are classified as public health nurses, though not all of them properly qualify for that specialty. Between five and six per cent of all California nurses have endeavored to enter this one specialty and this ratio is growing.

The place of the university in nursing education becomes still more pivotal as the profession of nursing undergoes increasing exfoliation, as it becomes more specialized. The fields of knowledge which then incorporate the sources desired are found largely within the walls of the university in that community of the staffs of its subdivisions of schools and colleges. Growing numbers of our universities are meeting this need for specialized curriculum support for nurses and they now consider this work as a portion of their routine duties. In two of our American institutions of university grade, nursing education has been raised to such an elevated position that it is open only to college graduates and thus it has been placed on a pinnacle higher than that of dentistry and equal to that of medicine. It is too early as yet to decide whether nursing customarily should be classed as belonging solely to the postgraduate university level. Some of us still must be convinced. Nevertheless it may be stated that postgraduate work in nursing education for special intensity of preparation in a highly technical subdivision is indicated just as surely as is a similar level in other professions as for instance, medicine. Specialization in any profession demands emphasis in instruction in special areas of knowledge. A university staff may be presumed to include within its ranks the masters of the required subjects. This general assertion pertains particularly to the requirements for the highest planes of nursing education.

If nursing now has entered the ranks of the professions, is it correct to think that the various courses which make up the foundation upon which it is based must be of a pattern particularly built for ease in taking on the part of the students in nursing? The tendency which now and then appears to ask that academic courses which are to be offered to nursing students be attenuated can not be defended if one is to view nursing as a profession on a par with others. To contend that chemistry, bacteriology, physiology, psychology, sociology must be diluted to easy doses and that they must include only the details which pertain to the more limited scope of nursing is to give evidence of insufficient breadth of view of the whole of nursing as a profession. It may infer even that the mental capacity of our students is not equal to that of those preparing for other professions or to those students in the academic fields. It may infer that manual dexterity rather than wide background of training constitutes the aim of nursing. This contention can not be granted then if we are to agree that present-day specialization in nursing requires its sources of instruction to be composed of a personnel of masters of the several subjects. To agree to less must presume
that nursing and nursing education may fail to meet the responsibility placed upon the profession—responsibility brought about by your own evolution, by the changes in your relationship to society. The university may be expected to be able to satisfy these elevated demands. Breadth of culture exceeds the limitations of homeopathic dilution in the form of course content.

The nurse has become one who administers not only to illness of the individual but to the maladjustments of society at large. A sympathetic colleague has endeavored to picture to you some of the contacts and expected attainments of the nurse today. Shall we think in terms of foundation stones for a few moments? Our nurse needs training in fundamentals such as chemistry which is the mother of the sciences, in bacteriology which deals not only with infection and immunity, with proper preparation of dressings, and with hoped-for germicides, but which also pertains most intimately and extensively to human welfare. Anatomy and physiology picture the human machine and describe how it functions. No two subjects can be more basic to the needs of the nurse than these. Psychology dissects the mind and thus reflects mental response both under normal conditions and during periods of abnormal stress. Since it pertains not only to the individual but to group reactions of individuals and since it is concerned with increase of degree of abnormal behavior, its subject matter has become of enhanced value to all who are active in social work. Mosaics of these enumerated subjects likewise have been advancing to the forefront of the demands made upon the nurse. Dietetics is of social import especially when one considers that a large portion of our children suffer from varying degrees of malnutrition and when the very term "vitamin" has become the catch word of voluminous high pressure advertising. Some of it is valid but much of this publicity is invalid. The result is that many of our people are exploited and their funds set aside for food are spent with little judgment. The nurse with her training in dietetics and with her social contact can do much to obviate the viciousness of their exploitation. Preventive medicine and public health training obviously are vehicles by means of which other branches of fundamental science are adapted to the welfare of Americans. The social sciences with their content of economics, political structures, philosophy, and sociology present the endeavors of society to find its way toward better levels of living and thinking and the means by which that end may be attained. The nurse, with her contacts as closely interwoven with American life as those which have been depicted earlier, must have a deep understanding of these subjects, for through her much of this knowledge found within the several compartments of the university or of the high-grade college becomes available to humanity. Her preparation for her calling should be of the best. It becomes the function of the division responsible for the education of nurses to incorporate within the prescribed skeleton of study the most important sources of information within the university. The specialist in nursing education, then, becomes the coordinating instrument to reach this goal.
We have spoken of the attributes of "breadth of culture, maturity, and wisdom," as outlined by one of your leaders. Similarly, another of your respected directors cites "ability, maturity, and culture" as requisite for your success. These are not platitudes. They characterize the finest professional woman in any field whether it be nursing, social engineering, or office management. They epitomize true education. Young women properly fitted to meet these attainments are encountered more frequently in the university where opportunity for training is supplied than they are in high schools, academies, or other less completely broadened centers. Maturity and outlook upon life develop with the years. The promise of the high school girl becomes unfolded toward fruition as she proceeds through the university or college.

It was stated earlier that the function of a university is instruction and research. We have spoken of instruction. Let us now devote brief attention to research. To maintain himself as one properly fitted to occupy the place of a scholar, it is essential that the instructor do some continuous research. Otherwise, the faculty man gives out information without replacement and if this be continued sufficiently long, his remains are those of a husk. His own research then must vivify him continuously with its mental stimulating spark. University research, particularly in those departments which are articulated to nursing education, is of such nature that some of it is of immediate value to the student in nursing. True, she may read it when ultimately it is published in final and sometimes somewhat desiccated form, but more frequently she will not. Her time will not permit. Contact with those who are delving in the unknown is of definite value even though that contact may be indirect and tenuous. To be a part of an institution in which there is work under way dealing with the etiology of the common cold and influenza, the mode of spread and of infection of the virus of poliomyelitis, with the structure and function of hormones, with social work surveys, with the statistical applications of the Holllieth and other apparatus, with the anatomy of the human brain and its implications as to human behavior, these invigorate the entire body, whether faculty or students. The student working in her niche of sociology or under the supervision of nursing educators responds to the atmosphere in which she lives and finally becomes increasingly well equipped to minister later to those who are in distress. The research fields are incorporated largely, though by no means solely, within the confines of the university. They are of most emphatic importance to those engaged in the training of students who are to occupy the constantly enlarging field occupied by nurses.

Research and its methods concern those included in your ranks as specialists in nursing education even more intimately in another aspect. The time is upon us when knowledge of research techniques is to be demanded of you. Nursing as a profession can not advance without critical examination of the problems which confront it. That is research. You have relied upon experimentation and survey in departments related to your life work. Con-
tinue to do so. This, however, is not sufficient for you must conduct your own additional projects. The university because of its very nature can articulate with your peculiar research more closely than other institutions.

Research and its relationship to nursing reminds us of an additional point. This is "Controls." Any valid experiment must be accompanied by controls. Any outlook upon life and its changes must be in terms of comparison with a similar unit untreated. We need conservative poise. To advance blindly leads only to bewilderment. Lewis has written an entire story, *Arrowsmith*, with a single main point for its foundation, namely, scientific controls or check series. Nurses must see clearly in their contacts with society. They should think, subconsciously at least, with deliberation in terms of control series. To inculcate balanced thinking is the function of instruction of a university in which the spirit of research is rife.

The university with its staff of specialists in nursing education can perform still another function for its colleagues in other centers of instruction. Its staff should be equipped and willing to act as a clearing center for information pertaining to your profession. If information desired is supplied without undue bias of opinion, then the service rendered is of the greatest value in maintaining nursing at its highest velocity of development, and that aid will be accepted with appreciation.

During the period of this discussion, your speaker has endeavored to present briefly the trends of development of your profession and thus, by implication, the nature and sources of university thought which can best aid you as you become increasingly specialized. You are moving rapidly in the direction of mass service. Diversity is the natural result. Sources of information suitable to your needs then are likewise becoming increasingly specialized. A university, if it is to serve its proper purpose, must be willing to render service to society and it includes in its faculties those who by study and by experience can serve you efficiently. Today's university recognizes nursing justly as a profession and includes nursing education as a unit in its community. Nursing education within a university occupies a critical position, for its duty is not only to train nurses in professional technique and in research methods, but to make available to the nursing entrants the exceptional sources which potentially are available for instructional use. Moreover, the specialist in nursing education should meet a definitely extramural need since she directs preparation of the student for future duty not only in the hospital, but among human beings distributed widely throughout the structures of society. As instructors in nursing, you have an opportunity to make your classrooms extramural in yet another respect; they should carry the seminar spirit, for you who are members of university or college staffs have exceptional opportunity to aid your colleagues elsewhere if and when desired by them.
General Session

Tuesday, June 23, 4:00 p.m.

Presiding: Daisy Dean Urch, R.N., Educational Director, Minnesota State Board of Nurse Examiners, St. Paul, Minnesota.

General Topic: Hospital Nursing Service

1. Selection of General Staff Nurses

Katharine J. Densford, R.N., Director, School of Nursing, University of Minnesota, Minneapolis, Minnesota

"Round and Round." The subject to be discussed at this round table of selection of graduate staff must be important for it has gone the rounds, it seems to me, of almost every nursing meeting since 1893. And always, personnel work and psychology notwithstanding, we seem to return to our state of old confusion in attempting to throw some light upon the perennial question, "How Shall We Select Our Graduate Staff?"

Various means of discussing this topic present themselves, such as a review of nursing and other literature dealing with this and related subjects, or the questionnaire method of finding current practice in this important field. But in the time at my disposal I should like to discuss with you briefly and not at all exhaustively, five rather commonplace phases of the question that appeal to me at this time. May I list these phases:

1. Importance of the problem
2. Ever-present nature of the problem
3. Professional heredity and environment as they enter into the problem
4. Criteria for the solution of the problem
5. Tools with which to work out the problem

Importance of the problem. As an example of the emphasis placed upon selection of personnel in another and somewhat specialized field, may I refer you to the recent report, by Dr. Carl C. Brigham, made to the Social Science Research Council on the method of selecting fellows for first-year graduate study. In preparing the examination alone, an eminent professor spent months of study, and in the grading of the examinations, four qualified men read and reread, checked and rechecked each of their findings. So in the process of selecting a graduate nurse staff to render adequate mental and emotional as well as physical care, to utilize opportunities for preventive as well as curative nursing, we hope the tendency is to consider it a thing of ever advancing importance. That we have not reached the millenium in the matter is evidenced, partially at least, by the very fact of our discussion today. The staff nurse is becoming increasingly valuable; so useful indeed, that modern hospitals can ill afford to spare her, particularly hospitals which are closing their schools. They can relinquish the services of many of us but the staff nurse they are beginning to realize they must have. Dr. May Ayres Burgess, in speaking informally of this matter and in referring to administrative groups and their attitude toward the selection of the graduate staff nurse,
said: "It is a curious thing that some will set lower standards and give less
tought to selecting a general duty nurse than to selecting a new sterilizer
or a new light for the operating room. But I'd rather be a patient in a hos-
pital with poor equipment and a good staff than with marvelous equipment
and poor staff. And by staff I mean not just a little coterie of famous sur-
geons, but every single person who holds responsibility for the care of pa-
tients. When you think of the responsibility carried by the general duty
nurses, it fairly makes you shudder to think of the casual way they are al-
lowed to come and go in some hospitals. I hope to see the time when gen-
eral duty in a good hospital is an honored profession; and when physicians
and the hospital board would far rather go without needed equipment than
cut down the necessary funds for their floor nurses. In other professions,
the more important the head of the firm, the more he demands of his assist-
ants. In these days when file clerks and office boys are often chosen from
among college graduates because in our organizations every one has to carry
responsibility, and we need well-trained minds even for the simpler posi-
tions, it does seem an anachronism for doctors to be satisfied with less than
the most intelligent, skillful nurses available, for every job where the welfare
of the patient is concerned. Better nursing means better medical care, and
sometime that's going to be so obvious that the floor duty nurse will come
into her own."

_Ever-present nature of the problem._ Not only is our problem important,
but we find, when we turn to its second phase, that it, like the poor, is always
with us. That selection of personnel should be a continuous process is a
truism, but one which we need to emphasize again and again. To be ap-
nointed to a coveted position is desirable but to earn continued service in
this position brings merited satisfaction. No one of us can assume that,
one appointed, we have permanent tenure in a position. In our changing
social order it behooves each of us to maintain an ever-selective process in
our own preparation and in our choice of staff personnel, a process which
in turn entails on the part of the staff a responsibility for continued prepara-
tion if it is to adjust at all adequately to the changing environment destined
in a dynamic society to surround all of us.

_Professional heredity and environment as they enter into the problem._ This
term is not facetious. It has serious intent. Before attempting to select our
staff, if we are to have a worth while and happy one, there are a few things
we should take time to look at. The first of these has to do with what I like
to call professional heredity. It concerns those of us to whom this carefully
selected staff may be responsible. Human beings tend to select somewhat in
their own image. Would it not seem fitting therefore that we take a serious
look at ourselves? We can not select staff forbears through several genera-
tions but perhaps we can maintain a standard of professional achievement and
growth for ourselves that will not be incompatible, at least, with the level of
performance and development expected of our staff. In anticipating the
choosing of this staff there is another matter I believe we should take a look.
at. This is the environment. What are the conditions under which we expect our staff to work? I once heard President Coffman of the University of Minnesota state that he conceived one of his chief functions to be that of maintaining conditions under which faculty members could do their best work. Does this principle not only apply in our own field? We quite realize that the chief concern of a real profession may not be hours, salary, and material things. Nor, in my opinion, do these form the chief interest of any nurse. Someone, however, must keep a sharp eye upon such mundane things as salary, living conditions, and adequate nursing staff, if our graduate staff nurses are to fulfill satisfactorily their chief professional objective—that of giving adequate preventive and curative nursing to the patients intrusted to their care. Some of the items which I believe need the special attention not only of nursing but particularly of hospital administrators, are those already referred to. Is it any wonder that nurses remain in many of our hospitals only until such time as they can secure more satisfactory employment elsewhere? We fail in many instances to provide even a living wage. In some parts of the country nurses are working for as little as $10 per month and maintenance. In Minnesota the range is from $35 to $80. Oftentimes we require from the staff nurses twenty-four-hour service. Doubtless most of us here are saying complacently that we have an eight-hour day, but I would challenge this statement in many cases. Even as the menacing motorist who says he is entitled to half the highway and will, if he wishes, take it out of the middle, so we safely take our eight hours, but we take them out of the twenty-four hours at any point or points that may suit our convenience and that of the hospital and frequently with little or no warning to the nurse. Furthermore, we do something which, in my opinion, is much more detrimental both to the nurse and the patient. In many instances we assign so heavy a case load, so many patients to the nurse that there can be no satisfaction in the care given either for the patient or for the nurse. We might refer also to the lack of leisure-time opportunities, to the necessity for living within an institution rather than in a home or apartment as do other professional and business women, to the performance of non-nursing duties required of the nurse and so on ad infinitum. I would refer you to the recently published Manual of the Essentials of Good Hospital Nursing Service1 for more detailed information on this subject. Perhaps, we shall have to do as California has done and establish by law a few of the safeguards which protect certain phases of nursing in the State of California. Would that every hospital might have for its graduate staff an environment like that in the Sutter Hospital,2 described by Miss Helen Sparks, an environment in which nurses have a straight day of nursing, the privilege of living where they will, of building gardens where they may, the opportunity to study and to work in an environment where patients have adequate nursing care. Do not misunderstand. The cloth of our hospital nursing has more than a seamy side. In selecting our graduate staff, however, I covet the clear-

1 Prepared by the Division on Nursing of the Council of the American Hospital Association and a committee of the National League of Nursing Education.

2 Sparks, Helen: "Graduate Staff Nursing," American Journal of Nursing, 35: 743-747.
ing of some of the seams that we may afford an environment in which our staff nurses can not only give their best service but may also derive fully earned satisfaction as well.

Criteria for the solution of the problem. While specific factors, such as type, function, and location of institution, and presence (or not) of a school of nursing, will affect the selection of the staff, I have chosen three criteria which I believe may be applied in any situation. These are (a) personal qualifications, (b) preparation, and (c) experience.

In the consideration of personal qualifications may we accept the thesis Miss Goodrich has stressed for us time and again, that of the need for nurses possessed of maturity, culture, and ability; and comment further only upon the social, physical, and emotional phases of these qualifications. Assuming that the nurse has maturity, culture, and ability may we follow Dr. Brigham as he makes inquiry regarding the social characteristics of the prospective fellow for first-year graduate study. He asks: "Is the candidate free from personality handicaps which would make it difficult for him to obtain and hold a position giving him opportunity to utilize his research abilities? Is he able to make and maintain adequate contacts with others in his field and to obtain data from people in authority in other walks of life?" He then inquires into the applicant's physical vitality. "Does the candidate have any physical handicaps which would interfere with a research career? Has he shown the physical strength to stand the wear and tear of an active life?" In times of Storm and Drang, such as we have at present and are likely to retain in the nursing field at least, it seems equally essential (a) socially, that the staff nurse be free from personality handicaps which will make it difficult for her to utilize the abilities that professionally she is prepared to exercise, (b) physically, that she be free from handicaps which would interfere with the adequate practice of her profession, and I should like to add (c) emotionally, that she be sufficiently stable to stand the wear and tear of the emotional strains put upon her. A senior student put this whole matter rather tersely recently when she said that in her opinion it is essential that every nurse consider herself not only a nurse but also a definite part of the community and that she see to it that she is an individual capable of satisfactory adjustment within that community.

Preparation, our second criterion, divides itself quite naturally into two types, professional and academic. I shall not attempt to outline here the amount or kind of either but rather to emphasize a few factors which I consider important in both. These factors concern themselves with an evaluation of the school from which the individual comes. To be a graduate nurse, or to have a degree, may mean little unless the content of the course taken is worth while. The most important factors in the evaluation of any school are, as we all know, faculty, student body, and curriculum, but as these have been presented at great length in many earlier studies and publications I may be pardoned for dwelling only upon a few less frequently stressed phases of our subject.

The first of these may be considered under what I like to call the "whither"
and "here" schools. The "whither" school has fairly definite objectives, is bound some place, and is moving forward, if ever so slowly, toward a definite goal. The "here" school is in existence (adest) but it rests complacently on its oars. The staff nurse coming from the "whither" type of school is likely, all other things being equal, to be a well-informed, well-adjusted, progressive, and growing individual, one who is able to adjust personally and professionally to the demands made upon her. She has not her nursing preparation nor even a degree to sit upon; rather, she uses both as points of departure for continuous growth and development.

A second factor in the evaluation of the school may well be what we term "inbreeding." The State of Minnesota Department of Education, through Louise Mueller, Senior Investigator of the Nursing Education Survey, being made in that state, supplies the following figures on this subject:

**TABLE I**

<table>
<thead>
<tr>
<th>Per cent of Inbreeding</th>
<th>Number of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100</td>
<td>3</td>
</tr>
<tr>
<td>80-90</td>
<td>4</td>
</tr>
<tr>
<td>70-80</td>
<td>8</td>
</tr>
<tr>
<td>60-70</td>
<td>4</td>
</tr>
<tr>
<td>50-60</td>
<td>4</td>
</tr>
<tr>
<td>50-less</td>
<td>4</td>
</tr>
</tbody>
</table>

**TABLE II**

Inbreeding Year of Graduation in Hospitals Having 200 Plus Patients (1934-1935)

<table>
<thead>
<tr>
<th>Per cent of Inbreeding</th>
<th>Number of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>2</td>
</tr>
<tr>
<td>25</td>
<td>1</td>
</tr>
</tbody>
</table>

(Two hospitals of this size did not report)

**TABLE III**

Inbreeding Year of Graduation in Hospitals Having from 25-150 Patients (1934-1935)

<table>
<thead>
<tr>
<th>Per cent of Inbreeding</th>
<th>Number of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>4</td>
</tr>
<tr>
<td>35</td>
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</tr>
<tr>
<td>30</td>
<td>3</td>
</tr>
<tr>
<td>20-30</td>
<td>5</td>
</tr>
</tbody>
</table>

(Nine hospitals did not report)

Table I of this study of twenty-seven hospitals with schools indicates that in three hospitals there is an inbreeding of 90-100 per cent (that is 90-100 per cent of the entire nursing staff are graduates of the schools connected with the hospital in which they are employed); that in four hospitals there is 80-90 per cent inbreeding, etc.

Table II indicates that in two hospitals, having a daily average of 200 or more patients, there was in the year 1934-1935, 50 per cent inbreeding the
year of graduation (that is 50 per cent of the entire 1934-1935 staff had been employed on the staff the year of graduation).

Table III refers to inbreeding in small hospitals and may be read as is Table II.

Using as a criterion the figures supplied by the American Journal of Nursing, one would judge there is much less inbreeding in the schools of the country as a whole than there is in the schools of Minnesota. The Journal office writes that of 75 hospitals in 30 states, 39 are employing more graduate staff nurses from other schools and that but 52 are employing more of their own graduates; that in 73 hospitals (two not reporting) one finds 1,469 "own graduates" as compared with 3,246 "other graduates"; that the number of other schools represented on a staff varies from 0 to 126; and that 37 hospitals report that students are encouraged to do staff nursing in their own school, 10 hospitals report they are not so encouraged, while 3 hospitals report that students are required to do staff nursing in their own school for a specified length of time. In spite of these figures from the 75 schools in the 30 states, it is still probably safe to conclude that many schools in many states have very few graduates of schools other than their own and that our schools could be strengthened by bringing in persons with different background, outlook, and ideas.

Most psychologists consider the experience of an applicant quite significant. Often we, in the nursing field, pay too little attention to the past experience of applicants though occasionally I think we are stupid in weighing the experience too heavily as contrasted with the individual's ability. Some hospitals require recent hospital experience as a sine qua non of employment. Practically all assume that staff nurses should be members of the American Nurses' Association and some require a probationary period of from three to six months of experience in the institution before permanent appointment is made. An objective toward which I believe we should aim in this field is the grading of experience to the end that a fairer evaluation may be made and that incentives for individual achievement may be more obvious.

Tools with which to work out the problem. Among the tools available for use in staff selection may be mentioned the application blank, the photograph, reference blanks or recommendations, including rating scales, transcript of professional and academic work, entrance examinations, and records of physical examination made on entrance.

C. H. Griffitts in Fundamentals of Vocational Psychology states that a considerable proportion of application blanks, or forms, are of no value, that the answers received have but little or no significance when compared with records in training. The amount of education is the most prophetic of success. This latter statement that education correlates with success in position is corroborated also by Burtt in Employment Psychology. Certain indispensable items on any application form are listed by Link in Employment Psychology.

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* Page 104.
* Page 386.
* Page 345.
as being: name, address, age, family circumstances, nationality, general education, special education, history of employment in the past, special experience, references, and kind of work desired and special qualifications for such work.

In addition to the above, some authorities ask the applicant to list any scholarships, prizes, or honors received.

In regard to photographs we find Griffiths stating also that there seems to be some positive correlation for the use of photographs, whereas R. W. Husband, in an article entitled "The Value of the Photograph on the Application Blank," which appeared in the Psychology Bulletin, says that intelligence, vocational choice, and vocational success can be estimated with no better than chance accuracy. The value of the photograph, he states, as found by investigation of the accuracy of personality estimate, is reduced to checking up race, facial disfiguration, and other matters of social importance.

In relation to reference blanks or recommendations a study reported by J. A. Nietz on the "Current Use of Teacher's Reference Blanks" in the March, 1925, issue of American School Board Journal showed a plethora of methods. In this study 17 cities used no reference blanks—they wrote a letter of inquiry as to the general fitness and ability of the applicant, or wrote asking specific questions or if applicant could be recommended without qualification; 7 cities used a simple letter form asking for information but leaving it to the referee to write what and in the form he pleased; 10 cities used printed reference blank forms that did not ask for weighted answers; while 11 cities used quite complicated blanks which asked for weighted data. Most of these latter blanks were quite detailed, some of them asking as many as 22 questions, each of which required a weighted answer. From the above study certain general principles were agreed upon as follows for reference blanks:

1. Simplicity (The reference blank should never be more than a single sheet 8½x11).
2. Blanks should call for opinions regarding only the most essential characteristics (and these are listed).
3. The blank should be constructed in such a way that the referee is given the option of passing on some details or replying in a very simple form.
4. The referee should be given a chance to express his opinion either by graph or by words of his choice.
5. Standards for judging should be uniformly understood by the one wanting the information and the referee.

The following reference blank received recently from a business firm, while not entirely applicable in nursing, impressed me so much by its simplicity, directness, and objectivity that I am quoting it verbatim.

Applicant claims to have been in your employ from............
Is the above correct?.............
Were services satisfactory?.............
Was applicant discharged, or resigned?.............
Please state reasons.............
By whom was applicant employed immediately previous to entering your services?.............

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6 Page 577, 1933.
7 Page 41.
How long have you personally known applicant? .......... 
Is applicant to your knowledge married, single, or divorced? .......... 
Is your acquaintance social or professional? .......... 
If related, what relationship? .......... 
By whom was applicant employed while you knew her? .......... 
Name .......... Address .......... 
What is applicant's reputation as to honesty, integrity, and reliability? .......... 
Would you recommend applicant for a position with the .......... 
Any additional information you can give will be appreciated.

Rating scales are still popular and, when used by trained personnel, are very useful, but in all too many cases I believe they tend to give a false security about an almost worthless evaluation and measurement of the individuals rated. A quite satisfactory use of individual rating scales may be made during the early, or probationary, period of employment within a particular institution. Of one thing I am sure, and that is that more uniform and simple blanks, both for application and for reference, would secure a more prompt and accurate response. Perhaps when personnel credentials form a part of our community nursing bureau service (and in this case we shall be glad to fill out detailed forms) we shall not have the present deluge of inconsequential forms which we send out and which now pass over our desks.

One item further regarding references or recommendations. It is to be remembered as Burtt suggests (a) that the apparently detrimental content of the recommendation may not reflect the applicant's lack of ability, but rather the writer's apathy regarding the applicant's destiny, (b) that in evaluating a recommendation more significance should be attached to a statement regarding objective than one regarding subjective traits and (c) that one must consider the relation between applicant and referee with especial reference to conditions under which the former was observed by the latter.

Other tools of value are transcripts of academic and professional records, wherever the individual is to continue either academic or professional study; examination on entrance somewhat similar to, though more detailed and scientific than, certain civil service examinations; and record of physical examination made on entrance.

In summarizing, may I say that because our topic, The Selection of Graduate Staff, has been so thoroughly discussed before at various times, we have considered certain selected phases only for this discussion and have tried to present them under the following headings:

1. Importance of the question of selection as illustrated in other fields and as applied in nursing.
2. Selection of personnel as a continuous rather than as a static process.
3. Professional heredity and environment with emphasis upon (a) a well-chosen administrative staff and (b) satisfactory conditions under which the general staff nurses may work.
4. Criteria of (a) personal qualifications of maturity, culture, and ability and with special consideration of social, physical, and emotional factors; (b) preparation of personnel with emphasis upon (1) the evaluation of the school which provides the preparation and (2) the need for having in the school

* Burtt: Employment Psychology, p. 409.
graduates from other than that same school; and (c) experience of the individual, stressing the grading of that experience.

5. Among the tools which may be utilized in selection of staff are (a) the application blank, (b) the photograph, (c) reference blanks or recommendations, (d) transcripts of professional and academic work where further study is to be pursued, (e) entrance examinations and (f) records of entrance physical examinations.

2. SECURING AND KEEPING SATISFACTORY GRADUATE STAFF NURSES

SISTER JOHN OF THE CROSS, R.N., Superintendent of Nurses, Providence Hospital, Oakland, California

"The time has come," the Walrus said,
"To talk of many things:
Of shoes, and ships, and sealing wax,
Of cabbages, and kings—
And why the sea is boiling hot—
And whether pigs have wings."
—Tweedledee, in "Through the Looking Glass."

While we may not agree with the walrus that shoes and sealing wax are of great importance, it is nevertheless true that "the time has come to talk of many things" pertinent to nursing. We have convened to bring before the profession at large and the general public the needs and the ideals of the profession; the ways and means which have been pointed out to us as desirable in gaining our ends; the grave need there is in our thinking about nursing as a profession which is seeking its right place along with the older professions; the obstacles which keep the sea of discussion "boiling hot," but which at the same time are stimuli which prevent us from retreating when they present themselves. Perhaps one of the most important ideas which is kept before us is that the time has come to change the status of nursing education, to place it on a collegiate level, and to provide adequate practical services for all prospective students. The accomplishing of this practical ideal will mean, of course, the closing of many schools of nursing now functioning and an increased need for general staff nurses to care for patients in those hospitals which have no schools connected with them.

The securing of satisfactory general staff nurses is the problem now facing many institutions and one which will face many more in the years to come. "The average bedside nurse upon completing her training does not look forward to bedside nursing in a hospital as a career," was a statement made by Lila J. Napier, R.N., during the National League of Nursing Education Convention in New York last year. I have no doubt but that many will agree with her although the experience we have had in one of our schools in another state has been the opposite even where nurses were graduated with their degrees. However, our experience is limited and can not be taken as a criterion for all places nor even in its own locality, for all time.

Why is it that graduate nurses do not wish to do general staff nursing? The answer to this question is important and very definite efforts should
be made to orientate future graduates into this field, which after all is
the very essence of nursing, the actual care of patients. It behooves all
nurse educators to give deep thought to this problem and to make a thorough
study of the field so that its advantages as a career can be presented in an
acceptable manner. The opportunities for professional development offered
as well as the personal satisfactions which one has a legitimate right to expect
from the work should be stressed. The fact that at the present time salaries
and hours of duty are not always what they should be need not be a deter-
rent but rather a stimulus to further effort to secure adequate remunerations
and hours of service.

It should be made very clear to the young nurse that general bedside nurs-
ing is not a lower occupation than that of head nurses or supervisors or the
private duty nurse. Too often, I think, this field is unintentionally belittled
in the mind of the young graduate when she hears us speak of "lower and
higher levels of nursing in the hospital." A young woman not understand-
ing just what is meant by such terms as used in our technical literature might
easily confuse the ideas of administrative levels and actual nursing. She may
decide that general bedside nursing is something to get a start with and leave
as soon as possible because it is on a lower level than other nursing. An
erroneous idea, it is true, and to some of us perhaps a silly one, but never-
thelss one to be considered. The bedside nurse should be made to realize
that while head nurses and supervisors are necessary for the smooth running
of a department and have much responsibility to carry, the bedside nurse has
the actual care of the patient in her hands with all the opportunities which
that presents for doing good both temporally and spiritually.

Let us stress with her the satisfactions which come when through one's
efforts a life has been saved, or a death made easier, or some one relieved
of mental anxiety, or a home has been more closely knitted because of her
seeing eye of kindliness and understanding and mercy. Let us not forget
to stress and make clear the important rôle the nurse plays today in working
with the medical profession. To be a good bedside nurse calls for all the
qualities of nursing needed in any other field. An understanding of people,
strong character, enthusiasm, even temper, poise, good health, knowledge,
and willingness to learn, courtesy, intelligence, and above all a sense of
humor. These coupled with sound technical knowledge will mean a nurse
whose vision can be made larger and broader in her chosen field. When we
bring to her attention that about fifty years ago a nurse had to learn to take
temperatures stealthily so the doctor wouldn't know, and that only twenty
years ago it was still somewhat questioned as to whether or not nurses should
administer hypodermic medications, and that it was only a few years ago when
it was quite unseemly for a nurse to take blood pressure readings, but that
today all of these things are expected of a nurse as part of the tools of her
profession, that more and more the doctor is placing greater responsibility
on her so that the administration of a hypodermoclysis or even of an intra-
venous medication is an every-day procedure, and that she is expected to
manipulate complex oxygen tents, Connell suctions, and every new procedure of medical science which can be turned over to her, we bring to her attention the wide field for advancement in knowledge, and also for specialization in the care of various ailments. Graduate nurses able to properly care for and adjust the varied orthopedic equipment, those able to understand and prepare for and aid in various diagnostic tests and treatments are the nurses who are wanted now and will be wanted much more in the future.

Therefore to prepare to meet the needs of the future, our younger graduates should be directed into postgraduate work in the field in which they are interested and special effort made to direct them into the general medical and surgical services. To do this the postgraduate courses should be of such a nature as to offer real advanced work and not, as so often happens, be just a repetition of what the student has already had.

However, assuming that adequate postgraduate courses are available, and that students have been oriented to the idea of general staff nursing positions, how are we going to learn of their qualifications and when we employ them, how are we going to keep them? To learn their qualifications perhaps the most valuable method is the personal application and interview, which gives the superintendent the opportunity to judge of the personality, poise, and general appearance of the applicant, as well as her ability to express herself. However, a busy superintendent can not spend much time in interviewing applicants and finds it easier to depend upon a competent registry, preferably a registry reasonably local and one which maintains adequate professional standards. It might be well to state here that any registry, professional or commercial, should be careful not to send to institutions nurses who are not fit for private duty. They will not as a rule fit on general duty either. With the registry securing qualifications and the superintendent stating the type of position open and the qualities desired in the applicant, the hospital should be able to obtain satisfactory nurses, if the supply is adequate.

From the question of securing nurses we now turn to that of keeping them on the job. Why is it that general duty does not appeal to many graduates? Certainly not because of the nature of the work itself which is fundamentally true nursing service. But perhaps the employer fails to realize that the people who work for him are human beings who, if they are to function satisfactorily and are to be satisfied with their work, must find in it security, new opportunities for experience, response, and recognition. Surely these fundamental desires are not impossible of fulfillment!

When we speak of security we mean primarily economic security. That is, the nurse must receive a proper remuneration for her service and must be assured of a continued opportunity to serve. Nurses can not be expected to be happy when they are employed one day and are off duty without salary two days. It is strange that many cannot see the injustice of such a procedure. I am not speaking of the exceptional nurse who does not mind such employment and who can well afford to do it. A steady income with the possibility of an increase after a certain time of service, up to a maximum
tor the job is not asking too much for the nurse. This income may take the
form of straight cash salary or a combination of cash and maintenance. The
nurse should realize just what the maintenance means to her. It means at
least the sum of $10 per week for her. The nurse should be reasonably sure
of the tenure of her position and when it may be necessary to make a change
the employer should give her at least a month's notice so that plans can be
made ahead. It goes without saying that the nurse herself should likewise
give due notice of a desire to leave the employment of the hospital.

While we are on the subject of salaries it is well for us to be reminded of
the fact that as the depression seems to be disappearing around the corner,
voluntary hospitals have not as yet found it so. The voluntary hospitals of
this country carry a heavy burden during these difficult days which means that
they have not had time to recuperate from the drain on their resources.
Nurses should remember this because, during the depression, many a nurse
was carried on a payroll when the superintendent didn't receive his own
salary and was hard put to find the means of paying his staff. On the other
hand, most hospital superintendents have not forgotten the loyalty of nurses
to their institutions during this same period. Another phase of security
should not be forgotten and that is the care of the nurse when ill. Some
provision should be made for discounts or health insurance, depending upon
the locality. In our institution nurses on general duty who need hospital care
get the hospital service at a 50 per cent rate; alumna members not on duty
in the hospital receive a 25 per cent discount and all graduate nurses regard-
less of where graduated receive a 10 per cent discount of the regular rate.
Such recognition of the professional status of the nurse should be given.
Efforts to inform the nurse of the Harmon Foundation Annuity Fund and
of the several hospital insurance policies available in different parts of the
country should be made.

Along with security of employment and reasonable remuneration for
services the opportunity for new experience should be provided. True, much
of this will be found almost at the beck and call of the nurse if she has the
wisdom to see it. But she should be encouraged to find such opportunities.
Proper supervision and direction of her work should assist her in making use
of the valuable opportunities which she meets with daily. It is well to re-
member in this matter that young people do not need critics. What they
need is models. The nurse on general duty needs a model supervisor who
will stimulate her to greater efforts, both professionally and socially. The
proper type of supervisor can also help a young nurse to leave periods after
her work and not commas and thereby correct deficiencies of detail. Gradu-
ate nurses should not be supervised in the same way as undergraduates.
After all we are working with trained women and not children. The proper
attitude towards them will go far to make them like the hospital atmosphere
so well that they will hesitate to change even when greater opportunities
come their way. I was interested to learn one day, while discussing the
question of why some nurses stayed on a job, grew in it, and continued on
with the same institution even though the salary had been reduced during the
depression and had not as yet been raised, that the place was like home
to them and they had a strong feeling of loyalty towards the institution.
These were young women who could have had better positions if they so
desired but as one of them expressed it, "I would rather work here in a
congenial atmosphere than work somewhere else and not be so happy. After
all money does not count for everything." A wholesome attitude towards
the development of the nurse, plus an interest in her and the work she does,
will go far to make her happy on the job.

Let your graduate nurse know what you expect of her professionally. And
don't be afraid of expecting too much of her. Make it clearly known that a
nurse who maintains her standing in her professional organizations is the
one who will probably be given the opportunities of advancement, all other
things being equal. But make it possible for her to be active in the organiza-
tions by regulating her hours of service so that she has the time. It goes
without saying that the eight-hour day is a sufficiently long day for a nurse
to carry the responsibilities which are hers. One can not expect her after a
ten- or twelve-hour day to be ready for professional activities nor even for
many social ones. She is too tired, she needs rest and relaxation and the
eight-hour day and the six-day week will make it possible for her to secure
these in a normal way. The profession does not want to limit arbitrarily the
hours of nursing; above all it does not want the law to do so, because the
whole spirit of nursing revolves about the patient and no law can determine
just how or when or where a patient may need a nurse's service. However,
where routines may be set up rather satisfactorily, definite hours can usually
be arranged without too great a demand on the hospital for other nursing
service.

May I state here that it is necessary that we supply a department with
enough nursing service so that it is possible to give good care. Today we
can not honestly base the needs of the nursing service of a department on
the number of patients a nurse should be able to care for. Numbers are not
all important. The conditions of patients and the doctor's orders must be
considered. These take much more time than is often realized by those who
do not have to carry them out. I should like to quote here from a paper read
by Miss Mildred Newton of the University of California Hospital at the
Western Hospital Association Convention last April:

One of the most outstanding examples of the difference in medical treatment
is the matter of supplying parenteral fluids. A decade ago a patient was almost
in extremis before subcutaneous or intravenous fluids were resorted to. A few
concrete examples of the frequency of their use today may help us realize the
magnitude of the nurse's problem. At the 200-bed hospital in Pasadena, accurate
records have been kept of the number of these procedures carried out daily.

From—

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<td>1933-34</td>
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The census during this time remained about constant. This averaged from no less than 6 treatments a day in 1933 to more than 8 a day in 1935. This may not seem like so many but let us see how many nursing hours were actually consumed by these treatments.

In a time study at Yale in 1928 they found that a hypodermoclysis averaged 82 minutes for preparation, administration, and cleaning up afterwards; an intravenous 35 minutes. It is interesting to note that even at that time the intravenous was not included in the list of common procedures. By multiplying the number of treatments by those time averages, we find that in 1953 in this Southern California Hospital, they consumed 232 eight-hour days of the nurse’s time. In 1935, 284 days were used in this manner.

Now this is a valuable point to make with the hospital administrators and others, that the changing medical requirements are requiring nurses to take over more and more of the work formerly done by physicians, with the result that the nurse has more treatments to give which take much time. When you consider that the treatments given in the hospital mentioned in 1954 took practically two-thirds of a year of the nurse’s time it helps to bring home the fact that more nursing service should be supplied and that the nurse should be relieved of many non-nursing duties. It should also be helpful in driving home to the general staff nurse just how important she is in aiding in the treatment and recovery of the patient. This will also help in making her more responsible for the position she holds. Since we all want new experience, or adventure, I can not think of anything which will give more opportunity for these than bedside nursing with a broad vision of its possibilities, needs, and opportunities. Surely in this field nurses of the right caliber could be stimulated to assist the doctor in determining the value of a treatment received, and with close observation and understanding of symptoms and a keen appreciation of the problem concerned, is it not possible that the nurse might be instrumental in adding to the medical knowledge of the day? Has she not opportunities to develop new tools with which to work, or to improve on old ones already in use? Can not she add anything to the advance of the nursing care of a patient? If she does, can she not be shown how to share that information with her fellow practitioners?

Evidently the general staff nurse must have a fund of knowledge and of common sense, and of enthusiasm which can not be downed. She must be given ways and means to express that enthusiasm and to work out her ideas. She must be encouraged to go on. Here is where a well-organized course in staff education can come in. Naturally such courses will be adapted to the particular institutions. But it is in the circle of her immediate conferees that the staff nurse will find an opportunity of expression. Generally speaking, a program of staff education should be planned by the superintendent of nurses in conjunction with the staff itself. A program should not ordinarily be imposed upon the staff but should come out of their own felt needs. However, it may at times be necessary to require attendance until the program is started and sufficient interest has been aroused. I was more than interested in the reactions of our staff when the proposition was first presented. Some wanted it enthusiastically, others were not so enthusiastic,
and still others said "No." However, the majority ruled and we went ahead, with the result that there is now little difficulty in establishing such courses immediately after vacations are over.

It is important to emphasize with these young women that an education, professional or otherwise, always brings with it responsibility to themselves and to the public. Therefore they should be stimulated to the possibilities of securing scholarships for further education, the use of university or college extension courses, etc.

The staff nurse should be encouraged to broaden her social life by joining social clubs, business and professional women's clubs, etc. Incidentally with her social life, if her salary includes her using the nurses' residence, then house rules should be made liberal. Staff nurses should not be on the same plane as students in this respect. As a rule with the proper type of young woman, one will find that staff nurses usually take good care of themselves and are not unable to take good care of their patients each morning. Of course it goes without saying that a nurse who fails to conduct herself properly in this respect by that very fact disqualifies herself for the position she holds.

Let us not forget the part that religion should play in the life of the nurse. Make it possible for her to keep up her religious affiliations if she so desires. This is true no matter what religion the nurse professes. That is her business, but it is our business to see that the spiritual values of life are not lost to her because we are not interested enough in her to make it possible for her to continue or to take up the practice of some religious affiliation whereby her spirit may be renewed.

As you see there is nothing new which this paper has contributed to the fund of knowledge already available in the literature, but it has attempted to stress again old principles. We will need more general staff nurses in the future; hospitals will need to be reasonably assured of a stable nursing staff with a minimum of transients; nurses must be prepared to make of general staff nursing a career; to meet these needs postgraduate courses of an adequate nature must be provided, more attention must be paid to security of tenure and a satisfactory economic return, to opportunities to learn on the job, and to improve one's self professionally and socially; proper supervision must be given the staff nurse and an opportunity to contribute to the general knowledge of the group with which she works and lives.

Nurses have been accused of becoming stale on the job. That is often true, but I believe that nursing and hospital administrators are at fault for allowing their staff members to get into a rut because they were not shown how to stay out of one. We might well ponder frequently this poem by Henry van Dyke and through such contemplation learn more fully how important it is to help each staff nurse realize her due importance in the scheme of life.
MY WORK

Let me but do my work from day to day,
In field or forest, at the desk or loom,
In roaring market-place or tranquil room;
Let me but find it in my heart to say,
When vagrant wishes beckon me astray,
"This is my work, my blessing, not my doom;
Of all who live, I am the one by whom
This work can best be done in the right way."

Then shall I see it not too great, nor small,
To suit my spirit and to prove my powers;
Then shall I cheerful greet the laboring hours
At eventide, to play and love and rest,
Because I know for me my work is best.

Joint Session

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

Tuesday, June 23, 8:30 p.m.

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

A concert of Spanish music preceded the invocation which was given by Rabbi Maxwell H. Dubin, Assistant Rabbi, Wilshire Boulevard Temple, Congregation B'nai B'rith, Los Angeles, California.

WHAT THE FINE ARTS CAN CONTRIBUTE TO BETTER LIVING

George J. Cox, A.R.C.A., Head of Department of Fine Arts, University of California at Los Angeles, California

The opportunity to address a gathering of this kind brings with it more than ordinary gratification—or it will if this address shall please you. You see I admire your profession more than any other, excepting only the Artist's, the one to which I used to imagine I belonged—and if, so far, the only demonstration of my affection has been an avoidance of all things connected with yours since an infantile attack of croup, the knowledge of your collective strength is a reinforcement of faith in a world all too preoccupied with material affairs.

You are all ministering angels of an old yet ever new religion, the Cult of Health. Your religion has an austere code that demands of you devoted service, self-control, a rigorous discipline; and yet insists that you preserve a sympathetic understanding of human weakness and perversity. Not even the two other members of the old Trinity, Theology, and Law, have higher standards, or maintain them so well.
You are to be congratulated upon your choice of a profession. The Chamber of Commerce would probably congratulate you on your choice of Los Angeles for your convention. Even to a dispassionate professor there seems something peculiarly appropriate about it. The cults of health and beauty hang together. To be healthy is to attain a state of grace, or at least of physical attractiveness, and above you twinkle the stars over Hollywood, where their creed is founded upon the Sapphic text "to be beautiful is to be good."

The artist has always accepted that gospel. It colors even a pedagogue's belief, and tonight I base my talk upon that text—it allows the utmost latitude, yet holds an immemorial truth. Extremes can meet, the eternal can be made manifest in the ephemeral, and pain and pleasure recognize their common origin and goal—the shaping of a life complete and whole.

Or such antitheses might be demonstrated were the speaker given tongues; but deprived of lantern slides my arguments may ramble.

Already, in wondering what I might say to you, vague and most divergent thoughts of medicine and art afflict the mind. I remember that years ago, when interested in the lovely craft of pottery, I read much about its development, discovering that as industrial greed crept into it, beauty fled, and beastliness survived. The galena used in glazes so penetrated the human system that the new-born babies of factory workers often exhibited traces of lead poisoning. We manage such things better nowadays, but the physical perils of the race are being replaced by moral hazards. There is a tendency to talk of beauty as though it were invented for the benefit of automobile salesmen, or specifically designed for the enlargement of human vanity. Sophistication becomes our only natural endowment; and as an aged professor I am prepared to hear that babies in Hollywood are born with traces of lipstick and peroxide in their systems—not that I advocate a return to lead poisoning.

But, today art is in some danger of becoming merely an industrial implement or a personal appanage. It would be deplorable if we confined it to such extremes, but we should be dull if we did not sense its all-pervasiveness. Let us gladly, even gaily, acknowledge its ability to streamline our autos and brighten our extremities, but let us also proclaim its power to transform our cities and strengthen our faith.

Thus the first thing we must do when talking about art is to define our understanding of that little word. It covers a multitude of things now in museums; it might clothe everything we see or use. For beauty only begins to be in architecture and the allied arts. Yet in its application, art might be universal, and in its effects incalculable for good.

In my more optimistic moments I believe art to be a cure-all for everything, from housemaid's knee to a broken heart—extremes of sickness now unfashionable—but even if we forego both ends of our wide claim, it leaves a generous field between for its curative ministrations.

You see, art, like poetry and music, can serve as an anodyne to make us
forget the ugliness about us, but it can also make our persons passable, our homes attractive, our industries presentable and our cities self-respecting. It is, in short, an ideal and a tool, an instrument and a dream. Yet we most scandalously neglect its many potent aids to the good life, or, rating art as just a cultural frill of no material value, use only its more artificial products.

Yet I believe that the pursuit of beauty, which is the prime aim of the arts, holds more hope for the regeneration of men’s faith in human aspirations than any political panaceas, for it combines both physical and spiritual changes for the better.

Just think how your own profession would clamor for a compound that might serve at will as an anesthetic or an energizer—that deadened pain or quickened life, just as a medico advised.

Yes, art is a universal tonic for a world turned sick, and when I speak of art I mean all man-made beauty, from a cathedral to a cigarette carton, from imperishable statues to ephemeral flower arrangements, from gold stockings and spring hats to ice boxes and bath tubs.

Art can, and must, serve the imaginative life. It opens magic casements and transports us out of the dullest mental straits—it is, even at its worst, a good habit-forming drug. But it can and should make everyday life more attractive, more practical, more significant. We must dream, but we must also work; and art serves both necessities.

Therefore I despise those who look upon art solely as a luxury, or an anesthetic smelling-salt, to tide them over a migraine; I deplore the weak minds that use it only as a dope, a retreat from reality, or a sort of pink sauce to disguise the flavor of life’s ill-cooked dish.

Art, in its highest form, is intuition—a fine instinctive faculty, not different in kind but only in its application, to that which a great diagnostician uses. But in those lesser phases that closely integrate with common life, art is only another form of applied intelligence. Practical beauty goes the shortest way about a job, and art is a more lively way of living—a decent way of life.

That is an awful platitude, I know. But I won’t apologize. We rush through life contracting neuroses that we might avoid if we accepted, and acted upon, such platitudes. One of your great patron saints, Alexis Carrel, has made a plea for more beauty in our lives; the beauty of art and of nature. The two should be inseparable. You will recall that he comments upon man’s mastery of contagious diseases, and then reflects upon the widespread increase of nervous disorders. He writes, “Perhaps the triumphs of hygiene, medicine, and modern education are not so advantageous as we are led to believe. . . . Modern civilization seems to be incapable of producing people endowed with imagination, intelligence, and courage.”

That is a disturbing idea, for it was germinated in the brain of a great man, but can we deny that we have thought more of installing modern plumbing than of the preservation of the antique love of beauty that seemed inseparable from faith? (I am not really starting a sermon—I mean a faith
in the essential sanity and health of our species, and in the exciting, even entertaining possibilities that beckoned men down life.)

I am being a pessimist in spite of the California climate; in spite of the fact that where I live I see more beauty in an hour than I saw in New York City in a year. For I know that the contagion of ugliness can spread like mediaeval plagues. Already you can ride from Whittier to Venice (shade of a name!) without seeing a man-made thing of beauty. And that is a rather dreadful portent, for I believe that the poisons which infect our civilization are generated by the ugliness of life rather than by its hardship.

It is a sort of vicious circle, of course. The physical ugliness arises from material greed, and ugly cities breed in turn unhappy citizens. You will say that the average man is equally unconscious of beauty and ugliness. I am inclined to think so too—otherwise the asylums of Bridgeport, Hackensack, and Bethlehem would be fuller than they are—but ugliness is like carbon monoxide, one doesn't need to be aware of it to perish from its effects. Some seem immune, but in the end it gets the strongest constitution. When gassed you cockle up and die—inhaling ugliness your soul curls up and shrivels; and the last state is worse, for in the first you might go to heaven (all the members of your profession would, of course), in the last you still survive, a carrier of gloom-germs that infect your friends.

Well, what are we going to do about it—what do you prescribe, Doctor? My advice is to fight ugliness as you would fight uncleanness—prevent, eliminate, sterilize. Only you can't use rubber gloves. You must sock the ugly mongers with a fist full of scalpels, and use the beauty that art and nature can provide as a prophylaxis of your patients' souls.

The love of beauty breeds the will to live—not just exist. But that love can never be completely satisfied with outward forms. It seeks the inner spirit that the form expresses. As we progress in understanding we find that the loveliest shapes are manifestations of perfect means to perfect ends. A flower and its seed vessel, a chalice, or a stained glass window, each functions for its purpose; similarly a fountain pen, a weighing machine, an airship, a mansion, or a university, approach beauty only as they serve their purpose in the larger scheme of life.

I may be treading on some toes when observing that I see but little beauty in a great building like the Medical Center in New York; it is stupendous, impressive, unique; a triumph of engineering skill and courage; but not beautiful if we examine the larger implications of that term. For beauty serves all human needs, the cravings of the psyche as well as physical demands.

One understands the imperative dictates of a gigantic city. There must be centralization. But the city itself was already divorced from human needs. From a penthouse on 121 Street, I could look out across miles and miles of cubic melancholy, thousands of acres of roofs scrofulous with laundry and radio antennae, with not a tree or flower or even a weed in sight. Towering over all was that great Bastile of Medicine, where so much of human suffer-
ing was concentrated, and where humanity, despite its humane servants, must feel desperately dwarfed. It looked so austere, impersonal, and cold, I often wondered if they sterilized the milk of human kindness there too.

We rightly think—at least during intervals of peace—of preserving human life, but our cities are increasingly denuded of everything that makes life worth living—of parks and trees and flowers—of space to breathe in air and sunlight, and feel the spirit dance. I mention this because, seized by that obsession for mere size, this city has been saddled with a monstrous clinic. Think of what the Los Angeles Hospital might have been had its planners realized that art serves every human need, and that the artist understands a practical aesthetic.

An artist would have taken into consideration the larger scope of your profession. He would have known that you undertake the cure of souls as well as the mending of bodies. He would have centralized the administration, the clinics, and the operating theatres for economy of money and material, but the dormitories would have radiated from the center into landscaped grounds, and rows of simple bungalows for convalescents would have led off to lose themselves amidst the lovely flora California offers at such small cost. Think of its tonic effect upon a sick man who wakes up to see the window blind shadowed by the pattern of wisteria—or what a trumpet vine with humming birds about the porch would do to a poor patient’s psyche!

Does that sound utopian? The money already wasted would have covered such a scheme with ease, and the larger benefits would have been incalculable. The only flaw would seem to be that the inmates would never want to leave, and malinger might be chronic.

Then there is the use of color in a hospital—you can’t have upholstered chairs and rich drapes—but is it necessary to be so uncompromisingly pure, so white and sanitary and sad? Color is notably a stimulus of the emotions—it can make a person depressed, gay, or sore. It was a decade ago that I suggested that operating theatres might have amusing frescoes on the ceilings—not funny enough to make the “case” laugh and break the stitches, but sufficient to make him smile off the ether, and take his mind off mortality.

We don’t have to be psychiatrists to understand that lovely things breed happy thoughts—and mind still rules matter. (Remember O. Henry’s tale about the painted vine-leaf—imagination must still triumph.)

Our specialists in cardiac diseases may not know quite all that they profess about the disturbances beneath our fifth ribs, but they suspect that between Harvey’s discovery of the circulation of the blood and the latest Teutonic theory that it motivates the pattern of our thoughts, lie hidden many a mysterious ailment that the flesh is heir to. When corpuscles are sluggish, the absence of a healthy pulse may be due as much to a starved psyche as to lack of vitamins.

Even an intern knows that for the patient, of course, a smile from a pretty nurse is a kinder opiate than any hypodermic can supply, but by
whatever agency administered, all visual loveliness is tonic. All eyes are joyfully dilated when filled with the belladonna of beauty, and they signal back a message to the soul—a hopeful message that all convalescents need—but one that you, who see so much of life's vicissitudes, need even more.

I may be a crank (I'm in the right city) but I believe that in our modern life, with its accelerated tempo and its nervous hazards, beauty and the rapt contemplation it induces, are as necessary as sunlight and fresh air and balanced diet.

And remember, such beauty, such art, is not just painting and sculpture—it is a way of feeling, of thinking, of doing—a way of life, intelligent life. To live fully—to feel and think and do with a maximum of wisdom—we have to regain by thought and effort something of that faith in beautiful works that seemed to be the birthright of less fortunate ages.

For after all, despite our temporary set-backs, this is a fortunate age. It might be fabulously so, if we took thought. Even a scandalously underpaid pedagog can live on a plane of comfort and convenience that Lorenzo the Magnificent never knew. But even here, in the West, where hair stays longer on the scalp and livers seem less prone to melancholy, there is an occasional lack of that ebullient creative urge, that gay courageous acceptance of life with all its potentialities and hazards, that seemed to fill the souls of men in the Italian Renaissance. Eyes are still closed to beauty, and like blind men we suffer an uneven development of our faculties.

Yet this lopsided growth is far more common outside academic circles, where each activity may integrate with allied fields of culture. Which of you but has met with cases where patients decline in health when deprived of the opportunity to continue practicing their one absorbing specialty. Men, able enough in their own narrow field, are reduced to mental voids upon retiring. They have neglected the consolations of the arts (and here I include all other arts that separate men from brute creation). When sick they can do nothing with their leisure (for after all bridge is only a game) and soon, aghast at their own emptiness they wilt and die—or worse, live barely alive and go grumbling to their graves, a mortification to their wives and a trial to their friends. They die of boredom, and they nearly kill their nurses.

But none of you has ever heard of a bored artist. No one, artist or layman, with a creative mind and capable hands can ever die of ennui; that holds good alike for the great painter or sculptor down to the spectacled old grandmother still able to do a bit of embroidery, or any other simple work that demands a little imagination and skill.

Sixty or seventy years ago Ruskin said that everybody should do something beautifully with their hands. Instead of following his advice we have, afflicted by an inverted concept of monastic education, continued to make life more sedentary and more narrowly specialized. We have valued as learning only that which can be set up in type. But you can't get life out of books, you have to live it, feel it tickle your spine now and then and
excite you to some tangible expression—and though that may take the form of poetry or literature, or just plain song and dance—all such expressions share the virtues of the arts. They spring from life; and as re communicated emotions, they transform it.

But only direct personal contact with beauty, in art and nature, can provide a genuine and transforming pleasure. We can talk art and read art, but those are vicarious thrills; to get the genuine kick we must experience it. That "must" is monitory. Without the exercise of one's imagination, without some attempt to give form to our dreams, we perish.

I don't have to tell you about the therapeutic values of the arts and crafts; you have seen them pull many a patient round. But even for healthy normal people an active participation in the creation of some form of beauty is a sound insurance against mental atrophy and sickness of the soul. So I repeat, art springs from life, not from museums, or art histories, or even professors. It springs from an active and passionate attempt to make our own environment more expressive of those aspirations, desires, reachings, that we instinctively entertain when we feel good—healthy, sound, inspired—maybe a trifle mad, if we compare our poets with our politicians—at least theirs is a nicer kind of nuttiness.

Now you will be asking yourselves just how you—professional women with full-time jobs—can indulge in those emotional jags that excite creative activity. But I should be sorry to leave you with the impression that it is necessary to get drunk upon experience before you can participate in the production of art. There is a surprising number of respectable declensions from the pure artistic frenzy. But all must call for imaginative and practical exertion. I know a surprising number of doctors who just paint. They find it a complete release from their everyday concern with those pathological symptoms that point man's swift mortality. Any one can take up painting, and anything goes today on canvas—but there comes the business of disposing of your crimes, and I have no desire to see you overwhelm your friends with plastic tokens of amateur rapture. I think too many people paint and let the world grow grey who would be better employed in tinting their environment in happier colors. Of course every one should paint if that's their only form of self-expression, but self-expression, like virtue should be its own reward.

But there are many other and even more beneficial forms of art expression more suited to busy people who have no time to learn an exacting technique. Think of the art of flower arrangement, an art in which any one can exercise his creative faculty. The lines and forms, patterns, textures, and colors of flowers are susceptible to the most exquisite and subtle arrangements that bring to many a sense of fulfillment that few paintings, even by competent artists, can supply. Then there are the crafts—productive of so many useful and beautiful things, and all a certain tonic to the psyche. I have known of a lady whose friends thought she had had her face lifted when all that had happened was an awakened interest in weaving; and
a poor man who was so transfigured by a passion for pottery that his wife
suspected him of a clandestine affair.

Of course you can play safe and collect prints, or study mediaeval missals,
or read up on Chinese jade. But such pursuits have at their core an artificial
stimulus. The wise woman takes an interest in the contemporary arts that
vitalize her practical affairs. She will discuss and study the arts of the
theatre and the cinema—plot construction, scenery, costume, acting, and even
make-up. She will take an interest in those too often still crude vehicles
through which we get our daily dose of æsthetic roughage—advertising,
shop fronts, neon signs, etc.—only such intelligent concern will mold them
nearer to our civilized desires—and God knows our cities need such aid.

You should get all worked up about new forms of art—fashions, furniture,
and the modern architecture that is revolutionizing our æsthetics as surely as
asepsis revolutionized surgery. The arts all hang together in the civilized
abode, and soon you will find that music, poetry, drama, dance are integrated
with your lives. You may possibly want to quit your job and become an
artist! But even if you can not, you will find that life itself becomes an
art; an art exciting yet serene, full of interests that never stale, and of am-
benefits that, happily, can never wholly be fulfilled. And then, though your
hair may whiten and your arches fall, your teeth drop out and your chest
drop in, you can never grow old.

Now this is not wholly the Californian climate speaking. For it is in
making such impressive claims for art I feel a faint affinity with a bald-
headed barber offering a hair restorer, I do not have to make a personal
demonstration of my faith. All of you know some happy soul in whom
the arts have kindled a vital spark which only that last anesthetic, death, can
quench. They are so constituted that they love all beauty, and beauty’s im-
mortality confers on them some heightened and enlarged experience of life.

Such an experience you all may share. Not indeed for the asking, any
more than we acquire a knowledge of French or bacteriology just for the
asking—yet it may be secured with far less painful effort than is required to
support its absence. But I would not even say that you can acquire it
without pain. The more you love beauty, the more you find that ugliness
can hurt. But the call of beauty is insistent; you find yourself penetrating
into the unknown, bent upon the adventure of capturing new forms of love-
liness—those shapes of things to come that will serve the souls of men as
admirably as your new formulas of medicine are saving their bodies.

It is Havelock Ellis who, at the close of a long life, full-packed with
civilized experiences, reaffirms his belief that “Only beauty counts,” urging
us to pursue it without fear, even if there hide terror and divinity in some
of its high mysteries.

So I would say that art can be all things to all men—and all women.
There is meat and music in it, comfort for the body and uplift for the spirit
—go after it in earnest; enjoy both the private ecstasies and public benefits
its shapes of beauty can confer. Throw off those ancient inhibitions that
taught you to believe or fear that anything that made you feel good must be bad for you. Dream and enjoy the glory that was Greece—and never can be any more. Revel in the lovely things the Renaissance has left to us—but balance each imaginative excursion with an essay in some practical affair. Begin to employ art in everything you use, from even lipstick and mascara up to the fabric of your hospitals—for nothing that aids us in our passage from the cradle to the grave need be considered frivolous—no art or artifice that expands your heart and soul, provided that it does not contract another's, can be anything but good.

So begin to use art in everything—but find out where to stop. And—to make a quite unauthorized excursion into your own field—I would say that rule applies to medicine. "Nothing too much."

The total suppression of pain might not be an unmitigated blessing. Perhaps the healthy alimentary tract by no contagion is attacked—and also no emotion! But, if the latter immunity is true, health would be purchased too dearly by such elimination.

Of course most of your patients thoughtlessly desire—perhaps deserve—only the eutectic serenity of contented cows; and there is no denying that a higher percentage of contented citizens would benefit our civilization. Yet if you ever have a "case" who seems to be a potential Keats, or Katherine Mansfield, or Van Gogh, throw away the spinach and the aperient, and feed them manna and ambrosia—or oysters and champagne. To calorize and cure such genius would be to curb their contributions to the fine arts. Let them live fully—foolishly if they wish. They will die young—whether as adolescent Chattertons or octogenarian Goyas—and we all need the added beauty that arises alike from their frustrations and their transports.

I really don't need to tell you that. You see life very closely—and you know that life, to mean anything at all, needs a little pain to give point to happiness, as work should sharpen our capacity to play (and it is consoling to know that the right mixture includes only a dash of bitters).

In knowing that consists the fine art of living—in that way the fine arts contribute to the balanced diet of life. But I am inconsistent enough to wish you all a dose of unadulterated pleasure during this week of your convention.

PREPARING NURSES TO MEET THE NEEDS OF A CHANGING SOCIETY

ISABEL M. STEWART, R.N., Professor of Nursing Education, Teachers College, Columbia University, New York, New York

The "Quo Vadis?" theme of this Biennial program is a reassuring sign that after the world-shaking events of the past few years, our profession is pulling itself together and trying to reorient itself to the topsy-turvy world in which we find ourselves. If we seem to be a little uncertain where we are and which way we are going, we have lots of company because that is pretty much the mental state of thinking people everywhere.
Someone tells of a woman of the seeker-after-truth type, who accosted William James after one of his lectures with the question, "Mr. James, what is life?" "Madam," he replied, "It is the predicament which precedes death." According to many of our modern Jonahs the world is in such a predicament today, hell-bent for chaos and disaster. Other prophets of a more sanguine temperament assure us that Utopia is just around the corner. Since we can not very well plan a program of education for an absolutely unpredictable future, we must try as best we can to see what kind of a world we are getting into.

Our own founder insisted that the truth about such happenings "is discoverable if we will bring our faculties to it as to any other truth." "It is now known," she says, "that storms are subject to laws so invariable as that their coming can be exactly foreseen." "We say study the signs of approaching gales and you will not be lost." Let us go, then, to the scientists and philosophers who are trying to get a picture of the world of tomorrow by projecting the trends of the past few years and calculating the effects of the forces now active in the modern world. Since our purpose here is to visualize the kind of society in which nurses must be prepared to live and work, we shall note especially the conditions which seem to be most likely to affect nursing and health work in the future.

Everybody seems to agree that the outstanding characteristic of this society in comparison with other societies of the past is that it is intensely dynamic—in other words, we may expect more rapid and more revolutionary changes than the race has ever seen before. The scientists and inventors, who are chiefly responsible for these changes, are just getting into their stride and unless society decides to throttle them or to suppress their discoveries, nothing can stop the scientific and technological revolution they have set going. Nursing lies within the medical and health area where science is especially active and where changes are likely to be most sweeping.

The second prediction which follows is that the pace of life will be swifter. The gears of the machine age are set for speed and the peaceful jog-trot of the horse and buggy days is probably gone for good. Human beings are such adaptable creatures that adjustment to higher rates of speed may not be so impossible providing the whole social machinery swings along at the same pace. But some of our social institutions, such as the family, the school, and the church are already tagging a long way behind our material and economic advancement, and this is causing serious fractures and dislocations in our social structure. We can see the symptoms all about us—disintegrated families, armies of drifting boys and girls, crime waves, and other signs of serious social maladjustment. Numbers of people are going to pieces under the strains and insecurities of modern life and a jittery state of mind is taking the place of the old self-confident, optimistic spirit of this country. The fact is that a divided and disorganized society must inevitably produce disorganized and maladjusted individuals, and we may expect such conditions to increase until we can get these disjointed parts of our social structure pieced together again.
This leads to the third major prediction which is that we are in for fundamental readjustments in the organization of our society. Some people believe that these changes will be drastic and revolutionary; others think the transition will be gradual. It depends a good deal on the road we take, whether we decide to keep right on the democratic highway or to follow one of the roads that lead off to the right or the left, both heading toward some form of dictatorship. Competent historians tell us that no country that has really tried democracy has ever given it up. That is reassuring, but we must admit that in this country, and especially in our own field, the application of democratic methods and principles, has been very spotty, to say the least. If we examine the survivals of autocracy which still persist in the medical and nursing area,—military discipline, for example,—we shall be surprised to see what a close resemblance they bear to the creeds of the power cults, fascism, nazism, and the rest. The military brand of "bossism" has been reinforced in recent years by the business autocrats who have found their way into the hospital world and even into the educational world as board members or as high-powered executives. The depression has tended to accentuate these autocratic tendencies and in the field of women's work particularly, the economic struggle has tended to strengthen reactionary forces which have been awaiting such an opportunity to put women back "where they belong." If we have any doubt of what is likely to happen if we take the road toward dictatorship in this country, we have only to see what is happening to women in Italy and Germany today.

Coming to the general area of medicine and public health, in which we as nurses are most directly concerned, we find the same unrest and confusion. There is no question that people need and are demanding an extension of health services of all kinds. Whether these services are made available through health insurance or through state medicine, or in some other way, we can be fairly sure that more health workers will be needed for the public service in the future and that there will be a steadily increasing emphasis on disease prevention and health promotion. The Social Security Act has given us a good example of the way in which such movements are likely to affect our profession. Former free-lance workers are joining organized staffs, leaders have been drawn from private agencies to help in organizing the state and federal forces, and educational agencies have been busy all over the country trying to prepare the new recruits to adjust to the demands imposed by the new health and welfare legislation.

It is sometimes predicted that disease will be practically wiped out by preventive methods and that doctors and nurses will become more or less superfluous in the society of the future. This does not take into consideration the increasing tension and complexity of life and the need for greater safeguarding of health all the way through the life cycle. Biologists are expressing some fear that the racial stock itself may dwindle and peter out in the dizzy dance of life that lies ahead. Even if provision is made for more leisure and recreation, this will not compensate for the wear and tear of a
high-pressure civilization. Certainly the old nurse of the race, Mother Na-
ture, will need all the help she can get from her human colleagues, if she is to keep her charges reasonably sane and whole. Nurses will undoubtedly officiate at the entrances and exits of the human race as they have for ages past. The indications are that they will have fewer babies (proportionately) to look after in the future and more old people, fewer acute conditions and more chronic, fewer physical and more mental breakdowns, less nursing of people in bed and more of people on their feet. There will be fewer "de luxé" nurses catering to the fancies of wealthy hypochondriacs and more "bread and butter" nurses serving the health needs of families and communities. Accident and disaster services will increase unless we can learn to control our machines and the mass destruction and mutilations of war. So far as we can see there is no prospect of technological unemployment in our field. No gadgets have been invented to replace the human hand and no universal panaceas or preventives to keep the human machine from creaking and wearing out. Though we may expect a wider distribution of health knowledge through mechanical contrivances, such as movies, talkies, and radio, we can not see the day when a radio beam or electric eye or television projector will soothe the fevered brow or keep the night watch by the bedside or even answer all the young mother’s questions about Mary and Johnny and the baby.

As to the probable allocation of health functions in the future, we may expect some shifting of boundaries as in the past. It is to be hoped, however, that nurses will keep a little more control over their own field and not allow it to become a dumping ground for all sorts of odd jobs that other members of the medical family get tired of carrying or that nobody else will take over. A nurse is not primarily a maid-of-all-work, a housekeeper, a medical technician, a laboratory assistant, or a medical secretary. She does assist the doctor in many ways, but she has her own art to develop and her own contribution to make to society, and that contribution, as her name indicates, has to do with vital economics, not with business or household economy except as these come into the health situation. Nursing is "nurturing," conserving health and vitality in the sick and well, promoting healthy growth of mind and body.

We should recognize the fact that professions strengthen themselves not by spreading over more and more territory and piling up innumerable functions, but by restricting their range and by digging deeper. A careful analysis of nursing service should be made for the purpose of seeing, not how much we can hold on to, but where we are needed most. We should redefine our professional functions in terms of the health needs of society today, supplementing our studies with an impartial estimate, by social experts, of what society should expect from professional nurses functioning at their maximum, and what social values there are in nursing which have not yet been brought into full expression. We know that society is not getting the best that the professional nurse has to give at the present time. This is partly because
of the uneconomic use of a skilled person to perform a good deal of unskilled labor, partly because of an antiquated code of professional ethics which hobbles the nurse's intelligence and robs both the patient and the doctor of the full value of her service, partly because of the system under which nurses have been trained, which overemphasizes the technical and mechanical aspects of their work and limits the free play of their minds and their creative abilities.

In relation to the organization of nursing work, it is probable that we shall have to get used to working in larger groups. The idea of trusts, corporations, and mergers which started in the field of "big business" has led to hospital and health centers of increasing size, to consolidated schools and colleges, and other forms of collective effort. Perhaps it is because nurses have worked for centuries as members of religious and other communities, that they do not seem to be as much alarmed as their medical brothers at the prospect of group work on a larger scale. There are dangers in bigness but also possibilities of economizing and unifying resources and services and eliminating some of the competition and waste in modern health work. In nursing education, as well as in nursing service, a greater degree of centralization is undoubtedly coming and we would do well to prepare ourselves for it.

One further trend which we must take into account is that toward social planning. In the old days when people believed that the hand of fate or the will of providence determined the destiny of men, there did not seem to be much use in trying to shape the course of events. Even under the theory of natural law it was supposed to be best to let things take their course without too much interference. Now it is beginning to dawn on human beings that they can have pretty much the kind of a world they want if they will only develop and use the resources they have in themselves and in their universe. The giant forces of a power age might easily wreck the world but they can also be made to work for its reconstruction if they are steered into right channels. The techniques of social planning and social engineering can be mastered just as mankind has mastered the control of water power and electricity.

Large scale planning in health work is not a new thing. Public health planners have drawn up blue prints for the eradication or control of malaria, diphtheria, and similar diseases and have been able to show amazing results. Educational planning is also in the air these days and everybody is doing it. The fact is that many of the old theories and methods of education have broken down in the face of the new conditions. The depression and the accumulating evidences of maladjustment in society have made all thoughtful people much more critical of our whole educational system and the results we are getting from it. There may have been a good deal of smugness and complacency among educators a few years ago but there is none today. A general overhauling is going on in the educational world and a good deal of academic lumber will probably go into the discard before the process is
finished. Professional schools as well as academic colleges are reexamining their traditional aims and offerings in the light of recent happenings. The problems of nursing education are not essentially different from the problems that all the other groups are facing. All of us have to examine our educational structures to see how much damage has been done by the recent upheavals, how much sound timber remains, and how much rebuilding is necessary in view of the new situation.

It is no secret that the system of nursing education has not been operating very satisfactorily for some time. Many of us have known without the evidence of recent surveys that it could not hang together much longer, but we have been unable to make the public take much notice of the situation. The weaknesses in our system are well known, however, especially among educators. Twice during the past few weeks, in large educational gatherings, the training of nurses has been cited as a model to avoid in preparing young people for the needs of the future. To be sure, the argument is usually based on the false assumption that the nurse is a sort of a human robot trained to respond more or less automatically when the doctor pushes the button. This concept should be resented as much by doctors as by nurses because its implications are as offensive to one group as to the other. Nevertheless, we shall have to admit that our traditional system has tended to stress obedience to orders, standardized procedures, repetitive training, and an uncritical acceptance of authority; in other words, it has been a system of training rather than a system of education, and the training has been, on the whole, of the type that is better adapted to a static than to a dynamic society.

It has many sound features, however, that should be preserved, including experience in the hospital laboratory, where from the beginning of their training students deal with real problems in real life situations, where they have a chance to apply their theory at once and to see the results, where an infinite variety of learning experiences are available and the most powerful learning incentives and satisfactions are offered. The trouble is that the students are often so busy getting the work done that they can not explore these learning possibilities and are not always encouraged to study the problems they meet because this might slow up the work. The Marthas are so busy and troubled with the practical details of the household that they do not even sense the "better things," the rich human and social and spiritual values that lie just below the surface. The Marys do find and lay hold of the deeper values in their hospital experience and their lives are profoundly affected by it. Their testimony and their faith make many of us feel that there is no field of education today as rich in potential values as nursing. But we have not scratched its surface yet and can not hope to do much till we can get better support for and more control of our own educational system.

The first thing we must get clearly in our minds and must make other people see, is that the principles of nursing education are not fundamentally different from those that govern the rest of education. It is true that we have been more or less isolated from the field of higher education to which
we rightly belong, and are just beginning to open up channels of communication with other groups of educators. The fact is that nurses have been a little afraid of education because for ages it has been hammered into us that learning is not good for us, that it spoils us, makes us lose our spirit of service, stimulates unwholesome ambitions and actually reduces our usefulness in the world. The people who say these things will readily agree that education is good for doctors, for engineers, for teachers, and all sorts of other workers, and on the whole, the more of it they get the better, but nurses are somehow different. One might assume that there is some allergic condition peculiar to this occupational group that makes them react badly to anything more than homeopathic doses of educational protein.

Some of us would be perfectly willing to agree with the argument that nurses may be overtrained and that many of them are, but we would not agree that any of us has failed in nursing because we have had too much education. What is the purpose of education? It is to help people adjust better to the world they live in and to keep on adjusting and growing instead of getting set in their ways. It is to help in developing well-balanced, well-integrated personalities. Is it possible for a nurse to adjust too well to people, to be too resourceful in dealing with nursing situations, to be too useful in meeting the needs of society? Is it possible for her to grow too much, providing her growth is healthy and not pathological? Is it possible for her to be too well-integrated as a person? These are the purposes of education and while the methods of achieving these purposes are not always wisely selected and applied, nevertheless, we are learning better all the time what the laws of human development are and how to help people adjust to the problems of life and to its changing conditions.

The next point we must see clearly is that education is tremendously important not only to us as a group and to the people we care for, but to the world at large. It has always been important but in a time of change its function is crucial. Not only educators, but statesmen, religious leaders, and social experts tell us that the fate of modern civilization depends to a large extent on how we educate the younger generation today and how we form public opinion which is another phase of education. In addition to its function in helping individuals to adjust to their changing environment, education serves as a stabilizer to society itself, helping to maintain its equilibrium. It should serve, also, as a compass that shows the direction in which we need to steer and keeps us from getting too far off the track. If it fails, the results may be as bad as when the radio beam fades out in a fog. Education is also the means of transmitting to each new generation the cultural heritage of the race. The education of the future must do something more than pass on what is worth saving from the past. It must help us to actually rebuild our world so that it will be a better place and safer for those that come after us. No one is satisfied with the present state of things. The only question on which thoughtful people differ is whether this rebuilding is to be only a patching up job or a thoroughgoing renovation that starts from the ground up.
Nurses have a vitally important part to play in this work of social reconstruction. This is not just our own opinion. The fact is that the most striking statements about the value of the nurse's work have come not from nurses themselves, but from sanitarians, public health experts, social economists, and others who have been studying the health situation in the large and watching the newer trends in this area. There is no reason why any sense of false modesty should keep us from accepting this evaluation of our social importance. If we do not recognize our importance as a profession, we will not be ready to meet our responsibilities, and that would be a greater sin than the sin of pride. Florence Nightingale was not afraid that nurses would think too highly of themselves and their work. She says, "Men do not see that pride is only the perversion of the natural desire (implanted by God in us) to be and feel of importance. Every human being is of importance and ought to be employed in a way to make him feel so."

It is not enough that nurses should have a proper estimate of their own contribution to the work of the world. Society must recognize the fact that nurses can not give the kind of service the public needs unless they have the right kind of preparation. There is no use pretending that nursing schools (with a very few exceptions) have been carried on in the interests of the public at large or that nursing education has been anything but a side line which hospitals have developed only in so far as they have found it profitable to themselves. All but about one per cent of American schools of nursing are frankly proprietary schools, controlled to a very small degree by legislation, by the influence of organized nursing groups, and by public opinion. The biggest issue in nursing today is whether this system is to continue. Are schools of nursing to be operated as a monopoly primarily for service, or is the education of nurses to be a public trust like other forms of education?

Can there be any question among reasonable and fair-minded people that nursing education must be put on an honest and efficient basis and conducted in the interests of the public as a whole including those who are preparing themselves for nursing service? A nursing school, if it is entitled to the name of school, must be operated as an educational institution, not as a camouflaged nursing service to a hospital. The work of running a professional school is an important job and requires the service of a number of specially qualified people. It can not be run by the busy staff of a hospital, on the tag ends of time and energy left over after the needs of the hospital are all provided for. No one but nurses would ever dream of trying to do this kind of thing. But we have always thought in terms of a 10- to 12-hour working day and a 7-day week and we have been brought up to feel that it is a nurse's duty to respond to all the demands made on her without complaint or protest. While this is all very admirable in certain ways, it has been the worst possible thing for nursing education. We nurses have ourselves to blame for the situation we are now in. If we had insisted long ago that no professional school can be operated honestly on such a basis, we would be much farther on the way to a sound educational system today.
Let us start with the assumption that a nursing school, like any other school, must have special machinery, resources, and staff to carry on its work. It is useless to expect that the same pattern of construction, the same man-power and methods of operation will serve the double purpose of educating nurses and caring for the complicated nursing needs of a modern hospital. Hospitals in this country have long ago given up the attempt to conduct medical schools, though they still make a great contribution to medical education. They do not assume that they have all the facilities necessary for the preparation of dietitians, social workers, laboratory technicians, occupation therapists, and other specialists who are employed in the hospital service but they frequently collaborate with educational institutions in preparing such workers. Is it not time for hospitals to follow a similar plan in relation to nursing education? There is no reason why they should not turn over to special educational agencies the responsibility for planning the program and giving the basic scientific preparation and then enter into arrangements with such agencies for supplying the necessary clinical experience and instruction for nursing students—that is, where they have proper facilities for such experience. This would be in line with the efficiency principles which modern hospitals preach and would save them a good deal of trouble as well as getting rid of an increasing volume of criticism which does them no good. Does it not seem rather inconsistent for hospital board members and executives to talk so much about modern scientific advancements, and to boast about the latest technical devices for their operating rooms, wards, kitchens, and offices and then in the same breath to insist that nothing could be better for the training of nurses than the apprentice system which they inherited from an early stage of educational pioneering? It only goes to show that they have not taken the trouble to inform themselves about modern educational machinery and practices. If they did, they would be as much embarrassed by the antique models of schools that they often drag along after them as they would be by a wooden operating table or an ambulance of the "Tin Lizzie" era.

The time is past when a nursing school can be made by pouring a group of young probationers into a hospital mold, stirring them about occasionally to get all the experience the hospital has to offer; and exposing them for brief periods to well-diluted lectures and a few elementary textbooks. A modern school of nursing must offer the advantages of other professional schools if it is to attract well-qualified students and it must treat them as students. Its program must be set up in terms of community and not merely hospital requirements. It must be flexible enough to adjust to changing demands in the field. It must be free to experiment with new arrangements and to increase or decrease its student body without throwing the whole institution out of gear. It should be free also to connect itself up with any agencies or institutions that can supply the type of educational experience nursing students need.

Reconstruction along these lines is now going on. No one can say positively that we have found the best type of organization or program as yet,
but we are experimenting with new set-ups and new relationships which offer definite promise for the future. A recent study of collegiate schools of nursing shows that there are 68 centers of higher education in this country in which nursing has been incorporated as a definite part of the college or university with programs leading to a degree. One-half of these have been developed since 1930 and several more are in process of organization. There are over 1,800 students now in these schools, who qualify educationally on the same basis as other college students and who meet the same requirements. We all know that many of these schools are still in the embryonic stage, but the movement itself has progressed far enough to demonstrate its vitality and its potentialities. In associating themselves with centers of higher education, these schools are tapping wider and richer educational resources and gaining a recognition they have never had before as educational institutions. Perhaps the greatest gain is that their faculties are beginning to emancipate themselves from the inhibitions that have kept them from thinking and planning freely for their schools, and from the half guilty, half apologetic attitudes about education that were developed under the old system. They do not feel that they have to pussyfoot in stating their educational purposes nor to keep their educational activities disguised in order to avoid constant conflicts in the hospital family. In an environment that is genuinely hospitable to education and with many new friends who are interested in their problems and willing to help, it would be surprising if nursing schools should not take on a new lease of life and show definite signs of improvement. The chief danger in this new environment is that nursing educators may be too anxious to achieve academic respectability and too much inclined to copy prevailing fashions in general and professional education, instead of evolving our own patterns, in line with our own traditions and needs. We must have the good sense to hold on to the vital parts in our old system and to incorporate them in the new. The advice of a modern philosopher, Dr. Kallen, in speaking of newer developments in our democratic system of government, might well serve as a guide in the development of nursing education. "Whatever comes, that comes in self-fulfillment, with its future a realization and not a distortion of the past, is good. It has been loyal to its own nature and actualized its proper ideal."

Probably too much time has been given to the educational system and too little left for the discussion of the human resources required and the actual processes best adapted to produce the nurse of the future. It is fairly obvious, however, that we can not hope to attract the kind of young people we need in nursing, nor can we hope to turn out the kind of product that will fit the new requirements, if we have to work with antiquated and inefficient machinery which is only partially under educational control. Assuming that we are on the track of a better kind of organization, let us consider for a moment the type of person who should be selected as a student in a nursing school. This person will have to meet nursing situations which are kaleidoscopic in their variety and will have to keep pace with a constantly changing body of
scientific and technical knowledge and with medical, public health, and other allied fields which are changing as rapidly as her own. If she is going to adjust to such a complicated and difficult world, her first qualification must be mental alertness because as all psychologists agree, adjustability is largely a matter of intelligence. It is cruel to expect a stupid person to meet the requirements of a profession like nursing, because there is probably no occupation which makes such a heavy demand on this one quality of adjustability. In addition to having an alert and flexible mind, the nurse should be a fairly mature person, emotionally as well as intellectually, if she is to deal in more than a superficial and routine way with the infinite variety of human and technical problems which come into the daily experience of nurses. An adolescent girl can not be expected to have the maturity of judgment and the stability of character required to deal with such situations. The worst of it is that by launching these impressionable young people prematurely into such responsibilities we force their growth and often interfere with their normal development. The astonishing thing is, not that we have a good many stereotyped minds and personalities in nursing but that our young students manage to keep as much individuality as they have. Those who are critical of the younger generation should remember that their predecessors entered nursing two, four, sometimes six years later than most of our students enter today, and that they were grown-up, experienced adults compared with the youngsters who now flock in from high schools or even from the protected and cloisterlike environment of many colleges. Is it any wonder that we sometimes find these young nurses spinning about like corks in the swift currents of modern life? How could patients and others expect to find anchorage or guidance from their limited life experience and their immature judgments? It is all very well to say we can not expect old heads on young shoulders but that does not excuse us from our responsibility to patients as well as to these growing girls. The teaching profession is now recognizing its mistake in admitting students so early and in recommending twenty years as the minimum age. Nursing students certainly need this added period for maturing and for securing a broader range of interests and a better orientation to modern life.

Along with intelligence and a certain degree of maturity, nursing students need, of course, to have all these qualities which we group together under the general term "nursing aptitude." Some of our friends are fearful that we will put too much emphasis on intellectual qualifications and so lose the warmhearted, kindly, sympathetic applicants who are usually supposed to be the "born" nurses. Recent studies show that desirable emotional and character traits as well as achievement in practical and theoretical work, tend to correlate closely with the intelligence and educational standing of the student and the cases we so often hear about, of girls of low scholastic ability who make such marvelous nurses, usually peter out when we get down to facts. I believe that the term "nursing instinct" is now considered un-scientific, but whatever it is that makes people like nursing and do well in
it, is pretty well distributed over the population at large, particularly the feminine part. We need not be afraid that it will disappear with the advances of education and of civilization. Nature has planted this nurturing impulse very deep in human nature and anything that tends to develop and civilize humanity will be likely to strengthen rather than weaken it. What society must do is to see that useful channels are provided through which these energies can express themselves freely with resulting satisfactions. Apart from motherhood nursing is the most natural channel for the nurturing impulse to flow in but the satisfactions and rewards from this service have not always been in proportion to the energies expended. A little more recognition from society and from our colleagues in the medical world would help a lot, because nurses are quite human and they know the value of their own contribution even though their medical friends very often get the credit for it.

A prosperous New York surgeon talking to a group of nursing directors, told them not long ago that "student nurses should be taught that the only satisfactions they should expect in their work are those that come from self-sacrifice." One wanted to ask why the sauce prescribed for the goose might not be suitable for the gander, and why some members of the medical profession do not learn a little about modern psychology. Certainly that kind of an appeal would be lost on the young generation; indeed it was outdated over a half a century ago when Miss Nightingale insisted that nursing was not a sacrifice, but a life, the happiest of any. She would have sympathized with the high school girl who was filling in a questionnaire on nursing not long ago. The idea was to get these youngsters to read a little pamphlet which told about the work of the modern nurse in what we thought was a quite realistic and not too romantic fashion. They were then to give their own reactions. This reply read as follows: "I have read about the work of nurses. I think nurses are angels, but I do not want to be an angel. I prefer the field of fine arts."

Perhaps we should announce publicly that the "angel" model like the "saint" model is out of fashion in nursing. There is no demand these days for the meek, inarticulate, selfless, almost bloodless type that used to be wound up to go for 24 hours on stretch and even then had to be torn from the bedside to eat a few crumbs of food or to snatch an hour or two of sleep. Even patients these days prefer nurses who are alive and not half dead. They want them with personality plus technical ability—and they are inclined to put personality first. Personality is not just something that comes by chance, it is largely the product of education. One patient (who by the way is a doctor) told me recently that he classified his nurses into two groups, the ones with personalities, whom you could talk to without exhausting their entire range of interests and ideas during the morning bath, and the technicians who did their work efficiently enough but whose conversation was just about on the level of the barber shop or beauty parlor. When a patient is cut off from the world and shut up in a room for hours with only the
nurse to talk to, his mental and physical state is definitely conditioned by the intellectual and social resources of that person and her ability to keep him in touch with life outside the sick room. The people who tell us that bedside or private nurses need less education than those in public health and executive work, do not realize what it means to nurse patients' minds and to adapt oneself to the infinite variety of personalities and situations which nurse practitioners meet in their daily work.

This brings us to the question of how to prepare nurses to meet such demands now and in the future. If everything is as uncertain as we are inclined to believe and if we can not predict even a few years ahead, the kind of problems these nurses are to meet, how can we give them the kind of educational preparation that will stand by them and not become obsolete within a few years of graduation? In the older days we thought we knew pretty well the kind of situations that nurses would meet and we tried to equip them with a complete bag of tools, and with instructions how to use them. To be sure there was more to the curriculum than this teaching though it was not always counted as education. The student faced on the wards with all sorts of problems and she had to find some kind of plan for dealing with them. She had to get along with many different kinds of people, to carry heavy responsibilities, to meet emergencies, and to organize her own work and the work of others. Some students learned to dig things out for themselves, to acquire a certain philosophy about their experience and the rudiments of a professional education. But many never got beyond the tricks of the trade. They were and are, nursing artisans or craftsmen rather than artists or professionals. Their work may be skilled but it is not creative. There is no breadth nor depth to it and little promise of growth.

These nurse technicians are not equipped for the changing practice of nursing. The habits they have so painfully acquired may indeed be a handicap rather than a help to them. The nurse of the future must be able to quickly unlearn and relearn techniques, to unload and reload her stores of scientific knowledge. The nursing school that concerns itself with turning out walking encyclopedias may be as far off the track as the one that specializes in producing automatic machines. The school that will succeed best in equipping nurses for this work in the future will be the school that prepares its students to meet new situations. It will put less emphasis on individual procedures and more on methods of solving problems, less on storing the mind with inert knowledge and more on helping students to use their knowledge and experience effectively, less on mechanical details such as square corners and immaculate linen cupboards and more on the understanding and handling of people.

Students who are to be prepared to meet a wide variety of nursing situations must have much experience in meeting nursing situations. No theoretical training can take the place of actual experience, but the student's experience must be selected and organized with the definite purpose of help-
ing her to understand what the situation is, to analyze it into its elements, to identify the factors that are significant to her as a nurse, to mobilize all her knowledge in planning how to deal with the situation, and then with proper guidance to put her plan into operation and criticize her results. These situations should be simple at first and should increase in difficulty and complexity as the student proceeds. It is far more important that she learn to thoughtfully study and adjust to a series of well-selected nursing situations, than that she take hundreds of individual temperatures, make thousands of beds, and have some kind of a casual contact with every variety of patient and disease. To understand and adjust to all these situations, she needs knowledge, a good deal of it; skills, a wide variety of them; and attitudes and ideals of many kinds. But the main thing is to learn how to combine these and adapt them to meet a particular and frequently an unfamiliar situation. When she lacks the information she needs to solve her nursing problems she must know how to go after it and get it. This means that she must be a competent student, one who studies all the way through her years in school, who studies patients and situations as well as books, and who keeps up her attitudes and habits of study throughout her professional life. All she learns in this way becomes a part of her, it is integrated into her own personality. Each new situation becomes a means of further education. She learns to welcome the challenge of new experiences instead of dreading them because she knows that when her responses to situations become routine, her growth stops. As soon as she has learned how to deal with one kind of situation she should be introduced to others, always with new elements in them which require thinking and adaptation and a new integration of all her past knowledge and experience.

I can not resist the temptation to quote here from Dr. Joseph K. Hart’s Social Interpretation of Education.

Education is largely the by-product of dramatic exploits, of moments when something vital is happening, or about to happen. Later when real things occur, even facts and precepts cease to be dead echoes out of a meaningless past; they become living meanings in a vivid present, and they open the way into a future rich with promise.

Habit-building is integrative—but old habits may war against necessary new habits. Information may be integrative, but usually schoolish information gets no further than into the memory. ‘Discipline’ is integrative; but if it wars against ‘new experiences’ it becomes obstructive of differentiation and, hence, defeats that larger integration which should be the continuous increment of the years. Knowledge would be integrative if it were taught, or acquired for integrative purposes. Usually, today, its function is disintegrative; it destroys old assumptions, frequently without offering anything to take their place, as has been shown so fully in China, in recent decades.

The living processes of integration can use habit-building, information, discipline, knowledge, habit-reconstruction—everything in its business. It is not construction, but natural growth. True growth differentiates old structures and enlarges old functions, but keeps the integrity of the organism at all hazards. This is what education should do: the end of education is not intellect, but an integrating personality, in whom emotions grow ever freer, experience of the
world grows ever wider and yet more organized, analytic intelligence becomes
ever more inclusive and capable, and the will-to-act becomes ever more sure in
any situation in which action is indicated.

Would this kind of education spoil the nurse? Would it get out of date,
a few years after the student graduates? Would we have as much complaint
as we have now about nurses who get into ruts and fall behind in the pro-
cессion? Would more young women of education and intelligence want to
come into nursing if we had this kind of preparation? Would we as a pro-
fession be able to give a better service to society—now and in the future?
Would we develop more of the leaders we so badly need? Would nursing
schools be able to attract a better qualified faculty if they could get rid of
stereotyped and mechanical methods of training and the army type of dis-
cipline? Would it in the long run be better for hospitals to have nursing
forces intellectually alert, emotionally adjusted, using their capacities to the
full and constantly growing instead of stagnating on the job?

If we want such nurses we will have to make a great many changes in
our present system and methods of education and harder still, we will have
to break up many old habits of thinking and emotional attitudes that are
now holding us back. We need not be too much discouraged by the rumors
about gathering forces of reaction and plans for new campaigns against
nursing education. The interests that are opposed to change are digg-
ing in because they feel the ground slipping under them, but they can not stop
a movement like this when the time is ripe. A friendly hospital superin-
tendent told some of us the other day that we are still on the frontier in
nursing education, that we may have a long way to go and a hard road to
travel before we reach the promised land of our dreams. None of us has
any illusions about the difficulties. That is an old story but I wonder if it
is not these very difficulties that keep us so vitally interested in nursing and
make us so determined to civilize and settle this area of human conflict, just
as the early settlers did the western frontier. Many of us come of pioneer
stock and inherit the fighting spirit of those hardy old frontiersmen as well
as their optimistic and determined outlook. As nurses we have been schooled
in patience and we are hard people to beat in an endurance test. The spirit
of the times and the march of events are with us and we shall find many
supporters if we can only make ourselves a little more vocal.

As a marching song for the pioneers in nursing education, I can not think
of anything better than Walt Whitman’s salute to the old and new pioneers
of this western land.

O, you youths, Western youths,
So impatient, full of action, full of manly pride and friendship,
Plain I see you Western youths, see you tramping with the foremost,
Pioneers, O Pioneers.

Have the elder races halted?
Do they droop and end their lesson, wearied, over there, beyond the seas,
We take up the task eternal and the burden and the lesson,
Pioneers, O Pioneers.
All the past we leave behind
We debouch upon a newer, mightier, varied world,
Fresh and strong the world we seize, world of labor and the march,
Pioneers, O Pioneers.

On and on the compact ranks
With accessions ever waiting, with the places of the dead quickly filled,
Through the battle, through defeat, moving yet and never stopping
Pioneers, O Pioneers.

General Session Conducted by Curriculum Committee

Wednesday, June 24, 9:00 a.m.

Presiding: Effie J. Taylor, R.N., President.
General Topic: The Program of Studies

Progress Report of the Curriculum Committee

Isabel M. Stewart, R.N., Chairman, Curriculum Committee

I welcome this opportunity to report on the work of the Curriculum Committee, and also to thank the members of the League personally for the splendid cooperation they have given us during the past year. Whatever has been accomplished on the revision program has been due to the efforts, not only of representatives who make up the Curriculum Committee and its many subcommittees and state committees, but of hundreds of others who have worked with us and sent us their criticisms and suggestions.

Before discussing our more recent activities in connection with the program of studies, it may be well to review briefly the steps leading up to this part of the revision plan. As you know we started in the fall of 1934 when the situation in nursing was rather critical. The Grading Committee had wound up its work, unemployment was acute, schools were still feeling the shock of the depression and there was much confusion and uncertainty about what the next steps should be. Many were looking to the League for leadership and the League could not extend its activities much because of its limited resources. The Education Committee, which was responsible for the Curriculum of 1917 and the revision of 1927, had been waiting till the Grading Committee results were in before beginning the next revision. But an adequate curriculum revision program on modern lines was not possible without funds. There were some questions also about the type of curriculum study that would best meet the needs of nursing schools at their present stage of development. The dangers of stereotyping were fully recognized but it was obvious also that something was needed in the way of a unified attack on this question of what to teach in nursing schools. What could the League do to stimulate individual initiative on the part of nursing schools and at the same time give a lead toward a newer kind of educational thinking and curriculum planning?
After some discussion it was decided to start with the resources we had or could bring together from our own and associated organizations, and to use this project as a means of reorienting the profession to the new situation in nursing education and to the need for reconstructing our program. While we hoped to produce a curriculum guide that would be useful to nursing schools in the critical years immediately ahead, our main purpose was to get as many as possible to cooperate in the actual processes of curriculum revision. Through such participation we hoped that we might pool the best ideas of the whole group. We also hoped that schools that had been too dependent on the League might learn to build their own curricula, taking whatever materials they might find useful from the common stock and adapting them to their different situations and stages of development. After this plan was adopted, we were fortunate in securing some funds from a good friend of nursing education. This made possible the appointment of a secretary, and office assistance, travel expenses for committee work, and funds for some necessary studies. Most of the work is still on a voluntary basis, however, with regular League committees and League members carrying the heaviest part of the load, but with much assistance from other volunteers in our own and other professions. Because of the large numbers of individuals, schools, and groups participating, it will be impossible here to mention names and to give the recognition I would like to give to those who have contributed to the project.

We decided from the beginning to operate on a democratic basis, centering responsibility for planning and working out the program but keeping the profession and other interested groups informed on what we were doing and making every effort to secure open discussion and criticism of every step as we went along. Our state committees have been invaluable in keeping channels of communication with the field open, in interpreting the suggestions of the central committee, in letting us know how people were reacting to these suggestions and also what the special problems were in different parts of the country.

When we began to take stock of the nursing situation as a whole, we decided that something more was needed than a patching up of the League Curriculum of 1927 or even the letting in of a few gores and gussets to provide for the growth of nursing during the past decade. It was agreed that we critically examine not only the basic pattern of the curriculum and the materials and methods of construction, but also the fundamental aims and standards of nursing and of nursing education today and the probable needs of the near future. This led us into a study of the philosophy of nursing education, the goals we should aim for and the values to be conserved, the kind of service nurses should be prepared to give to society, the kind of individuals nursing schools should select for preparation, and the kind of preparation needed to fit them for living and serving; in other words adjusting to conditions in a rapidly changing world. The old controversial question of what the primary function of a nursing school should be was one
of the first issues to be attacked and we decided that there was no use pretended that a nursing school can at the same time educate nurses and carry the nursing service of the hospital and perform both these functions well. The primary function of a school, if it is a real school, is education, and if the resources are not available for performing that function reasonably well, there is no real justification for the school's existence. The standards of the professional nursing school as compared with the subprofessional, its educational level and standards, the hours necessary for instruction, study, and practice—all these and many other issues had to be studied and positions taken on them before the program itself could be considered. We also had to evaluate critically the materials in the old curriculum and to bring together and evaluate new source materials to be used in the reconstruction of the curriculum.

After this preliminary work, the Committee on the Program of Studies started to design and draft the general pattern, first constructing a time plan and then dividing the whole program into four main areas or strands which run parallel and are closely connected with one another. The central strand is devoted to the Nursing Arts which includes nursing theory and practice in the various clinical fields as well as nutrition and hygiene. The second strand starts with the biological and physical sciences—anatomy, physiology, microbiology, and chemistry—and continues with the medical sciences. The third strand covers the social sciences—psychology, sociology, history of nursing, ethics, and related social and professional problems. These two strands are intended to support and feed into the central core of the curriculum. The fourth is not a part of the curriculum proper but is an important part of the broader educational program of the nursing school. It is devoted to extra-curricular or extra-professional activities,—recreational, social, and cultural. The first three strands were broken up into 21 different courses, each with its own functions, time allotment, and place in the program. Every effort was made to amalgamate smaller subject divisions into larger units wherever possible.

Production committees were then organized to work out tentative outlines for each of these courses, covering the specific objectives of the course, content, methods of teaching, suggested references, illustrative materials, and the like. After a three weeks' conference in June, 1935, for the initiation of the chairmen of these committees, the work of course production went on actively through the summer of 1935 and the outlines were ready by August, 1935, for the reviewing staff which spent some time in checking, coordinating, editing, and getting them in shape for further study and criticism by colleagues in the field.

In the meantime the state curriculum committees had been busy getting study groups organized all over the country and early in the fall the mimeographed outlines began to go out to these study groups which numbered approximately 700 with about 3,000 members in all. Forty collaborating schools also helped by trying out one or more of the outlines. A special
bulletin was prepared as a guide for these study groups and collaborating schools. Using the criteria suggested in this bulletin, reports were prepared incorporating the criticisms and suggestions of the various groups. These were returned to the national committee in April and May of 1936 and the materials were then abstracted, summarized, and classified for the use of the Program of Studies Committee which includes the chairmen of all production committees.

This committee met during the last week in May, 1936, to consider the materials received from the field, the results of some additional studies made by the National Committee, and two or three reports from production committees that had not been available earlier for study. After considerable discussion, we drew up recommendations for changes in the provisional Program of Studies, including changes in the individual courses. These were submitted to the Curriculum Committee as a whole at its meeting, May 29, and on the basis of its decisions the production committees are now proceeding to revise their tentative outlines and to have them ready within a few months for final reviewing, coordinating, and editing. This work will be done during the fall and early winter by a specially qualified staff which will be responsible for putting the materials in shape for publication.

Only a few of the main criticisms and changes can be noted in the time available here. It is assumed that most of you are familiar with the tentative recommendations of the committee as issued in the series of mimeographed outlines on the Program of Studies, otherwise it may be a little difficult to follow these points.

1. There is little disagreement on philosophy and aims. The adjustment aim is generally accepted but it needs to be interpreted more specifically in terms of nursing and nursing education. It should be clear that the purpose of this curriculum is to help prepare nurses to nurse. But we want to interpret nursing broadly and to consider how nurses can meet the needs of society today and also how the school can meet the needs of the individual student.

2. In relation to standards, there is a tendency to overlook the point made by the committee that these are optimum and not minimum, median, or maximum standards, also that they are something to work toward in the next few years. People are inclined to evaluate standards in terms of their own institution and what it can do now—not in terms of what the group as a whole should stand for and work for. In relation to admission standards, many feel that we would get farther by recommending one to two years beyond high school instead of two years at the present time, and a 44- to 48-hour week including all organized teaching instead of 44. (These changes are approved by the League Board.) There is not much support for specific prerequisites but it is probable that introductory courses in biology, chemistry, psychology, and sociology will be strongly recommended for all students entering nursing schools. The schools will still be expected to teach the basic sciences but by this new plan some time can be saved and the courses can be developed on a higher level and can be given from the professional point of view. Collegiate schools offering degree programs will be able to strengthen the basic sciences considerably if they can help in setting up the pre-professional courses, given in the first and second college years, but these recommendations are for the majority of schools which are still offering diploma programs.
3. The general pattern of the program, the time plan, and the main course divisions received general approval but it was felt by many that the first year was overcrowded and gave too little time for clinical experience. A good many people advocated an earlier introduction to the hospital ward. There was some misunderstanding about the time to be devoted to ward teaching in the clinical part of the program. It should have been more clearly stated that the six hours weekly assigned to organized instruction (except in summer terms with five hours weekly) was supposed to include organized ward teaching in the form of clinics and group conferences but not the incidental teaching that is included in ordinary supervision. This teaching time is to be taken from the 44 to 48 hours weekly devoted to theory and practice; regular study hours to be assigned outside of this time. Each production committee was to decide where its teaching time could be spent to greatest advantage. In the second and third years one hour out of the six each week (omitting the summer terms) was to be devoted to social problems closely related to the clinical experience.

4. The main changes in the first year program are as follows: Sociology to be reduced to 30 hours and placed in the second term, following psychology; ethics to be reduced to 15 hours and to be so set up that the units can be incorporated into related courses or given as a separate course; history of nursing to begin in the first term and, if desirable, to continue into the second; Nursing Arts I and II to be made into one continuous course with a closer tie-up between the care of persons in health and in disease, the hours of Nursing Arts I to be reduced to 45; the integrated course in medical and surgical nursing to be retained but an effort made to lighten the load in the first part of the course by transferring some of the procedures to Nursing Arts II. It was agreed that arithmetic should be required for admission and not included as a part of any of the courses in the professional curriculum, though the instructors in the first year are to be responsible for seeing that students are able to handle the arithmetic problems that come into their courses.

5. Changes in the second and third years are as follows: Obstetrical nursing, 60 to 75 hours for systematic instruction and three to four months' practical experience, nursing of children sick and well, the same; psychiatric nursing, 60 hours and three months' practical experience, and advanced nursing and electives, 30 to 45 hours and two to three months' practical experience; the course on social problems to be worked out in units closely related to the different clinical courses in the second year and the course in professional adjustments to go through both terms of the third year, both of these courses to be conducted by the seminar method as far as possible.

6. Certain changes in the set-up of the course outlines were adopted—the overview converted into an introductory statement, more suggestions regarding teaching methods to be included, more discussion of content in relation to ward experience especially, and fewer reference books suggested and these annotated.

7. It was also decided that variations in arrangement should be suggested for different types of schools and that a section should be devoted to curricula for collegiate schools, indicating different combinations of general and professional courses leading to the bachelor's degree. A special committee was appointed to work on this section. It should be emphasized again that the curriculum has not been set up specially for collegiate schools nor for degree courses.

8. A new Production Committee was appointed to work on the extra-professional program and to prepare a bulletin which will be submitted for criticisms and suggestions later.
Along with this work on the program of studies several other studies have been going on which are closely related to it. One of these is for the purpose of deciding on the medical and other conditions which should be especially featured in the clinical part of the program. This master list of conditions is now almost ready to be sent out for criticism. We hope that this list will be useful not only as a check in reviewing the content of clinical courses, but as a means of checking the clinical preparation of individual students and also determining the clinical resources necessary for student experience. Another study on Characteristics of a Nurse Able to Adjust Well to Nursing Situations, appears in the July issue of the American Journal of Nursing. We are inviting criticisms and suggestions on this list of traits which is also to be used as source material for course construction. Other studies on Tests, Illustrative Materials, and Admission Requirements will be ready within a short time. The studies on the Nursing School Library and the Basic Book List are presented at this morning's session, also the plans of the Subcommittee on Installation and Operation of the Proposed Curriculum.

A good deal of our study this summer and fall will be centered on the administration of a curriculum of the type proposed. Some of our friends and critics, especially those in the fields of hospital and nursing school administration, have been rather anxious about costs and the increase in clinical and other resources called for in our plans. They remind us that hospitals are poor and that there are some evidences of a "new shortage" of nurses in certain fields. They tell us that some hospitals are threatening to set up schools for training sub-nurses or practical nurses in order to escape the imposition of excessively high standards by the National League and other bodies.

The Curriculum Committee is quite aware of these issues and has no intention of dodging them. But it was necessary first of all to find out what kind of a curriculum would really meet the present requirements in nursing and the needs of the field at large. If we are right in believing that certain changes must be made in order to furnish well-qualified nurses for the service of the public, we must try to secure the necessary facilities to put such programs into operation, and not simply decide to construct a program that can be operated in existing schools with their present facilities. If hospitals can not finance nursing schools on a professional basis, we must look to other sources, such as student fees, public funds, endowments, and the like, and it may be necessary to make some modifications in our present system. Partnerships can be worked out between hospitals and higher institutions of education and such partnerships are increasing. We have made a study on this subject which will be published soon. It shows a very definite trend in the direction of collegiate schools of nursing and even though the numbers are still small in proportion to the numbers of hospital schools, the rate of increase is significant.
The Committee on the Administration of the Curriculum will study all these matters in cooperation with representative administrators of hospitals, nursing schools, and higher educational institutions and also representatives of state boards. We plan to prepare a bulletin containing suggestions for financing and administering the curriculum and also for adapting the recommendations of the Curriculum Committee to different types of schools. These plans will then be discussed by study groups to be organized by the state committees this fall and we hope to have discussions also at state meetings on various aspects of curriculum installation and operation including the preparation of the faculty to interpret and resources to implement a curriculum of this type. The final report will not be issued until the Curriculum Committee is convinced that its general recommendations can be carried out within a reasonable time by nursing schools that are of a professional type and are really trying to do a good educational job. We do not need to remind this group that the League has no intention of imposing these recommendations on any school. They are offered to schools that want to use them, to state boards, and others interested. We hope they will be critically examined and that people will take time to think out and adapt the suggestions to their own needs, not try to swallow them whole or to put them into effect over night. We wish to repeat again that the proposed curriculum is not intended as a minimum standard to be adopted by states as a requirement. This is fully understood by the Committee on State Board Problems which has worked closely with us on this project. We would like also to urge you not to be confused if the League proceeds as it plans to do, with an accrediting program. The criteria for accreditation are not yet worked out but the Accrediting Committee will undoubtedly consider the present practices of good nursing schools as a basis and not these plans that the Curriculum Committee has suggested for the next stage in our development.

In conclusion, may I say that although we have all worked hard on this project, most of us feel that the results have been well worth the effort. We are especially gratified with the widespread interest and cooperation of our colleagues inside and outside of our own profession. We are delighted to receive so much intelligent, constructive, and objective criticism. To be sure, we have had some of the other kind and we have received brickbats as well as bouquets, but the prevailing spirit has been courteous and helpful even where there has been marked disagreement with the conclusions of the committee. The sporting attitude of the Production Committee needs special mention. We told them the worst as well as the best things said about their outlines and they not only welcome both kinds of criticisms but insisted that they got more help very often from the people who disagreed with them than from those who agreed. More astonishing still, we got numbers of letters thanking us for the privilege of working on committees and study groups, even for the privilege of answering questionnaires.
The general feeling seems to be that we have all learned a good deal through participation in this project. It has helped us to clarify our ideas on many points. We see a little more clearly where we stand as a professional group and where we want to go. We have become better acquainted with our nursing colleagues and with many people in other fields who are genuinely interested in our problems. We understand our opponents better and realize that they have their own difficulties to face and their own interests to safeguard and that their opposition to changes in nursing education is often due to a sense of financial insecurity rather than to any valid or well-thought-out reasons. We have discovered some of the values in mixed group discussions, which bring out different viewpoints, help to clear the air, and to put controversial issues on a more rational and less emotional basis. Whatever the tangible results may be in the form of reports and studies (and we believe they will be distinctly helpful) there seems to be a unanimous feeling that our professional group is more wide-awake, better oriented, more articulate, and better prepared to tackle the problems of the future because of the work we have done together during the past two years on this revision program.

THE WORK OF STUDY GROUPS AND COLLABORATING SCHOOLS

ELIZABETH PIERCE, R.N., Secretary, Curriculum Committee

We must go back to the beginning of the revision program to find the source of study groups. It was at the very beginning that the decision was made that some means must be found by which nurses in the field could participate in the program as their help was considered essential to its successful accomplishment.

The first announcement calling for such help was made in a letter from the president of the National League of Nursing Education, Miss Taylor, in October, 1934. We quote from the letter: "The Chairman of the Education Committee (later the Central Curriculum Committee) would like to have the interest and cooperation of the whole professional group in the curriculum revision program. Since it is for the benefit of all, we are sure that the nurses in the different states will want to follow the work closely and to assist as far as they can. The suggestion we wish to make is that state leagues and educational sections form committees including representatives of the main branches of nursing in the state, the board of examiners, state inspectors, and others concerned with educational programs and standards. The central committee plans to keep in touch with the chairmen of these state committees and to send out materials relating to the curriculum program for their criticisms and suggestions."

The first materials sent out were a series of articles which went through the pages of the American Journal of Nursing, January to July, 1935. This series outlined the organization and plan of work of the committee and described the principles and techniques involved in building a nursing curricu-
lum. The series was introduced by Miss Taylor in a short article in which she referred to the one directly following by Miss Stewart. Miss Taylor ended her article by "may we urge that you read her article (Miss Stewart's) with great care, study it in detail, and follow the developments of these plans with keen personal interest. The project and what it embodies concern us all and not only does it concern us but all those who will succeed us."

It was in this first article that Miss Stewart said: "The art of group discussion must be carried to a much higher level than it has been in our own professional body or in the older professional groups with which we have been associated, and it must be carried on under democratic rules and, as far as possible, in a rational rather than emotional atmosphere. There has been far too much listening and far too little active participation in discussions, far too little of the mutual give and take of opinion and of reasoning based on fact. Nurses especially need to find their own voices and to develop a more critical and, at the same time, a more tolerant attitude toward those whose opinions differ from their own. We talk a great deal about the need of better preparation. This type of cooperative thinking in discussion groups could be made the best possible means of education for the whole profession of nursing and for the other groups whose understanding and interest we are anxious to secure." The article closed with "The nurses and all others who are interested in nursing education are invited to think these problems through with the members of the curriculum committee, and to discuss them in their own groups and to send their criticisms."

To help focus the discussion and to secure answers that could be summarized, lists of questions covering the articles were sent out to chairmen of the groups formed to study them and to individuals whose names had been sent or recommended by members and by the chairmen of state curriculum committees. As soon as the plans were understood and established, lists were sent to all those who wished to submit replies.

The replies received represented more than one hundred different groups and individuals and a summary of these are in the files of the central office.

By August the committee was ready to develop a plan for securing try-outs of the courses of study which were to be issued in mimeographed form. The plan was to have each course tried out by at least three or four schools during the year, each school to submit a report of the try-out. Committee members, chairmen of state curriculum committees, and chairmen of production committees were asked to recommend schools to this end. As a result, 46 names were submitted and 39 of these schools were able to collaborate. At this time all the reports are not in but there is every reason to believe that the plan is meeting with full success.

In September the chairman sent a letter to chairmen of all state curriculum committees and also to an officer of each of the states not having such committees. This letter stated that most of the outlines had been tentatively completed and were ready for issuance for study and criticism by nurses and their colleagues in the field. It asked that each state officer cooperate by
getting the plan for securing this help announced at state meetings during the fall and in helping to organize groups for study. The plan as described in the letter was to "have study groups in different centers for each subject or related groups of subjects. These groups should be small enough and members should live near enough together to meet for informal discussion at least as often as once a month and preferably more frequently." Later the plan was described in more detail in Bulletin A-I which was sent to all those requesting it.

Our files show that curriculum materials for study were sent to 705 groups and individuals. These groups brought together a truly impressive list of people who were interested enough in the education of nurses to give considerable time and thought to the study of the general consideration of the curriculum and to the tentative course outlines. It is significant that among all the replies to question forms sent in only one group reported any difficulty in getting members together and holding their interest in the discussion. On the other hand a very large number remarked about the keen interest shown through active participation in the discussion and through regular attendance at the meetings. One chairman said: "We totaled 8-10 hours of discussion which was interesting and helpful to us. There was no difficulty in assembling the group, each member responded willingly, no second invitation necessary, and attended all the meetings in spite of dreadful weather."

Among the nursing fields represented in study groups were nurse educators in universities, members of the faculties of hospital schools of nursing, nurses in private practice, directors of nurses' registries, state boards of nurse examiners, Red Cross nurses, nurses in government service, public health nurses in all branches, administrators, supervisors and staff nurses, and members of our national nursing organizations.

Physicians were on 45 per cent of the study groups on which we have information as to membership. These physicians included deans of medical colleges, medical college faculty members, general practitioners, specialists in all fields such as obstetricians, pediatricians, and psychiatrists; public health administrators; ophthalmologists; and representatives of medical societies and organizations. One report came in officially from the Public Relations Committee of a county medical society, and another from a county medical society by the secretary.

Members of other closely allied professions have participated as members of study groups. These include: dietitians, nutritionists, professors of nutrition, officers of the American Dietetic Association, professors of chemistry and the biological and physical sciences, professors of pharmacology, registered pharmacists, dentists, mental hygienists, graduate midwife, professors of sociology, social workers, priests, ministers, hospital chaplain, principals of high schools, and high school teachers.

Members of the hospital administration group were also active participants in the study groups. These include: hospital superintendents, medical offi-
cers, members of boards of trustees, lady board of managers, school of nursing committees. One state chairman wrote that the curriculum material had provided a reason for inviting members of the board of directors to join in the discussion of many matters pertaining to the school as well as to the materials, and that it had been very helpful.

Reports of study of the outlines have been secured from practically all areas having teaching centers. In all, 738 separate reports from 408 different sources have already come in, representing several thousand people.

The majority of the study groups reported that they organized with chairmen and held regular meetings at least every month for study and discussion. Many of them preceded the meetings by assigned study of the outlines unit by unit, as well as assigned reference readings. Their reports therefore are the results of much study and deliberation and are being found of much value to the production committees in their revisions.

To enable the busy Production Committee members to handle the very large amount of material more easily, the suggestions were compiled for them by a member of the national curriculum staff in such a manner that all the suggestions regarding each section were grouped or pooled, yet by index numbers the original source of each suggestion could be traced by the committee members to the report containing it. The detail was carried out by giving numbers from 1 to 99 to suggestions or criticisms that came in on each course outline from study groups; numbers from 100 to 199 to suggestions from the collaborating schools that had actually tried out the various courses; numbers from 200 to 299 to those from consultants; 300 to 399 from individuals and students; 400 to 499 from committee members. Thus it was possible to tell at a glance if the opinion was an individual or group opinion or if as a result of actually testing out the course. Also it was possible to trace the suggestion quickly to the original report containing the suggestion.

No evaluation was attempted in the compiling of criticisms. This must be done by the production committees in reconstructing the courses. At the conference of the Program of Studies Committee, May 25-30, the criteria set up as the result of studies carried on as projects in an advanced course in nursing education were accepted as a guide by the committee chairmen and other members.

The criteria are as follows:

1. Would the criticism, if accepted, enable the course to better serve the needs of the student nurse in preparing her to meet the demands of her profession?
2. Would it enable the course to meet more nearly the interests of the individual and demands of the learning process?
3. Would it make the course more practical?
4. Would it contribute to clarity and conciseness, accuracy, definiteness, comprehensiveness, completeness, consistency?
5. In addition, consideration was to be given to the value of frequency of occurrence and also certain values because of source were to be considered.
With the compilation of criticisms and suggestions grouped according to points of discussion, it was believed that the Production Committee members might more easily apply criteria. On some points there was wide variation in the opinions expressed ranging from “Scrap the whole outline and begin again,” to “It is so excellent as it is, I hope nothing will be changed in it,” with all degrees of opinion in between. One report advised, “Dismiss the entire committee,” while another said, “Greatest admiration for the members and work of the committee.” One university criticized the psychology course as “entirely too much of a popular reading course, not technical enough,” while another university professor of psychology reported, “Entirely too technical, need more popular reading references.”

We quote these samples to show the widespread viewpoints that the production committees will need to balance against each other, and weigh carefully to determine the plan which will be wisest to follow in reconstructing the courses.

Besides the summaries, a marked copy of the outline was provided for each chairman of a production committee showing suggestions that had come in from the study groups regarding rearrangements of units, changes in words or phrases, portions suggested for omission or clarification, and points especially approved. Duplicate copies of the annotations and marked copies of all outlines were placed on file in the library for all members to refer to during the conference. This was particularly helpful to discover suggested changes in related courses.

Suggestions that came in regarding the whole plan of the curriculum, its philosophy, aims, standards, general design, and the like, and suggestions in response to the committee’s questionnaire asking for opinions regarding these points and others in Bulletin A-1 were compiled and placed in the library separately for all members to read. It was most encouraging to read the frank expressions of opinion regarding the whole plan, for while, of course, there were the extremes of discouragement and disparagement and elation and enthusiasm, the general feeling was one of great interest and belief in the soundness of the plans and policies, and faith that the aims could be achieved eventually through adaptation and adjustment.

To quote, “The committee was very favorably impressed and very much interested in anticipation of seeing this well-organized plan carried through.” “Group feels that plans have been carefully and scientifically worked out.” “I am glad of the opportunity of reviewing this excellent piece of work and feel the course as outlined should be a noteworthy contribution to the effort of making the student into a socially efficient nurse.”

Many individuals and groups expressed their appreciation for the opportunity to present the problems of nursing education to various groups in their situations and felt that local nursing conditions had benefited by the added knowledge or new viewpoints brought out among themselves and among the lay members of their boards. One group expressed themselves in this manner: “All members of the committee have mentioned how much
they have enjoyed the study of the proposed outline and how much they have learned from the discussions. We feel that this study group method of revision will guarantee an enthusiastic reception of the forthcoming new edition of the curriculum. We are grateful for having had the opportunity to study the tentative outline."

We have already stated that it has not been our purpose to give you an evaluation of the material received from the field—the value of the results of study of the tentative outlines will be shown in the reconstructed outlines.

We do not want to close, however, without sharing with you some of the encouragement we felt in receiving all these reports. And while there has not been unity of opinion, there can be no question of the unity of interest and purpose by the nurses of the country in their desire to cooperate in a program believed to lead to improved education for nurses, with its ultimate goal of improved nursing care for patients.

Following Miss Stewart's and Miss Pierce's papers, discussion was carried on by representatives of state curriculum committees.

Miss Marian Durell indicated that in Michigan they felt that the work of the Curriculum Committee would be justified even if it had to stop at once. Interest in the curriculum as a whole and in the League had been stimulated; acquaintance with lay groups had been deepened. It had been an adventure to participate in something new and progressive.

Miss Ella Hasenjaeger, from New Jersey, reported that due to the feeling that there might be difficulty in teaching the nursing arts under the new program, responsibility for correlation had been awakened in the supervisors. It became clear that better-prepared staffs were needed. Interest in pediatrics had become so keen that an affiliation with a nursing school has been started. Many new books have been discovered.

Miss Minnie Howe of Illinois said that although they had found things to criticize, they had become curriculum-minded and interest in one subject in the curriculum led to interest in other subjects and they felt that they had gained greatly in ability to understand and interpret the new plan.

The Colorado nurses expressed the wish that there might be a national worker who would help to interpret the new curriculum to the schools.

Nurses in Washington, D. C., Sister M. Olivia reported, had come to appreciate the importance of the fundamental science and of arithmetic, but they feared that the nursing techniques were not sufficiently emphasized. The discussions and work in groups had been invaluable and they were now looking forward to taking the next steps.

The Utah nurses, Miss Flora Wolbach reported, had found inspiration, information, and education in their share in curriculum making.

Louisiana, as reported by Miss Julie C. Tebo, had had a two-day institute on the subject.
General Session Conducted by Curriculum Committee

Wednesday, June 24, 11:00 a.m.

Presiding: Isabel M. Stewart, R.N., Chairman, Curriculum Committee.

1. Plan for the Installation and Operation of the Curriculum

Stella Goostray, R.N., Superintendent of Nurses and Principal, School of Nursing, The Children's Hospital, Boston, Massachusetts

No one of us here today needs any arguments to convince her that we live in a dynamic social order. The proof of it is all about us. In such a social order it behooves every institution which strives to serve society to examine periodically its objectives and its methods of achieving them if it is adequately to render the service to which it is committed. Nursing is a social institution, and most of us will agree that new demands have been made upon it which challenge the scope of our curriculum and the validity of our methods. We have been told that we have produced people who are not properly qualified to meet community needs both from the standpoint of their preparation and their own individual adjustment. We still have an inadequate system of education which subordinates the education of the students to the service needs of the hospital. We have thought little about a fundamental problem of economics, the question of supply and demand. We have increased the number of graduates from our schools by something like twenty-three hundred per cent in thirty years while during the same period the population increased only sixty-two per cent. The curriculum of any professional school needs to be changed when it is not enabling its graduates to meet successfully the problems of the profession in this present day, and any adequate system of education constantly looks forward rather than backward or merely to the present.

To the question, "Does the Curriculum need to be revised?" the League has answered in the affirmative, and in the work of revision it has undertaken the most ambitious and far-reaching program in its history. Any program for curriculum revision in a specialized field of education calls first for a statement of the aim of the curriculum in order that we may see the end to which we are moving. This aim should be in alignment with the aims of general education which today emphasize that all students must be prepared for a social life which is dynamic and which bids fair to show even greater changes than in the past; consideration of individual differences and development of the student as a person, the emphasis being upon the person rather than the job; the development of methods of teaching which will arouse within the student a spirit of inquiry and an attitude of mind which leads him to solve his own problems. The Curriculum Committee has accepted adjustment as the chief purpose of education, and it follows therefore that we are committed to the principle, as expressed by
Miss Stewart, that "nursing education is first of all concerned with the selection of students capable of adjusting to society's nursing requirements, and second with the guiding of such students towards the type of achievement which will help them to serve effectively and live happily in this modern world. They should continue growing and adjusting after the period of preparation is over." As educators concerned with the preparation of a professional group, we must consider the effect of the curriculum on the personality of the student in order to prepare her to function intelligently and responsibly, as well as the changes that are taking place in the professional field.

After accepting this aim, it became the responsibility of the production committees to set up for themselves aims for their particular courses and to select and organize content and methods which would contribute to the general aim of adjustment. Over five hundred study groups were established all over the United States to review the individual courses and send the results of their thinking to the production committees. Experts in the various fields have given help to the study groups and to the Curriculum Committee in general. Selected schools have tried out individual courses of study and offered their criticism. Now the production committees have met again and have reviewed their individual courses. On the basis of the try-outs the curriculum will be revised, and the whole report will be prepared for publication in the fall.

But no work of a curriculum committee can be considered completed until plans are made for the installation and operation of the recommended curriculum. The Curriculum Committee may set up a curriculum which is educationally foolproof, and it may recommend standards of admission which it believes will provide for a professional group which will be able to adjust to the complex situations in the hospital and in the community, but unless the curriculum is actually put into operation the chief result will be the improvement of the educational outlook of those numerous individuals who have worked so hard on the production of courses. Desirable as that may be for the people already in the field, it will not mean achieving the desired improvement of our system of education and hence the improvement of our future professional workers that they may function more adequately and intelligently in community health programs. In the installation and operation of the curriculum we shall be concerned with two factors; first, the adoption of standards which will make possible the operation of the curriculum and, second, the installation of the curriculum itself. What are the next steps then in our general program?

1. Study by each individual member of the League of the program as a whole. Much of the trouble in the world, as we know, comes from people going off half-cocked about something on which they have not the right information. Whether we be militantly for or against or just lukewarm we have a responsibility to know the facts.

2. Interpretation of the standards and curriculum to those responsible
for schools of nursing, boards of trustees, administrators, etc. There seems to have been a good deal of misconception on the part of some people as to what the League was recommending in the new curriculum. From some of the echoes one might think we had set off a blast of dynamite without any regard for the safety of those in the immediate vicinity. What was mistaken for dynamite was really a mild clap of thunder. Nor are we starting a revolution. We are proposing an optimum curriculum which may be reasonably put into effect over a period of years. We are not throwing our whole system of nursing education into the discard. We want to retain and are retaining the elements that have permanent value, but this does not preclude finding new values. Members of the Curriculum Committee have already met with the members of the Council of the American Hospital Association for a conference at which many misconceptions were righted, and it is planned to hold a day's conference sometime in the fall with a group of representative hospital administrators. It is certain that we can not install and operate a program which calls for the active participation of hospital organizations without the cooperation of boards of trustees, hospital administrators, etc.

3. The establishment of study groups within given areas of hospital administrators and principals or deans of schools of nursing for consideration of the administrative and financial problems that are involved. During the period of production there have been study groups in a large number of states. This was necessary before the committee was ready to recommend the individual course as prepared by the production committees. Likewise, before we recommend the suggested curriculum to schools of nursing we want to be able to have more specific information about the administrative adjustments which will be called for and the additional resources which will be needed to put such a curriculum into operation. It is hoped that representatives of all types of schools will be included in these study groups.

The standards upon which the curriculum is built are based on the fundamental principle that the primary function of a school of nursing is the education of student nurses and the school must be administered in such a way that its educational function may be effectively carried out on a professional level. The committee has followed the trend of the times towards a longer period of general education in preparation for professional work by advocating an admission requirement of one or two years of general education beyond high school. It recommends a 44- to 48-hour week including practice and class work and approximately 1,200 hours of classroom and organized ward teaching. It advocates enrichment and broadening of the student's clinical course by the inclusion of psychiatry, communicable diseases, tuberculosis, and family health work.

Each school represented in the study groups has to consider some such questions as these. On the basis of the present educational preparation of the students now in the school, do one or two years beyond high school seem readily achievable? Are there colleges or universities available with which affiliations could be made for the teaching of certain courses? What
teaching equipment would have to be added? What changes would be necessary in the library? What changes would have to be made in the quality and number of teaching personnel? What clinical experience would have to be added? Would it be possible to secure affiliations in the suggested services which students do not have at the present time? If more affiliations are added, could additional students be absorbed on an educational basis? How many general duty nurses would have to be added to secure good nursing care for patients without limiting the educational content of the various services for the students? What would be the additional cost? Could the services of ward attendants or orderlies be utilized to greater advantage? How would the additional number of professional personnel affect the requirement for additional employees and chambermaids, waitresses, laundry workers, etc.? What changes would be necessary in housing facilities? What is the monetary value of the service of the student in the second and third years on the basis of the recommended hours of service? Would any credit accrue to the student from the second and third years which could be applied to the cost of her maintenance and teaching in the first year? What would be an equitable tuition for the first year? These are but a few of the questions which will have to be answered in our study groups.

It will be readily seen that many of the problems which will have to be settled will center around the finances. We believe however that the added costs should be met in part at least by the students.

When all the findings of these study groups are in they will be studied by the committee to see whether we need to modify any of the tentative recommendations. The committee believes that we shall be delaying our own progress and hurting our cause further if we propose a program which it is not going to be possible for the good schools of nursing to achieve within a reasonable time. And the only way we can find out is by having a reasonable number of study groups scattered throughout the country who will present their findings to the committee.

While the committee believes that drastic steps will not carry us as far as more conservative steps, it is not losing sight of our future goal nor does it want to compromise on principles, but we are willing to take a limited train rather than an airplane as long as we reach our destination finally.

4. Study by the individual school in order to see the first steps to be taken in this progressive program. Even if the administration and finances made it possible, it would be rather unfortunate if every school should take the curriculum and attempt to carry it out to the letter. It is a suggested curriculum, and each school should decide for itself what its own aims are and how well these aims may be achieved by the introduction of this curriculum. There probably will be no disagreement on principles but rather some diversity of methods. Certainly no curriculum set up by a central committee should be adhered to in every detail for that would exclude any research or advancement in education. Each school should be studying the curriculum as a whole to see which recommendations they may put into
effect with the least increase of expense and disruption of the existing educational program. Some schools may very easily put into operation the suggested educational requirement for admission. They have already a sufficient number of students with two years of college to make the step comparatively easy. Others may find that they may make their first changes in the science courses. It is quite evident that it will be an individual problem in each case. Hopkins¹ says that theoretically the answer to the question "How many courses of study should be in installed?" is very simple. The maximum number of courses which should be installed at any one time is limited to that which can be installed effectively. If a school system can put into effect only one course effectively, it should install only one course at a time. This is, in part, good advice for us. However, our courses are so integrated that we should do well to install the first year's program as far as possible, then the second, and third as we can.

Study by the individual school, of course, will include preparation on the part of the hospital trustees, the principal, and other members of the faculty so that the curriculum may obtain a fair trial. The responsibility, however, for the installation should be in the hands of the principal or dean of the school, and it is almost needless to add that while the responsibility is hers she will recognize the contribution which each member of the faculty will make in her individual field.

5. Study of the individual courses for which they are responsible by members of the faculty. Teachers, supervisors, and head nurses should have a working knowledge of the curriculum as a whole for there needs to be correlation and integration of the whole program, but their special responsibility lies in the fact that they will be responsible for installing the individual courses of study and reporting results.

6. Constant study of the results obtained by the new curriculum so far as they can be measured. In speaking about a public school system Hopkins² says there are three major reasons for comparing the achievement under the old and new course of study. The first is to discover by as reliable evidence as possible whether the new course of study is actually bringing a higher quality of results. Second, to obtain some reliable evidence as to where the new program is inferior or superior to the old in order to determine necessary adjustment in the future. If certain desirable skills were achieved to a far higher degree in the old course of study than in the new, this factor should be thoroughly considered in revision. If insights, understandings, and the various concomitant items are distinctly superior under the new course of study this fact should be known. The third reason for comparison is to obtain reliable evidence for use in the publicity of the curriculum program for both the educational staff and the public. These three reasons are valid for us, but it will not be easy in an educational system such as ours to measure the results of our new curriculum for some time to come. For the

² Ibid., p. 502.
most part the real results will only be evident in the professional life of the young women who have participated in this curriculum. We can, however, measure some of the results while the student is still in the school of nursing.

Finally, each member of the League has a responsibility for this new curriculum. We have been bound rather tightly by the fetters of tradition. We have put much more emphasis on discipline in our schools—and I mean discipline in the right sense of the word—than we have on the development of the individual. We shall have to change a good deal of our thinking, and we shall have to be open-minded enough to question the traditional. Those of us who are close to a hospital situation might easily throw up our hands and say it can not be done under present circumstances, but we shall have to take a long range view rather than keep our eyes fixed on the status quo of our own situations. Our old system of nursing education is so complex and so tied up with emotional factors that we would be unduly optimistic to think that a transition from the present system to one in which the educational aim is predominant would take place without considerable opposition. But if the principles are sound, we shall see just as much progress in the next ten years as we have in the last, and no one can doubt but that there has been very real progress towards a sounder system of nursing education. The change will not take place overnight nor will it take place if we sit idly by and accept the situation as it is. Some of you may know the story of the farmer in New England who was going to the market with a load of corn. On the way he met another farmer who had in his wagon an old man whom he was taking over the hill to the poor house. The two drivers stopped to pass the time of day, and when the farmer who was going to market heard the plight of the old man, in his generosity of spirit he offered to give him his load of corn so that his entrance to the poor house might be at least postponed. So he told the old fellow he would give him the corn. Without moving his head the old fellow asked, "Is it shucked?"

"Why, no," answered the farmer. "Drive on," said the old fellow.

There is plenty of corn to shuck, but we shall have to do the shucking.

2. A STUDY OF NEEDED LIBRARY RESOURCES AND THEIR ORGANIZATION

MARIAN R. FLEMING, R.N., Chairman,
Subcommittee on the Nursing School Library

In beginning our study of nursing school libraries, and in making recommendations for them, we have been fortunate in having the work and reports of several former committees of the League, as foundations on which to build. In the first Curriculum for Schools for Nursing published by the League in 1917, M. Adelaide Nutting, chairman of the Education Committee, made definite suggestions about development of the library as an essential part of the teaching equipment, emphasizing the idea that "the
size of the library is not the main thing, though it is important that it should represent a fairly wide range of subjects. The books must be up to date and reliable and in good condition. If possible a special room should be set apart for the reference library... and a responsible person should be put in charge." 

In the seventh edition of the *Curriculum*, 1927, Miss Nutting, in her introductory article on Some Essential Conditions in the Education of Nurses, expanded her suggestions about the library, urging that "much more interest and energy should be put into securing suitable space, suitable books and other material, and a suitable person to see that they are used and properly cared for... A librarian either for full or for part time seems essential; the latter might perhaps serve for a small group of related schools. If at all possible, a trained librarian should be employed."  

And "a librarian for whole or part time" is included in the list of staff members necessary to the nursing school, in the 1927 edition of the *Curriculum*.

The Education Committee of the League has constantly kept the importance of library development before the organization. The work of the Voluntary Committee on Nursing Literature, started in 1926 with Isabel M. Stewart as chairman, was subsequently made a committee of the League and continued for several years as the Committee on the Use of Library Facilities, under Major Julia Stimson's chairmanship. This committee contributed immeasurably to the consciousness of the need for real library service which exists today among nursing school authorities. Though the League, for various reasons, did not publish the book list which represented so great an investment of time and careful work of members of these committees, the contacts of the committees with cooperating school directors undoubtedly served as a stimulus for improved library facilities and services in many schools.

As the League has been handicapped in its library studies by lack of funds, likewise many individual schools have been retarded in developing their educational equipment through inadequate budgets. The Committee on the Grading of Nursing Schools reported in 1932 that "half of the nursing schools in the country have less than 160 reference books in their school libraries. Seven per cent have no reference books at all. Only 11 per cent have 500 books or more... During the year, 15 per cent of the schools did not spend a single dollar for reference books, and half the schools of the country spent less than $35. A good professional library needs more generous expenditures than these."

In the study on which *Clinical Education in Nursing* was based, and which was sponsored by the Board of Managers of the Bellevue School of Nursing in 1932, the following specific recommendations were made:

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"No school of nursing can carry on a sound educational staff program without a good reference library. Provision should be made annually in the budget for this. In addition to the reference material for the student groups, a part of the library budget should be used to provide material for staff education and for special references for head nurses, ward instructors, and supervisors. Several copies of each book facilitate the use of material when groups of students or staff members are using the same references. To be of value for any length of time it must be a growing library, for in a profession as changing as is nursing there is a rapidly growing body of literature. To be of the greatest value to the students and staff a full-time librarian is essential. She should be able to guide, direct, and assist all who come for help. The same rules governing libraries in colleges should obtain, so that the maximum use may be made of the books." ³

The present Curriculum Committee, of which Miss Stewart is chairman, decided early in its work that if the new curriculum is to be administered effectively, there must be better libraries available to instructors as well as to students. Though funds for a detailed survey of nursing school libraries were not available, it was agreed that a Subcommittee on the Nursing School Library should be appointed and asked to prepare specific recommendations and aids which might be a guide to the schools. The Subcommittee, appointed in January, 1936, was asked to make a four-month study of the needs of nursing school libraries, and to prepare material to supply those needs as far as possible in the short time allotted for the work.

The American Library Association, asked to appoint representatives to advise especially in regard to library cooperation, appointed Ethel Wigmore, Margery C. Quigley, and Alice Jewett, with Mary Casamajor and Eleanor W. Witmer, already members of the subcommittee. The American Hospital Association was invited to cooperate and through its Hospital Libraries Committee, with Perrie Jones as chairman, has made valuable suggestions in regard to combination of all library units in hospitals, and for cooperation of individual hospital libraries with nursing school libraries. The American Medical Association Council on Medical Education and Hospitals and the Catholic Hospital Association have been asked to cooperate in compilation of a book list. The Medical Library Association has appointed the following advisory representatives: Helen Bayne, Dr. Walter R. Bett, Sue Biethan, Major Edgar E. Hume, Ella B. Lawrence, Isabel L. Towner, and Marjorie Wildes.

The subcommittee, at an early meeting in 1936, planned to make five library aids available:

1. A brief manual of suggestions for administration of a nursing school library
2. A classification outline
3. A list of uniform subject headings for catalogues and files
4. A list of sources of free and inexpensive material
5. A list of recommended books and periodicals

The Bellevue School of Nursing Library was invited to collaborate in the study; and through the courtesy of Miss Ann Doyle, Miss Casamajor, and Miss Wigmore, librarian, the Classification Outline and the List of Subject Headings prepared by Miss Doyle and Miss Casamajor for the Bellevue School of Nursing Library, are here made available. A List of Sources of Free and Inexpensive Material, and a List of Recommended Periodicals compiled by Miss Wigmore, are also included.

An extension of time for preparation of the book list has been granted by the Curriculum Committee. The list will be compiled by collaboration with nursing school librarians and faculty members, medical librarians, and public and university librarians during the summer, and should be available in the fall of 1936.

Before any attempt was made to assemble suggestions for administration of nursing school libraries, a letter was sent by the subcommittee to more than three hundred nursing schools, using a selected list of names supplied to the committee by state curriculum chairman and secretaries of state registration boards. State educational officers in Colorado, Iowa, Kansas, and Kentucky conducted library surveys within their states in order to assist the committee and to place before schools the necessity of analyzing their own library service and needs. In the letter sent to schools, the directors were asked to check, in a list of ten items, those points on which they most needed help and to suggest other topics for consideration by the committee. A total of 375 letters and questionnaires were sent to directors by the committee and by individual state officers.

In the 261 replies received, the individual schools checked points suggested by the committee as follows:

131 ask for help in book selection
196 ask for list of sources of free and inexpensive material
134 ask for classification outline
126 ask for list of subject headings
123 ask for suggestions for library administration
129 ask for suggestions for care and filing of periodicals
157 ask for suggestions for care and filing of pamphlets
84 ask for advice about mending and binding
131 ask for suggestions about financing a library
57 ask for suggestions about securing a librarian

In addition to these requests, many special requests were made by directors of schools, some of which are answered in the pages of this handbook; others will be answered through the pages of the American Journal of Nursing.

The following letter is typical of many replies received, indicating a real desire to enlarge the school library service:

"We have a good many books, but they are not made use of properly. There is no reason why the library should not be used unless it is because no one is in charge and no one is responsible for the books. They are not classified and no one knows whether they are all there. We have a library
room in the Nurses’ Home with library tables and chairs and sectional bookcases.

"Please send help for classification and cataloging and regulation of the use of books. We could assign a student or graduate to the library for a few hours each day."

The following tabulation of facilities reported by 205 nursing schools is not to be regarded as a survey in any sense of the word. In the limited time we have had for this study, we have reached only a small percentage of the 1,400 schools of the country, in visits and through correspondence. Many of the reports received are incomplete.

It will be noted that the majority of schools reporting have less than 750 books in their libraries, spent less than $100 for books in 1935, and subscribe for fewer than ten periodicals. It is a hopeful sign that in thirty-eight of these schools there are full-time librarians, and in fifty-eight there are instructor-librarians; in only two, however, according to the reports, are the librarians professionally trained.

**FACILITIES REPORTED BY 205 SCHOOLS**

**Number of Books (Reference)**
- 7 report 100 books or less
- 29 report 101-200 books
- 24 report 201-300 books
- 50 report 301-500 books
- 40 report 501-750 books
- 32 report 751-1000 books
- 23 report 1001 to 2000 books
- 6 report 2001 to 3000 books
- 4 report more than 3000 books

**Amount Spent for Reference Books in 1935**
- 4 report no money spent
- 30 report $25 or less
- 35 report $26-$50
- 44 report $51-$100
- 38 report $101-$200
- 24 report more than $200
Several report no record or knowledge of amount spent

**Number of Periodical Subscriptions (Professional)**
- 90 report 5 or less subscriptions
- 86 report 6-10 subscriptions
- 24 report 11-15 subscriptions
- 4 report 16-20 subscriptions
- 7 report more than 20 subscriptions

**Hours of Opening**
- 15 report 5 hours or less per day
- 11 report no special hours
- 47 report open all day
- 59 report open all day and evening
- 47 report access at all hours
- 16 report access to, or combination with, hospital or hospital medical library
Educational directors in many states have sent encouraging and helpful letters to the committee. From California, where a study of libraries was made by the bureau of registration of nurses in 1935, comes the word: "The study we made last year far exceeded our hopes in stimulating interest in libraries." In Alabama a state chairman of school libraries has been appointed by the board of registration to carry on a survey started in 1935. The chairman of the Educational Committee of the Colorado State League of Nursing Education sent a detailed questionnaire to all the schools in the state to supplement the committee’s letter, and writes, "Most of the reports show the great need for your present project, and we are looking forward to receiving your recommendations." From New Hampshire the board of examiners reports an annual survey of libraries, adding, "We have received $100 as a basis for starting a lending library which will be kept at the board of education office. We hope after our next survey we shall have something more of importance to tell about school libraries in the state." In West Virginia the board of examiners has interested the alumni associations of schools of nursing in taking the libraries as their responsibility, raising money each year for them. The State Supervisor of Schools of Nursing of Massachusetts writes that "all schools kept on the approved list will be required to have a library with the current nursing text and reference books and will be expected to provide nursing magazines." From one state comes the suggestion that "students must be given time to use the library"; from another the report "our schools are not yet library-conscious, though some have expressed an awakening on having to state their lack of good libraries."

A number of state nursing education officers report that schools are using the service available from state library extension agencies and from local public libraries. The committee addressed a letter to the state library agencies throughout the country and found that many of them not only lend recreational and professional books to nursing schools, but also give assistance in organization and advice in library technique. Bibliographies are often prepared on request.

The Public Library Supervisor of the Library Extension Division of the New York State Education Department followed the committee letter with a questionnaire to New York libraries. Book service to nursing schools was reported by ten of the larger city libraries. Several libraries reported that they hope to develop this service when their budgets are increased. The
Brooklyn Public Library "(1) gives advisory help whenever requested. Several hospitals have asked for advice in assembling and handling medical and nursing books. Instruction in simple classification, cataloging, etc., has been given; (2) supplements the collection of professional books bought by the hospitals with books brought from the public library. The public library assistants consider the furnishing of books requested by doctors, nurses, or students in training classes as much a part of their work as supplying book needs of patients." The secretary of the Louisiana Library Commission writes that books and information are procured for nursing schools from other libraries when possible, "through inter-library loan we feel it is possible for any nursing school library to supplement local resources. The only books we do not handle are strictly medical or legal works." In California, books are lent to nursing schools by both city and county libraries, and there are several county library branches in hospitals.

We present this brief handbook as a practical guide for schools in which library potentialities have not been developed to their fullest extent. We regret that we had only a few months for assembling and producing these aids, and earnestly request the cooperation of those who use the material offered here, in helping us eliminate errors for future editions. We trust that more thorough and helpful contributions to the development of nursing school libraries will follow this one.

This is not a procedure book, but a guide, and it should be supplemented with the manuals on library technique which are recommended in these pages. We recommend its consideration to nursing school and hospital administrators.

We recommend to nursing school directors careful consideration of this report and handbook. We further recommend that a professionally trained librarian be added to the faculty of every nursing school as soon as financially possible; and that directors of schools with inadequate budgets, where a librarian can not yet be afforded, discuss with hospital and local library authorities the feasibility of adopting a plan for coordination of hospital library units, regional library administration, or cooperative administration through the local library.

We recommend to the League the appointment of a permanent Library Committee for continuation and follow-up of the work of the present sub-committee; for organization of a library advisory service either at League Headquarters, or in connection with the National Health Library, to which League Headquarters has access.

We propose that the permanent Library Committee, if appointed, shall secure funds for financing its work through one of the Foundations, if possible.

In closing this report, I want to thank the many persons who have contributed to the work of the committee. Especially are acknowledgments made to Miss Mary Casamajor for hours of patient toil in revising and editing the List of Subject Headings, and her wise counsel; to Miss Ann Doyle for her work on the Classification Outline and for conferences and
valuable suggestions; to Miss Ethel Wigmore for the compilation of the List of Sources of Free and Inexpensive Materials, and the List of Carefully Selected Periodicals, and for her ever ready help in all problems.

To Miss Marion Humble I wish to express my appreciation for her resourcefulness and her indefatigable efforts to give to nursing all that the limited time made possible.

In the discussion which followed these papers, Miss Nellie Brown, from Indiana, stressed the need to emphasize to the public the increased benefits which the latter will receive when nurses have better education. Miss Carol Martin, of Nebraska, who closed the discussion, emphasized the importance of collaborating more directly with those already in fields of education.

Luncheon Meeting Sponsored by the National League of Nursing Education and the National Organization for Public Health Nursing Wednesday, June 24, 1:00 p.m.

Presiding: Edna Bailey, Ph.D., Associate Professor of Education, University of California, Berkeley, California.

General Topic: LAY RESPONSIBILITY IN NURSING EDUCATION

1. FROM THE STANDPOINT OF THE SCHOOL COMMITTEE

MABEL PERSON, B.S., Chairman, Department of Biology, Pasadena Junior College, Pasadena, California

Others will speak from the standpoint of the public-spirited citizen and the philanthropist, so I shall confine myself to some of the possibilities for assistance by the teacher as a lay member of the nursing school committee; preferably one chosen from the school which prepares most of the students for the particular hospital, and one who has shown herself especially interested in nursing education problems.

The first and most important duty of such a member is to aid in the coordination of the curriculum, in order to secure the best possible preparation and to prevent overlapping. Probably it will make the whole discussion more concrete to describe our experiment in Pasadena and to review the steps by which we have arrived at our present coordination, which is still in process of development. In the early days, students were sent over from the hospital to the high school for evening classes in chemistry. This proved most unsatisfactory, as the girls were too tired after a day on the floor, and the teachers attempted to give a far too technical course. With the establishment of the junior college, special pre-nursing courses in physiology and anatomy, chemistry, and bacteriology were given and the nurses came over by bus for the whole afternoon. The chairman of the department of biology invited the teacher of theory from the school of nursing to accompany
the students; to cooperate with the teachers of the various courses in planning the work; to visit the classes and suggest practical applications. When, later, the students were required to spend a year at junior college before entering the hospital, the same relationship was continued, and the students were sent to the hospital for two hours weekly for elementary nursing technique. This was found to be so valuable that it is still continued, as it gives the practical applications of their work and acquaints them with the work and organization of the hospital, so that they may enter the following year with a feeling of confidence. The pre-nursing course now requires English, psychology, economics, foods, chemistry, anatomy, physiology, bacteriology, and physical education.

This curriculum coordination has gone on developing from the single school and hospital until now we have a very active committee with subcommittees for chemistry, bacteriology, physiology and anatomy, and foods composed of all the teachers of pre-nursing subjects in Southern California junior colleges. The chairman, Miss Ellen Denning, of our physiology department, has visited the principal nursing schools of the south, also those at Santa Barbara, Stanford University and the University of California, to confer with the directors and teachers as to the courses, hours, and subject matter desired, and has had numerous conferences with the state officials. The survey of topics and laboratory work in the various colleges shows great variation and disparity, and as many of our students go to other nursing schools, while our own draws students from many other institutions, the necessity for more uniformity is becoming apparent. We expect, before another semester is under way, to have completed provisional curricula for minimum courses as well as for the fuller courses which the larger junior colleges are able to offer. These curricula will then be presented to the Committee on Education of the Nurses’ Association for suggestions and modifications. It has proved to be a lengthy and difficult piece of work for the scattered committee but the teachers have been willing and eager in their cooperation as they realize the necessity and the help that it will be to them. This committee may decide to recommend a required course in arithmetic, emphasizing fractions, decimals, proportion, weights and measures, for those who can not qualify by examination, as this subject is not reviewed in our schools after entering junior high. A uniform pre-nursing requirement should greatly simplify the work of the nursing school faculties.

The question of financial support has become a pressing one during the last few years, especially for the smaller nursing schools in small cities. It has always seemed to me that nursing education should be paid for by the state and community. Our girls should have the opportunity for this fine training at public expense as there is no more reason why the patient should pay for it than the merchant for the training of his typist. In fact, this training will be far more valuable to the girl in her home life and to the community in which she lives, than any commercial training. The great difficulty lies in the very different organizations concerned. However, the teacher is in a position to lay the facts before the board of education, and
it should be easy to convince them of the feasibility of an affiliation. As the attendance of such students should be counted the same as that of any other students, the state, in California at least, pays its share of the expense. All California nursing students will soon be required to spend at least one year at junior college or other college; our students also register in junior college during the whole three years of residence at the school of nursing and obtain the title of associate in arts as well as the diploma of the school of nursing. The teachers of theory and practice at the hospital are regular members of the junior college faculty and are paid by the board of education. By this means, the public schools give the teaching; the hospital, the observation and practice. There is no pretending that we give as much as we receive, and the affiliation is a very loose one with neither side dominating.

It must be admitted that the election of teachers under such a system presents many difficulties. The teacher must be selected by the director of the nursing school and must have a type of theoretical and practical training and experience which is entirely satisfactory to the hospital and the nursing school committee. But at the same time, she must meet the requirements of the state board of education, which include a great deal of work in education, and those of the city board, which demand an advanced degree. At the present time, there are few instructors in nursing with this double preparation, although we have been most successful in finding such teachers after canvassing the whole country. There will certainly be more instructors with this preparation as soon as the universities and the more ambitious students realize that such an opportunity exists. After the teacher is elected, she enjoys the same privileges of tenure and pension as other teachers in this state.

As to the attitude of the students, we find that the affiliation is an attractive feature, as they feel that they are continuing their college course, and they look upon their nursing studies more seriously. At first there is bound to be some difficulty in merging the student body of the school with the larger student body of the college, as they are loath to give up their separate activities. We have met this difficulty by keeping the student body of the nursing school entirely independent, with their own officers, government, and entertainments. The board of education furnishes a teacher of physical education who directs games, dancing, and recreational activities. They are invited to take part in the college entertainments and club life and special teas are given for them. They have a part in the college annual which relieves them of a great amount of effort in raising money for such a publication. The baccalaureate is a separate function and is a beautiful ceremony when the girls receive their pins, but the graduation takes place with the other college students.

The participation of the nursing students in their uniforms with the graduates of the junior college and high schools in our big Rose Bowl commencement arouses much public interest and favorable comment, and on the part of the junior college, we certainly are proud of them. Through the affiliation, it has been possible to raise the standard of admission, so
that now all of our students must have regular college recommendation, which means that they belong to the upper half in scholarship rating. They must take courses paralleling regular university courses, instead of the so-called terminal courses which are of a more practical nature, and must make a grade of at least C. This has made a great difference in the type of students in our school as the physicians at the hospital often remark. I am ashamed to think of the type of girl we used to send to the hospital when she did not seem fitted for anything else, and then washed our hands of her forever after. By close cooperation and by the aid of a very efficient counseling system, we have been able to reduce the failures of probationers to practically zero and every one must realize what a saving this is to the nursing school in both financial and educational ways.

The teacher member of the committee can do much in arousing the interest of prospective students through speeches by prominent nurses on vocational day; through clubs, excursions, bulletins on nursing opportunities, and articles in college magazines; by inviting students from other colleges as well as our own to a tea given at the nurses' home by the nursing school; by having classes participate in arranging exhibits of hospital day and excusing all interested students to attend. Hundreds have enjoyed this opportunity to the full.

Another function that can best be performed by the teacher is the securing of proper credit for the nursing graduate who wishes later to go on with her education. We have secured two years of credit at practically every college and university in the state, including Stanford University, the University of Southern California, Mills, Scripps, and Occidental Colleges, and others. The only exception is the University of California, which has its own school of nursing. However, a student may obtain her bachelor's degree elsewhere and take her graduate work at the university without loss of credit.

The teacher herself gains much from her contacts with the nursing staff in sympathy and breadth of vision, as well as in knowledge of the difficulties which her students will have to meet and how better to prepare them for their work. But she has to remember that she is only a lay member after all, and must refrain from expressing an opinion on technical matters or on discipline which must of necessity be so different from that of the public schools and colleges.

Our experiment in affiliation has been described in such detail merely as an example of a possible method of procedure for other smaller schools of nursing where there is a public junior college. Another example is to be found in San Bernardino, where the junior college is affiliated with the county hospital. It might very well be found that in regions where the junior college system is not so well developed as in California, an affiliation of a similar kind could be made with a near-by college. Colleges now are anxious to add vocational courses to their curriculum, and most of our four-year colleges in the south which do not already have nursing courses, are
seeking proper hospital connections. We were fortunate indeed to be able to affiliate with such a fine and well-established school of nursing.

It seems to me, from the educational point of view, that the smaller school of nursing has a very important function in a community, and that it would be undesirable as well as impracticable to concentrate all nursing education at the universities in the larger centers. It is my firm conviction that nursing education should be supported by public funds, and that when this principle has been established in general practice, it will be possible to raise the standard of nursing preparation to the point where it should be.

2. FROM THE STANDPOINT OF A PRINCIPAL OF A SCHOOL OF NURSING

FLORENCE AMBLER, R.N., Principal, School of Nursing, Samaritan Hospital, Troy, New York

"Every organization to be successful must have its roots secure in the ground of financial support, but it must also have the warmth of a community's sympathy and understanding that will foster its growth and development." ¹

From the standpoint of a principal of a school of nursing, I am considering the warmth of a community's sympathy and understanding that will foster the growth and development of a school of nursing. Every school of nursing operating today as an integral department of a hospital must be primarily organized and primarily managed for the education of the nurse. "When a hospital inaugurates an institution which presents itself to the pupil and to the public as an educational institution, it must, if it is honest, set up a group of persons for the management of that educational enterprise." Every study that has been made of this problem has led to the conclusion that the school of nursing committee or council of persons responsible for the educational needs of the school is the crux of the whole problem. It is this committee or council that brings the warmth of a community's sympathy and understanding to a school of nursing. Membership of the school of nursing committee or council should consist of men and women of the community, so that it presents a true picture of all the social, civic, religious, health, and regional interests.

The scope of the activities and powers of this committee or council is delegated by the hospital board of trustees. The board of trustees and the committee of the school of nursing together appoint the principal. After the school of nursing committee has been appointed, its policies defined and responsibilities delegated, and the principal of the school of nursing appointed, the organization is ready to function. The principal then, acting as the professional member, participates with the lay members of the school committee or council in conducting the school. A qualified principal of the school through conferences with leaders in her field and through studies

made by committees in the various professional organizations can definitely contribute to the educational policies for the school. "The curriculum of nursing education should be developed by experts in that field who know what nurses need to know and how they should be taught. Experts should be consulted in the actual formation of the curriculum and all that goes with the curriculum and the recommendation of the expert, whether from within the system or without, should be accepted as the basis for the establishment of the policy of the school."

Since we agree that students can not be taught the essentials of good nursing practice where good nursing is not being practiced, the committee has an interest in the maintenance of a desirable standard of nursing service in the hospital, both for the education of the nurse and also in the hospital's service to the community. The committee as a whole or through a subcommittee can aid in determining and maintaining the standard of nursing service as regards appointment of personnel, amount of nursing service needed, equipment and supplies necessary, etc. The discharged patients living in the community echo the type of nursing service given in the hospital. Such standards should be determined and maintained as will make for the best possible development of the school as an educational institution.

In the field of public health nursing, this service of board members to the community has been recognized and developed to a high degree. Miss Evelyn Davis says, "In the last few years, it seems to me we have had what we call a partnership relationship of the lay and the professional, a partnership of equals, I should like to say, equal in the fact that both groups, professional and lay people, are interested in having the highest type of service to meet the community's needs.

Now, how can the lay person bring the warmth of a community's sympathy and understanding to foster the growth and development of a school of nursing?

1. The members of this committee or council who have served from three to twenty years give a program of continuity in a community. They represent the permanent residents of the community who are definitely interested in furthering this particular service to the community.

2. The lay person can also help to interpret the professional worker, her program, and her problems to the community, to the board of trustees, and to the doctors. The committee members are people of influence and understanding and can give the program backing by pointing out the great and constantly increasing value of the nurses' contribution to their welfare. They can help to break down the old traditional idea of the nurse as a menial servant and can help to build up the idea of the nurse as a professional worker who gives service to the community and is a teacher of health in the community.

3. Also, these members live in the community and can interpret the local conditions to the professional group. Members of this committee who are members of the hospital board can give a necessary perspective on the affairs of the school resulting from the insight into the larger scope of hospital problems.

4. Members can bring in a fresh point of view to the service. All of us who work in one field become sometimes so immersed in that particular field that we need new points of view brought to the subject. It is said the expert in
charge of a department is not worth his salt, if it is not to him the most vitally important part of the whole and if he can not suggest ways to improve it. The lay person can help to maintain a balance by coming into this program from other interests and other groups.

5. The lay group can lend moral support. The principal has often worked single-handed and felt herself a lone worker who must shoulder responsibility of the school’s development without the help that she really needs. The busy superintendent, let us say, presents the professional program to the board of trustees with the question, “May we put this program into effect in the hospital?” The reply comes, “How much will it cost?”

Here comes the opportunity for the lay group or committee to use that warmth of a community’s sympathy and understanding that will foster the growth and development of the school.

The principal here has an opportunity to talk over with an informed, intelligent, and understanding group the problems and aspirations which are peculiar to that group whose minds and hearts are bound to a special kind of work.

6. Growth and development for the school mean financial support. The current expenses for the educational and cultural projects for the school must all be met. Some believe that the board should establish a definite section of its budget for the school. Individual contributions may be solicited. The lay group with their all-seeing eye can see that the roots for the school are secure in the ground for financial support.

Sound and constructive lay participation requires careful planning in the groups. The responsibilities are both of the lay person and of the professional worker.

The principal has a very definite responsibility toward the lay group.

1. She must be convinced of the value of the committee and realize that the committee is an integral part of the whole set-up, and she must give generously of her time, interest, and energy in helping to organize and develop the work of the committee.

2. The principal must keep the committee informed of the work and the educational program; she must also build up their knowledge by supplying reports and material of all types available in the whole field. Reports given at the regular meetings of the lay group should be interesting, showing full development of the whole program, and providing interpretations that can be easily grasped. Some members may not have a great deal of time to spend in studying the whole field. Others will be inspired to study further.

3. The principal should be willing to delegate responsibilities and tasks to be done—in this way giving the committee a feeling of participation in the program, both by having an opportunity to do some actual, interesting work and by participating in the thinking and planning of the program.

Committee members should be urged to visit other types of educational institutions, other schools of nursing, and to attend professional conventions. Attendance at meetings of the national and state groups of lay participants helps also. Demonstrations of nursing techniques for the public help to inform the members of the committee and other lay friends.

The lay person has presumably joined the committee because of interest in the work, feeling of responsibility, and time to give in the form of service. It does mean regular attendance at meetings, participating in group thinking, being willing and ready for change and development, being ready and
anxious to get in touch with the latest development in the field, and keeping closely in touch with their own organization program. Membership in the group should bring the idea of a challenge.

The general plan of the lay group should provide an opportunity for bringing in new members, so that the group does not become static. Some plan should also be arranged for providing definite information for new members concerning the past and present work of the committee.

The chairman of the lay committee should be a well-informed and a forceful leader, having courage and foresight, and being imbued with something of the pioneer spirit, so that the work of the group may be carried on smoothly and efficiently.

The relationship of the committee and the professional staff is one of partnership, so that a balance is maintained, lest the interest and influence of one group outweigh the other.

The professional organizations have published and made ready for distribution facts about the nursing situation. We need to find opportunities to give this knowledge to selected groups of interested lay people. The public is interested in nursing and wants to help it and the nurse. Isn't one answer "let the public tell the public"? This brings a challenge to the professional partner in the plan. Can we develop our capacity to utilize effectively the potential contributions of our lay partner?

Session Conducted by Instructors' Section

Thursday, June 25, 9:00 a.m.

Presiding: Olive Slocum, R.N., Vice President, California League of Nursing Education.

General Topic: Implications of the Nursing Arts Course of Study

1. Nursing Arts I

Nursing as Health Conservation

Agnes Gelinas, R.N., Associate Professor and Director, Department of Nursing and Health, Skidmore College, Saratoga Springs, New York

It has been rather universally agreed upon by the nursing profession in this country that nurses have a dual role in serving humanity, namely, the conservation of health and the care of the sick; and that nursing education should be as much concerned with health conservation as it is with the care of the sick. Moreover, the idea of giving an introductory course in health at the very beginning of the first year in the course of nursing has also been accepted as a sound educational procedure.

Nursing Arts I is a forty-five-hour course composed of three units designed to present the health conservation aspects of nursing to the young student during the first few months of her course. The content of this course may be presented in either of two ways. The first method suggests that it be
integrated in the course entitled Nursing Arts II which deals with the nursing care of the sick, thus weaving together continuously a pattern of information dealing with health and of knowledge relating to illness. The second method seems particularly applicable to the collegiate school of nursing as it suggests that the entire content, with the exception of the last unit, be presented to the students during their freshman year. By such an arrangement, young candidates for nursing who are eager to know something about the profession may be provided with an elementary course in nursing which stresses health conservation. As the last unit deals with the health problems of patients it seems advisable to reserve this unit until Nursing Arts II is being taught so that the actual health problems of real patients seen on the wards, in the out-patient department, in homes, or at health conferences may be presented and discussed. Whichever method is used, it seems very desirable that the first unit of the course stressing individual health be given as soon as the student enters school, preceding any instruction in nursing the sick, so that the young student may be adjusted to her new mode of living, and made familiar with the essentials for conserving her own health before she is plunged into the ward atmosphere of sickness and faced with the health problems associated with illness.

The responsibility for the administration of this course should be given to a qualified instructor, preferably a well-trained public health nurse who has charge of the entire health program of the school. If such a person is not available, it would be desirable to have an equally well-prepared nurse who is either directing the public health activities of the hospital where the students are getting their first contacts with patients, or is associated with a local visiting nursing organization or public health agency. A well-prepared public health nurse should have an unusual grasp of public health knowledge and this fact, plus her practical daily experience with problems, should make her the best teacher of this course.

The school should have a functioning health education program. The director of the school should coordinate the general health program, counsel students, and have control of the student environment. In particular she should see that the students have a balanced program of ward work, study, and leisure time activities. She should guide the students so that they assume most of the responsibility for achieving this balance. Every student should be encouraged to participate in extra-curriculum activities, especially sports and dancing, school government, and student organizations, according to her individual tastes and skills. The director of the school of nursing should have an assistant who directs the school health program. It would be her responsibility to develop an alert institutional health consciousness, secure the coordination of the teaching of subjects so that the students will be provided with the scientific information needed as a basis for health teaching, giving instruction in Nursing Arts I, "Nursing as Health Conservation," and serve as chairman of the faculty health committee.

There should be appointed a properly constituted Faculty Committee on Health in whose membership every staff member who is vitally concerned
with the institutional health program, should be included. This committee should study school health problems, unify and coordinate the health instruction now so frequently omitted or scattered through a variety of courses, help to integrate the health program of the school and of the hospital, and consider the health needs of individual students. The members of this committee should include the director of health education, the director of the school (as ex officio member), the instructor in physical education, the school of nursing physician, the instructors of science, the instructor of Nursing Arts II or "Nursing Care of the Sick," all clinical nurse instructors, the head of the student dormitory, and a dietician.

The health service program of the school of nursing should be available to the administrative officers, faculty, students, and employees. It should include a complete health examination with laboratory and X-ray facilities and a subsequent health conference (at least one each year), the correction of remedial health defects, immunization, health advice, and health supervision. Every person in the school should be immunized periodically against smallpox, typhoid fever, and diphtheria. Consultation and advice relative to health matters should be available to every person in the school whenever necessary. References should be made to specialists when their assistance is required. These specialists should include the dentist, refractionist, physician, surgeon, psychiatrist, and dental hygienist. Healthful conditions for student life include the provision of proper housing with suitable facilities for social life, adequate control of smoking and alcohol, provision for wholesome men-women relationships, a well-balanced dietary, facilities for indoor recreation and daily exercise, supervision of the student load, including ward work, class work, and study, as well as extra-curriculum activities. A system of accumulative case records should be kept on all students. Frequent contributions to this record should be made by all who come in direct contact with the students. In addition to health information, the record should show home background, parental and student ambitions, personal characteristics and interests, and a record of accomplishment in class and clinical work, and social life while in the school of nursing.

The first goal of progressive education should be health. Some of the ways of insuring positive health for nursing students are to eliminate by tests as early as possible all those whose mental capacities prohibit success—work of high academic grade, assisting them in making a good adjustment to the nursing school life by approaching and attempting solution of the special mental, physical, social, and emotional health problems of each student, to encourage the use of the out-of-doors, and to develop group-consciousness and social-mindedness by providing group activities on and off duty.

Many of the standards I have outlined are as yet goals to be attained by some schools of nursing. Two of the fundamental requirements, however, for an adequate presentation of this introductory knowledge in health conservation and the integration of health information throughout the entire
curriculum thereafter are, first, a well-administered, integrated health program, and second, a faculty and teaching staff that is "health-conscious."

I will now describe very briefly the contents of and enumerate a few activities in each of the three units in this course of instruction. It has been suggested that the first unit be entitled Orientation to Nursing and to the Nursing School with Emphasis on Student Health. It has been agreed upon that this unit should be given during the first few weeks of the first year, preceding any instruction in the care of the sick. The purpose of the first unit is to help the student appreciate the meaning and scope of nursing, its relation to the whole movement for health conservation, and the preparation such a service requires; also to introduce her to her new environment, initiate her into the health program of the school, and assist her in making a good adjustment, especially emphasizing the health examination and its significance to her.

Suggested activities include analysis of the school health program and individual group discussions of the adjustments necessary for successful group life in a nursing school. To facilitate the successful operation of this unit, health examinations should be started soon after the students enter the school in order that ample time will be available for the examinations and follow-up conferences. An early acquaintance with the customs and regulations of the school government association and frequent opportunities for consultation with faculty and student advisers on any questions pertaining to classes, social life, or personal problems, should help the young students through the difficulties of the first few weeks.

Each student should be permitted to study the provisions of the school for physical education, recreation, and social interests, and make a tentative selection of activities. Class discussions of current health problems as presented by the students or by their respective families, or health issues appearing from day to day in newspapers, books, health reports, and magazine articles, offer a splendid opportunity to make the group aware of health and teach prevention to young people who are not particularly interested in health or personal hygiene. It is hoped that by the end of the first unit that the majority of the students will have become "health-conscious," at least conscious of their own health status and active in either maintaining or acquiring as high a standard of individual health as it is possible for them to achieve.

Unit II is entitled Health Appraisal and Conservation in Different Age Groups. This unit begins with a simple presentation of the modern achievements in health and the role of various workers in the present-day public health campaign. It includes the signs of health and the factors affecting normal growth; development and decline from the time of conception to that of old age; the effect of heredity and environment on health; the controversial theories regarding sleep, bathing, exercises, etc., as related to the infant, child, adolescent, adult, and aged; the physiological effect of fatigue, alcohol, and nicotine on the body; food panaceas, dieting, and pseudoscience in nutrition; and the fallacies in popular health articles and advertisements
that promise a cure for all ills. Toward the completion of the course in physiology, chemistry, and bacteriology, it is suggested that an effort be made to apply these sciences to health and to specific health problems. The student should be tested on her knowledge of a few of the elementary scientific health facts during this unit. If possible, provision should be made for the observation of at least one complete health examination of an infant, baby, pre-school, school, and adolescent child with the presentation of the health history of the individual examined. Some of the effects of social insecurity on health could also be discussed during this unit. A few typical illustrations might be chosen by the instructor from the local community, to show how unemployment, economic fluctuations, thwarting, illness, etc., may upset the normal functioning of the human body and cause ill health. The role of the young student nurse in attempting to meet environmental, psychological, and mental needs of the patients she soon expects to care for on the wards should conclude this unit.

In the third unit which is entitled Problems in Health Conservation, health theory and nursing practice meet. During this time the student is meeting some of her first patients and she is bristling with questions relating to their personal characteristics, habits, and illness. This unit is intended to give her an opportunity to raise these questions, to study and discuss health problems which arise out of her first experience with patients either while she carries out her elementary procedures on the wards or as she observes the health instruction given by nurses, doctors, dietitians, and others on the wards, in the out-patient department, homes, or health conferences. No detailed list of problems can be written in this unit as the problems discussed, either by the project or symposium method, would be those which the student became aware of herself or which the instructor pointed out to her. It is safe to predict that they would include personal hygiene, family health, housewifery, and public sanitation problems. By using the scientific principles and facts taught in concurrent courses in science, students might be guided in suggesting ways of improving factors in the situation under discussion, and under very careful supervision they might teach convalescent patients elementary health facts. In order to motivate an interest in family health and stimulate class discussions of typical family health problems, a special attempt should be made to see that each student makes at least one home visit with a public health nurse. The student should be prepared to make this visit, and individual and class discussions of the health problems evident in the home should follow the visit as soon as possible. If a home visit is not possible, opportunities should be provided for her to meet two or more members of the family of a patient either in the health conferences, out-patient department, or during visiting hours on the ward. This unit may be concluded by having student and faculty presentations of local, state and Federal facilities as well as the inadequacies for the health conservation of the family. Carefully selected, up-to-date references of an elementary nature will of necessity have to be provided for all three units of this course, particularly the last one, in order that students may become thoroughly
familiar with source materials dealing with health information and learn to become dependent upon them for group discussions and for their supervised instruction of health to patients.

It is assumed that this course in nursing is introductory and basic and that it does not cover all the health knowledge that the nurse needs to acquire for professional use. The strands of old and new knowledge brought together in this introductory course in Nursing Arts will be broadened, strengthened, and applied in the clinical courses to come—medical and surgical, pediatric, obstetric, psychiatric, etc. During the course in nursing and health service in the family, given in the last year, the student should be able to apply on a still higher level, all the information she has learned in relation to health conservation.

It is hoped that by the completion of this introductory course in nursing that the student will not only have an interest in health but also be conscious of the importance of her own health and eager to participate in programs of health education; that she will have enough elementary scientific health information so that she will be able to combine the practice of nursing techniques on the wards with elementary health teaching under very careful supervision; that she will be better adjusted to individual personalities met with in patients on the wards; that she will have developed an objective attitude toward health; that she will know the fundamental health principles underlying health conservation which any intelligent person of her age should be aware of; that she will know of the existence of, or lack of, community facilities for meeting health needs; and that she will realize more fully the special implications of nursing, namely, nursing as health conservation and nursing as caring for those who are sick.

In conclusion I wish to reemphasize the following essentials for the satisfactory administration, teaching, and supervision of Nursing Arts I or Nursing as Health Conservation as implied in this presentation: (1) an active health program constructed on sound standards; (2) a faculty and teaching staff which is "health-conscious"; (3) an active faculty council on health problems of the school; (4) a well-qualified instructor, preferably a public health nurse, who is responsible for the course; (5) adequate library facilities including up-to-date resources dealing with health information; (6) the allocation of at least forty-five hours of time for subject-matter presentation and student activities; and (7) a continuous study by the faculty and teaching staff of the school of the health needs of their local community, as well as those of their hospital and school.

[Note—Much of the material for this paper was taken from the tentative outline on Nursing Arts I distributed only for study and criticism issued by the National League of Nursing Education through the Curriculum Committee during 1935-36.]

2. NURSING ARTS II

VIRGINIA OLCOTT, R.N., Clinical Instructor in Harborview Division of the University of Washington School of Nursing, Seattle, Washington

"Nursing Arts II, or Nursing Care of the Sick, deals with general nursing principles and procedures as they are used in the care of chronic and con-
valescent patients, and includes the organization and care of the patient’s environment to provide for both physical and mental needs, activities which have to do with the patient’s general hygienic care, activities performed under the direction of and in cooperation with the physician and those which have to do with family and community health service.”

It is given during the second term of the first year, following courses in basic sciences and Nursing in Health Conservation, or Nursing Arts I.

If we are to accept the philosophy of nursing education as given us by Miss Stewart, we must also presume that this subject is to be taught in an organization which definitely meets the requirements of a professional school and has for its aim nursing education for adjustment and not alone for nursing service to the hospital. The school of nursing education must be a separate department with its own board, budget, director, and faculty, and should be directly affiliated with an educational institution of university standing.

It is not within my assignment to discuss the general plan of the new curriculum, but inasmuch as the first term is a preparatory period to Nursing Arts II, I feel justified.

Anatomy, physiology, microbiology, chemistry, psychology, sociology, and nursing health conservation, are all jammed into a fifteen-week session. If compared with a university schedule, this would amount to approximately 38 credit hours or about 18 credit hours less than should be required for these subjects, if given on an academic basis. These courses should be spread over a period of not less than four university quarters or 12 months. Most of the material included in Nursing Arts I could better be given in general courses. Physics, nutrition, diet therapy, and history of nursing (24 credit hours) have been completely omitted and the necessary information for an understanding of health conservation and nursing care of the sick will be lacking. I well recognize the fact that at the present time many schools are not giving any or only a small part of the subject matter outlined, but are we going to be satisfied with the present arrangement as a sound foundation for the preparation of the nurse of tomorrow?

The preparation of the student, then, for the actual contact with and for nursing care of the patient should be based on a sound knowledge of the basic and social sciences, and an appreciation of health and normal living, secured prior to this class. Such courses, of satisfactory quality, can only be obtained in a university as the average training school is not equipped to render this service. The cost of teaching these subjects, even the expense of the inadequate four-month preliminary course, is not legitimately one for the hospital division of the school of nursing and should be borne by a tax-supported or a private educational institution as are other professional courses.

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Nursing Arts II should be given immediately after the student's entrance into the professional school of nursing in the form of an orientation period when the principles of the sciences previously covered are applied in the nursing care given the sick. If the purpose and aim are to help the student to adjust to each new situation, it is essential that the faculty be university degree people with special preparation for the teaching of their field and should be available at all times in all departments. A library with standard reference books and professional journals is essential in a good educational program.

If we are to follow Dewey's advice and learn by doing, every hospital department and its personnel must be open to the student for experience and the application of scientific principles. This involves the utmost cooperation, adequate academic and professional preparation, and a teaching attitude by all persons concerned.

The course plan as presented in Bulletin E-II shows time and thought on the part of the committee. The material is presented in psychological order and organized in such a way that the units may be taught parallel instead of in sequence. Many valuable suggestions for student projects are given. "This program is not planned for nursing schools which are not schools at all in the true sense but for those which are making a genuine effort to qualify as real professional schools. . . . The committee indicates in these outlines some of the newer trends in nursing education and in education generally, with the object of stimulating the thinking of nursing school faculties and helping them to work out their own situation and needs and their own stage of advancement." 4

Since the committee has offered the proposed curriculum for discussion before its completion, and the time I have is limited, I am taking this opportunity to comment only on the deficiencies as I see them and not on the many splendid accomplishments in the revision.

The qualifications of the instructor for Nursing Arts II are specified and the necessity for her close contact with the ward or laboratory is stipulated. To me, the instructor in the classroom who does actual follow-up on the ward plays only a small part in the student's program of adjustment. Even with assistants it is impossible to be with the student at all times and have a complete knowledge of the patients and ward problems. The teaching supervisor and the head nurse, who have as their function administration and teaching on hospital services and ward units, can best help the student with self-direction and give supervision. This requires a teaching supervisor with a university degree and special preparation in her subject and a head nurse with at least two years of college background and postgraduate work in administration and teaching. I do not think that enough emphasis has been placed on the teaching facilities of the hospital and many subjects could be best taught at the bedside and leave more class time for the study of prin-

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ciples and research. By this I do not mean that too much theory is given but that more teaching might be carried out in actual practice than is planned for.

For example, Unit II, Organization and Care of the Environment of the Patient (Bulletin E-II, page 4) is planned for 20 hours of class work and 60 hours of practice. Much of the material, as essentials of ventilation, heating, electric wiring, composition of dirt, and methods of cleaning, is all review for the student with a knowledge of basic sciences. True it is that these principles learned on the university campus need to be pulled out and used in the hospital situation, but a one- or two-hour conference with assigned reference reading followed by five hours with the hospital housekeeper in the observation and care of floors, ceilings, woodwork, walls, windows, and supplies used will do more to establish the facts in the student's mind than just class discussion and a group tour of the hospital or other buildings.

If we accept only students with the necessary background in anatomy, physiology, and bacteriology, all of the nursing procedures which are used in all services or generally used in all hospital patient departments can be given during this period. I refer here to the treatments involving elementary aseptic technique as hypodermics, catheterization, etc. There is more time here for teaching and supervision than at any later time. This leaves only the advanced procedures to be given as they are needed in the teaching of special subjects.

There has been a definite effort to plan the subject matter around nursing situations instead of a single procedure, but this has not been as complete as I think is possible. The patient and his property have been cared for without any reference to the processes of admission or discharge or how the hospital selects its patients. Elimination is discussed in Unit V and the collection of specimens in Unit VIII. These should not be separated. The newer thought in nutrition, that all diets other than routine are only modifications of the normal, makes it desirable to consider this subject as a whole and not place the feeding of the patient in one unit and the administration of simple corrective diets in another. As this is nursing care with which the student may assist very early in her ward experience, it should precede bathing and the selection of clothing. In some respects, the patient is still the victim of the procedure.

If we are to produce, train, or educate nurses to fill the needs of the community, we must begin to introduce them to public health or preventive medicine from the first. Every procedure or nursing care discussed and demonstrated should include the preventive side and methods of carrying out such a treatment with home equipment. How is the student to teach a patient in the out-patient department if she has not formulated some plan at a previous time? If the student is taught to interpret hospital care in terms of the home, she will be prepared to give home care and teaching as a graduate. This idea of public health is not presented in the course outline as it stands now. It is brought out in Nursing Arts I but is not carried over to become a part of the student's plan for her patient's care.
Unit X, Teaching Aspects of Nursing Care (Bulletin E-II, page 15) should not be left to the end of the course but rather be placed first and brought out in each unit of nursing care. The thought of "every nurse a teacher" can not be instilled in the student's mind too early in her program.

In my opinion, Unit IV, Planning a Program of Nursing Care (Bulletin E-II, page 7) or "Case Study" as we have previously termed it should be started at the beginning of Nursing Arts II and continue through the entire period. It is not necessary that the same instructor teach both subjects but it is important that the theory and practice have relationship. When the student is planning the facilities at hand for obtaining information concerning her patient, she should have her patient at hand and also be given a knowledge of the hospital record system and the services rendered by the social service department. By the end of the first four weeks on the hospital ward, with adequate class and bedside teaching, the student should be able to give nursing care to a ward of four convalescent patients and make out a nursing program. The student need not assume responsibility for these patients but should do her own planning and nursing care under supervision. The proposed program does not have her ready to do this.

The suggested outline states that the classroom and clinical practice time will vary in different parts of the course. This uncertainty makes a definite problem in the hospital nursing service program. Therefore, a class schedule and ward practice assignment should be made at least three months in advance and adhered to during this orientation period.

I know that many of you are thinking that all of these requirements can not be met, but let me transport you in thought to an actual school of nursing and show you what is being done in the teaching of Nursing Arts II. I will list the following as groundwork for the professional school:

1. A general hospital with an average daily census of 355 during 1935
2. Affiliated with a state university
3. Active member of the Association of Collegiate Schools of Nursing
4. Nursing education division separate from the nursing service department of the hospital
5. A school committee with its own budget
6. A nursing education director responsible to the school board and the university, with direct approach to the hospital superintendent
7. Instructors or teaching supervisors with university faculty appointments. This includes all hospital departments in which the students are placed for experience
8. A graduate staff to cover all services and assume the non-teaching assignments
9. The size of the class limited to the experience available

The student enters the professional school or the hospital division after having completed six quarters of prescribed academic work at the university. They have been under the supervision of the school of nursing for a period of at least one and one-half years, during which time the physical examination and an individual conference with each student are held. The entering class is limited to 16 as this is the maximum number for which clinical facilities are available.

The entire curriculum is based upon the university quarter of 12 weeks.
Case study method, elementary pathology, and pharmacy are given at the same time as Nursing Arts II, during the first quarter in the professional school.

As the theory and practice are closely correlated by lecture, discussion, conference, demonstration, and supervised practice, I am only going to point out the way in which hospital departments, other than patient wards, are used as a valuable source of teaching material.

The class is divided into three groups which are rotated through the departments on a definite schedule. The written assignment or program, experience records, and teaching and supervision are planned for by the clinical supervisor. There is a teaching supervisor in each unit. A dietitian with a university degree is director of diet and housekeeping and a graduate nurse with a university degree in pharmacy acts as teaching supervisor in the hospital pharmacy. This same person is instructor in pharmacy. The number of students assigned at any one time is kept within the limitations of the teaching facilities and supervision available. Thirty-six hours a week for a 12-week period is planned as follows:

<table>
<thead>
<tr>
<th>Department</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical or surgical ward</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Dietary department</td>
<td>4 weeks</td>
</tr>
<tr>
<td>General supplies</td>
<td>1 week</td>
</tr>
<tr>
<td>Receiving and store room</td>
<td></td>
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<tr>
<td>Linen and sewing rooms</td>
<td></td>
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<tr>
<td>Laundry</td>
<td></td>
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<tr>
<td>Housekeeping department</td>
<td>1 week</td>
</tr>
<tr>
<td>Surgical supplies</td>
<td>1 week</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

As it is not possible to list the activities carried out in each department, I will attempt to summarize them as planning and serving food to patients and to personnel in the dietary department; the method of receiving and dispensing hospital equipment and supplies, their cost, size, and use, in the storeroom; the making of ward and operating surgical supplies, their cost and use, care of rubber goods, glassware, and needles in the operating room supply room; observation of laundry processes and kinds and amounts of linen used in the linen room, and materials used for making articles in the sewing room. The hospital pharmacy provides an excellent laboratory for the observation of, drugs, methods of ordering and dispensing, and making up of solutions and simple mixtures.

Nursing care to the convalescent patient is given only after lecture, discussion, demonstration by the teacher, class redemonstration by the student, and satisfactory practice on the ward under supervision. Standardized equipment, procedures, procedure record cards, teaching, and supervision are essential to a satisfactory ward adjustment. The student is given written and definite assignments early and she soon learns to think and plan around her patient’s needs rather than just one procedure. This helps her to take on responsibility gradually under close supervision. These duties are carried out for teaching purposes only and the hospital is not dependent on the student for service.
I may have suggested adjustments in your present program of training nurses which seem impossible. To some this is true, and you have only one recourse; but to many it should be the beginning of planning ways and means toward improving your school of nursing education and bringing it up to professional standards.

"To accomplish anything worth while, a vision and a program are necessary. He who has only a vision is visionary. He who has only a program is a drudge. He who has both a vision and a program is a conqueror."  

3. NURSING ARTS III

JULIA MILLER, R.N., Assistant Professor, University of Minnesota School of Nursing, and Superintendent of Nurses, Minneapolis
General Hospital, Minneapolis, Minnesota

Perhaps there is no course in the new curriculum which necessitates more change in its inauguration than the combined medical and surgical nursing course. Nursing and hospital executives are well aware that before any change in a method of procedure is made it is essential that very careful plans be made so that all persons or departments involved are conscious of each step to be taken and the reason underlying it. Such planning is equally necessary when the contemplated change is a part of the educational program. I feel sure that this very careful planning of details, as well as an adequate period of experimentation by an impartial group, is absolutely essential before any evaluation of a new course is possible.

In installing such a combined course certain general principles seem to me fundamental. First of all it seems essential that the director of the school and a nucleus of faculty members interested in medical and surgical nursing be convinced of the desirability of attempting to integrate the two courses. Without this conviction, the difficulties encountered will seem insurmountable. Before the course begins the doctor or doctors chosen to give the lectures should meet with the nursing instructors to discuss in detail the entire plan for the course as contrasted with the old curriculum. In order that the doctor may present his material at the proper educational level he may at this conference become acquainted with the placement of this subject in the curriculum and also the pre-professional education of the student. Such a conference would make for a better understanding of both the medical and nursing aspects. Here, too, the doctor may gain some insight into the objectives of the course and of nursing education in general.

Also, plans can be made at this time for the mechanics of carrying out the course, such as arrangements for time of conference and for medical and surgical nursing instructors to attend all of the classes. This would mean that the surgical supervisor would attend the surgical and medical lectures and the classes in medical nursing. In our own school we secured the approval of the administrative officers of the University and the cooperation of the heads of the medical and surgical departments.

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5 Author unknown, "A Vision and a Program," The Degree of Honor Review, May, 1936, p. 3.
In my brief discussion may I outline the steps which we found necessary in inaugurating the course.

The medical and surgical nursing instructors prepared a tentative plan for the combined course. A conference was then called of the doctors who were to teach the course, the director of the nursing school, and the instructors. At this meeting the general plan for the entire quarter was agreed upon with emphasis on the following features:

1. Each physician was made responsible for the plan agreed upon. Stress was placed upon avoiding unnecessary repetition.
2. Medical and surgical instructors were to attend all classes.
3. A weekly conference was held with the director at which time difficulties were presented for consideration and progress was determined.
4. All tests and examinations were to be prepared jointly by the medical and surgical instructors.

The problems involved were taken to the directors of the nursing service in each hospital.

The content of each unit must be worked out in minute detail. I feel that it is advisable that the complementary ward teaching program also be included in these details. I can not stress too strongly the importance of making this content specific so that each lecturer, if there be more than one, may know exactly what material has been presented and in what sequence the various topics are planned. In other words, the entire integrated course should be in the hands of the lecturer. This should prevent duplication and overlapping of material. I realize that it is the plan of the Curriculum Committee to have all lectures given by one doctor in so far as this is possible but in a great many schools it will be desirable, or even necessary, to have one for each special field.

When the subject was given me for discussion I realized that our own problems were in many instances an outgrowth of our physical set-up. Our students receive their basic clinical experience in three entirely separate hospitals covering a range of eight miles. In order to have the benefits of the experience of others I then wrote to the directors of several schools which I thought might be trying out the new plan. Also, from correspondence with Miss Florence Parisa, who is an instructor in Nursing Arts II at the University of Minnesota School of Nursing and who for the past year has been a graduate student at Columbia University and vice chairman of the committee on medical and surgical nursing, I received many other opinions.

On the basis of these I shall now attempt to summarize the difficulties which confronted the various schools.

I. Because the combining of these courses involved the reorganization of other courses and in some cases the clinical rotations, several schools felt that they did not wish to try the tentative plan. Many of these same schools did express their criticisms of the proposed course.

II. A second criticism which was offered by a good many schools pertains to the general planning of the course.

A. The time allotted to various units called forth a good many comments. Some felt for instance that Unit XVI, Eye, Ear, Nose, and Throat, was given more
time than was needed. Unit III on Blood and Blood Forming Organs seemed to require more than the time allotted. Rather general criticism was made of Unit VII, Musculo-Skeletal System. The suggestion of combining this unit in content and time with Unit XII, Orthopedic Nursing, was made. This would seem worth considering.

B. The arrangement of the content as to sequence was frequently criticized. The majority felt that some rearrangement of the ear, nose, and throat material was necessary. Its inclusion in Unit VIII linked with neurology, was an overlapping and considered a poor arrangement. We felt that the prevalence of common upper respiratory infection in the wards made it advisable that the student have some knowledge regarding these very early in her course. Their close relation to the conditions of the upper respiratory tract made it seem not only highly desirable but inevitable that certain acute ear, nose, and throat conditions be linked with the material in Unit IV, The Respiratory System.

In our own school we found it advisable to omit Units XI, XIV, and XV, Operating Room Technique, Communicable Disease Nursing, and Tuberculosis Nursing from the combined course. In these services the student receives the series of lectures at the same time as her clinical experience, the class and clinical experience being an integrated whole in each department.

C. Some criticism was made of the clinical material included in the whole course. We recognize that special sections of the country may find it advisable to add conditions or treatments peculiar to their locality or to omit others very infrequently met, such as pericardiodyis, coronary ligation, and embolectomy.

D. Difference of opinion was expressed in regard to the teaching of advanced nursing procedures. You will remember that the tentative outline delegates the teaching of these procedures such as hypodermoclysis and intravenous injection to the surgical and medical supervisors, rather than to the instructor of Nursing Arts II.

It would seem to me that the situation in each school would have to determine this, since it is somewhat dependent upon the teaching load and other factors.

As we consider the foregoing criticisms we should be reminded that the Curriculum Committee has constantly stressed the fact that the tentative outline is very flexible.

I might mention a few of the minor criticisms made by individuals. I am quoting from the letters received.

I. "Mental hygiene of the two courses differs so radically that it would be confusing to consider the subject for combined medical and surgical nursing."

II. "Organized separate courses in medical and surgical nursing would give the student a more clear-cut picture of both. Regarding correlation, it is advantageous that the student make her own."

III. "Those of us who are fortunate enough to have professors in medicine and surgery give lectures to our students can not expect them to adapt themselves to this mixed schedule. Therefore, quality in instruction would be sacrificed to defects in schedule."
In our own experience we did not find this to be true. Because we had fewer lecturers giving the course than heretofore, we encountered much less difficulty in arranging for the classes.

IV. "Certain adaptations in time are necessary because we are on the quarter system and not the semester plan."

Even though the course is developed on the semester plan, we have found that it can be very readily adapted to the quarter system. We gave Units I to IV inclusive in the first quarter and Units V, VI, and IX in the second quarter. Our present plan is to give Units X, XII, and XVI in the coming fall quarter and to include Unit VII in Unit XII. The other Units VIII and XIII we will expect to carry in the coming winter quarter.

V. One school makes the criticism that because the clinical services are segregated in most teaching hospitals the classroom teaching should also be given separately for the two subjects.

VI. A minor problem which confronted us grew out of the program for affiliating students from schools which were closing. In some instances, it was necessary for students who had not completed one course or the other to take certain parts of the course. This meant individual planning.

In the main the consensus of opinion seemed to be that the principle of the integration of these two subjects into one course is sound.

No doubt there are many schools which have been experimenting with this course with which I did not correspond and I hope that we may have the benefit of their experience if there are any of their representatives here.

In conclusion I should like to say that those who have worked with the plan in our set-up feel that it is a great improvement over the old method. It has made for greater stressing of principle and less of the details of surgical and medical conditions. It has aided the student in seeing that medical and surgical conditions are frequently so interwoven that a clear appreciation of both is essential, if one is to see the patient as a whole. Furthermore, from the student point of view our belief is that the combined course as being presented has stimulated the student to see the patient as an individual rather than the particular disease from which he may be suffering.

It has proven, too, that practically all unnecessary repetition has been eliminated with the combining of the courses.

I should like to see more schools try the basic principle of the integrated course even though it means a good deal of adaptation to their own school programs.

We hope that it will be possible, with certain readjustments, to continue with the course in our school and that it will be a permanent part of the new curriculum.
General Session

Thursday, June 25, 11:00 a.m.

Presiding: Pearl I. Castile, R.N., President, California League of Nursing Education.

General Topic: Preparation of the Faculty

1. The Preparation of Teachers for Schools of Nursing

Edna Bailey, Ph.D., Associate Professor of Education, University of California, Berkeley, California

The profession of nursing is young, as professions go, and labors under a double handicap. The Sairey Gamp tradition is generally recognized as such and discounted. But the burden laid on nursing by the extraordinary development of medicine, surgery, sanitary science, and public health, has not been so widely recognized. When we remind ourselves that Florence Nightingale did all her work before the discoveries by Pasteur, Koch, and Lister of the rôle of microorganisms in disease, to say nothing of the twentieth century developments in biophysics and biochemistry, we feel that that distinguished Lady with the Lamp had, after all, a simple kind of task. In health, as in industry, applied science has made great technical advances possible, but has failed to help us in any adequate way to adjust our lives to the improved technology.

One small contribution, from an applied science so young and dubious as to be hardly respectable, can be made to the solution of these technological difficulties common to the arts and sciences of health. This is the assistance which can be obtained from education, particularly from educational psychology, philosophy, and sociology, on the theoretical side; and from studies in curriculum construction, school administration, and public relationships on the practical side.

Education as an applied science and a practical art has no prescriptions, no rule-of-thumb to ensure success. But whatever it can contribute, it seems to me nursing education needs.

The nurse who teaches practices two professions. Her chief handicap lies in the fact that often neither nursing nor teaching is recognized as a profession by those to whom she is responsible. In consequence, she may have only a naïve, uncritical knowledge of nursing, and too often does not realize there is any knowledge to be had of teaching. The patients survive, the students learn—what need is there to analyze, to reflect on, to experiment with, to improve? In the unanswerable words of the automobile mechanic who was upbraided for his lack of attention to an aged car, "Well, she runs, don't she?"

The National League of Nursing Education is impressive evidence that a considerable fraction of nurse instructors recognize their professional opportunities, responsibilities, and difficulties. At the invitation of the League,
I have tried to consider the needs of the nurse educator, the resources of modern education for meeting those needs, and the best ways of drawing on these in her preparation.

The first basic consideration, which should influence all the rest of our thinking, is that the preparation of a teacher is education, not training. The nurse educator, even more than most teachers, is a pioneer. We need to direct every effort toward stirring her initiative, resourcefulness, ingenuity; and at the same time develop her ability to criticize her own performances, to evaluate the results of her work, to profit by experience, to grow in effectiveness and power.

This means that the nurse instructor needs, even more than most of us, a truly liberal education, in addition to her specialized preparation as a nurse. That only about a fourth of the full-time nurse instructors in the United States have had four years of college experience, and that 35 per cent have only high school graduation or less, indicate how far from adequate have been the formal opportunities of these women for obtaining a broad educational background. That the median length of service of these instructors is only 2.6 years, while three-fourths have served less than four years, indicates that any capacity to learn from experience and to grow in service has had practically no chance to come into function.

Public education has moved steadily toward a broad, liberalizing, and intellectually stimulating curriculum for its future teachers; and just as steadily away from detailed and deadening drill in methods and devices of instruction. There seems no doubt that the nurse instructor, who is dealing with high school or junior college graduates, needs as liberal an education as does the teacher of first grade children.

Public education has also moved, with somewhat disconcerting rapidity, toward establishment of permanent tenure for experienced teachers. Serious as are certain of the drawbacks attached to this move, public opinion finds the assets to outweigh the liabilities so heavily that tenure has resisted most attacks, even through the depression years.

Another indication of lack of seriousness in regard to the function of teaching in hospital training schools generally is found in the low salaries paid—a median of $1,380 yearly, plus maintenance. The heavy teaching load including, for the majority of instructors, classes in four different fields points in the same direction. Lack of the most elementary equipment and teaching facilities supplies more evidence, if any is needed. That 23 per cent of the schools had in 1932 no full-time instructor, and that only 7 per cent had three instructors, seem incredible to a teacher accustomed to the provisions of public schools as to faculty.

In brief, "nursing is still the Cinderella of education." At the same time, our civilization is developing new and important avenues of service for nurses, is putting on them responsibilities undreamed of in the days of Florence Nightingale.

A correlative consideration from educational theory, in relation to the need of liberalizing and stimulating, rather than "training" the teacher,
stresses the importance of developing in her a clear, definite grasp of the
ideal sought in the performance and development of her pupils. If the
teacher is to be left free to find her own best way, it is all the more important
that she should know what she hopes her pupils will accomplish, in what
ways they will be changed by the experiences through which she leads them.

What does this mean, in terms of the nurse instructor? A knowledge and
understanding of the history, present status, and probable future scope of
the nursing profession, first and foremost. Hospital nursing, even bedside
nursing in general, is only a small segment of the range of nursing opportuni-
ties. Experience in private duty, in public health and school work, in
industrial and institutional positions would broaden the nurse instructor’s
vision of the tasks and opportunities which will lie before her students.

Dr. Jordan remarked years ago that a university tended to become a place
to make Ph. D.’s, whose major function was to make more Ph. D.’s, ad in-
finitem. Nursing schools need to consider this awful example of diminishing
returns.

Not only the scope of the nursing profession has widened, but the aims
of nursing have undergone great changes. These changes are largely inci-
dental to the advances in the health arts and sciences above referred to; the
early functions of the nurse are summed up by Dr. Cameron thus: "The
nurse endeavored, according to her light, to comfort the sick and alleviate
as best she could the suffering of their last days upon earth." More recently,
the purposes of nursing were defined as "to make the patient comfortable
and to carry out the doctor’s orders." This has little in common with the
modern ideal, as stated by Dr. Weir in the Canadian Survey: "To keep
people well, to relieve suffering and help to cure the sick, to give assistance
to the doctor in his diagnosis and treatments." These aims are not nearly as
pertinent in the hospital situation, where the student nurse is educated, as
in the other fields of nursing, where she will practice her profession.

Certain changes in nursing ideals are incidental rather to social changes
than to scientific and technical advances. The best of nursing education has
always rested on the principle of consideration for the individual, but this
ideal has operated in a society too often concerned chiefly with exploitation
rather than conservation of its more helpless members. The economic prob-
lem of bridging the gap between the patient of moderate means and the
qualified nurse is essentially a phase of this general social situation; the
growing dissatisfaction with the high cost of health services, the confusion
as to the relative spheres of individual and state in control of social enter-
prises—these are outcrops of the long struggle of common men for common
welfare. For the nurse educator to be illiterate as to economics, sociology,
and public affairs is fatal to sound and useful instruction of her students.
Again, this lack will scarcely be felt in their hospital performance; but it
becomes a serious handicap in all other fields of nursing. Young girls, im-
mured in hospitals, are not likely to gain broad social views without deliber-
ate and skillful teaching.
In the preparation of the nurse educator then, we hope for a liberal education, broad professional experience and sympathy, and a clear and critical comprehension of the aims and ideals of nursing, in relation to modern science and to society.

However, it must be said here that until serious provision is made by schools of nursing for the teaching of nursing, a teacher thus prepared would be absurdly out of place as a nurse instructor.

There have been, as you well know, careful and well-documented studies of nursing education. The reforms indicated by these studies, which concern us here, may be summarized under four heads:

Curriculum reform.—There is needed a better balance between theory (or rational learning) and practice (or rule-of-thumb learning) than the present nine-to-one ratio of time distribution would indicate. Human factors should be stressed, as well as bedside technique; therefore we need instruction in psychology, sociology, mental hygiene, psychiatry; in all these we should emphasize health education, disease prevention, relations with patients, families, communities.

Adequate facilities for instruction.—Not only competent, responsible teachers, but classrooms, libraries, laboratories—all the things we take for granted in public education generally.

Improved quality of instruction.—A closer relation of theory to practice; subject matter worked over and focused directly on nursing problems and interests; discarding the practice of permitting the instructor to teach what he or she is interested in rather than what will fit the student to meet nursing situations competently; and finally, drawing on modern educational theory for an appreciation of the paramount importance of what the student does, rather than centering attention on the teacher’s performance. Specifically, this last reform will apparently mean a great reduction in the use of the lecture; an increase in class discussion, conference, special problems; use of laboratory, library, clinic, and other field opportunities to enliven and stimulate student thought. It will mean also improved methods of testing a student’s progress, and greatly increased attention to the academic and intellectual level of the particular group of students being taught, with some special provision for both the bright and the dull.

Improved selection of students.—By use of modern personnel methods for assessing bodily fitness, mental capacity, social maturity, and personality bent. The head of a professional school who selects his students from among the applicants without benefit of these techniques is in the position of the school physician of 1910 who “hefted” a youngster and announced he was “heavy enough and tall for his age,” without bothering to have recourse to the scales and yardstick.

These reforms being agreed on as necessary and imminent, what follows as to the teacher of nurses?

As I indicated above, nothing at all follows until we have a more serious and responsible public attitude toward the education of nurses. But suppose
the present generation of militant leaders is able to stir us to recognition of
the necessity of public support and public control in this field, as in law,
medicine, pharmacy, dentistry, and education, what pattern should we offer
the improved schools of nursing, by which to plan the education of their
teachers? Some specific elements can be discerned on the basis of these four
reforms in the education of nurses. These are, of course, in addition to the
general considerations stated in the first part of this paper, of a liberal col-
lege education, broad professional experience and sympathy, and a grasp of
nursing as a profession in society.

As to curriculum and facilities, the teaching will become vital when the
instructor has a well-chosen, solid preparation in biological and social sciences.
Today the basic social sciences are probably seriously neglected in the rush
to cover a heavy allotment of laboratory sciences. Because all sciences are
incomplete, impermanent, it is of the greatest importance that the prospective
teacher work on basic courses, rather than so exclusively on "applied" courses.
Only so can she escape dogmatic satisfaction with her "finished" education,
and become capable of growing throughout her professional life, as our
knowledge grows.

I should like to make one suggestion here which would find no favor
with many of my co-workers: that is, biological and social sciences should
be studied together, as two phases of human biology. No teacher who knows
only one is fit to teach either.

Teachers with the solid foundation I am here suggesting would be unable
to tolerate the slipshod and incredibly superficial teaching of "theory," which
is too often only a gesture in recognition of an obligation to do something
like the inexperienced automobile driver who saw herself rapidly approach-
ing a railroad train, and feeling something was called for, blew her horn
at it loudly and peremptorily! Why a nurse should be expected to master
microbiology in 60 hours, when a college student taking the subject as a
general culture course needs 240 hours, is not to be explained rationally.
The situation can only be comprehended by interpreting the "course" as a
blast on the horn by a hard-pressed driver.

This brings us to the third reform—that in quality of instruction. Elim-
inating all detail and questions of feasibility, I submit as a general principle
that nurse instructors should be educated as teachers, with the benefit of
such student teaching under supervision as provided for other candidates
for the teaching profession. I believe also that this teaching should be done
in regular academic classes, of senior high school or of college grade, in
biological and social sciences. This is contrary to a basic principle of mod-
ern educational thought—that we learn best in a situation as like as possible
to that in which we shall use our knowledge. This principle led me to
think for many years that practice teaching for nurse educators should be
carried out in schools of nursing. This is in practice not satisfactory for
two reasons. The prospective teacher has usually herself been taught in ways
that are pedagogically unsound. It is easier to reach and change her sub-
conscious determination to do as she was done by in a new situation, outside
the emotional pressure and heavy immediate responsibility of the hospital ward.

I don't know just what John Dewey meant by his famous aphorism "Education is Life," but I am sure he did not mean that we should reverse it into "Life is Education." Education is just a more expeditious and economical way of learning than the ordinary run of experience alone will permit. And above all, it is in a protected situation, one where mistakes are not fatal to us or anybody else. Here lies that quality of unreality which endangers education, but is biologically and socially its most distinguishing trait. Your motivation may be too strong for a liberalizing educational experience.

Another reason for giving the prospective nurse instructor some of her teaching experience outside the hospital is the freedom of the modern school from rigid discipline for the sake of discipline. Teachers thus introduced to teaching might be willing to tolerate a measure of initiation and independence in their student nurses. Students come up through liberal high schools.

The fourth reform relates to personnel procedures. A few good modern public schools are employing health records, social histories, life-histories, and personality records, in understanding their pupils. This is of such great importance that the prospective teacher should be specifically trained in these techniques, at least sufficiently so to enable her to appreciate their usefulness and their limitations. At least one course in tests and measurements, in addition to a basic course in educational psychology, is essential. A unit of work in the study of the individual has been shown to be a necessary supplement. Any teacher or administrator who has once realized the tremendous asset she has in the possession of objective, relatively standardized, and reliable facts about a pupil, on which to base conferences with that pupil, will never begrudge the time necessary to master this field.

In connection with the Canadian Survey, you may recall that physicians were asked what were the most serious faults of nurses, and what the commonest faults. To these men, it was most important that nurses be careful, alert and accurate, tactful, skillful. It was least important that she be intelligent, well educated, sympathetic, understanding the theory of nursing, and personally pleasing. But, they reported the commonest faults of nurses were just those whose prevention they thought least important—they were tactless, uneducated, dull, unsympathetic, not skilled in observation and reporting, not pleasing. Very rarely were these nurses not skillful in care, careless, or ignorant of nursing theory.

It seems to a bystander that the nursing schools, under the strong influence of these limited ideals of a nurse's whole duty, have been producing exactly what the doctor has called for, and he has not liked it.

We need to recognize that these traits are inseparable, that only the well-educated and intelligent nurse can become the careful, alert, and tactful co-worker the physician needs; and that only through the development of nurse instructors with an adequate conception of the scope of their professional task can adequate health services be rendered our people.
2. Promoting Professional Growth of the Faculty

William A. Burton, Ph.D., Professor of Education, University of Southern California, Los Angeles, California

The topic assigned to me is distinctly interesting because of the fact that we in general education have been confronted with the same problem in the teacher training schools. In the two-year normals, and somewhat less so in the teachers' colleges, the faculties were for a long time in a deadly rut. The materials and methods were hopelessly out of date. The individuals were smug, complacent, and incompetent. As someone once said, the normal schools in the United States secure good faculty members only as young men and women pause there for experience on their way to more stimulating situations.

There have been definite reasons for this, many of which we have eliminated. Some of the reasons are similar to those in your situation, and guidance can be secured by contrasting the two.

In the first place, the normal schools were isolated institutions without competition. I am not sure how far that point holds in your field. Secondly, we had very few standards in teacher training until quite recently. This has been largely true in nursing education also. In the third place, the national organization of teachers' college people was very anemic and spiritless. It would do anything but fight. No research was carried on as to status, possible developments, et cetera. So far as I can learn, you are distinctly better off. It is important to keep your national organization lively and aggressive. Active participation by a large portion of the membership is highly desirable. In the fourth place, teacher training had extremely poor leadership. Again I am not familiar enough with the field to know if this has handicapped you. Finally, we were handicapped in teacher training by lack of public recognition of the difficulty of our work. This made it almost impossible to secure good people for our faculties, or to stimulate them to growth. I am quite sure that you are seriously handicapped by the same problem. As you are able to educate the public to recognition not only of the importance but of the genuinely technical nature of your work, so you will be able to raise standards, secure better people, and to keep them growing.

I have read with great interest several of your publications, including pamphlets and books, and note considerable progress.

Now let us turn to more specific suggestions bearing directly upon the improvement of your faculties while in service.

Preliminary Considerations

There are two or three points concerning the growth of your faculty members which should be noted before you actually have the faculty organized for study and development.

First, use the greatest of care in the original selection of faculty members. This is fundamental and essential. Unless we have a high type of material
—intelligent, trained, and forward-looking—there is little chance of growth afterward. Three aspects of this matter may be noted:

a. Training, both academic and professional
b. Personality
c. Outlook and capacity for growth

There are two kinds of training, the general, or academic and cultural, and the strictly professional. In regard to the general or cultural, it can not be too strongly emphasized that this should be as high for nursing instructors as for any other professional workers. Culture here most emphatically does not mean ornamentation. It means intelligent understanding of the nature of the world and of the society in which we live. The interpretation of strictly professional problems will differ greatly in terms of backgrounds. The instructor with a broad background in the history of civilization and an understanding of the economic and sociological problems of the day, of the intimate relation between the sociological and the biological problems will react very differently from the stodgy dullard who is uninformed and uninterested. Of course we can not go into the details here. I merely emphasize the necessity for a first-rate general education.

The professional education can not be discussed here since of course you know more about that than I do. I would merely touch upon one phase of it, namely that in the field of education. There should be a minimum of courses in education, psychology, curriculum construction, analysis of teaching, supervision of teaching, the philosophic and scientific methods of thinking about educational problems. Doubtless the training of nursing instructors should eventually be crystallized in some form of credential. If so, you should guard carefully the requirements for that credential, lest they be established by people not competent to do so. It goes without saying that of course higher degrees should be required, as conditions permit.

In regard to the personality of prospective nursing instructors, it is to be emphasized that we need much more than health and vivacity, or than a pleasing appearance. The characteristics of personality are indicated by the words, maturity, integration, interest, and leadership. The technically perfect mechanist can not really feel the obligation, nor continue to grow, no matter how well trained originally. Neither do we wish the “beautiful-lady-presiding-officer type.” We want poised, balanced individuals, sincerely interested in the field, and capable of inspiring others. Professor Burnham, in his book on Wholesome Personality, lists three characteristics of the best types. These are, to have a plan, to know how to work that plan, and to be persistent to the point of overcoming serious obstacles. Nursing school instructors should be selected from those of vivid, dynamic personality.

The outlook of these people should not be merely cheerful and optimistic. It is much more important to have an outlook which takes the long-time view, which sees the field as it might develop, and is ready to participate in

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1 Burnham, W. H., Wholesome Personality, Appleton, 1932.
the solution of problems. The outlook should be one of educational stimula-
tion.

All these characteristics—intelligence, training, personality, and outlook—
should give us persons possessed of capacity for growth, who are then able
to take advantage of opportunities to grow.

Incidentally, we should note here the danger of inbreeding in selection
of faculty members.

Second, schools of nursing should be independent. Only under conditions
of independence can the schools achieve that prestige which gives the faculty
a feeling of dignity and worth which not only stimulates them to growth,
but makes possible interest and vigorous attack upon the problems. Doubt-
less the movement to place schools of nursing within universities should be
extended. When schools of nursing are attached to hospitals, the greatest
care should be used in working out the coordination with the hospital, so
that the dignity and worth of the school of nursing is preserved.

In the third place, the number of schools of nursing should be decreased
greatly. I have just been told that there are forty schools of nursing in
the state of California. This is gross stupidity on the part of the public.
Nothing of the sort should be permitted. The profession should take the
lead in attacking this problem. With a great reduction in the number of
schools, obviously a much higher type faculty can be secured and maintained.
The reasons for growth and development will then be much more apparent.

**Universal Considerations**

We now come to a number of points which are common to all types of
schools, in fact to all types of workers whose growth is a matter of concern.
There should be such salary schedule and such load as to permit time and
energy and also motive for improvement, study, development. Very obvi-
ously the underpaid and overworked individual can not participate in im-
provement activities, nor is there much reason why she should.

Membership in professional organizations should be encouraged. Mem-
bers should expect to participate, and should seek opportunities to do so.
There should be aggressive attack upon problems in the field. Of course
this is related to the previous point, namely salary and load. Too often the
best workers are too overworked to attend these meetings, or to participate
in committee work.

Leave of absence for travel or for study should be encouraged. This may
take the form of summer school work, visiting foreign countries to observe
their nursing education, et cetera. Exchange of teaching positions should be
worked out whenever possible.

There should be regional meetings for the exchange of experience, for
developing cooperation, local study projects, et cetera. Obviously intervisita-
tion, exhibits, and bulletins are minor devices here.

There should be extensive experimental studies of problems in the field,
carried on cooperatively within groups or between groups. Such matters as
salary, load, relations with hospitals, et cetera, might be considered here.
A Final and Pervasive Consideration

Conditioning all of the foregoing suggestions for stimulating growth in the faculty, there is the final suggestion, that the leadership of the faculty should be democratic, stimulating, and confidence-inspiring. The development of morale and esprit de corps is fundamental to all previous suggestions. We now have considerable data on how to stimulate morale and upon the conditions which destroy it.

The leadership should invite the participation of the staff in the planning of policy, in the execution of plans, in the administration of details, et cetera.

To summarize, I have tried to point out in extremely brief form that the stimulation of growth of nursing school faculties rests upon first, the very careful selection of highly trained people of vivid and dynamic personality. Secondly, a number of minor routine conditions need to be cared for in order that growth may take place, namely, salary, load, leave of absence, cooperative study, et cetera. Finally, the matter rests very largely upon the type of leadership supplied by the heads of the institutions.

Joint Session

American Nurses’ Association

National League of Nursing Education

National Organization for Public Health Nursing

Thursday, June 25, 2:30 p.m.

Presiding: Mrs. Chester C. Ashley, Member, Board of Directors of the Los Angeles Chapter of the American Red Cross and of the Los Angeles Community Welfare Association.

General Topic: Tomorrow’s Community Nursing Service

What Are the Goals?

Elnora Thomson, R.N., Director, Nursing Education, University of Oregon, Portland, Oregon

Miss Thomson spoke extemporaneously. In her address she suggested that five aims rather than goals be used. These included, briefly:

1. To provide opportunity for sound education for nurses from the beginning to the place where they begin to apply it
2. To integrate mental hygiene and health concepts into all our teaching
3. To stimulate the student to demonstrate an interest in the person she serves
4. To secure funds for nursing education as has been done for other types of education
5. To do our share in making it possible for every person to have nursing care of the type he needs at a price which fits his pocketbook
How Are the Goals of Tomorrow's Community Nursing Service to Be Reached?

A. Through Registries and Nursing Bureaus

Ella Best, R.N., Associate Director of Headquarters, American Nurses’ Association, New York, New York

A preface to Shakespeare, written by Samuel Johnson, states that “Demonstration immediately displays its power, and has nothing to hope or fear from the flow of years; but work, tentative and experimental, must be estimated by its proportion to the general and collective ability of men, as it is discovered in a long succession of endeavor. Of the first building that was raised, it might with certainty be determined that it was round or square; but whether it was spacious or lofty must have been referred to time.”

In thinking through objectives toward which programs for all professional endeavor for nurses and nursing are being directed, it is clearly evident that out of the many activities of nursing groups, whether through demonstration or by experimentation, there are three goals which may be achieved through the registry and the nursing bureau. These three goals include many ancillary objectives, and are as follows:

First: That community responsibility for the activities of the registry or nursing bureau be established
Second: That skilled nursing care be made available to all those who are in need of this assistance
Third: That well-balanced professional programs for nurses be formulated

The significance of these three goals and their concomitant relationships to each other might be accepted as representing one complete goal in which the motivating principle underlying the first and third goals is that embodied in the second, namely, “that skilled nursing care be made available to all those who need it, regardless of their economic status, or whether they are ill in their homes or in hospitals.”

Consideration of goals naturally implies projection of thought into the future, in order that ways may be devised and achievements attained which will obliterate the most troublesome of present-day problems.

However, before discussing these three goals in terms of their implications for tomorrow’s nursing service, it may be of interest to contrast certain correlated and fundamental objectives with those principles which stimulated early attempts to establish central registries in the United States.

Development of Registries in the United States

Previous to 1904 the channels through which the service of the nurse on a full-time basis was made available to the community were limited to lists of names of graduate nurses, which were kept on file in the physician’s office, the hospital, the school of nursing, the corner drug store, and elsewhere.

There appeared to be no conscious attempt to develop this activity beyond the point of securing employment for the private duty nurses whose
names appeared on these lists. This activity was purely individualistic and in most instances there were no group standards controlling the procedure.

References appearing in the American Journal of Nursing from 1904 to 1909 indicate that during this five-year period a great deal of thought was given to the need for central registries, and, therefore, the papers which were written on the subject at that time contain outlines of the advantages and disadvantages of the central registry.

Of the disadvantages as set forth, the following were the most outstanding:

1. Nurses would lose their identity and would not receive their "personal calls"
2. The central registry represented a place for registering names only
3. The need for the central registry in rural and suburban centers was debatable

The idea of the central registry was opposed by the following groups of nurses:

1. Nurses who had become established and who saw no need for central registries
2. Private duty nurses who saw no need for paying for a service which they were receiving gratis. No fees were required of the nurses to whom calls were referred by the agencies with which their names were listed.
3. Others who were too busy to give any thought or time to consideration of the problem
4. Still others who saw the advantages of central registries but were unwilling to accept the idea

The chief advantages of, and the reasons for, the establishment of central registries as presented by the proponents of the plan were that the central registry would

1. Be of assistance to nurses not graduated from local schools of nursing
2. Relieve the overburdened "training school" superintendent
3. Represent a center for nurses being graduated from city or county institutions
4. Insure promptness in securing nurses best fitted to give the required nursing care to the patient

The fact that the advantages of the central registry were believed to outweigh the disadvantages is illustrated by some recently acquired figures relative to the number of registries, and dates of the establishment of these registries throughout the United States. These data show that in the twenty-year period from 1909 to 1929 more than thirty-five central registries were established in various parts of the country. This period of registry development might be designated as being one of coordinated effort within the profession.

Because of the need for distinguishing the difference between the professionally sponsored registry and the commercial agency, the term "official" was early applied to those registries which were sponsored by the local group of professional nurses.

During the past seven years a great deal has been done in regard to the development of administrative aspects of the registry. In 1929, the Minimum Standard for Official Registries was outlined by the Headquarters staff and approved by the Board of Directors of the American Nurses' Association.
That early apprehensions expressed by nurses regarding the function of the "central registry" were without foundation was illustrated by the fact that in 1932 a statement was made in the revised Minimum Standard for Official Registries which was that "the function of the official registry is being reinterpreted. It is no longer only a cooperative employment agency for nurses. In many places the official registry has enlarged its activities so that it now is virtually a nursing bureau working closely with other nursing and health agencies in meeting the nursing needs of the community."

Because of the fact that the earlier definition of the official registry had not placed much emphasis on the responsibility of the local professional group, it became necessary in 1932 to redefine the term "official registry" and as a result, the responsibility for designating the official registry in the community and its final approval were placed with the local district nurses' association and the state nurses' association.

This brief review of the development of registries in the United States would be most incomplete if no mention were made of the splendid cooperation and assistance which have been given by many of the busiest registrars throughout the country—some of whom are on duty for long hours of the day or night. This has been true especially in relation to the reports of the service of the registry which have been submitted to American Nurses' Association Headquarters each month by registrars since March, 1934. From the information contained in these reports there is being made available each month in the American Journal of Nursing data which are of significance in showing certain trends in nursing as indicated by facts presented in the department "What Registries Are Doing."

COMMUNITY RESPONSIBILITY FOR THE REGISTRY PROGRAM

In considering the first goal for tomorrow's nursing service which may be achieved through the nursing bureau, namely, "that community responsibility for the activities of the registry or nursing bureau be established" it is well to review briefly the various types of registry and nursing bureau organizations through which community responsibility might be recognized and established.

As the result of a recommendation from the Committee on the Distribution of Nursing Service with joint representation from the three national nursing organizations, the following recommendations, accepted by the Board of Directors, were presented at the meeting of the House of Delegates of the American Nurses' Association at the Biennial Convention in Washington, D. C., April, 1934:

First: That as rapidly as possible we work toward the end that registries be organized as community agencies with a nurse executive, with a board composed of the consuming public, and with an advisory committee of representatives from the nursing and medical professions.

Second: That we work toward the end that all nursing activities be worked out in terms of an adequate community program and that this program have community but not political control.
Recent reports indicate that the majority of registries are governed by boards, the members of which are all nurses. However, it is encouraging to note that there is an increasing number of registries, the governing bodies of which are composed of representatives of lay and medical groups. It is not known just how many registries or nursing bureaus are working toward the goals implied in the above-mentioned recommendations. However, it is believed that when more consideration is given to the question of lay administration and participation, in outlining the policies of the agency concerned with the care of the sick on a full-time basis, it may be possible to stimulate community responsibility for the agency which is concerned with the care of the patient, whether in his home or in the hospital, regardless of his ability to pay for this service. It has been demonstrated again and again that when lay and medical representatives are given the opportunity for active participation in the formulation of policies of the agency which is administered by the board, their interest has been manifested by regular attendance and active discussion. Unless these outstanding community representatives can be assured that the time given over by them to attendance at meetings can be used to the fullest, it is futile to attempt to seek such representation.

The selection of these representatives may be made in a number of ways: for example, the appointments might be made by the organization represented, or that organization might submit a list of names from which these representatives may be chosen by the nurse members of the board. The final decision relative to this matter will naturally depend on the relationship of the local groups to each other and the various organizations functioning in the community where such representatives are desired as members of the governing body of the registry. Certain it is that once the interest has been stimulated it is essential that active participation be continued over a period of time if the greatest good is to result from this community program. One of the most essential factors to be considered in terms of the long-range view of community participation in the program of the registry or nursing bureau is the ultimate objective for all communities, namely, that this active local interest in nursing service form the nucleus for a nursing council. It is imperative for the nursing groups in any locality to develop well-thought-through and coordinated plans expressed in terms of specific local needs. It is also essential that a tentative program be formulated which indicates definitely just what assistance may be required and expected of the various groups that have been asked to participate in plans for well-rounded community nursing service.

Nursing Information Program

At this point it may be stated that one of the goals toward which many nursing groups are working at the present time is the organization of well-developed nursing information programs. As stated in the announcement sent out by the Nursing Information Bureau of the American Nurses’ Association, this program should be "organized for the purpose of dissem-
inating through appropriate channels, such information as may lead the public to demand a sounder preparation for and a wider use of nursing service." A nursing information program with this objective is a most essential adjunct to the first goal to be achieved through the registry or nursing bureau, namely, that community responsibility for the activities of the registry or nursing bureau be established.

Also a well-defined program of nursing information will assist in bringing before the citizens of any community the need for, and the use of, funds for the development of a coordinated plan in making available skilled nursing in the prevention of disease and the care of the sick.

At no time in the history of registry development in the United States has there been greater need for a clear-cut enunciation of the social philosophy of the registry or nursing bureau. It is essential also that this philosophy be interpreted in terms of necessary adjustments to the environment of a modern world. The question immediately arises—by whom and how will this philosophy be developed and interpreted? The answer to such a question is that the responsibility for developing and interpreting the social philosophy of modern nursing rests with every member of the nursing profession. This is a responsibility which all professions are facing and if nursing is to maintain its place in a modern world of social change, it must be prepared to accept and to promote newer concepts of professional adjustment in all phases of nursing achievement. Since the principles accepted in this discussion are to be applied to the registry and professional nursing bureau, one may ask how these modern influences affect the program of registries and nursing bureaus and what may be expected of those who participate in this program?

**Availability of Nursing Service**

The answer to this question is included in the consideration of the second goal to be achieved through the registry or nursing bureau, namely: "That skilled nursing service be made available to all those in need of this assistance."

On considering this question, it is important that thought be given to the service program for the registry and nursing bureau, with special emphasis on the qualitative analysis of this program. This analysis calls for an evaluation of the academic and professional preparation and professional experience of the registrants, as well as information about their cultural interests, professional ideals, and philosophy of life. The question may arise, how is it possible for the registrar or the director of the nursing bureau to acquire information on the qualifications of nurses whose services she will be called upon to recommend to the patient, the physician, and others making varied and innumerable requests of the registry or the nursing bureau. Also, there is the indirect responsibility which the governing body of the registry and nursing bureau assumes in sponsoring this community program.

Answers to the above questions may be obtained from a number of sources. However, the most important records of the registrant's background should
be available in the school of nursing whose function it is to prepare students for the community responsibilities which they will be expected to meet following graduation. It is a sad commentary indeed when reports of registrars giving causes for inability to assign the graduate nurse to a patient or to a position indicate that this inability is occasioned by the fact that the hospital in which the nurse received her undergraduate preparation in nursing will not accept her service as a graduate nurse. Or again, the nurse may have received a splendid and complete course according to the prescribed outline of a most acceptable curriculum, but is found to be unsuccessful because of lack of appreciation of her responsibilities toward the profession of which she has chosen to become a member. One of the fundamental principles of all education in general, and of nursing education specifically, is that undergraduate preparation should be so arranged that the individual will acquire not only a body of facts but that she shall acquire also the ability for making the necessary social adjustments which are of such vital importance in professional experience. It is admitted by all who are informed on such situations that a great deal of very necessary courage is required to withhold approval from the student who has passed successfully examinations in prescribed courses but who lacks traits of character which are desired in the nurse and which must be inherent in all members of the profession. This is true especially of first-year students.

As stated by Justin Miller, Dean of the School of Law, Duke University, "A school that fails to teach its students the place of the profession in society and impress on its graduates the necessity for continued study and constant regard for the responsibilities of the profession is failing signally."

Another important factor to be considered in relation to the qualitative analysis of the service program of the registry or nursing bureau and one which may influence the availability of skilled nursing is the type of community records on file at this agency. That records of registry service in the community are improving is attested by the fact that at the present time it is possible to learn more about the various types of service for which nurses are called than at any other time since the organization of the central registry and professional nursing bureau.

No doubt this widespread improvement in registry records has been due to the active participation of registrars and directors of nursing bureaus in the registry study which has been conducted at American Nurses' Association Headquarters since March, 1934. Heretofore in most instances information about all registries was based on personal opinion, whereas now it is possible to secure statistical data which reveal facts about registry activities as they concern the practice of nursing in the community.

These facts lead to further consideration of data about the community through quantitative analysis of registry records and the relation which these records may have to other community activities affecting the health and

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welfare of the citizens within the locality. This is especially true in conjunction with the programs of service that are being carried by hospitals and public health agencies.

To date, the amount of nursing service needed in any one community has not been determined. At the present time records of registry service indicate trends in community needs through records of requests for service of registrants. The significance of these requests for various types of nursing service in their relation to the undergraduate program in the school of nursing can not be overlooked. Recently it was reported that no nurses were available to care for patients with communicable diseases in a certain community. The registrar reported that these calls were filled by so-called "practical nurses" supplied by the physician. According to the List of Schools Meeting Minimum Requirements Set by Law in the Various States, published by the National League of Nursing Education, one of the two schools of nursing in this particular community offers no preparation in communicable diseases, while the other offers only such experience as might be secured in the communicable disease department of a hospital of 100 beds. This is but one illustration of the correlation which might be made between the undergraduate program for students in schools of nursing and the demands for community service which these students will be expected to meet as graduate registered nurses.

It is hoped that eventually some standard of measurement will be achieved through the work of the Joint Committee on Community Nursing of the three national nursing organizations which will assist in determining the kinds and amount of nursing needed by a community of a given size and type. In the meantime, it is suggested that all registries and nursing bureaus build up complete, accurate, and authentic records of community service in anticipation of the time when, in cooperation with other local agencies, a standard may be devised whereby it will be possible to ascertain the type and amount of nursing service needed in any given community.

According to Edwin Arthur Burt, Professor of Philosophy at Cornell University, "The ability of science to deal more effectively with our most vital human problems is dependent to the highest degree on the rapidity with which we learn how to perform this quantitative analysis on the other characters which, in the interest of the larger human welfare, we need to understand precisely and control confidently. When we can measure numerically in terms of an accepted unit or standard such qualities as piety, artistic ability, generosity, statesmanship, and inventiveness, and thus build correlations between them and more controllable events, the progress of mankind toward better things will accelerate its snail-like pace, at least so far as science can bring this about."

The second goal to be achieved through the registry, or nursing bureau, is concerned with providing skilled nursing to those in need of this service;

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therefore it is essential that in the time allowed for this presentation, only
the most important phases of this problem be discussed. Probably the two
most outstanding questions associated with the distribution of nursing service
to those who need it are the difficulties which arise in attempting to reach the
patient in rural areas as well as attempts to give nursing service to patients
in their homes in urban and suburban centers.

**Registry Service in Rural Areas**

Frequent comments made by hospital executives and physicians in rural
areas indicate that it is difficult to secure nurses who are interested in rural
nursing service. Because of this problem, it is believed by those having
these experiences that there is a shortage of nurses. Naturally, therefore, the
desires of these individuals are first, to increase the enrollment of students
in schools of nursing and second, to employ non-professional service to meet
the immediate need.

The problem of providing nursing service for patients in rural areas has
been solved by certain registries and nursing bureaus through clearing calls
for service with local community hospitals. The nurses to whom these calls
are referred have signified their desire to do this type of work in these par-
ticular localities. In becoming established in the community they have made
themselves indispensable to the nursing program of the localities in which
they have chosen to practice.

In many instances the nurses who have elected to do this type of service
have found real satisfaction in the program which has been developed; they
have also enjoyed the opportunity which this experience has afforded them
for building up a rich background of professional experience. When an
increasing number of nurses have learned to appreciate the advantages of-
ered by rural and suburban communities, and when they are interested in
developing community programs in conjunction with those which are being
carried by hospitals and other community agencies, there is reason to expect
that in the future, patients in rural and suburban areas may be able to secure
the assistance which is needed.

Another suggestion which has been made is that districts of state nurses'
associations, especially in rural areas, consider the possibility for employing
an itinerant nurse who might serve as counsellor or adviser to nurses whose
services are distributed in the community from local hospitals. This nurse
might be known as an itinerant registrar whose assistance would be available
to nurses wishing to build up programs of professional services in conjunc-
tion with that offered for local hospitals and other agencies in the com-

Such a registrar would be the means of coordinating the nursing
services, not only of one area, but of many communities in which common
problems exist. It is believed that such a service would be helpful, especially
in rural communities where excellent hospital registries have been established.

These then are possible solutions to most acute and persistent problems
of stimulating interest and participation in the nursing program of rural
areas. But what about the availability of nursing service for those unable to afford the full-time service of graduate nurses in their homes?

**Allocation of Calls for Nursing Service in the City**

The question of the care of the patient in his home in the city is one to which serious attention must be given by the groups concerned with furthering social ideals of the profession. Recent studies conducted by Headquarters of the American Nurses' Association indicate that in a majority of instances the nursing care of the medical patient in his home in the city is in the hands of the untrained worker. Data submitted in these studies show that the non-professional registrant is not always the answer to the unfilled call for nursing service to the patient in his home. Proof of this statement is revealed through information reported by registrants of 27 official registries in the United States for the period March—November, 1935.

The outstanding reasons given by registrars for inability to fill all calls for non-professional registrants were as follows: hours too long, salary too low, housework too arduous, do not wish to accept calls out of the city. Reasons given by non-professional registrants for refusing to accept calls for service were as follows: undesirable working conditions, too long hours, salary too low, housework too arduous, do not wish to accept calls out of the city. It is interesting to note that the reasons given by registrars for inability to fill calls for service of non-professional registrants are identical with those given by non-professional registrants for being unwilling to accept calls.

Registrars have reported that it had been possible to fill calls for non-professional registrants by assigning professional registrants to the patient. The reason that this adjustment was possible was because the registrar had analyzed the call for the non-professional worker and has learned that the patient needed the services of a graduate registrant.

One registry has been able to maintain the full-time service of one nurse on a salary basis. This nurse is sent into the homes of patients who are unable to pay the regular fee of the professional registrant who is not employed on a salary basis.

"With few exceptions, calls for non-professional service are made because of the patient's inability to pay for the service of graduate registered nurses. This fact was brought out in the report of the Committee on the Costs of Medical Care, and presented in data showing that in 1929 a total of 202 million dollars was spent for graduate nurse service and practical nurse service. Of this amount, 60 million dollars or approximately 29 per cent, was spent for the service of practical nurses.

"Although the service of the non-professional registrant appears to be associated with the economic status of the patient, there is still reason to believe that much could be accomplished through an intensive and continuous program of education of the community regarding the use of the graduate registered nurse in the bedside care of patients, whether in their homes or in hospitals." 

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*Report to Board of Directors of the American Nurses' Association, by Alma H. Scott, R.N., Director of Headquarters, January 29, 1936.*
These data are presented to indicate the fact that the solution to the problem of the care of patients in their homes does not rest with the non-professional worker as is sometimes expressed by certain proponents of such plans, but rather with an intelligent understanding of the value of skilled nursing service of the graduate registered nurse.

PROFESSIONAL PROGRAM FOR THE REGISTRANT

The third goal which has been emphasized as representing the summary of tomorrow's nursing needs to be achieved through the registry of nursing bureaus is "that a well-balanced professional program for the nurse be established."

If this program is to result in satisfaction to the nurse as a professional woman and to the nurse as a citizen, it will fulfill certain leisure-time, as well as educational requirements. Also, this program will provide financial possibility for taking advantage of social and professional opportunity. It has been said that the "real difference in man is not want of opportunity but is want of capacity to discern opportunity." It is believed that this thought applies to many groups and individuals alike. However, certain trends in nursing indicate that there is increased demand for and greater interest in programs of service which will result in deeper and broader professional and cultural programs of real satisfaction to the nurse. It is impossible to evaluate the whole of a situation in terms of our knowledge of single elements involved in that one program. If we do follow such a plan, we will be "like the pedant in Hierocles, who when he offered his house for sale carried a brick in his pocket as a specimen." Likewise when we look at one phase of any present-day plan for enriching the professional and social life of the nurse it is not always possible to anticipate or formulate plans which provide the greatest values desired for all groups.

Since the last biennial convention of the three national nursing organizations, certain changes have occurred which have resulted in providing more acceptable programs for a great many nurses to the end that the care of patients might be improved. The registries and nursing bureaus have given assistance of a specific nature in the completion of final steps, outlined for the purpose of improving the working program of the nurse. This assistance has included the use of registry records which have been made available to those needing the services of large groups of nurses within relatively short periods of time.

The development of federal projects has once more focused attention on the place of nursing as a profession.

Other projects have been responsible for directing attention to the fact that while "an arbitrary limitation of hours controlled by law violates the whole spirit of nursing," it is possible to develop and to execute plans for more flexible hour schedules for nurses through education rather than by legislation. In all of these developments registries and nursing bureaus have

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6 The N.R.A. and Nursing, American Nurses' Association, 1933.
represented clearing houses for many and varied requests for services in the forwarding of many local projects.

It is a recognized fact that the hours of duty of registrars and directors of nursing bureaus are long and difficult. Because of this, one hesitates to express thoughts of plans which will result in additional work for this busy person. In almost all reports of the study of special phases of registry activities there is a noticeable lack of time for the development of a complete and well-rounded vocational-counselling program. Reports indicate also that when conferences between the registrar and the registrants are held, they are arranged for the purpose of discussing unfavorable phases of registrant service.

When such activities are routine rather than unusual, it is little wonder that registrants are not amenable to suggested plans for direct supervision or for more comprehensive developments of professional guidance programs. What can be done to improve this situation under the present handicaps as noticed in the majority of registry situations at the present time? One suggestion is offered which it is believed will make use of available sources of assistance in the development of a vocational guidance program. It is believed that a voluntary committee composed of members including successful private duty nurses, directors of schools of nursing, instructors in local schools of nursing, and others would do much to further a vocational counselling program in the registry or nursing bureau. It is conceivable that members of faculties of local universities and high schools might be called upon to offer assistance with certain problems relative to nurses and nursing in the community. It is also believed that membership on such voluntary committees would serve a twofold purpose; namely, that the experience of those on the committee would be of special assistance in evaluating more accurately the probable contribution of students, whether nursing or pre-nursing, in terms of their ultimate contribution in the community.

Another phase in the development of a well-balanced professional program for the nurse which may be achieved through the registry or nursing bureau is one which is closely allied to the vocational guidance program; namely, the educational opportunities which may be forwarded through these activities.

It is encouraging to note that recent reports indicate increased interest in, and greater development of, educational programs for the registrant. However, there is still evidence of great need for the development of more complete educational programs through the inclusion of professional and cultural subjects. Here again, local community resources may be recruited to a surprising degree of success and satisfaction. These programs, planned well in advance and announced to the registrant, may take the form of institutes in which subjects of general professional interest are presented, or the program may include lectures and demonstrations on clinical nursing subjects. In many instances, questionnaires may be sent to registrants for the purpose
of learning of their professional needs and desires for information on many subjects. Shorter hours are making it possible for an increasing number of nurses to develop an avocation or to continue with one begun in earlier years. This has led to an increasing interest in hobby shows which have been arranged by many state and local groups of nurses.

It has been observed that shorter hours have enabled the registrant to broaden her vision and interests, as well as to enable her to discern and make use of opportunities.

One of the most encouraging results of the more recent development of registry or nursing bureau activities is the stimulation of interest of younger graduates. This is especially desirable and particularly essential to the future growth and development of programs which will result in professional adjustments to ever-present social change. All activities is either progressive or retrogressive. It is impossible to remain stationary.

In conclusion then, may it be stated that regardless of needs and desires of the moment, the formulation of programs for tomorrow’s nursing service depends entirely on united and carefully thought-through plans in which each and every member of the nursing profession may participate.

B. THROUGH INSTITUTIONAL NURSING

GERTRUDE FOLENDORF, R.N., Director of Nursing, Shriners’ Hospitals for Crippled Children, San Francisco, California

That institutional nursing is the fountain from which all nursing springs is indisputable—as much a fact today as it was yesterday and will be tomorrow. Whether or not the goals for “Tomorrow’s Community Nursing Service” will be reached depends upon the type of nurses in our institutions today, the quality of nursing service they render, and the proper interpretation of that nursing service to the community.

Does our institutional nursing program concern itself about the welfare of the men, women, and children of the community? Are we prepared to accept the challenge for an adequate nursing service available to all people? These are queries which must be answered satisfactorily if community nursing service is to reach its goal.

The institutional nurse of today must become an active part of the community if we are to be accepted into its program. She must be a good citizen. Society does not exist as a separate thing, apart from the lives of the individuals who make up a community. Like some other professional workers many nurses ignore the importance of sharing in community responsibilities. It is just as essential that a nurse express her opinion through the ballot as it is for any other citizen. We should be concerned about who is elected to office—we should be interested in laws and policies of government.

The selection of the faculty and staff in our institutions is becoming increasingly more difficult as we recognize the importance of their preparation and ability. Even their daily life must be analyzed. We all sense the prin-
ciple of how far-reaching may be the effect on others of the behavior of one person or group of persons. I have no patience with the superintendent who says, "I am not concerned about what my staff do when they are off duty." Our social, cultural, and recreational activities determine in great measure our acceptance to full citizenship.

Nurses in institutions today should not be appointed until they have had an opportunity to gain a practical working knowledge. In our earnestness to raise nursing standards, and due to the difficulties encountered in securing satisfactory personnel there has been a tendency to appoint as head nurses and even supervisors young graduates with excellent academic qualifications but lacking in practical experience, poise, and understanding in human relationship. They can not gain the confidence of patients, doctors, or students—nor can they be content themselves with the type of work they are doing. We must do something about changing the attitude of a student who says she is not interested in how to care for a child on a Bradford frame—she intends to do institutional nursing. Immediately upon graduation she becomes the head nurse of a surgical ward, because she received a high grade in the state board examination, but she still does not know how to care properly for a patient on a frame.

We who employ nurses are at fault; we must make better provision for the youth of today, who will help guide the next generation, even though it may mean retaining graduates for a time on our staff who have not obtained college degrees. I do not advocate that gray hairs predominate but youth must be taught to have patience until they have learned more and gathered more experience. Internships should be established in hospitals in order that they may gain the practice they need and the National League of Nursing Education should determine the standard requirements and approve those institutions offering such experience. Our progress would then be in keeping with the increased efficiency, technique, and standardization of hospital organization.

I would have in our institutions nurses with vision, who believe that nursing service should be accessible to all people, who have the patience to promote plans for such service and courage to put them into execution. They must have the ability to gain the confidence and cooperation of the hospital executives, physicians, surgeons, and members of the governing board of the hospital before they can hope to influence lay people. I would have nurses who believe that nursing service is an obligation to the public and who have the tact and diplomacy necessary to interpret to their community the desirability for every one to enjoy intelligent nursing service to the greatest possible degree.

I would have enthusiastic nurses so interested in what they are doing and so imbued with their work that every one they meet will be impressed and eager to know more about nursing. Enthusiasm is needed—it is the dynamics of a personality. Without it whatever abilities you may have lie dormant. You may possess knowledge, sound judgment, good reasoning faculties which
no one will recognize until you discover how to put your heart into thought and action.

The relationship of the institutional nurse to the community is not changed by whether or not the hospital maintains a school of nursing. The requirements for efficient nursing, which should include the ability to interpret health advice in understandable terms or direct effectively those with whom she comes in contact, are essentially the same whether given by the graduate or undergraduate. Every nurse, regardless of her own wishes in the matter or what she may think about it, is an educator. Her close association with patients, their families and friends, with other professional workers, and fellow nurses creates an ideal situation for spreading the gospel of good nursing care for all.

Institutions maintaining schools of nursing must realize that the nurse today is not only a young woman preparing herself to nurse the sick but a young woman who will in most instances go out into the community to carry on various types of work which the nurse is called upon to perform. Comparatively few of the total number will remain in the hospital and how well they will serve the community of which they become a part depends upon the teaching, the attitude, the orderly conduct, behavior, and example of the institutional nurses with whom they have received their preparation.

Miss Goodrich once said, "The value of the hospital as a laboratory can not be too greatly emphasized. The congregation and variety of cases make possible in a few months an experience that it would otherwise take years to obtain, but in the experience should be included those diseases now prevalent." Great changes have taken place in nursing education to meet new needs and new conditions. An aroused social conscience stimulated the American College of Surgeons and the American Medical Association to insist that medical and surgical service be of the highest type and led to the standardization of hospitals. This necessitated a marked advance in the theory and practice of nursing. It has also come to be recognized that the student must be taught more than disease pictures and the underlying sciences. Courses are now being arranged that will equip the nurse to take her place in a rapidly changing society. Subjects never before considered are being introduced, such as the well child; and the student is studying the individual in health and disease and his behavior as influenced by his environment and heredity.

Education of nurses must include better practice founded on even better personal understanding. They should have knowledge of the household arts so that they may deal effectively with the domestic emergencies arising out of illness.

We are not yet prepared to render an adequate community nursing service when every day mothers are being discharged from our institutions with no more information regarding their own and the infant's health than their inquiring minds have sought; when almost daily children are being admitted to our pediatric departments for conditions of a preventable nature, pre-
viously treated in that department. The nurse's care and treatment of the patient must be directed toward preparing him for his return to the community and for his wise and safe direction in the future. We can not be content any longer to care for the ill person and rest satisfied that our work is completed. Every patient suffering from a preventable disease should be instructed to the extent that he will, so far as we can accomplish it, never return to our care with the same preventable disease. I can hear the murmur of the nurses in busy institutions with limited staffs saying, "Where will we find the time for all this?" I would remind them that if we are to succeed in reaching the goal we must not worry about the reasons why a thing can not be done. We must know that it can be done and think accordingly.

The first step in the development of community interest is the education of the general public. It is primarily their responsibility but they must be guided. The greatest thing that Florence Nightingale did was to change public opinion. It is essential that nursing service be properly interpreted to the community; after all we can advance only so far as the people are ready and willing to go. We can not expect the community to assume responsibility for something they know very little about. They must be informed about nursing situations; they must know the obstacles to be overcome if all are to receive skillful nursing care. They will have to learn the difference between adequate and inadequate nursing care, and having once learned, society will not be satisfied with less; they will not only demand it but will be willing to pay for it.

Taking our pattern from the medical profession we have been reluctant to publicize our service. Professional quacks have not refrained from shouting their wares and we with greater knowledge have done nothing. It seems to me nursing organizations can do a fine service for the public and for themselves in using every possible means of ethical publicity for the healing of the nation. A peculiarity of this age is that it requires showmanship to sell even a most worthy cause. Publicity does not need to be sentimental ballyhoo—there are dignified methods by which nurses can present to the public a dramatization of what nursing service is doing for the good of humanity.

Make an effort to get acquainted with the lay members of the hospital auxiliaries, their interest is keen and interest stimulates learning. They will be a tremendous help in organization and publicity work.

Let us be proud of our profession. Let no one say, "I never tell any one I am a nurse when I am away from the hospital." Let us be inspired by visions of usefulness and equip ourselves with sounder tools through which to reach our goals.

Hospitals touch humanity from many angles and are rapidly becoming the health centers of the communities. We can not think of a hospital without picturing at the same moment the institutional nurse; she stands out in our minds as the very essence of the institution. How important then that she
be prepared for this new relationship, making herself familiar with the
fundamental health needs and with the representative social agencies and
health organizations of the community.

To reach our objectives we are constantly changing. Everywhere there is
a blazing of new trails, a broadening and bettering of old roads. Not all of
them will lead to the promised land. But upon some of them our feet will
press with confident steps and reach to higher ground. Calvin Coolidge
wrote, "Contemporary opinion is usually too critical and often misdirected.
In the perspective of history many of our present seeming imperfections will
disappear and the good qualities will be apparent." But whether our efforts
are not favored immediately, let us be able to say as we approach the Great
Goal, "I have done what I could."

C. THROUGH PUBLIC HEALTH NURSING

Tomorrow's Community Nursing Service

NAOMI DEUTSCH, R.N., Director of Nursing Service, U. S. Children's
Bureau, Washington, D. C.

The history and progress of the public health movement are marked by
certain significant trends which have guided, and may well continue to guide,
public health nursing in formulating the plans and the scope for compre-
hensive community programs. The public health campaign has advanced far
beyond its first two distinct phases; the period of environmental sanitation
and the control of communicable disease by the use of serums and vaccines.
The major health problems of recent years, such as the reduction of the
infant and maternal mortality rate and the control of tuberculosis and syphi-
lis, require additional techniques for their ultimate and satisfactory solution.
The dominant and highly important theme in the current public health
program is the education of the individual in sound principles of hygiene,
for without his intelligent cooperation, science can benefit him but little.
The campaign against tuberculosis first proved the effectiveness of popular
education as a valuable instrument in preventive medicine. Mass education,
through bulletins, lectures, motion pictures, and institutes not only gives
publicity but also support to community health programs. And yet more
than this is needed if more widespread utilization of medical knowledge is
to be achieved. "The health field has a woefully ineffective distribution
service as compared with its marvelously effective production service in the
laboratories of the world," declared William Welch in 1925.

It must seem obvious that personal contact with individuals has to be
established to bring about ultimate success in matters of hygiene and good
habits of living. Forcefully and repeatedly it has been stated that the public
health nurse can be the ideal teacher to interpret the scientific facts formul-
ated in the laboratory to families and individuals in rural and urban homes,
in schools and in factories throughout the country. The early establishment
of public health nursing agencies as channels through which such informa-
tion is dispersed is of considerable significance. The growth of public health nursing can be partly attributed to the fact that the service was fostered by community organizations rather than through the individual professional practitioner. Today public health nursing is, therefore, correctly described as an organized community service rendered by a graduate nurse to individuals, families, and communities. At present there are in the United States approximately 5,000 public health nursing agencies and 20,000 public health nurses. Authorities agree that this number should be greatly enlarged if the country’s needs are to be effectively met.

However, an adequate community nursing service must have not only a sufficient number, but also well-prepared and equipped public health nurses. This I would offer as the first goal in public health nursing if tomorrow’s nursing service is to meet the challenge of preventive medicine and its ultimate hope of reducing the mortality and morbidity rate.

The fact-finding survey of public health nursing throughout the country, made by the National Organization for Public Health Nursing and published in 1934, gave an objective analysis of the quality of nursing performance. Teaching was one element in the nurse’s performance upon which rating was based and this score was regrettably low for all phases of public health nursing. In the light of the emphasis which has been placed by public health nurses on this function, the situation needs to be studied carefully and plans formulated for strengthening the pedagogical phase of our service. This survey further revealed that only a small percentage of those holding staff and supervisory positions in public health nursing had received any special preparation. The need for such carefully planned preparation in the theory and practice of public health nursing has been frequently stated. In 1923 the Rockefeller Report, Nursing and Nursing Education, included the following: “As soon as may be practicable all agencies, public or private, employing public health nurses should require as a prerequisite for employment, hospital training followed by a postgraduate course including both class work and field work in public health nursing.” The National Organization for Public Health Nursing published in 1925, and every five years thereafter, its standards on “Minimum Qualifications for Those Appointed to Public Health Nursing Positions.” These, together with reports and publications of the Committee on the Grading of Nursing Schools, have contributed to an increasing appreciation, at the present time, on the part of employers for well-prepared public health nursing personnel. The new emphasis which is being placed in the curriculum of schools of nursing on social and health aspects of the profession, as an inherent part of the education of all nurses, is proving a valuable addition to their basic preparation. Schools of nursing are adding to their faculty qualified public health nurses to incorporate the health approach into their practice and theory. In some communities this instruction is supplemented by an affiliation with a well-organized public health nursing service. The active participation of groups of nurses throughout the country, in the revision of the Curriculum for Schools of Nursing also reflects this new emphasis on health aspects of nursing.
If teaching is to play the important part it should in the home nursing visits, in group classes, in clinics, and in health centers, every public health nurse needs a rich fund of information about every phase of public health nursing. Techniques of instruction must be understood so that a nurse may be capable of interpreting factual knowledge to individuals and families of varied education and culture so that they, in turn, may put it to practical use.

Miss Julia Lathrop, first Chief of the United States Children’s Bureau, by way of illustrating the value of the nurse’s work, told an anecdote about a mother of a fine strong child. In reply to a comment that the nurse must have done a great deal for the baby, the woman said, “Oh, Lor’, no, miss, the nurse didn’t do nothin’ for my baby. She just come and talked things over with me every week, and I was real glad to see her, but ’twas me, my own self, brung up this yer baby to be strong and healthy like he is. Nobody else could’a done it.” An excellent example of effective teaching! The mother actually put into practice what, presumably, the nurse had only “talked over” with her.

And yet the very best qualified personnel can not do a satisfactory job unless the nursing agency is effectively organized and administered. It would, therefore, seem to me that our second goal is the need for unification of community nursing services. In some parts of the country a generalized service is being carried on by public health nursing agencies—a single nurse serving all the needs of the family under her care. Then again, in many urban communities, there are several agencies rendering public health nursing services. Studies and demonstrations have shown that more gratifying results can be achieved if as few agencies as possible administer public health nursing in a given community. The Survey of Public Health Nursing has recommended that a desirable standard might be one official, and one non-official agency for a community. This would, necessarily, make possible a more intensive development of some services by eliminating duplication in others, and would result in a more uniformly high quality of performance, with more time devoted to supervision and staff education. The ideal situation would be one agency in each community. It would prove profitable to nursing agencies and to communities if administrators would interest themselves in further experimentation along this line.

Essential to the progress of public health nursing is the third goal which I should like to present. It is my belief that agencies should undertake studies and experiments in public health nursing as a part of their regular program, so that new or better ways for rendering service to the community may be developed. Definite allotments in agency budgets might have to be made for this important field. It is not difficult to imagine the great value to an agency to have developed, through such intensive study, a more effective plan for the public health nursing performance in the control of syphilis, or a plan for a home delivery service in rural areas. Present public health nursing performance and procedure have developed largely by an informal
method. Some excellent studies have been made and published following nursing demonstrations and have proven of great value. The findings have frequently been incorporated into programs throughout the country. Perhaps there have already been many experiments which have not been published. Carefully planned and meticulously kept record systems are needed to evaluate and compare public health nursing programs. Through careful study, accurate and dependable knowledge of the best methods for certain services can be obtained, and should be more and more an established practice of agency activities.

Perhaps the reaction to such a program would be that agencies do not have enough nurses to launch such a major task. This criticism might be refuted by stating my fourth goal, namely, a more satisfactory plan of distribution of nursing personnel.

The number and placement of nurses are most frequently computed on the ratio of nurse to population. Experienced public health nurses realize that many more factors have to be taken into consideration, as, for instance, the mortality and morbidity statistics, economic condition, topography, and standard of living. The adequate number of nurses needed to carry out a comprehensive program is, therefore, dependent also on the other social and health agencies in the community. Hospitals, nurse registries, schools of nursing, and public health nursing agencies will need to join forces to solve this vital problem. Such a program will necessitate long-term planning. More purposeful community relationships are needed. The next goal in preparing for "Tomorrow's Community Nursing Service" would, therefore, logically seem to be the establishment of definite plans for integrating nursing services with social, health, and lay organizations. Pioneers in public health nursing frequently found it necessary, in order to render a well-rounded service, to develop the social services as well, when no such agency had yet been organized. The health and welfare of the people, dependent on many factors—food supply, housing, conditions of labor, recreation, family and social adjustments—are, therefore, a community responsibility in which the public health nursing agency has a vital share. A highly desirable cooperative plan and spirit are exemplified in those urban communities where there is a council of social and health agencies in which nursing is represented. Programs of allied organizations are analyzed to avoid overlapping, and to make necessary provisions for gaps in services. The deliberations and studies of such a council can be of great benefit to the public health nursing service in planning a comprehensive community program.

And our program can, by no means, be considered comprehensive unless—and this might be classed as our next goal—every type of nursing service is available to all groups in the community. This is a most challenging problem, sometimes presenting almost insurmountable difficulties. Resources in the community should be so developed that every mother may receive adequate care during pregnancy, delivery, and the postpartum period. This predicates proper organization of clinics, out-patient services, and medical
and nursing personnel, and applies to both home and hospital care. Health supervision of infants, and particularly pre-school children, is still lacking in many areas of the country. Although large numbers of nurses in the United States are engaged in school nursing, further developments in this program need to be stimulated. Greater coordination with community nursing agencies and greater participation by teachers in the school health service are problems needing thoughtful study. Care of the sick in their homes will always offer opportunities to public health nursing for teaching prevention of illness and promotion of health. The challenge of industry to public health nursing has not yet been met; it offers not only an opportunity to assist in its health program but also an opportunity to assist in the intricate field of human relationships, by fostering social harmony through interpreting employee and employer to each other on the basis of social responsibility and social justice. A big factor in the development and the extension involved in such a comprehensive public health nursing program is the availability, at the present time, of social security funds through cooperative federal, state, and local programs.

My final goal is to point to what I deem the moral obligation of the nurse to assume her responsibilities of citizenship. Too often it is not her voice that is heard when public-spirited citizens are formulating policies and legislation relating to health and allied fields. It is she who can, and should, speak as one of the informed group of citizens on the community’s health needs.

In conclusion, I should like to present a composite picture of “Tomorrow’s Public Health Nurse” who will be responsible for transforming the goals of “Tomorrow’s Community Nursing Service” into reality.

First, she will have the qualifications outlined by the National Organization for Public Health Nursing, as being requisite for the position she holds. She will be engaged by the community’s only public health nursing agency where the medical profession is its active ally. Lay groups will support the organization through membership on committees and as volunteers. The center from which she will work will be located in the out-patient department of the hospital which is also the neighborhood health and welfare center. Group teaching will be listed as a daily activity in her report. Her organization will plan to publish results of a study on neo-natal care in the home. A delivery service will be an important part of the maternity program. The public health nurse of tomorrow will be a member of the local improvement association, and an active member in professional nursing associations. This practitioner in the health field will not only have mastered the technical knowledge of our profession, but will also understand and practice the art of human relations. She will play a part in making the “marvelous products of our laboratories” available and put to daily use in the homes and in the workshops throughout the country. The greater utilization of this scientific knowledge will bring the promise of a healthy citizenship so needed to help solve society’s problems and point the way to social evolution.
THE USE OF NURSING COUNCILS

SOPHIE C. NELSON, R.N., Director, Visiting Nurse Service, John Hancock Life Insurance Company, Boston, Massachusetts

The discussion to which you have listened this afternoon has evolved around nursing goals and methods of attaining them, and the next step might well be to consider the use of nursing councils as a part of the community machinery for meeting these nursing goals. My discussion will revolve largely around the question of the need for them and why and what use may be made of them.

It might be well to reiterate some of the fundamental objectives which have been the subject of our nursing discussions for years, in relation to which we should now advance further in achievement than at any other given time because we have more specific information about needs and more understanding about methods of meeting needs.

Our objectives consist of providing an equal opportunity for adequate nursing service for all the people in a community. At present, we have an unequal distribution. We have some services being duplicated; we have certain gaps in availability of nursing service. A few people have a good deal of service, some have a fairly adequate service, and some have none. Both the quality and the quantity of our services leave much to be desired. People with the smallest resources who have the greatest need often have the least opportunity to receive adequate nursing services. This service must be provided by some one other than the individual needing it.

We have felt the responsibility in nursing for the development of a fully balanced and correlated plan of program and procedure in each community, with each agency assuming the full responsibility for the function it is best suited to perform, believing in the principle of reducing to a minimum like agencies doing similar work. The nursing profession has taken upon itself the establishment of standards of recruitment, education, and training of personnel, since no service is better than the people who perform and administer it, nor can the knowledge be applied by those who do not possess it. The extension of research in both the acquisition and the application of knowledge—study of needs so that the frontier of our factual information may be advanced and our methods of application and our mechanics improved—has long been one of the goals of the nursing body.

With these thoughts in mind in relation to some of our fundamental objectives, one might assume that a coordinating machinery (nursing council) might be a method of translating our potentialities into action.

Webster defines “council” as “an assembly convened for consultation, advice, or agreement.” The definition implies a gathering of persons or agencies acting in “concert” for some common end. I rather like the definition as applied to music because it would seem applicable to nursing—“To arrange, in parts, in a design or plan for simultaneous action which results in harmony and accord.” Consequently, the definition from whatever
angle one takes it implies a planning together—a settlement by agreement. That would seem to be very important in relation to acquiring our goals in nursing and to providing an adequate machinery to meet those goals.

In all states of growth and development, there is need for joint counseling between agencies and people, not only to avoid conflict and duplication but also for the positive purpose of learning from each other and of joint planning in helping to meet community needs.

As our goals and objectives have been outlined to us and as "council" has been defined for us, it would seem that a council might be a method whereby we might more adequately achieve our common objectives through joint action.

We have been considering the question of councils for some time. Formerly, consideration was given to this through the Committee on Distribution of Nursing Service, and at present it is being given through the Committee on Community Nursing Service. Both of the committees have suggested the formation of nursing councils in communities, which might have as their purposes the following:

1. To study the nursing needs of the community

2. To consider, through study and experimentation, the correlation of existing organizations and the development of new means of meeting the nursing needs

3. To stimulate interest in adequate preparation of nurses for various types of services

4. To stimulate communities to assume more responsibility for the adequate support of the various types of nursing services necessary in the community

We are in a period when people favor experimentation and adventure, and the lure of the untried is strong. Although that is not sufficient reason for experimenting with a new type of community nursing machinery, it is suitable that we should experiment at a time when communities are prepared for certain changes. Nursing is part of a social planning machinery, and our genius lies in process of integration rather than elimination of our differences.

We must assume together a real responsibility for seeing that our knowledge of community conditions is translated into effective social action to better those conditions. We must be able to adapt ourselves to constantly new conditions in our social fabric and we must build up a machinery not of competition but of completion—each individual or agency doing the best possible job in its own sphere; each supplementing, supporting, and learning from the other.

Let us now consider specifically the uses of a council. Assuming that we believe in joint responsibility through the medium of a council, what are the particular things that might be considered in a program? The purpose has been gone into already, but it is important for us to have a program. Curiously enough, although we have a good deal of information, what we
have largely relates to agency activities and not to tying up those activities to community needs, so any program of a nursing council might begin by:

1. A study of needs—quality and quantity of services necessary; in other words, how much of, what kind, and for whom
2. A survey of existing machinery—adequacy of it; the correlation of one type to another; the relationship and understanding of "who does what"
3. A working out of plans for better correlation of activities, assuming through correlation a better covering of the whole
4. A centralized information center where any one wishing any kind of service in the community might get information at one source
5. A study with an idea of guaranteeing an adequate standard of performance of the various services necessary, and a study of methods of payment for services
6. A forum for the discussion of community nursing problems
7. An appraisal of what is being done, bearing in mind always the whole as opposed to any integral part
8. A provision for public information—the people must be informed in order that one may get the support and understanding that are so necessary. We are told that the success of a news story depends upon whether the information is correct and timely and upon the presentation of the article in a fashion interesting enough to attract great numbers of readers to the subject, so it is important that we build up a story that will attract attention so that we may get better public understanding and better public responsibility for the content, quality, and support of nursing services
9. Legislation—watching legislative action and proposing necessary protective legislation, protective of the public as well as the nurse

These are some of the things which might be considered in planning a program for a nursing council in any community. In considering function and program, it is very important, in order to get the community to recognize the need, to ask the participation of all groups concerned so that one might have the thinking and the planning and the support of every one concerned. In nursing, it is important to consider the people served and their needs, the people serving (that is, the nurses), and the people supporting services (that is, the public).

In the formation of a council, consequently, the representatives should be composed of the consumer, the person or agency rendering the service, the group supporting the service, and allied professions and interested individuals—all who are necessary to the best possible performance.

Specific information relative to function, program, and administration can be had from the Committee on Community Nursing Service, and I shall not go into the details of that at this time.

I should finally like to reiterate that the real purpose of a nursing council in any community is that we might do together those things which can be done better, more adequately, and more fully together than apart.
REPORT OF THE JOINT COMMITTEE ON COMMUNITY NURSING SERVICE

Following the last Biennial, at the invitation of the American Nurses’ Association, a committee was formed to be called the Committee on Community Nursing Service of the National Organization for Public Health Nursing, with representatives of the three national groups in nursing. It was later decided and so voted at our last Joint Board meeting that this committee become a joint committee.

The membership of the committee has been as follows:

Miss Lyda Anderson
Miss Linzee Blagden
Mrs. Chester C. Bolton
Mrs. George Oliver Carpenter, Jr.
Miss Marion G. Howell

Mrs. Robert McClellan
Mrs. L. G. Robbins
Mrs. Arthur Spiegel
Miss Elizabeth Stringer
Miss Sophie C. Nelson, Chairman

Ex officio

Mrs. Gammell Cross, Chairman, Board and Committee Members Section
Miss Claribel A. Wheeler, Executive Secretary, National League of Nursing Education
Miss Dorothy Deming, General Director, National Organization for Public Health Nursing
Miss Mary M. Roberts, Editor, American Journal of Nursing
Miss Anna D. Wolf, Chairman, N. L. N. E. Committee to Consider Lay Participation

An attempt has been made to have on the committee individuals representing the different fields of nursing activities in communities, such as institutional, public health, and nursing education. The committee was created because of the present paradox in the nursing situation in most communities in the United States; namely, on one hand, citizens needing nursing care who are going un-nursed, and, on the other hand, nurses needing employment.

The Joint Committee on Community Nursing Service conceived its purpose to be twofold: (a) to analyze existing needs for more satisfactory nursing service throughout the country and (b) to consider through study and possible experimentation new means for meeting these needs. Consequently, they decided their function to be: (a) to assist communities, upon their request, through consultation and advice, in meeting the need for a planned, related, and more complete nursing service, and (b) to assist in stimulating like interest and action in other communities.
The following tentative program was proposed:

1. To encourage local communities to form a responsible group to study the nursing situation and work out plans for a community nursing program, such a committee to represent the major divisions of nursing (private duty, institutional, and public health), the medical profession, and such lay groups concerned with nursing as hospital boards, schools of nursing committees, and boards of public health nursing agencies, etc.

2. To outline plans and guides for the making of local studies of community nursing problems and to assist communities in making such studies

3. To develop standards for a better organization of nursing service in local communities and to give advice to communities which are setting up new machinery or coordinating existing machinery

4. To bring together in usable form any existing studies—national, state, or local—that may have material helpful to the carrying out of numbers 2 and 3 above

5. To encourage a few carefully selected communities to experiment in the setting up of new machinery for community nursing service as a demonstration and to assist such demonstrations through close contact and advisory service

In order to carry out the function and program of the committee, it was deemed necessary to employ a secretary with an office at the headquarters of the three national organizations, in order that we might expedite the gathering of all information possible relative to specific situations which involve community nursing problems, the needs, and the present facilities for meeting these needs, and who would be available, upon request, to help communities.

The committee is happy to announce the employment of Miss Lulu St. Clair as its secretary. Miss St. Clair is a graduate of Western Reserve University and has had experience in the field of public health, institutional work, and private duty. She is familiar with community organizations and comes to us directly from the Kellogg Foundation of Michigan where she has been acting as Health Education Counselor.

The activities of the Executive Secretary have so far largely been concerned with trying to ascertain something about what is known in relation to specific needs in communities and what is being done at present. The Executive Secretary, with the assistance of the committee, has evolved tentative outlines which may be used as guides for communities that wish to study their own particular situation and which will be used as guides in any studies which the committee may undertake. The committee conceived the first important step in relation to better planning of community nursing service to be a survey of what is being done and the present facilities. The committee has also evolved an outline of the requisites in forming a nursing council, which councils the committee will try to promote as the necessary machinery, particularly in the larger cities, for better and more correlated nursing service.

Respectfully submitted,

SOPHIE C. NELSON, Chairman
Joint Session

American Nurses' Association

National League of Nursing Education

National Organization for Public Health Nursing

Thursday, June 25, 8:30 p.m.


Music was furnished by the Nurses' Chorus. This was followed by an invocation given by Reverend Robert Freeman, Pastor, Pasadena Presbyterian Church, Pasadena, California.

THE FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

ANNE W. GOODRICH, R.N., Vice President of the Foundation, Dean Emeritus, Yale University School of Nursing, New Haven, Connecticut

With the inconsistency so characteristic of the human race, this century, over which the word prevention is written large, will also be inscribed, if any historian escapes the approaching cataclysm, as the century most destructive of human life and property. But if we dare not close our eyes to threatening disaster, neither should we overlook the enduring power of the forces for good. There are indeed dark clouds on the horizon and we know not when the storm will break or how devastating it will be. Not less true is it that there are world-wide movements that no storm has yet uprooted and in one, nursing has no small part to play. However insignificant in the face of world happenings the project, upon which I am here to address you, may appear, its social potentialities are as full of promise, as immeasurable as the fruition of the tiny seeds that, lost for a space to human sight, provide the harvest.

A brief historical review may bring us fuller and clearer understanding of the plan and program whereby the long-desired memorial to Florence Nightingale may perpetuate through coming generations and in ever-widening circles her great creative contribution to the human race. Of its timelessness and accord with Miss Nightingale's principles and practice there can be no question. The most cursory survey of her life is convincing that the expanding function of nursing and the consequent enrichment of the educational content are entirely consistent, are indeed the inevitable developments of a life activity, the potentialities of which she so fully visualized. Her craving as a young woman, existing amidst beautiful surroundings, for a life of effective action, her conclusions, as a woman experienced through a vortex of circumstances, rarely, if ever, paralleled in the history of women and only surmountable by one possessed in full measure of the best that environment and heredity could bring, bear unequivocal testimony to her belief in a sound general and professional preparation for the practitioners of nursing.
It is not possible to conceive of a memorial to Florence Nightingale that is not concerned with the smallest unit of society, the family, or is less than international in scope. It is historically consistent that factors in her two profound interests—lessening the horrors of war and averting the unnecessary ills of daily life—should combine in a world-wide enterprise through which, in her name, these interests will be served. So entirely consistent is the cooperation of these two international activities, the League of Red Cross Societies and the International Council of Nurses, in the establishment of a living and enduring tribute to this woman, whose name is cut deep in their foundations, that we are justified in conceiving this project with its immeasurable potentialities as foreordained as is the movement of the stars.

As we recall circumstance after circumstance we are impressed by the devious steps that, despite seeming frustration, have brought us to the threshold of a memorial, the dimensions of which exceed our dreams. Long desired by Adelaide Nutting and Lavinia Dock, our first historians, and often discussed with the editor of the British Journal of Nursing, Mrs. Bedford Fenwick, the movement to memorialize the life and work of Florence Nightingale took place at the meeting of the International Council of Nurses in Cologne in 1912. It was, as many are aware, to be presented through a well-organized plan at the International Convention that, but for the World War, would have been held in San Francisco in 1915. In retrospect the delay, so disappointing and its cause so tragic, must be acknowledged as enabling changes and developments that find us today with a truly great plan and one in which the enthusiastic interest and support of many countries have been secured.

In 1920, the League of Red Cross Societies, in conjunction with the College of Nursing and Bedford College for Women of London University, established courses in public health nursing designated as "the International Courses of the League of Red Cross Societies." In 1924, due to the interest of Dr. Masaryk of the Czechoslovakian Red Cross and contributions from various countries, a residence was purchased and charmingly furnished to house these students during their course. At this time also a course in teaching and administration in schools of nursing was added to the curriculum.

In the years that followed, through scholarships provided by the cooperating countries, over 200 students completed the course. They came from twenty-eight European countries, from India, China, Japan, Siam, Turkey, the Philippines, Brazil, Venezuela, Peru, Mexico, Australia, New Zealand, Iceland, South Africa, Canada, and the United States. They returned to demonstrate in their own countries the social value of this educational experience.

The International Council of Nurses in 1929, again discussing the memorial, recommended that it be expressed through advanced professional courses. How logical, how almost inevitable was it that these two constructive social expressions should unite to further the great social causes to which Florence Nightingale's life was dedicated. "I stand," she wrote, "at the altar of these murdered men and while I live I fight their cause." In the cause of
brevity, I will read some excerpts from a report of the inaugural meeting of the International Florence Nightingale Foundation by Miss Littleboy, a member of the National Committee:

The Inaugural Meeting was held on July 5, 1934, at 15, Manchester Square. Sir Arthur Stanley, as Chairman, welcomed the delegates from fifteen different countries, and read to the meeting the following message received by Dame Alicia Lloyd-Still, president of the International Council of Nurses, from Her Majesty the Queen:

"I am interested to learn that the International Memorial to Florence Nightingale is being inaugurated today, and I am glad to know that it is to take an educational form, as this would undoubtedly have commended itself to Miss Nightingale, who had so much at heart the education of nurses and the training of a great Nursing Service, not only in this country, but throughout the world. I extend a warm welcome to all the delegates from foreign lands and from the British Dominions who have assembled in London for the inauguration of the Memorial. I shall follow the progress of the Florence Nightingale International Foundation with interest, and I send one and all concerned my cordial good wishes. Mary R."

Sir Arthur Stanley explained that the purpose of the Foundation was to provide a permanent course of postgraduate education for professional nurses to be selected from all countries. He added that the Foundation is governed by a Grand Council of representatives from the International Council of Nurses, the League of Red Cross Societies, and the Nightingale Memorial Committees, formed, or to be formed, in each country to carry out the aims of the Foundation, and that eighteen such committees already existed.

At the meeting, Dame Alicia Lloyd-Still was elected President; Mrs. Bedford Fenwick and Miss Adelaide Nutting, Honorary Presidents; and twelve others, Vice Presidents; Sir Arthur Stanley, Treasurer; and a Committee of Management was also appointed.

The American Committee of the Foundation is composed of ten representatives, this membership being equally divided between the Committee of the American Nurses’ Association with Miss Mary Roberts as chairman and the following members: Major Julia C. Stimson, Miss Mary Beard, Miss Susan C. Francis, Miss Alma Haupt, and the Committee of the American Red Cross with Mrs. Joseph Cudahy, of Chicago, as acting chairman. The interest of Mrs. William Kinney Draper and Mrs. August Belmont in the activities of the Red Cross and the promotion of efficient and world-wide nursing service is known to us all. It is not surprising therefore that they are giving of their time and strength to assist in raising the large sum it is desired that we should contribute. The statement issued in 1934 relating to scholarships, the annual expense, and the sum needed to place the project on a sound foundation may be helpful in determining the amount of our contribution.

The fees for the courses, $1,250 per student, cover all educational expenses and board and lodging for eleven months at 15, Manchester Square. This amount also includes a sum of $165 which is returned to the student as a small monthly allowance for personal expenditure, and a sum of $20 for books.

It is possible to estimate expenditure on the basis of the present activity of the Foundation. The continuation of the International Courses offered by Bedford College of Nursing, can be ensured provided that twenty students, each paying
$1,250, offer themselves annually and that an annual sum of $7,500 to $10,000 can be provided to cover the overhead expenses. This means that the Foundation must see its way clear to raising a capital sum of at least $200,000 before this one activity can be said to be firmly established. It is hoped to raise the sum before July, 1935, and substantial promises have been made, particularly by the American Red Cross.

The ultimate capital sum contemplated is $1,000,000. This should ensure an income sufficient to provide a certain number of scholarships for selected students and to extend very considerably the activities of the Foundation.

The $7,000 that was presented by the United States representatives, Mrs. Eliot Wadsworth and Miss Francis, at the meeting of the Grand Council in London, was greatly appreciated. Not less so was the the grant of the Rockefeller Foundation that made possible the greatly needed study of available resources as expressed in courses at the University of London and field experience in order that the opportunities for graduate study might be broadened and enriched. This study has now gone forward under the direction of Miss Kathleen Russell, B.A., R.N., Toronto University, assisted by Miss Beatrice Edgell, Ph.D., emeritus professor of psychology, London University, and Miss Gladys Hillyers, S.R.N., matron and superintendent of nursing, St. Bartholomew’s Hospital, London. The period allotted, three months, is very brief for so arduous a task but there can be no question as to the value of their findings and recommendation.

A recent bulletin from the Foundation reports the enrollment of nineteen students this year. “Of these, seventeen,” the report reads, “are following the usual courses at Bedford College and the College of Nursing. Two others are having special consideration. Miss Virginia Dunbar from the United States had already covered much of the subject matter offered by the courses. She is an experienced nurse and holds a master’s degree from Teachers College, Columbia University. At her special request she is taking certain subjects in the public health course and has been granted permission to make a special study of the early history of two London training schools for nurses. She hopes to be able to write a thesis on the subject during the year.

“The general standard of the group this year is high and the majority of the students are well able to do individual work.”

Through an invitation from Dame Alicia Lloyd-Still and the College of Nursing and a grant from the Rockefeller Foundation, I was privileged to come in frequent contact with the international students over a period of several weeks last summer, to attend the meetings of the management and education committees and of the Grand Council, and afterward to visit ten countries on the continent. In each one of these countries I found graduates of the previous or present international course. In every country I was profoundly impressed by the fine, may I say noble, personalities with whom I came in contact, their sincerity, their professional zeal, and their high quality of work, many times in the face of great difficulties and pitiful limitations. In reviewing the various episodes and recalling the impressions received I was reminded of Miss Nightingale’s three essential motives for the
perfect nurse: “In the perfect nurse there ought to be what may be called
the physical or natural motive, the intellectual or professional motive, and
the religious motive—all three.”

The history of nursing in every country, if written, would present not a few
but many, many nurses so motivated. So motivated indeed have been the
men and women who for generations have given their lives for the creation
of the finer civilization. Would that we had the radial vision to follow
through the network of its activities, the great health program, that, begin-
ing in the laboratories of science now established in almost every quarter of
the globe, will find its completion only in the rehabilitation on a healthy
basis of every home. Words, the full significance of which we hardly grasp,
or grasping, deem a Utopian fantasy. Yet, one who has been privileged
to watch the changes in social thought and action during a bare half century
can not despair. Many years ago Ruskin wrote, “Nature is a noble and
beautiful thing, not a foul or base thing. All the sins of men I esteem as
their diseases.” This too was the conclusion, based on her wide experience,
of Florence Nightingale, a conclusion increasingly substantiated by the di-
viding rod called science.

We have interpreted Florence Nightingale as the archetype of an emerg-
ing social force—the modern nurse, but we see her as expressive of a still
more potent social force—the future womanhood. One has but to glance
at the rosters of the institutions of higher education in this and other coun-
tries to be convinced of a craving by young womanhood for a preparation
which will lead to a life of effective action, and as we note the steadily
increasing public functions of women we dare to predict a society conse-
crated to the protection and higher development of the race.

As today we cast our eyes over country after country on every continent
we can not fail to be impressed by the magnitude of one aspect of woman’s
work alone—Nursing. By this country, above all others, should this great
work be forwarded, and for several reasons, but none more compelling than
its consecration by our forefathers to the betterment of all men—an ex-
periment in internationalism limited to our own boundaries, it is true, but
extending over an area of 3,000,000 square miles over which from coast to
coast a great population representing many nationalities can freely travel.
Is there no lesson here? Is there not in this alone justification for our high
hopes and stern resolve?

In forwarding this project, my dear colleagues, we all feel, I know, that
we are memorializing not only Florence Nightingale’s life and work, but the
life and work of our colleague and leader, Clara Noyes. It is difficult to
speak without emotion of her interest in the Foundation and her satisfaction
that the Red Cross, so dear to her heart and which she had served loyalty
for so many years, had united with the International Council of Nurses to
establish the work on a sound basis. To her international interests and
knowledge, the Bordeaux school and other schools on the continent bear full
testimony. It was also our great hope that her name would be presented for
the presidency of the International Council of Nurses. How proudly we
would have acclaimed her as our representative. That can not be, but since it was her last and most earnest wish that American nurses further this great undertaking, can we not make the American contribution in her name? I beg you to consider the suggestion.

**SOCIAL PLANNING FOR TOMORROW**

**Eduard Lindeman, Ph.D., Professor of Social Philosophy, New York School of Social Work, New York, New York**

Now that you have come to the close of this conference I suppose many of you are wondering what precisely has been its advantage and what will be its advantage in the future as a result of this experience. I suppose we all go to conferences on behalf of mixed motives. Certainly the great habit of convention-going in American life, since it includes so many people, must also involve a great many incentives, and I am sure many of you have come for the sake of a holiday, and I hope you have had one; and I hope also that the advice your President gave you a few days ago as noted in the press, namely, not to take yourselves as professionals too seriously, has also made its mark. I trust also that many of you will have gone back from this convention with some new and renewed understanding or sense of belonging to the group—people who are dedicated to some cause. I hope also that some of you have learned something new in the technical fields of nursing and medicine. For certainly we must have some reason for coming to this conference in addition to the first two, and, therefore, we also include in our convention discussions many of the newest discoveries in our related fields. But after all, the real purpose I suppose of a conference is something more than any of these three; namely, it seems to me, this: we go to conferences primarily for the purpose of attaining a new perspective, of seeing the work which we do day by day, in relation to the nation as a whole. For it is only as we come into a sense of perspective that we can also get what seems to me all of us in this generation so sorely need, namely, a sense of courage. If you do not know where your profession belongs in relation to the future, then your behavior at present will be marked primarily by timidity, even cowardice, and I am not now speaking of you as professionals primarily. I should say the same of doctors, teachers, preachers, educators, lawyers, engineers, all the professions whose work has been so sadly dislocated during these last five terrifying years. In fact, I prefer tonight to speak to you as citizens, as persons, as professionally trained people who have, in addition to the normal responsibility to your own science and your own practice and to your clients, the additional responsibility to a public. For whether you wish it or not, the mere fact that you are a professional person in your community means that you are a sort of opinion maker. What you say about general problems as well as what you say about your own profession, carries more weight than that of an untrained person.
I talk to you tonight then primarily—although I shall mix in a sort of technical participation here and there—primarily as fellow citizens, faced with the fact which your program this week has so admirably marked out, namely, what is to be your place in the future and how are you as citizens, as well as professional people, preparing the long-time future, the perspective which will ultimately, if it becomes clear, mark out the channel in which this profession is to grow. It seems to me that our problem is not primarily technological. In fact, none of our problems today is especially technical. A century ago, yes. A century ago the great task of the people of this country was to possess this continent, to exploit its resources. What we needed then was human labor, mechanical power, invention, technology; and what we need now is a sense of what these instruments are to be used for. Our problems are primarily in the area of purpose, will, aim, desire, and feeling; because it is true, I believe, that you can not count on social feeling on behalf of those who are trained in our American colleges, universities, and technical schools. If we only could! If we only could be sure in this country that every young man and woman who had had the privilege of education, a common school education and higher and professional training, would thereupon be a person suffused with social feeling and equipped with social capacity, ready to play his part in a social work. If we could count on that, most of the evils of our present existence would have been solved long ago. Yes, again I say "feelings." You must learn how to feel deeply and persistently about the problems of our fellow men, else there are no levers for action. And the three requisites, the prerequisites for social action, it seems to me, are these: First, we must learn to think in terms of clarity, simplicity, first principles. Many of our problems have become complicated. Indeed, many of our citizens have already abdicated, have run away from the problems because they believed them to be too complicated. I warn you, however, complexity is never a quality of the outside thought. Problems themselves can not become too complex. Our minds may become confused and we may mistake such confusion for complexity. The real difficulty is not in the problems but in us, for we have lost the sense of clarity. We do not know how to study our problems in such clear terms as to make meaning, first of all to ourselves, and second, to those over whom we exercise some educational influence.

In the second place, we need to think in terms of design, pattern, homeliness. For, after all, life only takes on meaning when what we do from day to day fits into a pattern; not a steady pattern, not a completed one, but an evolving, emerging, growing pattern of life. And again, we in America have lost our pattern. We do not know what the America of the future is to be. We do not have in our minds a dream, as our forefathers had, a glowing, inviting dream of more land, a new land, a fresh land, full of zestful people, striving on behalf of what? What they wrote twice in their Constitution, namely, on behalf of the general welfare. A country in which there was to be welfare for all, in which there was to be a good life for everybody. But we lost that pattern and so, as the prerequisite to the dis-
covery of your place and our place in a future design of America, a future planning program, we must learn to think in terms of design, pattern, homes; finally, in terms of value. Ours is peculiarly a vanishing age, not a technical age. I repeat, the technical problems can all be solved, relatively at least, but what we need is a sense of the end or the goal of the instruments. Why all these factories, why all this transportation and communication machinery? For what purpose, in terms of what value?

In the light of these three prerequisites of the modern mind, I should like to talk to you briefly about what seems to me to be a fair, simple, clear, good design for the general welfare of this country, by asking three questions. First, can we as persons whose profession is based upon welfare, can we state our program clearly, directly, and simply? Do we know what we mean when we say "welfare"? Second, if we know what we mean, do we have the assurance that this can be achieved in terms of human nature, or is it an impossible and impractical term? And, third, can it be achieved in terms of the material world? Is it possible in the kind of a world in which we live to think rationally, clearly, and practically about a world in which everybody shall have a good life? For in the end, of course, since all these problems tend to become increasingly political in character, we must think in terms of whether or not welfare is achievable in terms of the American tradition, of democracy or federalism. I shall give quick answers to these questions, answers which perhaps to some of you may not sound wholly judicious, in other words, psychometric. I warn you of that in advance. I do not ask you to follow my conviction; I ask you only to accept it as a challenge to test your own conviction. If I, therefore, at times seem a bit too sure, that ought to be a sufficient warning to you to increase your critical capacities. I ask you only to believe that what I say I believe, and I am earnest about it.

I ask you to answer those questions in this form. First, I can be clear about human welfare because it seems to me to divide itself into two complementary programs. In the first place, human welfare means a program of eugenics, in which we strive with all the technical means at our command to bring into existence a good, sound, healthy race of human beings. And thus far we have done very poorly, for the American stock gets poorer all the time. It is not so good now as it was fifty years ago, by any test except one, which is a false test. We live longer. But by any other test it seems to me demonstrable that the average American human being grows poorer in stature, in resistance, in the use of his senses, and in the complete use of his bodily functions, including mental ones. For we have had no eugenics program, and the professions, social work, nursing, and medicine, upon whom the responsibility for eugenics primarily falls, have not yet made up their minds that they believe in it. They still look askance. And consequently it is possible still in this country to have such happenings as these two: one which came to my attention recently on a field trip I took in northern Florida, southern Alabama, and Georgia, where I traveled for 800 miles in an automobile, visiting and talking to the so-called poor white trash
—pitiful people. I talked to a mother who lived in a little one-room shack, characteristic of the whole region—no bed, no window, no stove. I asked her how many children she had given birth to and she began counting on her fingers, and finally she reckoned it was about twelve. There were eight scrambling at her feet, not a sound, decent one in the lot. They never can become good, sound, human beings, and that woman is going right on breeding. She has never seen a doctor; she has never seen a nurse. The nearest doctor lived over 70 miles away but she has never seen him. She has never had any advice from anyone about the most important function she is performing, namely, family building. She is replenishing the American stock. Nobody has ever helped her. Nobody has ever told her that it would be better if she spaced her children properly, not only in terms of her life, but in terms of the future of these children. Nobody has ever told her about birth control, and so she goes on; and she can be multiplied by thousands and tens of thousands.

In the little county where I live in New Jersey—about fifty miles from the City of New York which boasts one of the best health programs in America—in that little rural county we made a study a few years ago of one of our degenerate families. There are 137 progeny of that family still living in the county, none of them any good. We made a budget to see how much it cost the taxpayers of that county to keep that family and it cost five times as much as the total budget for public health in the county every year, to keep one family of degenerate stock, diseased people.

You can not rest comfortably as a professional person and think about yourself in relation to your country and its future unless you yourself ultimately adopt strenuous eugenics programs which involve, in addition to the family building and family planning discussions, also other programs such as sex education, education for family life. We can no longer leave it to accident for young people to engage in marriage and in reproduction. Everybody must be trained for it, trained in the high school, at the moment when the tenderest feelings about family and affection grow. From there on, there must be opportunities in every community for young people, and those who are no longer young, who have missed their childhood, to learn the most delicate, the most subtle, the most fateful function human beings ever perform, namely, to bring children into the world and to rear them.

But when we say welfare, we mean also a eugenics program. For no matter how good the stock, if it can not live in a good living environment then the consequences in the end will be bad. And so, when we say welfare, and if anybody challenges us to say what we mean by it, we should state it in definite, simple, specific terms such as this: We mean that human beings in this country should live in decent houses. Over 40 per cent of all the families of the United States are now indecently housed. Why? Because we can not afford good houses for people? That is nonsense. We could have had good houses for our citizens long before any other country in the world—and many small, poor countries have already furnished good houses for their people, long before we have made the first attempt, namely,
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to orient ourselves, our laws, towards this end. Take a little, poor country like Denmark for example, or Sweden, where there are no natural resources, practically none; where there is no big endowment or invested money, where there are no millionaires; nobody lives in a miserable house, nobody lives in the kind of shack I saw on the way across this continent last week on the outskirts of every city and town, because forty years ago they started building good homes for people. We haven't even started yet.

Secondly, when we say welfare, we mean that people should have the finest medical care available, for no matter how well born, the diseases of our time are of two general types: those which are inherent, that is, come about by reason of organic defects; and those which are mechanical, that is, enter the organism by means of microorganisms, bacteria. In both cases we need programs of health, sanitation, and medical care which will prevent the mechanical diseases or they will attack good tissue as well as poor tissue. But we need also a medical program which will teach us how to live in a world surrounded by the multiplicity of stimuli which the technical world calls for and for which our organism is not equipped. Consequently, as you have been told in one of your sessions this week, all the diseases of the vital organisms are increasing. It is natural they should, not only in terms of our diminishing biological stock, but also in terms of the society in which we live.

When we speak of human welfare, we mean, in the next place, economic security. We mean that the great hazards of life—sickness, death, unemployment, accidents—that these hazards need not be borne by the individual alone. They may be shared; they may be made mutual. At this point, I become excessively broader when I state that it is my opinion that no modern government can persist, that is, can be stable, unless it furnishes to its citizens this sort of basic, economic security. Every country which fails to do it will be a country which will also be involved not only in unrest, but in ultimate revolution. These are simple terms, aren't they? Everybody can understand them. There is no lack of clarity about these two points of welfare. There is nothing Utopian about them. When the great American public, that is, those who make up the minds of the public, decide that this is a decent goal, at that moment it will already have become practical and possible. For I assert there is nothing in human nature itself, there is nothing in the world outside of us, there is nothing in natural law or in economic law, and it is certain Providence has not decreed it, that people should live in diseased surroundings, surrounded by corruption and vice and crime. If there is any reason, it is in us, because we haven't yet made up our minds that it would be preferable to work for and to work in such a world. We haven't yet made up our minds that it would be finer to live in such a world than in one in which a very small percentage of the population lives in luxury and great masses of people live in want and the fear of want. The moment we make up our minds that it will even be exceedingly adventurous to live in such a world, at that moment it will begin to happen. For, put in terms of human nature, it is safe to say, as
it is of any other species in the animal world, our needs, wants, desires, aspirations are relatively small. Because we belong to the same species, we all want about the same thing. It is equally true to say in terms of human nature that our capacity to get what we want differs greatly. What then is the answer? Deprivation of those who lack capacity? Or is it not, rather, to merge all our capacities in such manner as to multiply our strength and consequently to bring to all, the goods of a good life. Is it possible in terms of human nature? Yes.

When people say to you these days, "War threatens and is inevitable," and they sit back in a sort of fateful acquiescence, because war is embedded in human nature, you must ask them some searching questions. In whose human nature is war embedded? There have been long periods of history when men did not fight against each other. There was one period of almost 2,000 years in the history of men when there was no warfare, and warfare such as that now conducted among nations is still utterly unknown to something more than two-thirds of all the primitive people still existing. The primitive people did not fight against each other as we do. Modern war is a modern invention and an adaptation of modern man. We are the killers, not primitive man who is much more peaceful than we are. Man could live in a cooperative, collaborative world just as readily as he now seems to be forced to live in a competitive, struggling, fighting, scrambling, selfish world.

And in the next place, when I ask the question in terms of simplicity and purity—do we have the wealth for bringing such a good life to everybody?—the answer is, potentially yes, actually no, not yet. The average capital wealth of the United States in 1929 was a little less than $2,500 per person. You can not have a good life on the incomes from $2,500. Forty-two per cent of all the families in the United States have never had as much as $1,500 a year family income. No, we have not produced enough wealth; but we can. The stuff is all there; the labor is there; the raw materials are there. The things are there, if we should start out tomorrow morning to build good houses for people, or even to bring good medical care to people. We now spend $6 per capita for medical care. What is the minimum estimate? The minimum would be $42, and good medical care in the United States as worked out by one planning group is $165 per person. Think how many more doctors and nurses we would need to have if we really brought health to America. We would probably have to treble our present professional growth, perhaps more than that, I do not know; but certainly double or treble the present amount.

Yes, it can be done. And now, finally, can it be done in terms of the American tradition—that is, within the framework of Federalism, within the democratic principles—or must it be done ultimately by a dictator or a bureaucracy, or must it come about ultimately as a kind of gift, a paternalistic gift from the aristocracy? This is a great question. I speak to you now definitely as citizens. The fate of our country again hangs in the balance. A great crisis must now be met, as great a crisis as at any time
in our past history. In 1776 we had to decide whether or not we were to submit to the yoke of a tyrant or were we to become a free people, launching out upon a great, audacious experiment, the most courageous and at that time, of course, called the rashest experiment in human history, and men's spirits were tried. There were some who sought to compromise with the tyrant. They did not become builders of this country. They are not now upon the lists of our heroes. We thereupon made the great experiment. For ten years following our Revolution there was anarchy, unrest, uncertainty, until finally a Constitution was adopted, and then the experiment actually began, but it only lasted a few years and again a great crisis arose. Could this Constitution hold this people together? Could we actually merge thirteen separate nations into one nation under the Constitution as adopted in 1787? Four years after the adoption of the Constitution it became clear that we could not do it, that the country must break up unless we quickly amended that Constitution to include, what? A basic charter of human freedom, the first ten amendments, which came all at once, the Bill of Rights, the finest assurance any governed people in the world have ever had, that under this government there was to be no tyrant, that human rights were to be preserved, and human freedom assured. And then the experiment plunged ahead; and with almost unprecedented, if not unprecedented, success in the whole annals of human experience, we built a great nation. It is a peculiar story. Some day it will be told in peculiar terms.

Then another crisis came. This time the crisis had to do with whether or not this nation would hold together and maintain two directly opposing systems of economy. Again there were thousands who wished to compromise with slavery but happily the country as a whole did not compromise. It didn't stay where it was but it determined to move forward into a new era, a new era of freedom; and so it did, but after a very bitter, cruel, civil war, unnecessary war, of course.

Now you and I are being asked once more whether our generation will move forward under the ægis of this dream I related to you, the dream of a good life for all the people; welfare, the general welfare, not haphazard but planned for step by step, everlastingly striven for. Can this be achieved? And I repeat my former warning; if not, then we have met our greatest of all these crises. If we can not solve this problem, then what is our fate? Another series, another period of so-called prosperity reaching only a few and then an inevitable collapse, which next time will go deeper, more sudden, more fateful, until the system as a whole collapses and ends in chaos. What are you to say when called upon in one of the great periods of our history to decide whether you want to go ahead or whether you want to compromise with poverty, with crime, and with disease? Or, do you wish to help build, to help plan a nation, in which planning means every small local community planning in relation to its problems, fixing those problems in the next area of relatedness, in the county, in the region, in the state, ultimately in the nation.

If we are a people equipped to feel and then to act in relation to such
a plan, then I say you will have it and we will be the builders of a very
great nation and we may be, as the original founders of our country be-
lieved we might be, the forerunners of a peaceful world, a world in which
men no longer slug each other, a world in which our major preoccupation
is not with things, or with problems that ought to be solved, but a world
in which our major preoccupation will be with flowers, with art, with the
creation of beauty. I believe that is possible. I believe it will call for a
greater and a higher patriotism than any generations of Americans have
ever been called upon for before, but I have faith in it. I love this country.
I suppose I love it in a way in which only the sons of immigrants come to
love it, knowing that their fathers chose it out of all the world as the place
to come and rear a family. I love it in the sense in which patriotism seems
to affect us. I love the land, that is what patriotism is. The reason we have
so many fake patriots and professional patriots in America is that we have
lost the sense of loving the land and making it beautiful.

All I have to say at this closing moment, I believe I could say to you
much more definitely in the words of my favorite Old Testament philos-
opher, the great liberal of the Old Testament, Isaiah. The first part of
what I say, and I shall quote from memory, and therefore incorrectly—is
indeed familiar to all of you, but the second part I fear is not. And I quote
Isaiah particularly because of his great wisdom in relation to human motives
and incentives and also because of his great social creed. You remember
Isaiah said:

"How beautiful upon the mountains are the feet of him that bringeth good
tidings. I shall create a new heaven and a new earth and the former things
shall not be remembered nor brought to life. Men shall beat their swords
into plow shares and their spears into pruning hooks. Nation shall not
lift up sword against nation. Neither shall they study war any more."

But Isaiah was wrong. He knew this would not come about by wishing.
He knew this meant hard work; he knew what it meant concerning the
phase of economic power, and so he said:

"They shall build houses and inhabit them. They shall plant vineyards
and eat the fruit thereof. They shall not build and another inhabit. They
shall not plant and another eat. No, they shall not labor and bring forth
calamity."

That is not the destiny of men. Isaiah knew it. In your heart you know
it, and therefore I speak to you in terms of the deeper feelings. In your
heart you know that we can have the good life in this country. You know
also that we have the intelligence and the technique and the material re-
sources. Now I bid you, go forth and create the will, for then your pro-
fession will for the first time be at the center, not merely of a small patch-
ing, disease-curing, and cutting task, but you will be at the center of one
of the greatest of all human problems, which will continue so long as hu-
man beings exist; namely, how, if they are to be fair in skins, may they
also be solid in body and mind. I invite you to such a program.
Round Table I—The Child in Nursing Education

Friday, June 26, 9:00 a.m.

Presiding: Alfilda J. Axelson, R.N., Chairman, Committee on the Child in Nursing Education.

This program was a discussion of better nursing care of children, the kind of care that helps them regain or acquire mental and emotional health as well as physical health. Miss Axelson opened the discussion with brief comments on the purpose of the Committee on the Child in Nursing Education. This committee was endorsed by the National League of Nursing Education in May, 1934. It is interested in the care of the child, who is usually well but sometimes sick, and not in the well child and the sick child—two separate entities.

Miss Corinne Bancroft, Children's Hospital, Cincinnati, Ohio, struck the keynote of the program in the “Value of a Guidance Program in a Children's Hospital.” After defining guidance as “helping the child to achieve physical and mental health in its broadest aspects,” she described how a program to achieve this actually functions in a children’s hospital. Her emphasis was upon the fact that the hospital must have a philosophy of child guidance which permeates the warp and woof of all policies and all relationships. Everyone on the staff must have a fine understanding of and consideration for the child to make this kind of approach meaningful both from the standpoint of the care of the child and the education of the student nurse. Responsible for the organization of the program must be a guidance specialist, one who can teach students and assist instructors, head nurses, and other members of the staff to organize their care of children. The head nurses, however, she brought out, must be the key persons in such a program. Upon their knowledge of children and their approach to them depends the success of the whole guidance plan, the teaching of students and the care of children.

A paper, “The Nurse in the Nursery School,” written by Miss Helen Latham, Nursery School, Bellevue Hospital, New York City, was read by Miss Barbara Tulley, Children’s Hospital, Los Angeles. She described the program of a nursery school in a hospital and discussed how it provides an opportunity for the nurse to study the child while she is helping, under supervision, to guide him in his activities. She commented upon the fact that caring for convalescent children in a nursery school is also of real benefit to the ward situation in that it allows more hours of nursing care for the critically ill patients. The opportunity to meet parents in the nursery school is also of great value to the student nurse.

Miss Barbara Munson of the Children’s Hospital, University of California, in “What the Nurse’s Experience in the Nursery School Contributes to Her Care of Children,” brought out the way the nurse gains through her nursery school work an awareness of the community from which hospitalized children come and gains a rapport with children. Through her added knowledge of children and her contacts with them she acquires a greater confidence in her approach to children and in her ability to guide them. Finally, she empha-
sized, it is the hope that some of the students will be stimulated to acquire
still further knowledge of child guidance and child development which will
enable them to give better care to children on wards and in the clinic.

In discussing the "Place of Parent Education in Children's Hospitals,"
Miss Dorothy Rood, of Ohio State University, emphasized the importance
of a well-organized parent education program with staff members responsi-
ble for teaching parents—fathers as well as mothers. A child can not, she
said, be considered apart from its parents. The behavior of a child can not
be modified if parents are not taken into the plan. But there must be a
person well prepared in parent education to head up such a program. She
warned against allowing students to demonstrate phases of care to parents
in which they had received no instruction themselves.

An open discussion followed the above papers which attested the interest
of nurses in better care of children and brought out advances that many
hospitals are making in this direction. Following are some of the con-
tributions:

1. To allow nurses with no knowledge of mental and emotional development of
   children care for children is as dangerous as allowing inexperienced high
   school girls to do surgical nursing.
2. One hospital finds that nurses do better work with children if they first have
   experience in a psychiatric hospital. This experience, it feels, should come
   early in the student's education.
3. It is necessary to correlate hospital care with the care of children in the home
   if the hospital care of children is to be effective in keeping the child well.
   Some hospitals are able to do this through social service workers who help in
   adjusting the child to the hospital and also help the parent to carry over
   hospital hygienic care in the home. Some hospitals find printed instructions
   for the parent of value when the parent takes the child home.
4. Parent requests for help in spiritual guidance of children are more numerous
   than help for sex education which was in great demand a few years ago.
   A brief outline of the approach of the Merrill Palmer School, Detroit, Mich-
   igan, to this problem was given by Louise Knapp.
5. A discussion of the adjustment of the hospital to the child's normal routine
   in the home brought out the fact that two children's hospitals do not awaken
   the children at 5 A.M. and thus change the child's normal sleep schedule,
   but let them sleep until the nurses come on duty in the morning. One hospi-
   tal, to help it give more consideration to the established habits of their
   patients, has a "Habit Guidance Sheet" which is filled out by the admitting
   nurse in consultation with the parent.
6. The opportunity to allow the mother to demonstrate back phases of child care
   such as the infant bath is a phase of parent education in one hospital.

Miss Minnie Howe, Children's Memorial Hospital, Chicago, Illinois, acted
as secretary.

*Round Table II—Mental Hygiene and Psychiatric Nursing

Friday, June 26, 9:00 a.m.*

Presiding: May Kennedy, R.N., Chairman, Committee on Mental Hy-
giene and Psychiatric Nursing.
NURSING THE PSYCHIATRIC PATIENT

(A Digest)

GLENN MYERS, M.D., Superintendent, Compton Sanitarium, Compton, California

The psychiatric nurse, in order properly to nurse the psychiatric patient, needs to have a thorough understanding of "mental make-up." The mental make-up consists of what one inherits at the time of his birth, and what he acquires after coming into the world. The evolution of the central nervous system from a primitive row of special cells to the complexity of the central nervous system in man, has been traced with considerable accuracy. Indeed, the intricacies of the central nervous system can be understood only through study of its evolutionary development.

Consider the development of the mental functions of a child after his arrival in the world. Upon arrival he has his inherited equipment, favorably or adversely influenced by such factors as conception under favorable circumstances, the mental and physical health of his mother during pregnancy, whether he was full-term, and the favorable or unfavorable features of the birth process.

After his arrival, he at once begins to be subjected to environmental influences that mold his reactions habitually. It is important that good physical conditions be maintained, for the benefit of his good physical health. Physical illness in childhood may markedly affect his habitual mental make-up as we later observe it. Good mental influences should also be maintained for the benefit of healthy mental development. The mental experiences of a child may, in ordinary judgment, be insignificant and inconsequential, yet habitual mental trends and reactions are repeatedly traced to beginnings dependent upon experiences which in adult life would be unimportant.

Perhaps the safest plan to provide for the good mental and physical health of the child, is to permit him to spend much of his time in play, study, and work with many others of his age as he grows up. So the child learns when to give and when to take, when to follow and when to lead. He learns through experience how best to get along with others of his own age and eventually, on such basis, how best to get along with adults. Insignificant deviations from the normal should be recognized and corrected at once, to prevent them from growing and becoming fixed through habit. We know that the foundation of personality reactions is well laid by six or eight years of age. Perhaps the first half dozen years of life are the most important for a healthy adult mental and physical constitution. The first few years of life constitute the most advantageous period in which to interrupt trends that may progress to mental instability, possibly to the degree of insanity, later in life.

Certain other principles must be learned, in order to understand mental make-up. The mental equipment with which the child comes into the world remains deeply buried in the unconscious, in so far as we are able to measure
it with the knowledge and methods at our command. The unconscious mind is further contributed to, on a more superficial level, through the process of forgetting that it is operative from the time the child arrives in the world. There are many factors operative in this forgetting. If one has sufficiently continued interest in any particular experience, to keep it alive in consciousness, it may remain readily recallable for as long as one lives.

The nurse, to be helpful in the care and treatment of mental patients, must have (1) knowledge and understanding of the development of the race, the functions of the mind in general, and of the mind of her patient; (2) she must understand people in general, individuals in particular; and (3) she must be able to recognize and understand their deviations from the normal.

The nurse who works with mental patients should, of course, have had good general hospital training which she will find advantageous and applicable to greater or lesser extent. But with the best of such training she will not be equipped to work efficiently with mental patients unless she has learned to deal understandingly with deviations from normal mental make-up. She is called upon to deal, not merely with an anatomical part of the patient, but with the patient's total relation to his total environment. Her qualifications depend further, to an important extent, upon her own personality make-up.

TEACHING PSYCHIATRIC NURSING

(A Digest)

HELENA L. WILLIS, R.N., Chief Nurse, The Psychopathic Hospital, State University of Iowa, Iowa City, Iowa

Before we can teach the student psychiatric nursing, we may have to spend a long time tearing down her faulty attitude toward the study. Often she shares with most people the idea that patients in mental hospitals are suffering from strange and hopeless diseases that affect the intellect and cause antisocial behavior.

In the beginning most of the student's ideas in this field are incorrect and they are so ingrained that one of our hardest teaching problems is to uproot them. The student is amazed when she appreciates finally that in much of her psychiatric nursing care she deals with people who are not greatly unlike herself in thought and action and who are very much like her patients in general nursing, especially when she stops to consider those patients in terms of personality.

From a standpoint of instructive material, the psychiatric nursing program resembles that used in general nursing. However, there is one conspicuous point of difference. In the course of study for general nursing the student is given about 120 standard procedures for which we do not have a corresponding detail in our psychiatric nursing syllabus. In psychiatric nursing we do not deal with such things as a fever which can be reduced by bathing; we deal with John Doe as a person, with his personal problems, and we nurse his opinions, passions, senses, likes, suspicions, etc. We reach him
through *feeling*. The course of conduct and the effects therefrom depend upon the nurse herself and her ability to handle well the situations that arise. The nursing care is by and through contact and the nurse’s groundwork for action is delicate adaptations to personal feeling that can take place only as she is truly part of the situation. In teaching psychiatric nursing we consider that the primary objective is the same as in all nursing, namely, to force the student to see the patient as a person and deal with him by developing herself.

While careful thought as to the patient’s likes and dislikes is tremendously important in connection with the immediate behavior, there is a more subtle but equally important item in the nursing care of the mental patient. This patient has failed in living and because of this he experiences a sense of injured self-regard. We tell the student to build up the patient’s self-respect; when this takes place, successful treatment proceeds at a much more rapid rate. The student should learn to value the idea that the patient is not someone to fit into a scheme of hospital routine but that she, the nurse, must suit the care to meet the patient as he is.

Pertinent questions can be used to help the student in working out problems; not general questions, but ones made up for the special need or occasion in order to stimulate the student in seeing relationships and in thinking of ways and means of handling situations.

The student may develop projects by working out schemes to interest the patient, aside from the prescribed occupational therapy, watching always for his potential interests and likes as cues for usable material.

Psychiatric nursing lends itself well to the use of comparative case studies which bring out clearly the similarities and differences in nursing measures for different types of behavior.

In using literature as an interpretation of life, characters are considered as individuals, their habits, attitudes, thoughts, etc., analyzed. Three types of books are used; those for study in mental hygiene, those for significant biological, psychological, and sociological factors, and those for material related to formal instruction.

If the goal in teaching is to force the student to see the patient as a person and deal with him by developing herself and if we are to develop in the student firm, independent thinking and healthy, personal relations with human beings, we need to change the young student nurse’s attitude toward mental illness and this can be started the very day she begins her hospital work and we need to crystallize and articulate some basic concepts underlying our methodology in teaching nursing care.

*Closing Business Session*

*Friday, June 26, 11:00 a.m.*

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

Miss Taylor explained that there were some reports left over from the first business session.
The first report was that of the Committee on Accrediting. Miss Elizabeth C. Burgess, R.N., New York, read the report which had been given at the first business session. Instead of the two recommendations presented at the first session the following three recommendations were made and carried.

1. That the National League of Nursing Education has the responsibility for accrediting schools of nursing on a national basis
2. That a standing Committee on Accrediting be appointed and that they be instructed to consult with the state leagues, and state boards of nurse examiners in regard to setting up a program of accrediting
3. That the Committee on Accrediting be authorized to complete this plan of accrediting which will be set up only after consultation with state boards and leagues, and that the committee may be authorized to put this plan into operation

REPORT OF THE COMMITTEE ON THE CHILD IN NURSING EDUCATION

During the past year it has been the rare privilege of the Committee on the Child in Nursing Education to have a part in the revision of the curriculum. This has been the committee's major interest during the year. It has incorporated principles and methods of care of the whole child into the tentative curriculum outline, the nursing care of children (sick and well). Members of the committee formed the production committee for this unit of work.

One meeting has been held to plan phases of work other than the above. The chief topics of discussion at this meeting were ways of furthering the objectives of the committee through committees on the Child in Nursing Education within the state leagues.

Another important function of the committee has been its service in advisory capacity to state leagues of nursing education that have been holding institutes on the Child in Nursing Education. Two such institutes, each of two days' duration, were held during the year, one in Wichita, Kansas, October 9 and 10, and one in Chicago, Illinois, November 15 and 16. Both of these institutes were very successful in stimulating interest in the need of the nurse to know the child when he is well, in order to give him constructive care when he is sick.

Plans for a third two-day institute to be given in Cincinnati, Ohio, in October, are almost completed. This institute is reaching out for a vital community contact by soliciting the interest of the public school teachers whose problems have much in common with those of pediatric nurses. This institute is one of many for which there are already tentative plans for the coming year.

One pamphlet, Clothing and Appliances for Hospitalized Children, is under preparation.

Respectfully submitted,

ALFHILD AXELSON, Chairman
REPORT OF THE COMMITTEE ON SISTERS’ PROBLEMS

An all-day meeting was held June 20, 1936, at Hotel Ambassador in Los Angeles. Fifty Sisters were present.

The relationship of the Sisters’ Committee of the National League of Nursing Education to the Council on Nursing Education of the Catholic Hospital Association was discussed. The unanimous opinion of the group present was that our committee carried out distinct functions and should be continued as a committee of the National League of Nursing Education.

It was recommended that Sisters’ committees should be organized according to a state plan as Sisters’ committees of state leagues of nursing education with a membership in the Sisters’ Committee of the National League of Nursing Education.

Since it is now required to hold membership in the American Nurses’ Association to be eligible for membership in the National League of Nursing Education, it was recommended by the Sisters’ Committee that consideration should be given to the possibility of not requiring American Nurses’ Association membership for membership in the National League of Nursing Education. It was the sense of this committee that the payment of dues in both organizations prohibited participation on the part of members, religious and lay, who would profit most by activities in the organization concerned with education.

Respectfully submitted,

SISTER M. OLIVIA, Chairman

REPORT OF THE COMMITTEE ON EXHIBITS

The chairman of the League Committee on Exhibits met with the Committee on Exhibits of the Biennial Convention three times during the months of March, April, and May. This group selected from a number of possible types of exhibits the Transmora Show Boxes, now on exhibit in the main convention hall. The work of each of the national nursing organizations and the two official nursing periodicals is represented by a lighted box containing painted scenes and figures suggesting functions of the organizations and magazines. The design for each exhibit was decided upon by the directors of the organizations in consultation with members of their staffs and the artist preparing the exhibit. A continuity of ideas in the five exhibit boxes was attempted through the use of similar features in the background, suggesting that the community was the same in each scene and that all the organizations represented served this community.

The exhibits will be the property of the organizations represented and can be used individually or in groups at subsequent meetings. It was agreed by the members of the Exhibit Committee of the Biennial Convention to provide booths with table space for displaying the publications of each organization in front of the wall space occupied by the Transmora Boxes with the League exhibit occupying the central space.
At a meeting of the Committee on Exhibits of the League on May 13, 1936, with Miss Wheeler, Miss Conrad, and Miss Henderson present, the question of a permanent method of exhibiting the organization's publications was discussed. The decision was reached that a number of loose leaf booklets with topical titles be used, the publications of a pamphlet nature to be pasted to the pages of the booklets. The publications now available were grouped under topical headings, as for example: Care of the Child, Methods of Teaching, and Curriculum Construction. Twelve of the booklets have been prepared in the League office. Very heavy paper has been used for the covers, a different color for each topic. Other booklets may be prepared because the League publishes material on subjects which do not fall under the topics being used at present. A number of sets of these booklets will be made up later to be sent to conventions or to any meetings where a display of League materials is desired.

Respectfully submitted,

**Virginia Henderson, Chairman**

**REPORT OF THE COMMITTEE ON RECORDS**

A meeting of the Committee on Records was held on January 16. At this time it was agreed that preparation should be begun on the following records:

1. Cumulative school record
2. Class records—class subjects with hours and scholarship
3. Practice records—length of time on service, instruction given, case reports, student time record
4. Record for nursing abilities and personality

It was decided to secure copies of the above forms now in use in various schools of nursing. Letters were sent to a group of 27 university and hospital schools throughout the country asking that they send copies of their forms. It was also considered advisable to procure samples of the cumulative record, the record of scholastic achievement, and the personality record from ten colleges and universities reported to have particularly good forms. These forms have been assembled and are now ready for distribution to the members of the committee.

On March 30 a letter was sent to the directors of all accredited schools of nursing concerning the records now available and their costs, and informing them that other records are now in the process of preparation.

Respectfully submitted,

**Blanche Pfefferkorn, Chairman**

**REPORT OF THE COMMITTEE TO WORK WITH THE AMERICAN HOSPITAL ASSOCIATION**

The committee appointed to work with the Division on Nursing of the Council of the American Hospital Association has completed its work. The *Manual of the Essentials of Good Hospital Nursing Service* was published
in February, 1936. The publication has received favorable comment and seems to have met a real need.

The committee has had a most pleasant and happy relationship with the Division on Nursing. Dr. C. W. Munger, the chairman, has been especially cooperative and helpful. We believe that the relationship which has been established through this joint activity has done much to bring about a better understanding of each other's problems and has emphasized the importance of still closer cooperation between our two associations.

Respectfully submitted,

LAURA M. GRANT, Chairman

COMMITTEE ON NOMINATIONS FOR 1937

Members of the Committee on Nominations appointed by the President, in accordance with the provisions of the by-laws were:

Mary Bruce, California
Sister M. Berenice, Wisconsin

Nominations from the floor were:

Elizabeth Miller, Pennsylvania
Grace Watson, New Jersey
Nina E. Wootton, Tennessee

These nominations were duly accepted.

Miss Taylor asked Miss Lawler to read a tribute to Miss Clara D. Noyes. The entire assembly stood during the reading of this tribute.

A TRIBUTE TO CLARA D. NOYES

In the passing of Clara D. Noyes on June 3, 1936, there was lost to nursing an honored leader. Miss Noyes had taken an active part in nursing for many years in all parts of the world. She was an enthusiastic teacher, a wise administrator, a courageous and fearless worker, and particularly gifted with human insight and understanding. She saw nursing as a humanitarian profession, with great social opportunities and obligations, and she believed whole-heartedly in nurses.

The positions which Miss Noyes held included superintendent of hospital and director of nursing school and nursing service. In her organization activities she served as president of the National League of Nursing Education, president of the American Nurses' Association, on the Grand Council of the International Council of Nurses, and during the last two years as first vice president of the International Council of Nurses. The success of the American nurses' participation in the establishment of the Bordeaux School of Nursing at Bagatelle, France, was due almost entirely to Miss Noyes' persistent efforts. In the minds and the hearts of American nurses she will

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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.
perhaps best be remembered as Director of the American Red Cross Nursing Service.

Because of Miss Noyes' achievements and contribution to our profession, we wish to express our affection for her, our profound sense of loss at her passing, and our loyalty to the ideals for which she stood and which were so clearly demonstrated in her daily life and work.

REPORT OF THE COMMITTEE ON RESOLUTIONS

The National League of Nursing Education wishes to express its appreciation of all that has been done to make this forty-second annual convention an unqualified success. We wish, especially, to express our gratitude to the California State Nurses' Association, the California League of Nursing Education, the California State Organization for Public Health Nursing, the Committee on Arrangements, the Program Committee, the Program Monitors, the committee making arrangements for the many delightful sight-seeing tours, the Nurses' Chorus, the press, the exhibitors, and the Hotel Ambassador with its unobtrusive, efficient, and courteous management.

We are greatly indebted to those who have participated in the program; to those men and women engaged in other forms of educational work who have given so generously of their time and interest, and to the women of our own profession whose rich experience we are permitted to share.

If it were possible, we would like to mention, individually, many who have over a long period of years given so unselfishly of themselves in an effort to make of nursing the fine human service our earliest leaders dreamed it might become.

Finally, we are glad to have had the opportunity of convening in this beautiful part of our country with its abundance of sunshine, of fruits, and of flowers. We shall long carry in our memory the grandeur of the mountains, the freshness of the sea breezes, and the gracious hospitality of our western colleagues.

Respectfully submitted,

ELEANOR LEE
EDITH SMITH
JUNE A. RAMSEY, Chairman

REPORT OF TELLERS AND INSPECTORS OF ELECTION

Total number of ballots cast ................................................. 308
Number of invalid ballots .................................................. 5
Number of valid ballots .................................................... 303

For President
Nellie X. Hawkinson ....................................................... 165
Shirley C. Titus ........................................................... 140
For Treasurer

Marian R. Fleming ........................................... 224
Jessie M. Murdoch ........................................... 76
Blank votes ..................................................... 3

For Directors

Effie J. Taylor ............................................... 286
Elizabeth C. Burgess ........................................ 200
Pearl I. Castile ............................................. 165
Edna S. Newman .............................................. 150
Elsie M. Lawler .............................................. 133
Dorothy Rogers ............................................... 105
Margaret Tracy ............................................... 87
Olga M. Breihan ............................................. 76
Blank votes ..................................................... 10

Respectfully submitted,

Tellers

LEILA HALVERSON
JULIE TEBO
MARIAN DURELL, Chairman

ELLAS HASENJAEGER
MINNIE HOWE
AGNES GELINAS, Chairman

Inspectors

The report was accepted and the Chair declared the following officers and directors elected:

President
Nellie X. Hawkinson, Chicago, Illinois

Treasurer
Marian R. Fleming, New York, New York

Directors
Effie J. Taylor, New Haven, Connecticut
Elizabeth C. Burgess, New York, New York
Pearl I. Castile, San Francisco, California
Edna S. Newman, Chicago, Illinois

A motion was made, seconded, and carried that a generous vote of thanks be given to Miss Taylor for her carrying on of the work of the League during the past four years.

A motion was made, seconded, and carried that a vote of thanks be given to Miss Bruce and her committee for their hospitality and cordiality in entertaining the convention in Los Angeles.

The Forty-second 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 CHARTER OF THE NATIONAL LEAGUE OF NURSING EDUCATION, APRIL 20, 1918

By-laws amended June 21, 1924; May 29, 1925; May 22, 1926; June 17, 1929; June 10, 1930; April 11, 1952; June 12, 1933; April 23, 1934; June 3, 1935.

CERTIFICATE OF INCORPORATION

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned, citizens of the United States, Jane Delano, Clara D. Noyes, and Georgia Nevins, citizens of the District of Columbia, and Lillian Clayton, a resident of Philadelphia, Pa., and Elizabeth A. Greener, a resident of the City of New York, desiring to avail ourselves of the provisions of Sec. 599, et sequitur, of the code of law of the District of Columbia, do hereby certify as follows:

1st. This organization shall be known as the National League of Nursing Education.
2d. The term for which it is organized shall be perpetual.
3d. The object of this association shall be to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by cooperating with other bodies, educational, philanthropic, and social; to promote by meetings, papers, and discussions, cordial professional relations and fellowship and in all ways to develop and maintain the highest ideals in the nursing profession.
4th. The number of its trustees for the first year of its existence shall be thirteen.

IN WITNESS WHEREOF we have hereunto set our hands and seals on this 13th day of March, 1917.

Elizabeth Greener, R.N. (Seal)
Lillian Clayton, R.N. (Seal)
Jane A. Delano (Seal)
Georgia Nevins (Seal)
Clara D. Noyes (Seal)

BY-LAWS

ARTICLE I

Membership

Section 1. Membership in the National League of Nursing Education shall consist of 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;
BY-LAWS

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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 of the American Nurses' 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 attached to which is a copy of the 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 non-payment 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 American 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;
l. Supervise the affairs of the League, devise and mature measures for its growth and prosperity;

Sec. 2. The President shall preside at all meetings of the Board of Directors and Advisory Council and be a member, ex officio, of all committees.

Sec. 3. The 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 1 to the close of the annual convention;
f. Send a notice of the annual convention to each member at least one month in advance;

Sec. 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 1 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**

*Advisory Council*

Section 1. The officers of the National League and the Presidents of the State Leagues belonging to the National League shall constitute an Advisory Council.

Sec. 2. The duties of the Advisory Council shall be to keep the National League informed of the progress of nursing education in the states represented and to cooperate with the National League of Nursing Education.

Sec. 3. Meetings of the Advisory Council shall be held in connection with each annual convention, at such times as shall be designated in the program. The members shall be prepared to report on the work in their respective State Leagues.

Sec. 4. In the absence of the President a State League may be represented in the Advisory Council by an alternate appointed by the State League.
ARTICLE VI

Executive Secretary

Section 1. The duties of the Executive Secretary shall be outlined by the Board of Directors.

Sec. 2. She shall be responsible for the disbursements of all headquarters funds as assigned by the Board of Directors, and in this capacity shall be bonded.

Sec. 3. She shall 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. Curriculum
c. Eligibility
d. Finance
e. Nominations
f. Program
g. Publications
h. Headquarters
i. Revision

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 Curriculum. 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 1 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 1 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 1.
The list of nominations shall be published in the March issue of *The American Journal of Nursing*, shall be mailed to each State League at least two months previous to the annual convention, and shall be posted on the daily bulletin board on the first day of the annual convention.

Sec. 7. Committee on Program. The chairman of this committee shall request from the members of the Program Committee, the officers of the National League of Nursing Education, the State Leagues, and chairmen of all committees, suggestions for the program. This committee shall submit draft of this program to the President by December 1 of each year, who shall present it to the Board of Directors at the January meeting.

The committee shall be responsible for all correspondence unless otherwise instructed.

Sec. 8. The Committee on Publications. The committee shall keep informed concerning the contents of professional nursing magazines and pamphlets and other journals publishing material of interest to nursing and nursing education, recommend and decide upon reprints of articles contained in such periodicals, cooperate with the Committee on Curriculum 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 Revision. This committee shall investigate the eligibility of all State Leagues applying for membership in this organization. It shall devise ways and means for cooperation 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 Constitution 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 1 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 1 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 1 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 membership may be reinstated upon the payment of dues for the fiscal year.

Associate members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

ARTICLE IX
Meetings

Section 1. A convention of the National League of Nursing Education shall be held annually. In the even-numbered years it shall be held conjointly with the convention of the American Nurses’ Association, in the odd-numbered years it shall be held at such time and place as shall be determined by the Board of Directors and recommended to the League for its action at the convention next preceding.

Sec. 2. The order of business at each convention shall be in accordance with the program adopted at the beginning of the convention and shall include:

a. Annual reports of all officers
b. Annual reports of all Presidents of all State Leagues of Nursing Education
c. Annual reports of all Standing Committees
d. Report of Instructors’ Section
e. Address of President
f. Miscellaneous business
g. Election of officers
h. Reading of the minutes

Sec. 3. The Board of Directors shall hold a meeting each January and at the call of the President.

ARTICLE X
Representation

Section 1. The voting body at the Annual Convention of the National League of Nursing Education shall consist of active, 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.
BY-LAWS

ARTICLE XIII

Application of the Term "State League"

The term "State League" in these By-laws shall be understood to apply equally to any state of the United States of America, to the District of Columbia, or to any territory, possession, or dependency of the United States of America, and the rights and privileges, responsibilities and obligations of all members in the states, the District of Columbia, the territories, possessions, or dependencies shall be the same. (See Article XIV, By-laws, American Nurses' Association.)

ARTICLE XIV

Duties of State Leagues

It shall be the duty of each State League:

a. To know that all requirements for membership in the State and Local Leagues meet the requirements for membership in the National League of Nursing Education;
b. To know that the dues are paid by the first day of April of each year on the basis of membership the first day of March of each year;
c. To send to the President, Secretary, and Executive Secretary of the National League of Nursing Education and to the American Journal of Nursing, the names and addresses of all officers, immediately after their election or appointment, together with the date and place of their next annual meeting;
d. To report the activities of the State and Local Leagues at the annual convention, and at such other times as may be required;
e. To confer with the Committee on Revision of the National League of Nursing Education regarding changes in their State Constitution and By-laws; all such changes to be made shall have attached to them a card of approval, signed by the Chairman of the Committee on Revision of the National League of Nursing Education, before being presented to the State League for action; upon the adoption of any changes by a State League, three copies of the changes adopted, accompanied by the card of approval, shall be sent to the Executive Secretary, one copy shall be retained at National Headquarters, one copy sent to the Secretary, and one to the Chairman of the Committee on Revision;
f. To help organize Local Leagues when desired;
g. To provide official representation as a member of the Advisory Council at each annual convention.

ARTICLE XV

Parliamentary Authority

Deliberations of all meetings of the National League shall be governed by Parliamentary Usage for Women's Clubs, by Mrs. Emma A. Fox.

ARTICLE XVI

The Official Organ

The American Journal of Nursing shall be the official organ of the National League of Nursing Education.

ARTICLE XVII

Amendments

Section 1. These By-laws may be amended at any annual convention by a two-thirds vote of the active members present and voting. All proposed amendments shall be in the possession of the Secretary at least two months before the date of the annual convention and be appended to the call of the meeting.

Sec. 2. These By-laws may be amended at any annual convention, by the unanimous vote of the active members present and voting, without previous notice.
LIST OF MEMBERS

HONORARY MEMBERS

BOARDMAN, MABEL T. ............ The American Red Cross, Washington, D. C.
BOLTON, MRS. CHESTER C. .... Richmond Road, South Euclid, Ohio
FENWICK, MRS. BEDFORD ......... 39 Portland Place, London W. 1, England
LOCKWOOD, MRS. CHARLES ....... 295 Markham Place, Pasadena, Calif.
OSBORN, MRS. WILLIAM CHURCH.. 40 East 56 Street, New York, N. Y.
WINSLOW, C.-E. A., DR.P.H. ....... School of Public Health, Yale University, New
Haven, Conn.

RIDDLE, MARY M. .............. 17 North Washington Street, Muncy, Pa.
DEWITT, KATHARINE .......... 14 Grand Avenue, Poughkeepsie, N. Y.
NUTTING, M. ADELAIDE ....... 500 West 121 Street, New York, N. Y.
Powell, M. LOUISE ............ 337 East Beverley Street, Staunton, Va.

LIFE MEMBERS


ACTIVE MEMBERS

SYMBOLS USED

(*) Indicates junior active member
(**) Indicates sustaining member
($$) Preceding state names indicates that state leagues have been organized

ALABAMA—20 Members

BOWERS, ANNIE L. ............. 812 Adams St., Montgomery
DAILEY, MARY J. .......... St. Vincent's Hospital, Birmingham
DENT, LIZA H.** ............ 1320 N. 25 St., Birmingham
DOOLEY, HELEN A. ........ Providence Infirmary, Mobile
CARR, RHODA K. .......... South Highland Hospital, Birmingham
GOLIGHTLY, BERTA E.** .... Garner Hospital, Anniston
HAYNES, GERTRUDE T. ....... 412 E. Tuscaloosa, Florence
MCKENZIE, JANIE ........... 812 Adams St., Montgomery
PARKER, MAGNOLIA ......... 812 Adams St., Montgomery
SISTER ALPHONSA AUCION .... St. Vincent's Hospital, Birmingham
SISTER HELEN NEUHOFF** .... Providence Infirmary, Mobile
SISTER IRENE FLANAGAN .... 812 Adams St., Montgomery
SISTER JANE FRANCES BYRNE .. 812 Adams St., Montgomery
SISTER LAURA NICASE** ..... 850 St. Anthony, Mobile
SISTER LYDIA ................ St. Vincent's Hospital, Birmingham
SISTER VALERIA** .......... St. Margaret's Hospital, Montgomery
STUART, LUCILE ............. 812 Forest Ave., Montgomery
THRASHER, JEWELL W.** .... Frasier-Ellis Hospital, Dothan
VINSON, MARY E. ........ 820 Madison Ave., Montgomery
WORTMAN, JESSIE C.** ...... Baptist Hospital, Birmingham

1 This list includes only those members whose 1936 dues reached the National office by the
2 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.

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MEMBERS

ARIZONA—10 Members

BENSON, MINNIE C. .................. Room 210, S. Arizona Bank Building, Tucson
BRADDOCK, ESTHER .................. 125 N. Pleasant St., Prescott
CELAYA, LAURA F. .................. 915 Myrtle Ave., Tempe
HICKS, FLORENCE L .................. 1637 N. 10 St., Phoenix
HOWARD, VIOLA ..................... United Verde Hospital, Jerome
HUTCHISON, KATHRYN G ............. P. O. Box 1195, Bisbee
McDONALD, EDNA M ................. Good Samaritan Hospital, Phoenix
SISTER MARY BERMANS .............. St. Joseph's Hospital, Phoenix
SISTER MARY VERONICA .......... St. Joseph's Hospital, Phoenix
WATTS, WILHEMINA H .............. 1100 Monroe St., Globe

‡ ARKANSAS—10 Members

ATWOOD, EVA ...................... St. John's Hospital, Fort Smith
BUFFALO, RACHEL E.** .......... St. Joseph's Hospital, Hot Springs
MACNALLY, MARY A .............. Ozark Sanatorium, Hot Springs
ROSE, DAISY** ...................... Baptist Hospital, Little Rock
SISTER MARY ANGELO FLANAGAN St. Vincent's Infirmary, Little Rock
SISTER M. EVANGELIST .......... St. Edward's School of Nursing, Fort Smith
SISTER MARY FRANCIS .. 503 Walnut St., Texarkana
SISTER M. HILDA .................. St. Bernard's Hospital, Jonesboro
SISTER M. PIA ..................... St. Bernard's Hospital, Jonesboro
TETER, MARTHA ANNE B ........ Trinity Hospital, Little Rock

‡ CALIFORNIA—232 Members

ALEXANDER, MABEL C ............. Veterans' Administration Facility, Fort Miley, San Francisco
ALFORD, MARIAN .................. 479 37 St., Oakland
ALLEN, JOSEPHINE ................. St. Luke's Hospital, San Francisco
ANDERSON, NELLIE M.* ........... 4241 21 St., San Francisco
BAGLEY, ALICE ..................... 500 Key Blvd., Richmond
BAKER, LOUISE ..................... Stanford University Hospitals, San Francisco
BARATINI, AZALEA L .............. 2340 Sutter St., San Francisco
BARNES, SARAH B .......... County Hospital, San Diego
BARTHE, MARIE J ................. 451 Lee St., Oakland
BAXTER, MARGUERITE H ........ Physicians and Surgeons Hospital, Glendale
BEATTY, EVANGELINE F .......... 3855 California St., San Francisco
BEHRENS, EDNA H ................. Franklin Hospital, San Francisco
BELL, ROSE M ..................... St. Luke's Hospital, San Francisco
BIGGAM, JEAN L .................. 1690 Morada Pl., Pasadena
BLACK, LENA ...................... 2340 Clay St., San Francisco
BLOOM, SARA H .................. 2282 Union St., Berkeley
BLUM, MILDRED E ................. 1212 Shatto St., Los Angeles
BOEHME, STEPHANIA .......... 2200 Post St., San Francisco
BOND, SARA ...................... French Hospital, San Francisco
BORG, MARTHA E .................. 312 N. Boyle Ave., Los Angeles
BOWERS, MARIAN H ............. Box 17, Loma Linda
BOYE, ADA M ...................... Children's Hospital, San Francisco
BROOKS, ESTHER .................. 2532a Piedmont Ave., Berkeley
BROWN, ELIZABETH H ............ Los Angeles General Hospital, Los Angeles
BRUCE, MARY D .................. Children's Hospital, Los Angeles
BRYAN, EDITH S .................. Univ. of California, Berkeley
BURNETT, DOROTHY L .......... 312 N. Boyle Ave., Los Angeles
BUSCHE, MARGARET J. .............. 2340 Clay St., San Francisco
CAFFERT, KATHRYN W. ............. 626 Coronado Terrace, Los Angeles
CAMPBELL, ELIZABETH F. ....... Hospital of the Good Samaritan, Los Angeles
CASTILE, PEARL I. ................. 610 Parnassus Ave., San Francisco
CAMERON, CLAUDIA M. ............ 1212 Shatto St., Los Angeles
CHAPMAN, ELEANOR R. ........... 1212 Shatto St., Los Angeles
CLARKE, ELEANOR S. .............. 2200 Post St., San Francisco
COBBAN, FRANKE F. ............... St. Helena Sanitarium, St. Helena
CONRAD, ANNA B. .................. Seaside Hospital, Long Beach
CRAIG, LORENA .................... Pasadena Hospital, Pasadena
CRANE, BEULAH M. ............... St. Helena Sanitarium, St. Helena
CULLEN, ELIZABETH MCK. ......... Santa Clara County Hospital, San Jose
DAVIS, LINA ....................... Kern County Hospital, Bakersfield
DOBNEY, ELIZABETH H. ........... San Bernardino County Hospital, San Bernardino
DORLEY, ANNE ..................... Los Angeles County General Hospital, Los Angeles
DUBOIS, EMILY .................... 150 Franklin St., San Francisco
DUNBAR, VIRGINIA M. ............. 3700 California St., San Francisco
EASYL, LOUISE R. ................. 541 Lambert Ave., El Monte
ELS, VIRGINIA ..................... 229 Richland Ave., Glendale
ENGSTROM, MILDRED W. ......... Children’s Hospital, Hollywood
ESTER, LOIS B. .................. Knapp College of Nursing, Santa Barbara
FALCONER, MARY W. .............. 1026 Nevada Ave., San Jose
FERGUSON, CARRIE ................. 1401 E. 31 St., Oakland
FELDENDORF, GERTRUDE R. ...... Shriners’ Hospital, San Francisco
FRINK, AVIS F. ................... Shriners’ Hospital, San Francisco
FURLONG, MIRIAM F. ............. Seaside Hospital, Long Beach
GARARD, MARGARET ............... Los Angeles General Hospital, Los Angeles
GILLEN, ROSE M. ................. 214 Haight St., San Francisco
GILLESPIE, DELIA E. .............. 1804 N. San Joaquin, Stockton
GILLESPIE, ELMA* ................. Palo Alto Hospital, Palo Alto
GLOOR, EMMA Z. .................. San Francisco Hospital, San Francisco
GOSS, ELEANOR C. ............... 1401 E. 31 St., Oakland
GOSS, ETHEL E. .................. Children’s Hospital, San Francisco
GRANT, ALICE .................... 250 Fell St., San Francisco
GRUBB, FLORENCE C. .............. 3900 Broadway, Oakland
GUSTAFSON, RUTH H. .............. San Francisco Hospital, San Francisco
GUTERMUTE, HARRIET S. .......... 610 Parnassus Ave., San Francisco
HAIG, RENA ...................... Civic Auditorium, San Francisco
HALI, CLARRIBEL E. .............. San Bernardino County Hospital, San Bernardino
HAMMOND, ETHEL .................. 1368 Arguello Blvd., San Francisco
HANSEN, HELEN F.* .......... Box 1159, Sacramento
HARRIS, MATILDA ................. 22247 Foothill Blvd., Hayward
HARTLEY, HELEN S. ............... 635 N. San Jose, Stockton
HASSETT, MAY A. ................ Merritt Hospital, Oakland
HAVNEROS, MARIE* .............. Palo Alto Hospital, Palo Alto
HAWKINS, FLORENCE G. ......... San Bernardino County Hospital, San Bernardino
HAWLEY, JEAN .................... Pasadena Hospital, Pasadena
HEINTZELMAN, MARY L. ......... 1200 N. State St., Los Angeles
HEISLER, ANNA .................. 204 Federal Office Building, San Francisco
HENISE, ERMA P. ................. 128 Carr Drive, Los Angeles
HENRY, ALICE A. ................. 750 Parnassus Ave., San Francisco
HERZOG, MILDRED M. ............ 1401 E. 31 St., Oakland
HICKS, MAUD A. ................. 390 Central Ave., Oakland
HOECK, ELBIE D. ................. 1401 E. 31 St., Oakland
HOLT, GERTRUDE M. ................................Fresno General Hospital, Fresno
HOLLOWAY, MARY S. .................................Los Angeles General Hospital, Los Angeles
HUGHES, ANNA A. ..................................813 Clayton St., San Francisco
HUTCHISON, G. ENID ................................Palo Alto Hospital, Palo Alto
HUXLEY, MARJORIE ..................................750 Parnassus Ave., San Francisco
INGERMAN, JUANITA B.* ..............................1431 24 Ave., San Francisco
INGMIRE, ALICE E. ..................................Univ. of California Hospital, San Francisco
JACKSON, LILLIAN E. .................................Samuel Merritt Hospital, Oakland
JAMME, ANNA C. ........................................609 Sutter St., San Francisco
JEFFREY, HELEN E. .................................Pasadena Hospital, Pasadena
JENNINGS, VERENA M. ..............................Mt. Zion Hospital, San Francisco
JEPPSON, ANGELO* ..................................Palo Alto Hospital, Palo Alto
JOHNSON, RUTH V. ..................................San Bernardino County Hospital, San Bernardino
JOHNSON, GENTRY* ..................................85 Henry St., San Francisco
JORDAN, MARY E. .....................................Fairmont Hospital, San Leandro
JOURDAN, ANTOINETTE M. ............................688 S. Marengo, Pasadena
KAMMEYER, EDITH ..................................386 S. Marengo, Pasadena
KEATING, MARY H. .................................2301 Bellevue Ave., Los Angeles
KELSEY, ETHEL M. ..................................700 Parnassus Ave., San Francisco
KENNEDY, GRACE M. .................................St. Luke's Hospital, San Francisco
KENNEDY, HELEN A. .................................Fifth and Lewis Sts., San Diego
KESLING, NORA .......................................Methodist Hospital, Los Angeles
KISZ, MARY V. .........................................White Memorial Hospital, Los Angeles
KRUMMERT, ILA J. .....................................626 N. Coronado Terrace, Los Angeles
LANSING, GRACE E. ................................Orange County Hospital, Orange
LAWRENCE, BESSIE ..................................2340 Clay St., San Francisco
LAWTON, ELIZABETH* ................................225 Irving St., San Francisco
LINDBERG, ROBERTA .........................Sacramento County Hospital, Sacramento
LINFIELD, H. GRACE ................................229 Cedar Ave., Long Beach
LINQUEST, ELIZABETH ...............................Box 226, Palo Alto
LUDY, MARY B. ........................................General Hospital, Fresno
LYMAN, GRACE ......................................610 Parnassus Ave., San Francisco
MAAKESTAD, CARRIE E. .............................San Francisco Hospital, San Francisco
MACLEAN, MARGUERITE L. .........................1133 Chatham Rd., Oakland
MAQUIERE, MARGARET .........................378 Golden Gate Ave., San Francisco
MAHAN, CARRIE V. ..................................642a 6 Ave., San Francisco
MAPES, ELIZABETH ..................................3333 Truckee Way, Sacramento
MARTIN, ANNA W. .....................................Sacramento County Hospital, Sacramento
MARTIN, ELIZABETH McG. ............................Merritt Hospital, Oakland
MASON, RUBY B. ....................................Mount Zion Hospital, San Francisco
MASON, RUTH E. ....................................700 Parnassus Ave., San Francisco
MCCLANAHAN, MARGARET H. ......................2045 California St., San Francisco
MCGREGOR, LEON C. ................................1339 4 Ave., San Francisco
MCLAREN, BEATRICE .................................Santa Clara County Hospital, San Jose
MC LAUGHLIN, CHARLOTTE G. ..................Univ. of California Hospital, San Francisco
MCMILLAN, MARGARET E. .........................Children's Hospital, San Francisco
MCPHAIL, MARGARET .........................65 Guerrero St., San Francisco
MEIKLE, JESSIE W. ................................County Hospital, San Jose
MITCHELL, ELSIE ..................................French Hospital, San Francisco
MOFFAT, AGNES T. ..................................610 Parnassus Ave., San Francisco
MOLLER, DOROTHY* ..................................293 Edgewood Ave., San Francisco
MONTIETH, MARY C. ................................Pacific Union College, Angwin
MORKEN, JUNA A. ...................................1401 E. 31 St., Oakland
MORRIS, ALMA E. ...................................Children's Hospital, San Francisco
MUHS, ETHEL .........................................Sacramento Hospital, Sacramento

MEMBERS 281
MUIR, HENRIETTA R. ............ 1100 Mission Rd., Los Angeles
MULVANE, GABRIELLE T. .... San Bernardino County Hospital, San Bernardino
MULVANE, MARY G. .......... San Bernardino County Hospital, San Bernardino
MUNSON, BARBARA A. ....... Univ. of California Hospital, San Francisco
MURRAY, ETHEL F. ............ Hotel Cerajon, Madera
NASTOLD, MARY ............. 114½ W. Ave. 28, Los Angeles
NEWTON, MILDRED .......... 610 Parnassus Ave., San Francisco
NICHOLSON, JANE D. ....... Stanford University Hospital, San Francisco
NORWAY, MARGUERITE ...... 1212 Shatto St., Los Angeles
OLMSTEAD, ETTA R. ......... 1464 Chevy Chase, Glendale
O’LOUGHLIN, ANNE A. ...... San Francisco Hospital, San Francisco
OLSEN, ADA M. .......... 2340 Clay St., San Francisco
OLSON, ESTHER S. .......... California Lutheran Hospital School of Nursing, Los Angeles
O’NEIL, MAUDE E. .......... Glendale Sanitarium, Glendale
PARSONS, HELEN ............ St. Joseph’s Hospital, San Francisco
PATT, AGNES M. .......... Methodist Hospital, Los Angeles
PECK, MARGARET J. ......... Sheinier’s Hospital, San Francisco
PETCHNER, MIRIAM .......... Knapp College of Nursing, Santa Barbara
PETERSON, MARGARETHE E. ... California Lutheran Hospital, Los Angeles
PETERSON, ETHELYN .......... Pasadena Hospital, Pasadena
PETERSON, FLORENCE J. .... San Bernardino County Hospital, San Bernardino
PETERSON, MARGARET E. .... Univ. of California Hospital, San Francisco
PETERSON, MYRTLE J. ...... 1401 E. 31 St., Oakland
PILANT, EDITH B. .......... Los Angeles County General Hospital, Los Angeles
POORE, JEWELL M. .......... 2200 Post St., San Francisco
PORTER, NELLIE M. ......... 245 S. Lucas Ave., Los Angeles
POUPORE, ELIZABETH S. .... 1212 Shatto St., Los Angeles
PRALL, LAURA G. .......... Seaside Hospital, Long Beach
PURCELL, ANNA L. .......... San Bernardino County Hospital, San Bernardino
REID, ANNIE F. ............. 1212 Shatto St., Los Angeles
REID, OLIVE M. ............ 2340 Clay St., San Francisco
RICE, HELEN N. .......... Paradise Valley Sanitarium, National City
RICHARDSON, AUGUSTA B. ... Sacramento Hospital, Sacramento
ROACH, ESTHER .......... Fairmont Hospital, San Leandro
ROMSTEAD, PETRA J. ........ Merritt Hospital, Oakland
RUDY, SARAH ............... Community Hospital, Long Beach
RUSSELL, EVA J. .......... 2200 Post St., San Francisco
SAUNBY, DORA .............. 806 Orange Ave., Santa Ana
SCHWEDLER, ALICE E. ...... Stanford Hospital, San Francisco
SEWELL, MARY .......... San Joaquin General Hospital, French Camp
SHANHOLTZER, GLADYS W. ... 447 8 Ave., San Francisco
SHUGREN, MARGARET ....... Alameda County Hospital, Oakland
SISTER ESTHER MCKENZIE ... O’Connor Sanitarium, San Jose
SISTER HELEN ............ St. Vincent’s Hospital, Los Angeles
SISTER JOHN OF THE CROSS ... Providence Hospital, Oakland
SISTER JOSEPH IGNATIUS .... Providence Hospital, Oakland
SISTER M. ALBERTA HOFFMANN ... 2301 Bellevue St., Los Angeles
SISTER M. BAPTIST ...... Mercy Hospital, San Diego
SISTER M. BEDE .......... St. Joseph’s Hospital, San Francisco
SISTER MARY CECILIA SHAW ... Mercy Hospital, San Diego
SISTER MARY FINA ........ Queen of Angels Hospital, Los Angeles
SISTER MARY GERALDINE ELWELL ... 2200 Hayes St., San Francisco
SISTER MARY RITA .......... St. Mary’s Hospital, San Francisco
SISTER MARY THOMAS ....... Hillcrest Drive, San Diego
SISTER MERCEDES ......... 2131 West 3 St., Los Angeles
SISTER STEPHANIE WALL .... Mary's Health Hospital, San Francisco
SLEDGE, DORRIT A. .......... Pasadena Hospital, Pasadena
SLOCUM, OLIVE A. .......... Hospital of the Good Samaritan, Los Angeles
SMALLEY, SALLY E. ......... 1323 Key St., Sacramento
SMITH, EDITH** .......... Stanford University Hospital, San Francisco
SMITH, MARIAN H. ......... 2340 Clay St., San Francisco
SMITH, VIRGINIA W. ......... French Hospital, San Francisco
SOLBECK, HANSINE K. ....... Keene, Kern County
SPANNER, GERTRUDE L. ....... Alameda Sanitarium, Alameda
SPARKS, HELEN A. .......... Sutter Hospital, Sacramento
STACEVIC, MARGARET A. ....... 2200 Post St., San Francisco
STERLING, MARTHA I. ....... Samuel Merritt Hospital, Oakland
SUSSEX, NORMA L. ......... Pasadena General Hospital, Pasadena
SWEALESTUEN, RUTH A. ...... 234 E. Ave. 33, Los Angeles
SWEET, TIRZAH JANE ........ Univ. of California Hospital, San Francisco
TEMPLETON, ESTELLE ......... French Hospital, San Francisco
THOMPSON, BESSIE ......... Laguna Honda Home, San Francisco
THOMPSON, SHIRLEY ......... Children's Hospital, Los Angeles
TILLEY, GLADYS MCIvor ...... 235 Teresita Blvd., San Francisco
TORRANCE, RACHEL C. ...... 245 S. Lucas Ave., Los Angeles
TRACY, MARGARET .......... Univ. of California Hospital, San Francisco
TULLY, BARBARAETTA J. ...... 4616 Sunset Blvd., Los Angeles
TURNBULL, ELIZABETH ...... St. Francis Hospital, San Francisco
TURNER, EMMA M. .......... Burnett Sanitarium, Fresno
UHLS, FLORENCE .......... 3840 Cedar Ave., Long Beach
VENN, LOUISA .......... San Bernardino County Hospital, San Bernardino
VIRTUE, RENA D. .......... San Joaquin General Hospital, French Camp
WALDER, ETHEL J. .......... Box 205, Loma Linda
WAYLAND, MARY M. ......... 100 S. 11 St., San Jose
WEBB, ALICE M. .......... 1200 N. State St., Los Angeles
WEEKS, ROSE ............ 5208 Manila Ave., Oakland
WELBOURN, IDA C. ........ Children's Hospital, Los Angeles
WELLMAN, ERNA D. ......... 2340 Clay St., San Francisco
WEST, ETHEL G. .......... 167 Corona Ave., Long Beach
WOOD, MURIEL ........ St. Francis Hospital, San Francisco
YOUNG, CAMILLE L. ......... 1155 Pine St., San Francisco
YOUNG, FLORENCE V.* ...... 750 Parnassus Ave., San Francisco
YOUNG, VIRNA M. .......... St. Luke's Hospital, San Francisco
ZILCH, FRANCES M. ...... 1212 Shatto St., Los Angeles

‡COLORADO—72 Members

ACKLEY, STELLA .......... 4200 E. Ninth Ave., Denver
ANKENY, A. FAITH .......... Corwin Hospital, Pueblo
AUSTIN, HALLIE M. ......... Denver General Hospital, Denver
BALLARD, JOSEPHINE ...... Presbyterian Hospital, Denver
BERTOLUZA, ANNA M. ....... Children's Hospital, Denver
BONG, ERNESTINE H. ......... 4200 E. Ninth Ave., Denver
BURDICK, VERNE A. ......... 2727 4 St., Boulder
BURKE, SARAH E. .......... Visiting Nurses' Association, Denver
CARLSON, ALICE M. .......... Corwin Hospital, Pueblo
CARMODY, ELIZABETH B. ...... 768 Colorado Blvd., Denver
COLE, EVA HOPFINGER ...... Children's Hospital, Denver
COLESTOCK, RUTH .......... Colorado General Hospital, Denver
CREWS, Bernice ........................ Children's Hospital, Denver
CUSHMAN, OCA ........................ Children's Hospital, Denver
DUNLAP, REGINA ....................... St. Joseph's Hospital, Denver
EMBERTON, MARY H. .................. Margaret Reed Mayo Day Nursery, Denver
ERWIN, E. JOY ........................ St. Luke's Hospital, Denver
FREY, MARY ............................ Mennonite Hospital, La Junta
HANSEN, GENEVIEVE E. ............... 404 Concord, Boulder
HARRIS, ELIZABETH F. ............... Presbyterian Hospital, Denver
HESLEY, FRANCES M. ................. 1214 Pearl St., Denver
HITCHCOCK, DORIS .................... Steele Hospital, Denver
JEFFREY, VELMA ....................... Children's Hospital, Denver
JOHNSON, EDITH K. ........................ Children's Hospital, Denver
KANDEL, PHYBEB M. .................... Colorado State College of Education, Greeley
KIRBY, LA VERN A W. .................. Corwin Hospital, Pueblo
KNUDSEN, RAGNA ...................... Presbyterian Hospital, Denver
KOONTZ, WINNIE M. ................... Presbyterian Hospital, Denver
KUYKENDALL, EVA T. ................. St. Luke's Hospital, Denver
LOUTHIAN, MILDRED A. .............. 44½ Lincoln, Denver
LOVE, MERRY * ........................ 250 W. 8 St., Denver
MARTIN, JULIA R. ..................... 3325 W. 58 Ave., Denver
MCCARTHY, ANGELINE G. ............. Children's Hospital, Denver
MCCARTHY, KATHERINE ............... Mercy Hospital, Denver
MCDOWELL, MARJORIE ............... 250 W. 8 Ave., Denver
MCKENZIE, MARGARET E. ............. Glockner Hospital, Colorado Springs
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RICH, BERTHA E. ........................ Children's Hospital, Denver
RICKE, MAURINE E. ................... 250 W. 8 Ave., Denver
RIS, ESTHER F.* ....................... 4200 E. 9 Ave., Denver
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KELLEHER, MARY E. ........................................ Bridgeport Hospital, Bridgeport
KENT, BERNICE I. ........................................ Bridgeport Hospital, Bridgeport
KENT, KATHRYN B. .......................................... 24 Winchester St., Hartford
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McINTYRE, ELIZABETH M. ............................... 181 Cook Ave., Meriden
McINTYRE, M. ELLEN ................................. 181 Cook Ave., Meriden
MEHALAK, NELLIE E.* ..................................... Bridgeport Hospital, Bridgeport
MEIER, IDA M. ............................................... Waterbury Hospital, Waterbury
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REEVE, IRMA E. .......................................... 256 Bradley St., New Haven
RICHARDSON, MILDRED A. ...................... Bridgeport Hospital, Bridgeport
ROLF, CHARLOTTE C.* .................................. 92 Grand St., New Britain
RUDINE, HELEN V. ......................................... Bridgeport Hospital, Bridgeport
RYAN, JANET O. .......................................... 28 Crescent St., Middletown
SAUER, DOROTHY H.* ...................................... Bridgeport Hospital, Bridgeport
SISTER LOUISE AGNES CLAUSMEYER ........................ 1442 Chapel St., New Haven
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SISTER MARY MCHTILDE CARTY .................. 370 Collins St., Hartford
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TAYLOR, EFFIE J.* ...................................... Yale University School of Nursing, New Haven
TIERNEY, MARION M.* .................................. 86 Catherine St., Bridgeport
<table>
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<tr>
<th>Name</th>
<th>Address</th>
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<tr>
<td>Traver, Maud E.</td>
<td>New Britain General Hospital, New Britain</td>
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<td>Travis, Sue T.</td>
<td>New Britain General Hospital, New Britain</td>
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<td>Voigtlander, Louise M.</td>
<td>Grace Hospital, New Haven</td>
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<tr>
<td>Walker, Clarice E.</td>
<td>97 Vine St., Bridgeport</td>
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<td>Walkley, Olive E.</td>
<td>Bristol Hospital, Bristol</td>
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<td>Weber, Doris</td>
<td>76 Grove St., New Haven</td>
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<td>Wenrich, Marian</td>
<td>17 Howe St., New Haven</td>
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<td>Werne, Ellen J.</td>
<td>Grace Hospital, New Haven</td>
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<tr>
<td>West, Frances P.</td>
<td>Middlesex Hospital, Middletown</td>
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<td>White, Alice G.*</td>
<td>Bridgeport Hospital, Bridgeport</td>
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<td>White, Claire L.</td>
<td>New Haven Hospital, New Haven</td>
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<td>White, Constance J.</td>
<td>Hartford Hospital, Hartford</td>
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<td>Whitmore, Marion P.</td>
<td>Bristol Hospital, Bristol</td>
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<td>Wilman, Svea A.</td>
<td>Bridgeport Hospital, Bridgeport</td>
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<td>Wilcox, Ona M.</td>
<td>28 Crescent St., Middletown</td>
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<tr>
<td>Wild, Anna</td>
<td>Stamford Hospital, Stamford</td>
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<tr>
<td>Wilson, Irene</td>
<td>Lawrence and Memorial Hospitals, New London</td>
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<td>Wolcott, Marion A.</td>
<td>350 Congress Ave., New Haven</td>
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<tr>
<td>Woodward, Frances E.</td>
<td>37 Jefferson St., Hartford</td>
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<tr>
<td>Zabel, Dorothy A.*</td>
<td>R. F. D. No. 4, Bridgeport</td>
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<th>Name</th>
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<tr>
<td>Abbott, Mildred E.</td>
<td>The Delaware Hospital, Wilmington</td>
</tr>
<tr>
<td>Beach, Beulah F.</td>
<td>1501 Van Buren St., Wilmington</td>
</tr>
<tr>
<td>Breese, Ramona B.</td>
<td>Milford Hospital, Milford</td>
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<tr>
<td>Brown, Winona T.</td>
<td>Milford Emergency Hospital, Milford</td>
</tr>
<tr>
<td>Castle, Anna Van W.</td>
<td>911 Delaware Ave., Wilmington</td>
</tr>
<tr>
<td>Chambers, Ellen</td>
<td>Milford Emergency Hospital, Milford</td>
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<tr>
<td>Clauson, Beda E.</td>
<td>Homeopathic Hospital, Wilmington</td>
</tr>
<tr>
<td>Davis, Winifred B.</td>
<td>14 and Washington Sts., Wilmington</td>
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<tr>
<td>Downes, Gladys M.*</td>
<td>823 West St., Wilmington</td>
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<tr>
<td>Dugan, Lucile E.</td>
<td>Delaware Hospital, Wilmington</td>
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<tr>
<td>Fellows, Anna N.</td>
<td>148 Washington St, Wilmington</td>
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<tr>
<td>Ferry, Mary M.</td>
<td>Wilmington General Hospital, Wilmington</td>
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<tr>
<td>Freed, Mary E.</td>
<td>Homeopathic Hospital, Wilmington</td>
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<tr>
<td>Hagerty, Veronica R.</td>
<td>Delaware Hospital, Wilmington</td>
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<tr>
<td>Hallaway, Edna M.</td>
<td>Delaware Hospital, Wilmington</td>
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<tr>
<td>Kwick, Svea C.</td>
<td>1501 Van Buren St., Wilmington</td>
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<tr>
<td>Leach, Marian I.</td>
<td>214 W. 14 St., Wilmington</td>
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<tr>
<td>Leonard, Nathalie M.</td>
<td>Delaware Hospital, Wilmington</td>
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<tr>
<td>Lewis, Georgia R.</td>
<td>1501 Van Buren St., Wilmington</td>
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<td>Lewis, Mabel</td>
<td>Delaware Hospital, Wilmington</td>
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<tr>
<td>Ludke, Evelyn N.</td>
<td>1501 Van Buren St., Wilmington</td>
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<td>MacLucas, Catherine K.</td>
<td>Delaware Hospital, Wilmington</td>
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<tr>
<td>Madden, Ella V.</td>
<td>1501 Van Buren St., Wilmington</td>
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<tr>
<td>Mann, Georga M.</td>
<td>Wilmington General Hospital, Wilmington</td>
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<tr>
<td>Marvin, Florence M.</td>
<td>1501 Van Buren St., Wilmington</td>
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<tr>
<td>Matthews, Tacie M.</td>
<td>1501 Van Buren St., Wilmington</td>
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<tr>
<td>Moran, Mary A.</td>
<td>1313 Clayton St., Wilmington</td>
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<tr>
<td>Muench, Genevieve J.</td>
<td>Delaware Hospital, Wilmington</td>
</tr>
<tr>
<td>Nesbitt, Ada</td>
<td>1502 N. Harrison St., Wilmington</td>
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<tr>
<td>Newton, Mildred J.</td>
<td>1501 Van Buren St., Wilmington</td>
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<tr>
<td>Quay, Anna M.</td>
<td>1501 Van Buren St., Wilmington</td>
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<tr>
<td>Roberts, Bertha*</td>
<td>Wilmington General Hospital, Wilmington</td>
</tr>
<tr>
<td>Roser, Helen E.*</td>
<td>1330 Washington St, Wilmington</td>
</tr>
</tbody>
</table>
SABO, MARGARET A.  823 West St., Wilmington
SCHIRANCK, BERTHA C.  Delaware Hospital, Wilmington
SPEEDLING, NELLIE F.  Wilmington General Hospital, Wilmington
STEVenson, ALICE L.  Milford Emergency Hospital, Milford
WELLS, MARIAN E.  Delaware Hospital, Wilmington
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WORTHINGTON, MABEL M.  Emergency Hospital, Milford

†DISTRICT OF COLUMBIA—94 Members

ALDRIDGE, EDITH B.  819 Allison St., N. W., Washington
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BURNS, HELEN J.  Gallinger Municipal Hospital, Washington
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CADEL, INEZ L.  810 Albee Bldg., Washington
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CONNOR, MARY C.  810 Albee Bldg., Washington
COWAN, AMY R.  Commodore Apts. 604, New Hampshire Ave. and T St., N. W., Washington
DALTON, BERNICE I.  Georgetown University Hospital, Washington
DE LISLE, MARY L.  Georgetown University Hospital, Washington
DINKELSPiel, STELLA E.  3529 10 St., N. W., Washington
DONOVAN, IRENE M.  213 Sheridan St., N. W., Washington
FISH, JANET  Emergency Hospital, Washington
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HAWTHORNE, MARY L.  American Red Cross, Washington
HAYDON, EDITH M.  St. Elizabeth's Hospital, Washington
HERISLEB, DOROTHY M.  7760 16 St., N. W., Washington
HEYWARD, MARY E.  Garfield Memorial Hospital, Washington
HICKEY, MARY A.  The Montana, 1726 M St., N. W., Washington
HoffMAN, LEAH M.  421 10 St., N. E., Washington
HOWARD, HANNAH  Gallinger Municipal Hospital, Washington
JENSEN, KATHRYN L.  Seventh Day Adventists, Takoma Park
JONES, FREDDIE O.  St. Elizabeth's Hospital, Washington
KELLEY, H. MARIE  1746 K St., N. W., Washington
KLEB, EMILY M.  Gallinger Hospital, Washington
LEAF, JENNIE E.  Emergency Hospital, Washington
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MILLER, JOSEPHINE ............................... Gallinger Municipal Hospital, Washington
MORAN, CATHERINE E. ......................... Gallinger Municipal Hospital, Washington
MORRISON, PEARL L. ............................. Sibley Memorial Hospital, Washington
MOSS, GEORGIA K. .............................. 1150 North Capitol St., Washington
MURPHY, VIVIAN ................................. Garfield Memorial Hospital, Washington
MYERS, EUNICE M. ............................... Emergency Hospital, Washington
PACINI, FLORENCE R. ......................... Georgetown University Hospital, Washington
PATTERSON, MARGARET A. ...................... 1711 New York Ave., Washington
PATTISON, SHELBY W. ......................... Garfield Memorial Hospital, Washington
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RATTIGA, MARIAN ......................... Georgetown University Hospital, Washington
READ, KATHARINE ............................... Treasury Dept., Bureau of Public Health Service, Washington
RESPES, HELEN E. ............................... Emergency Hospital, Washington
RIVERS, CAROLYN J. ......................... Gallinger Municipal Hospital, Washington
ROSENAU, FLORA E. .......................... 1150 N. Capitol St., Washington
ROUSE, HELEN E. ............................... Providence Hospital, Washington
ROYER, HAZEL ..................................... Children's Hospital, Washington
SANDMAIER, BARBARA ....................... Georgetown University Hospital, Washington
SCAGGS, LUCY D. .............................. 1336 Locust Rd., N. W., Washington
SEERING, BERTHA MCAFEE .................... 1746 K St., N. W., Washington
SELLER, GLADYS ................................. Dept. of Nursing Education, Catholic University of America, Washington
SENQUAL, ELISABETH M. .................... Providence Hospital, Washington
SISTER MARGARET CARRIGAN ................ Providence Hospital, Washington
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SISTER M. OLIVIA ............................... 4801 Sargent Rd., Brookland, Washington
SISTER MARY REGINALD DEXTER ............... 901 Upshur St., S. E., Washington
SISTER MAURICE SHEEHY ....................... 832 Varnum St., N. E., Washington
SISTER RITA VOSS ............................... Providence Hospital, Washington
SISTER RODRIGUEZ ....................... Georgetown University Hospital, Washington
SITES, ELLA E. ........................................ No address
SPALDING, EUGENIA KENNEDY .................. 1218 Perry St., N. E., Washington
STILWELL, FLORENCE B. ................... Sibley Memorial Hospital, Washington
STIMSON, JULIA C. .............................. Army Nurse Corps, Washington
STOCK, PAULINE B. ............................. 810 Albee Bldg., Washington
STONE, ALICE C. ............................... St. Elizabeth's Hospital, Washington
TAYLOR, ASHBY ..................................... Children's Hospital, Washington
TAYLOR, MILDRED I. ......................... 1105 Pennsylvania Ave., S. E., Washington
TELINDRE, RUTH E. ............................. 1459 Spring Rd., Washington
TORKINGTON, EDITH ....................... Children's County Home, Washington
WALTON, FLORENCE ......................... 3217 Walbridge Pl., N. W., Washington

‡ FLORIDA—22 Members

ADAMS, FRANCES H. .......................... Whitehouse Hotel, Gainesville
BENHAM, LOUISA B. ** ...................... McMeekin Pl., Hawthorne
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CLARKE, ETHEL .................. Rollins Ave., Orlando
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GIBSON, MAUDE C. .............. Florida State Hospital, Chattahoochee
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KENNEDY, MARTHA** ............ Mound Park Hospital, St. Petersburg
KLOSE, AMY E. ................. Florida Sanitarium, Orlando
LINTON, ELSIE .................. 1000 N. W. 17 St., Miami
MCINTIRE, JUNE E. .......... Florida Sanitarium and Hospital, Orlando
MEIKS, MAY ...................... Mound Park Hospital, St. Petersburg
METTINGER, RUTH E. .......... State Board of Health, Box 210, Jacksonville
PERKINS, ELIZABETH S. ........ Box 623, Tallahassee
ROBERTS, NELLIE M. .......... Tampa Municipal Hospital, Tampa
SALT, SUSAN R. ................. Box 309, Daytona Beach
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SISTER MIRIAM HAROLD ...... St. Vincent's Hospital, Jacksonville
TOMLINSON, ELINOR V. ......... 2922 Banyan St., Ft. Lauderdale
WATT, IRENE B. ............... Florida Sanitarium and Hospital, Orlando

‡GEORGIA—30 Members

BABIN, RUTH A. .................. Piedmont Hospital, Atlanta
BANKS, MATTIE L. ............... 701 Forsyth St., Macon
CANDLISH, JESSIE M. .......... 640 Forrest Ave., N. E., Atlanta
CLAYTON, MELL G. .............. Emory University Hospital, Emory University
DAVIS, ELLIE ..................... Patterson Hospital, Cuthbert
DICKERSON, DURICE A. ......... 131 Forrest Ave., N. E., Atlanta
DOIG, GRACE W. ................ Emory University Hospital, Emory University
FEEBECK, ANNIE B. ............. Grady Hospital, Atlanta
GARRON, GENEVIEVE .............. Piedmont Hospital, Atlanta
HALL, MATTIE Y. ............... 640 Forrest Ave., N. E., Atlanta
HAMRICK, SHIRLEY N. .......... 727 S. Main St., Cedartown
HANLEY, MARY J.* .............. Grady Hospital, Atlanta
HARKNESS, FRANCES R. ......... 640 Forrest Ave., N. E., Atlanta
HORNE, MARY E. ............... Georgia Baptist Hospital, Atlanta
JONES, MAE M. .................. Georgia State Sanitarium, Milledgeville
KEMP, E. LUCILLE T. .......... Milledgeville State Hospital, Milledgeville
LEAVELL, LUTIE C. ............. Grady Hospital, Atlanta
MACE, LUCY I. .................. St. Joseph Infirmary, Atlanta
MCNALLY, MARY A. ............. 321 E. Liberty St., Savannah
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ROBISON, LAURA L. ............. Grady Hospital, Atlanta
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STEWART, ALICE F. ............. University Hospital, Augusta
STOUTAMIRE, LOIS E. .......... Grady Hospital, Atlanta
SWANSON, CLARA E. ............ 317 S. 8 St., Griffin
TUPMAN, EVA S. ................. 754 Piedmont Ave., Atlanta
VAN DE VREDE, JANE .......... 546 Highland Ave., N. E., Atlanta
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ZUBER, LILLIAN ................. Room 111, The Capitol, Atlanta
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ANDERSON, EMMA .................. 2816 Ellis Ave., Chicago
ANDERSON, JOSEPHINE H. ......... 427 Garfield Ave., Chicago
ANTE, MARIE C. ................. St. Luke’s Hospital, Chicago
BALLMAN, CHRISTINE .......... 1500 W. Polk St., Chicago
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BORAX, GERTRUDE C.* ...... 2955 N. Spaulding Ave., Chicago
BOWEN, HELEN N. ................. 700 Fullerton Pkwy., Chicago
BRADING, HATTIE E. .......... 1810 W. Jackson Blvd., Chicago
BRADLEY, GRACE V. ............. 509 S. Honore St., Chicago
BRANDT, SENA H. ................. 624 Sherman Ave., Elgin
BRUCK, HELEN O. .......... 700 Fullerton Pkwy., Chicago
BUYSEE, MARY A.* .................. East Moline Hospital, East Moline
CALF, GLADYS M. ................. Lida’s Wood, Eureka
CAMPBELL, BRIDGET M. .......... 7536 Clyde Ave., Chicago
CAMPBELL, MABEL S. .......... 950 E. 59 St., Chicago
CARLSON, AMELIA ................. Lake View Hospital, Danville
CARLSON, OLGA E.* .......... 2816 Ellis Ave., Chicago
CARRINGTON, MARGARET** .... 2816 Ellis Ave., Chicago
CARROLL, KATHERINE .......... 725 S. Lincoln St., Chicago
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CONGLETON, RACHEL L .......... 1439 S. Michigan Ave., Chicago
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COOPER, N. Florence 7428 N. Damen Ave., Chicago
COXE, Winnie A. 1900 W. Polk St., Chicago
CRAGIN, Ella O. 1900 W. Polk St., Chicago
CROCKER, Ada R.** 8 S. Michigan Ave., Chicago
CROUCH, May L. 1900 W. Polk St., Chicago
DAHLGREN, Emelia** Lutheran Hospital, Moline
DALLMAN, Eleanor B. 1931 Wilson Ave., Chicago
DAWSON, Ellen G. Evanston Hospital, Evanston
De Vries, Johanna G. 1750 W. Congress St., Chicago
DEKHEIMER, Harriet G.* 700 Fullerton Ave., Chicago
DIESON, Alma 509 S. Honore St., Chicago
DILGE, Lula M. 1416 Indiana Ave., Chicago
DUNHAM, Effie M. 6124 Ingleside Ave., Chicago
EASTIN, Ruth E. Blessing Hospital, Quincy
EBERS, Ella L.* 2816 Ellis Ave., Chicago
Egle, Louise 1900 W. Polk St., Chicago
EHMAN, Ida 1600 Maypole Ave., Chicago
EIMERMANN, Lucille 700 Fullerton Pkwy., Chicago
ELDREDGE, Adda** 8 S. Michigan Ave., Chicago
ERICKSON, Helen I. 6001 S. Green St., Chicago
ESSIG, Maud F. Brokaw Hospital, Normal
FABER, Marion J. 1900 W. Polk St., Chicago
FALK, Mary E. 427 Garfield Ave., Chicago
FAY, Alice M. 700 Fullerton Pkwy., Chicago
FISHER, Dorothy E. 6106 University Ave., Chicago
FLUGUM, Elphia 1618 W. Adams St., Chicago
FOLEY, Edna L. 104 S. Michigan Ave., Chicago
FOLTZ, Dorothy 3957 N. Ashland Ave., Chicago
FORREST, Harriet L. 1750 W. Congress St., Chicago
FRANKENTHAL, Anne E. 4825 Woodlawn Ave., Chicago
FRAZIER, Ethel* 2650 Ridge Blvd., Evanston
Frost, Olive M. 1416 Indiana Ave., Chicago
FULMER, Harriet 727 S. Lincoln St., Chicago
GAPPINGER, Edythe L. 3851 Washington Blvd., Chicago
GARDNER, Mabel L. 7 N. Loret Ave., Chicago
GARRETT, Grace E. 518 N. Austin Blvd., Oak Park
GAULT, Alma E. 1900 W. Polk St., Chicago
GEHRING, Lydia 2449 S. Dearborn St., Chicago
GILBERT, Josephine 1416 Indiana Ave., Chicago
Gittinger, Ruth* 6126 Ingleside, Chicago
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GONSER, Helen R.* 5339 Cornell Ave., Chicago
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GOOCH, Hettie 645 S. Central Ave., Chicago
GOOCH, Maud 1416 Indiana Ave., Chicago
GOODRICH, Margaret* 518 N. Austin Blvd., Oak Park
GORDON, Bertha N. 950 E. 59 St., Chicago
GRAPER, Mabel D. 2816 Ellis Ave., Chicago
GRAVES, Flossie P. 221 N. Glen Oak Ave., Peoria
GRAY, Elsie L. 700 Fullerton Ave., Chicago
GREEK, Desse M. 1750 W. Congress St., Chicago
GREENLEAF, Alice 2816 Ellis Ave., Chicago
GREENWOOD, Ida E. 836 Wellington Ave., Chicago
GRiffin, Margaret R. 1900 W. Polk St., Chicago
GUINN, Jessie J. 536 Webster Ave., Chicago
GRONEWOLD, DENA ..........Oregon
GUNNESS, GLADYS ...........1934 W. Jackson Blvd., Chicago
HAGGMAN, MABEL E. ....Augustana Hospital, Chicago
HAKANSSON, ALMA .........1439 Michigan Ave., Chicago
HALL, NAOMI G. .......State Hospital, East Moline
HAMMERMEN, ELSIE L. ...2754 W. 15 St., Chicago
HANSEN, ELIZABETH S. ...2816 Ellis Ave., Chicago
HASMEIER, ANNA L.*** ...305 E. Superior St., Chicago
HARDING, BERTHA ....Community Hospital, Geneva
HAWKINSON, NELLIE X.*** ...1372 E. 57 St., Chicago
HEIL, MARTHA J. ....Henslin Hospital, Chicago
HENSLER, FLORENCE J. ...1511 E. 57 St., Chicago
HIBBETT, HELEN A.* ..2650 Ridge Ave., Evanston
HILL, ETTA G.*** ......509 S. Honore St., Chicago
HILLQUIST, SIGNE ...4420 Clarendon Ave., Chicago
HOFSETH, ASTRID ....Hotel Monnett, Evanston
HOKER, RUBY ........3420 W. Van Buren, Chicago
HOLMES, LOUISE L. ...Lakeview Hospital, Danville
HOLTMAN, ANNA M. ...1509 Illinois Ave., East St. Louis
HONKALA, MILDRED M. ...1900 W. Polk St., Chicago
HORN, MARGARET E. ...6146 Kenwood Ave., Chicago
HOSTMAN, LOUISE ....1535 E. 60 St., Chicago
HOWARD, MARY E. ...321 W. 61 St., Chicago
HUEGEN, MINNIE B. ...2449 S. Dearborn St., Chicago
HUEGEN, MINNIE E. ...707 Fullerton Ave., Chicago
HUGEL, RUTH J. ....1931 Wilson Ave., Chicago
HUGHART, JANE* ...2645 Girard Ave., Evanston
HUKILL, GEORGIA ....Chicago Lying-in Hospital, Chicago
INGERSOLL, MARGARET M. ...700 Fullerton Pkwy., Chicago
JACKSON, DOROTHY H. ...536 Webster St., Chicago
JACOBSEN, EVELYN E. ...2816 Ellis Ave., Chicago
JACOBSON, HJORDIS ....1138 N. Leavitt St., Chicago
JEFFREY, GENEVIEVE R. ...647 Sheridan Rd., Chicago
JENNINGS, BABETTE S. ...707 Fullerton Ave., Chicago
JENSEN, ENDA .......950 E. 59 St., Chicago
JEBVE, GRACE O. .....307 N. Oak Park Ave., Oak Park
JOHNS, HELEN* .......36 S. Ashland Blvd., Chicago
JOHNSON, ELISIE P. ....8015 Luella Ave., Chicago
JOHNSON, RUTH L.* ...6020 Drexel Ave., Chicago
JOHNSON, VIVAN W. ....645 S. Central Ave., Chicago
JONES, RUTH E. ......1900 W. Polk St., Chicago
KARP, LYDIA .........2816 Ellis Ave., Chicago
KEARLEY, MIMI .........4058 Melrose Ave., Chicago
KEATH, MILDRED* ...518 N. Austin Blvd., Oak Park
KIRDEL, MIRIAM ...2650 Ridge Ave., Evanston
KENDALL, JESSIE ......2100 W. Polk St., Chicago
KINNEY, MARIE H. ...2816 Ellis Ave., Chicago
KIRKCALDEY, MARION D. ...8811 S. Throop St., Chicago
KNAPP, BERTHA L. ...2449 S. Dearborn St., Chicago
KNOP, CECILIA M. ...3829 Gladys Ave., Chicago
KNUTSON, MARTHA T. ...Grant Hospital, Chicago
KOEKSCHE, ADA M. ...1931 Wilson Ave., Chicago
KOEHLING, AGNES ....1900 W. Polk St., Chicago
KOGER, ORPHA E. ....6400 Irving Park Blvd., Chicago
KORNGOLD, JANET F. ...St. Luke's Hospital School of Nursing, Chicago
KOST, Cassie E. .................. 509 S. Honore St., Chicago
KRALL, Lydia M.* .................. 950 E. 59 St., Chicago
LAbERGE, Florence* .................. 2121 Burling St., Chicago
Lackard, Elizabeth* .................. 2650 Ridge Ave., Evanston
LANDT, Charlotte F.** .............. 1900 W. Polk St., Chicago
LANGILL, Blanche M. .................. 2650 Ridge Ave., Evanston
LARSON, Astrid C.* .................. 1900 W. Polk St., Chicago
LARSON, Florence .................. 700 Fullerton Pkwy., Chicago
LEAF, Vera H. .................. 615 S. Ashland Blvd., Chicago
Leisson, Hazel M. .................. 2650 Ridge Blvd., Evanston
Leitzke, Ella* .................. 2816 Ellis Ave., Chicago
Leonard, Alta M. .................. Silver Cross Hospital, Joliet
Levreaux, Hattie .................. 1201 S. Main St., Jacksonville
LIGHTBODY, Elspeth McM. .......... W. Suburban Hospital, Oak Park
Livingston, Katherine* .......... 14 West Elm, Chicago
LONG, ETHEL M. .................. 2816 Ellis Ave., Chicago
LUNDEEN, Evelyn C. .................. 2816 Ellis Ave., Chicago
Lundquist, Clione .................. 8015 Luella Ave., Chicago
LUTHER, Hazel .................. 4427 N. Seeley, Chicago
LYNN, Marcella* .................. 2816 Ellis Ave., Chicago
MACK, Elizabeth L. .................. 2020 Hampshire St., Quincy
MANN, Bertha .................. 912 Greenwood Ave., Kankakee
Marcouiller, Emily M. ............. 2100 Burling St., Chicago
Marth, Ruth I.* .................. 2816 Ellis Ave., Chicago
Martin, Marguerite L. ............. 1900 W. Polk St., Chicago
Maushak, Grace E. .................. 950 E. 59 St., Chicago
Maxwell, Olive* .................. 2650 Ridge Ave., Evanston
McAfee, Margaret .................. 536 Webster Ave., Chicago
McAHREN, Myrtle .............. Blessing Hospital, Quincy
McCleery, Ada B. .................. 2650 Ridge Ave., Evanston
McClenahan, Mabel A. ............. 816 Western Ave., Joliet
McCord, Gertrude M. ............. 700 Fullerton Pkwy., Chicago
McCormick, Mary B. ............. 1850 W. Harrison St., Chicago
McCune, Gladys .................. 1900 W. Polk St., Chicago
McDonell, Ita R. .............. 5115 Washington Blvd., Chicago
McElhinney, Alma O.** .......... East Moline Hospital, East Moline
McINNES, Helen .................. Rockford Hospital, Rockford
McLaren, Mary .................. 536 Webster Ave., Chicago
McLaughlin, Jane R. ............. 1819 W. Polk St., Chicago
McMillan, M. Helena** ............ 1750 W. Congress St., Chicago
Meredith, Catherine* ............. 2816 Ellis Ave., Chicago
Mernin, Sallie L. .............. Dept. of Nursing Education, Univ. of Chicago, Chicago
Michael, Florence M. ............. 700 Fullerton Pkwy., Chicago
Millard, Nellie D. ............. 2816 Ellis Ave., Chicago
Miller, Gladys .............. 1900 W. Polk St., Chicago
Missell, Evelyn L. ............. 5719 Kimbark Ave., Chicago
MISSEL, Ruth* .................. 5719 Kimbark Ave., Chicago
MOENCH, Malinda .................. 2816 Ellis Ave., Chicago
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Moore, Margaret B.* ............. 6136 Kimbark Ave., Chicago
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Morley, Mary L. .................. 502 S. Ashland, Chicago
Mullowney, Elizabeth L.* .... Ravenswood Hospital, Chicago
Nauman, L. Evelyn* ............. 2816 Ellis Ave., Chicago
Nelson, Hildar A. ............. 950 E. 59 St., Chicago
<table>
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<th>Name</th>
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<td>Nelson, Lillie H.</td>
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<td>Norton, Meryl V.</td>
<td>Moline Public Hospital, Moline</td>
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<td>Notter, Lucille E.</td>
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<td>Nugent, Agnes L.</td>
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<td>Nyden, Edith L.</td>
<td>7351 Merrill Ave., Chicago</td>
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<td>Odell, Elizabeth**</td>
<td>Evanston Hospital, Evanston</td>
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<td>Odom, Elsa A.</td>
<td>427 Garfield Ave., Chicago</td>
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<td>O'Grady, Margaret*</td>
<td>2816 Ellis Avenue, Chicago</td>
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<td>Oickle, Sadie P.</td>
<td>Hinsdale Sanitarium and Hospital, Hinsdale</td>
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<td>Oliver, Edith M.</td>
<td>36 S. Ashland Blvd., Chicago</td>
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<td>Olmstead, Florence</td>
<td>1443 Hudson Ave., Chicago</td>
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<td>Olsen, Alice M.</td>
<td>2816 Ellis Ave., Chicago</td>
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<td>Olson, Adelaide N.*</td>
<td>2216 Maple Ave., Evanston</td>
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<td>536 Webster Ave., Chicago</td>
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<td>Oram, Florence</td>
<td>2816 Ellis Ave., Chicago</td>
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<td>O'Shea, Lyda</td>
<td>4322 Drexel Blvd., Chicago</td>
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<td>Overton, Belva L.**</td>
<td>422 E. 51 St., Chicago</td>
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<td>Owens, Jeannette J.</td>
<td>1150 Waveland Ave., Chicago</td>
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<td>Pancost, Virginia E.*</td>
<td>State Hospital, East Moline</td>
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<tr>
<td>Parker, Priscilla</td>
<td>St. Luke's Hospital, Chicago</td>
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<td>Paul, Elizabeth</td>
<td>1200 Gilpin Pl., Chicago</td>
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<td>Payne, J. Blanche</td>
<td>5159 W. End Ave., Chicago</td>
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<td>427 Garfield Ave., Chicago</td>
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<td>411 Garfield Ave., Chicago</td>
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<td>Petley, Olive</td>
<td>4408 Drexel Blvd., Chicago</td>
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<td>Place, Sara B.</td>
<td>205 N. Wabash Ave., Chicago</td>
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<td>Ploeger, Millie E.</td>
<td>420 S. Harlem Ave., Freeport</td>
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<td>Porteous, Marguerite*</td>
<td>1900 W. Polk St., Chicago</td>
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<td>1515 W. Monroe St., Chicago</td>
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<td>Powell, Katherine C.</td>
<td>628 University Pl., Evanston</td>
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<td>Prentice, Daisy</td>
<td>2816 Ellis Ave., Chicago</td>
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<td>Prutsman, Lela D.</td>
<td>1900 W. Polk St., Chicago</td>
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<td>2816 Ellis Ave., Chicago</td>
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<td>1900 W. Polk St., Chicago</td>
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<td>Rank, Christina*</td>
<td>2121 Burling St., Chicago</td>
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<td>1900 W. Polk St., Chicago</td>
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<td>444 S. Irving Ave., Chicago</td>
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<td>Rickard, Cecil</td>
<td>2816 Ellis Ave., Chicago</td>
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<td>Ridley, Marie*</td>
<td>4527 N. Winchester Ave., Chicago</td>
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<td>Robeson, Kathryn A.</td>
<td>2816 Ellis Ave., Chicago</td>
</tr>
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<td>Robinson, Frances B.</td>
<td>700 Fullerton Ave., Chicago</td>
</tr>
<tr>
<td>Robinson, Lorna</td>
<td>1900 W. Polk St., Chicago</td>
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<tr>
<td>Robinson, Thelma</td>
<td>Peoria State Hospital, Peoria</td>
</tr>
<tr>
<td>Rogers, Dorothy**</td>
<td>University of Chicago, Chicago</td>
</tr>
<tr>
<td>Rogers, Mayme M.</td>
<td>1439 Michigan Ave., Chicago</td>
</tr>
<tr>
<td>Rosenberg, Fannie P.</td>
<td>5743 Drexel Ave., Chicago</td>
</tr>
<tr>
<td>Ross, Evelyn O.*</td>
<td>950 E. 59 St., Chicago</td>
</tr>
</tbody>
</table>
ROTHWEILER, ELLA L. 850 Irving Park Blvd., Chicago
RUDOLPH, ELSA A. 1416 Indiana Ave., Chicago
RULEY, MARY J. Lutheran Memorial Hospital, Chicago
RUS, J. MYRL 1116 N. Kedzie Ave., Chicago
RUSSELL, MAY L. 1750 W. Congress St., Chicago
SACKETT, RUTH* 1439 S. Michigan Ave., Chicago
SALLEE, LENA M. 2816 Ellis Ave., Chicago
SALZMAN, ESTHER 1750 W. Congress St., Chicago
SANDING, GLADYS 934 Center St., Elgin
SAUTER, MARIE G.* 2121 Burling St., Chicago
SCHENKEN, ERNA E. 950 E. 59 St., Chicago
SCHMIDT, DOROTHY A. 2443 Pearson St., Chicago
SCHULTJEANN, KATHRYN A. 2875 W. 19 St., Chicago
SEDMIHRADSKY, LILLIAN 1900 W. Polk St., Chicago
SEE, ALVERNA C. 310 E. Springfield Ave., Champaign
SHANNON, MABEL I. St. Luke’s Hospital, Chicago
SHOEMAKER, BERLA B. 1931 Wilson Ave., Chicago
SHOEMAKER, MAUDE S. 6210 Greenwood Ave., Chicago
SISTER AGATHA BARRETT 721 N. La Salle St., Chicago
SISTER BLAIS ST. LOUIS St. Mary’s Hospital, Urbana
SISTER CHARITAS PRINCE St. John’s School of Nursing, Springfield
SISTER DEFACES** St. Therese Hospital, Waukegan
SISTER CATHERINE FISCHER St. Joseph’s Hospital, Alton
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SISTER MAGDALENE St. John’s Hospital, Springfield
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SISTER M. ANYSIA WACKER 2875 W. 19 St., Chicago
SISTER M. BARBARA St. Anne’s Hospital, Chicago
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SISTER MARY HILARY REILLY 2517 Prairie Ave., Chicago
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SISTER M. JULIANA St. Charles Hospital, Aurora
SISTER M. PACHOMIA BIEL St. Elizabeth’s Hospital, Granite City
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SISTER MARY THERESE 620 Belmont Ave., Chicago
SISTER MARY VERONICA RYAN 620 Belmont Ave., Chicago
SISTER MARY VINCENT DELANEY 2100 Burling St., Chicago
SISTER M. VITALIS St. Mary’s Hospital, East St. Louis
SISTER MARY WILLIA St. Anne’s Hospital, Chicago
SISTER RAGNA NORD 1139 N. Leavitt St., Chicago
SISTER STELLA LEACY 2100 Burling St., Chicago
SISTER THEODISTA HEFFERLE** St. John’s School of Nursing, Springfield
SJORGREN, ALVA K. 2650 Ridge Ave., Evanston
SKIFTON, SELMA V. 524 N. Troy, Chicago
SKYRUD, MARIE O. 1900 W. Polk St., Chicago
SMEDLEY, HELEN* 2650 Ridge Ave., Evanston
SMITH, CLARA L. 700 Fullerton Pkwy., Chicago
SMITH, ELEANOR M. 1750 W. Congress St., Chicago
SOLBERG, OLGA E. 2650 Ridge Ave., Evanston
SPELLMAN, ALICE L. 700 Fullerton Ave., Chicago
STAFFORD, HORTENSE P. 600 Main St., Alton
<table>
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<tr>
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<tr>
<td>STANARD, ROBERTA</td>
<td>2816 Ellis Ave., Chicago</td>
</tr>
<tr>
<td>STERNISKE, HAZEL</td>
<td>2650 Ridge Ave., Evanston</td>
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<td>STEVENSON, JESSIE L.</td>
<td>2407 E. 72 St., Chicago</td>
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<tr>
<td>STEIER, GERTRUDE M.</td>
<td>1405 W. Park St., Urbana</td>
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<tr>
<td>STIMPSON, ELIZABETH O.*</td>
<td>518 N. Austin Blvd., Oak Park</td>
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<tr>
<td>STRASEN, IDA E.</td>
<td>4521 Malden St., Chicago</td>
</tr>
<tr>
<td>STRAUB, MARY C.</td>
<td>Ninth and Mason Sts., Springfield</td>
</tr>
<tr>
<td>STREEDBECK, DOROTHY M.*</td>
<td>2816 Ellis Ave., Chicago</td>
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<tr>
<td>STUART, CLARA M.</td>
<td>3505 W. Adams St., Chicago</td>
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<td>STYLES, CATHERINE*</td>
<td>1900 W. Polk St., Chicago</td>
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<tr>
<td>SWARTHOUT, LUCILE</td>
<td>1900 W. Polk St., Chicago</td>
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<tr>
<td>TABAKI, RUTH G.*</td>
<td>2100 Burling St., Chicago</td>
</tr>
<tr>
<td>TAYLOR, FLORENCE M.</td>
<td>2449 Washington Blvd., Chicago</td>
</tr>
<tr>
<td>TERRILL, ELIZABETH J.</td>
<td>2816 Ellis Ave., Chicago</td>
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<tr>
<td>THIE, AMELIA L.</td>
<td>2449 Washington Blvd., Chicago</td>
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<td>THILK, FRANCES M.</td>
<td>1518 N. Western Ave., Chicago</td>
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<td>THOMPSON, LAVERNE R.</td>
<td>2650 Ridge Ave., Evanston</td>
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<tr>
<td>THORNTON, MARY J.</td>
<td>1138 N. Leavitt St., Chicago</td>
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<tr>
<td>THURMAN, MARGARET</td>
<td>700 Fullerton Pkwy., Chicago</td>
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<tr>
<td>TOBINS, LENORE</td>
<td>1819 W. Polk St., Chicago</td>
</tr>
<tr>
<td>TOWNSEND, GRACE E.*</td>
<td>2645 Girard Ave., Evanston</td>
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<tr>
<td>TRANZ, HELEN ANN*</td>
<td>1430 S. Michigan Ave., Chicago</td>
</tr>
<tr>
<td>TRAVIS, HETTIE BELLE</td>
<td>1044 N. Francisco Ave., Chicago</td>
</tr>
<tr>
<td>UPDYKE, MADOLIN R.</td>
<td>5400 Greenwood Ave., Chicago</td>
</tr>
<tr>
<td>VAN DE STEEG, EVELYN</td>
<td>St. Luke’s Hospital, Chicago</td>
</tr>
<tr>
<td>VAN HORN, ELLA M.</td>
<td>1750 W. Congress St., Chicago</td>
</tr>
<tr>
<td>VAN SCHOCK, MILDRED</td>
<td>1441 E. 60 St., Chicago</td>
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<tr>
<td>VAUGHN, FLORENCE</td>
<td>2816 Ellis Ave., Chicago</td>
</tr>
<tr>
<td>VOORHORST, DOROTHY M.*</td>
<td>4440 N. Lincoln St., Chicago</td>
</tr>
<tr>
<td>WALDERBACH, HELENA M.</td>
<td>4950 Thomas St., Chicago</td>
</tr>
<tr>
<td>WATSON, MARY</td>
<td>551 Grant Pl., Chicago</td>
</tr>
<tr>
<td>WATSON, MARY L.*</td>
<td>1750 W. Congress St., Chicago</td>
</tr>
<tr>
<td>WEBER, KATHERINE</td>
<td>Olney Sanitarium, Olney</td>
</tr>
<tr>
<td>WEBER, MINNIE R.</td>
<td>606 E. Main St., Olney</td>
</tr>
<tr>
<td>WEBEL, MINERVA E.*</td>
<td>1900 W. Polk St., Chicago</td>
</tr>
<tr>
<td>WESTON, MARY L.</td>
<td>1900 W. Polk St., Chicago</td>
</tr>
<tr>
<td>WESTPHAL, MARY E.</td>
<td>104 S. Michigan Ave., Chicago</td>
</tr>
<tr>
<td>WEYER, JEANNETTE*</td>
<td>518 N. Austin Blvd., Oak Park</td>
</tr>
<tr>
<td>WHITFORD, MAE</td>
<td>427 Jefferson Building, Peoria</td>
</tr>
<tr>
<td>WHITTAKER, ELEANOR</td>
<td>University of Chicago, Chicago</td>
</tr>
<tr>
<td>WILLENBORG, ANNA</td>
<td>2100 Burling St., Chicago</td>
</tr>
<tr>
<td>WILLIAMSON, RUTH A.</td>
<td>427 Garfield Ave., Chicago</td>
</tr>
<tr>
<td>WILSON, EDNA V.*</td>
<td>427 Garfield Ave., Chicago</td>
</tr>
<tr>
<td>WILSON, HELEN*</td>
<td>710 Fullerton Ave., Chicago</td>
</tr>
<tr>
<td>WILSON, MARY W.</td>
<td>1750 W. Congress St., Chicago</td>
</tr>
<tr>
<td>WOLF, LORIE</td>
<td>315 S. Central Park, Chicago</td>
</tr>
<tr>
<td>WOOD, MARION S.</td>
<td>700 Fullerton Ave., Chicago</td>
</tr>
<tr>
<td>WUBBENA, ELLA</td>
<td>830 N. La Salle St., Chicago</td>
</tr>
<tr>
<td>YUNDI, AVA P.*</td>
<td>2816 Ellis Ave., Chicago</td>
</tr>
</tbody>
</table>

‡ INDIANA—64 Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLEN, THELMA C.*</td>
<td>St. Margaret’s Hospital, Hammond</td>
</tr>
<tr>
<td>BATDORF, ESTHER M.</td>
<td>Home Hospital, Lafayette</td>
</tr>
<tr>
<td>BISCHOFF, PAULINE G.</td>
<td>3024 Fairfield Ave., Fort Wayne</td>
</tr>
</tbody>
</table>
Broughton, Helen .......... 1812 N. Capitol Ave., Indianapolis
Brown, Nellie G. .......... Ball Memorial Hospital, Muncie
Candy, Elizabeth .......... Indiana University Hospitals, Indianapolis
Collins, Agnes L.* ...... St. Margaret's Hospital, Hammond
Coy, Fern ................ Indiana University Hospital, Indianapolis
Culbertson, Margaret O'Neil .. City Hospital, Indianapolis
Cullison, Rose A. ......... St. Joseph Hospital, South Bend
Dickey, Ethel R. .......... Indianapolis City Hospital, Indianapolis
Doup, Josephine .......... Fayette County Hospital, Connersville
Franz, Loretta .......... St. John's Hospital, Anderson
French, Florence Sayce .... 1812 Capitol Ave., Indianapolis
Frick, Dorothy E.* ...... St. Margaret's Hospital, Hammond
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Gould, Metta** .......... Welborn-Walker Hospital, Evansville
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Nathe, Gertrude E. .......... 540 Tyler St., Gary
Portzline, Mary E. .......... 1812 N. Capitol Ave., Indianapolis
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Lofgren, Beatrice I. ................... 406 Center St., Des Moines
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Lindsay, Lola ........................ University Hospital, Iowa City
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Lynes, Mattie E. .......................... Box 71, Waverly
Marble, I. Maureen .................... University Hospital, Iowa City
McCown, Viola* ......................... 8 State House, Des Moines
McGovern, Louise ..................... 1130-6 Ave., Des Moines
McGurk, Blanch C. ................ University Hospital, Iowa City
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Travis, Eunice A. .... University Hospital, Iowa City
Tully, Catherine M. ...... Mercy Hospital, Dubuque
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Webber, Flora C. ...... University Hospital, Iowa City
Weisslund, Florence H. ...... Iowa Methodist Hospital, Des Moines
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Wren, Mae W. ...... 2019 University St., Des Moines
Yackey, Grace L. ...... University Hospital, Iowa City
Zimmerly, Anne ...... Mercy Hospital, Cedar Rapids

‡ Kansas—47 Members

Boten, Catharine ...... University of Kansas Hospital, Kansas City
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Burkholder, Nettie ...... 1404 W. Sixth St., Topeka
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Cooper, Frances ...... Newman Hospital, Emporia
Cox, Minnie ...... McPherson County Hospital, McPherson
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Fritzemeier, Martha H. ...... Grace Hospital, Hutchinson
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STilSON, Gladys M .......... 3617 W. Sixth St., Topeka
TEmplin, Ethel ............. University of Kansas Hospital, Kansas City
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UPPENDAHL, Frieda .......... 306 W. Washington St., Sterling
WAYNE, ANNA L ............ Bell Memorial Hospital, Kansas City
WILLIAMS, NELLIE .......... Christ's Hospital, Topeka
WOODLEY, CALLIE D .......... Station Hospital, Fort Leavenworth

‡ KENTUCKY—45 Members

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CARSON, Mary E ............. Good Samaritan Hospital, Lexington
CRIVES, CATHERINE P ...... Norton Memorial Infirmary, Louisville
DAVIS, Louise C .......... Speers Memorial Hospital, Dayton
DELIN, Elsie L ............. Children's Free Hospital, Louisville
EAST, Margaret L .......... 532 W. Main St., Louisville
EVESLAGE, Dorothy ....... 544 W. Second St., Lexington
FORD, Emma L ............. Good Samaritan Hospital, Lexington
FOREMAN, Mary E .......... City Hospital, Louisville
Frey, Mary W .............. Speers Memorial Hospital, Dayton
GOODE, Flora D .......... City Hospital, Louisville
GReATHouse, JessIe ....... Shriners' Hospital, Lexington
HENNINGER, Edna ......... City Hospital, Louisville
HENRY, Lavinia B .......... Good Samaritan Hospital, Lexington
MASON, Ora K ............. Wm. Mason Memorial Hospital, Murray
McCOLLum, Ruth K .......... Berea College Hospital, Berea
McDonald, Bettie W. .......... 215 E. Walnut St., Louisville
Merrifield, Ruth R. ........... Deaconess Hospital, Louisville
Murphy, Honor .............. 96 Valley Rd., Castlewood, Louisville
Perry, Margaret L. .......... Norton Memorial Infirmary, Louisville
Pitman, Charlotte E. ........ 1054 Cherokee Rd., Louisville
Pottinger, Louise .......... Good Samaritan Hospital, Lexington
Purcell, Lillian M. .......... Massie Memorial Hospital, Paris
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Sister Josella Conlon ........ Sts. Mary and Elizabeth Hospital, Louisville
Sister Ludovica .......... St. Joseph's Hospital, Lexington
Sister Miriam Patricia .... St. Joseph Infirmary, Louisville
Sister Margaret Teresa .... St. Joseph Hospital, Lexington
Sister Mary Bridgid .... St. Joseph Infirmary, Louisville
Sister Mary Corrine .......... St. Joseph Infirmary, Louisville
Sister Mary Plus Boone ...... Sts. Mary and Elizabeth Hospital, Louisville
Sister M. Tatiana .......... St. Anthony's Hospital, Louisville
Smith, Lillie V. ............. City Hospital, Louisville
Steinhauser, Anna M. ....... Speers Memorial Hospital, Dayton
Steinhauser, Sophia ....... Speers Memorial Hospital, Dayton
Story, Vivian E. ............ Norton Memorial Infirmary, Louisville
Taylor, Nola ............... General Hospital, Middlesboro
Thurman, Laura J. .......... Deaconess Hospital, Louisville
Vincent, Helen ............. Kentucky Baptist Hospital, Louisville
Wiggs, Alice E. ............. Speers Memorial Hospital, Dayton
Wilker son, Ollie E. .......... Kentucky Baptist Hospital, Louisville
Woods, Carrie M.** ........ Norton Memorial Infirmary, Louisville

$LOUISIANA—80 Members

Aleman, Ruth G. ........... 1422 Short St., New Orleans
Aycock, Sadie C. .......... 2645 Canal St., New Orleans
Barney, Charlotte .......... North Louisiana Sanitarium, Shreveport
Barr, Anna M. .............. 1014 Canal Bank Bldg., New Orleans
Boyce, Beatrice M. .......... Charity Hospital, New Orleans
Boyett, Christine .......... Tri-State Hospital, Shreveport
Broussard, Fumice .......... Touro Infirmary, New Orleans
Crochet, Genevieve P. ...... Charity Hospital, New Orleans
Dansereau, Marcelle E. ...... P. O. Box 1704, Alexandria
Discon, Anita I. .......... Hotel Dieu, New Orleans
Dumesnelle, Edwina M.* ...... Hotel Dieu, New Orleans
Fabregas, Sue ............. Charity Hospital, New Orleans
Fry, Louise G. ............ Tri-State Hospital, Shreveport
Golden, Lora C. ............ Baton Rouge General Hospital, Baton Rouge
Greene, Annie M. .......... Charity Hospital, Shreveport
Guidry, Hazel M. .......... Charity Hospital, New Orleans
Guidry, Louise M. .......... Charity Hospital, New Orleans
Hollingsworth, Rosebud O. .... 2521 Canal St., New Orleans
Ingersoll, Jane C. .......... 954 Margaret Pl., Shreveport
Koenig, Mary E. .......... Charity Hospital, New Orleans
Lancaster, Katherine D. ...... 211 S. Cortez St., New Orleans
Landry, Elvina E. ............ Charity Hospital, New Orleans
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MAURIN, EMMA .................. 150 Rosewood Dr., Metairie, New Orleans
McNAIR, BERYL HORNISBY .... 7913 Jeannette St., New Orleans
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MOORE, MIRIAM C. ............ 2941 Gr. Rte., St. John
MYERS, DELLA E. ................. Baton Rouge General Hospital, Baton Rouge
NEWHILL, KATHERINE W. ...... 3820 State St. Drive, New Orleans
NEWMAN, PEARL McBRIDE ...... 1240 Texas Ave., Shreveport
PAGAUD, MARY V. .............. 4400 Dauphine St., New Orleans
PEPPER, MAMIE ................ Touro Infirmary, New Orleans
PRICE, MARGARET A. .......... 2801 St. Charles Ave., New Orleans
ROBICHAUX, EMERANTE A. ..... Charity Hospital, New Orleans
SALMELA, SAIDE E. .......... 255 S. Claiborne Ave., New Orleans
SISTER AGNES M. FITZSIMONS St. Francis Sanitarium, Monroe
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SOMMERS, ELMIRE M. Mercy Hospital-Soniat Memorial, New Orleans
STUART, MARY J. Charity Hospital, New Orleans
TEBO, JULIE C.** 309 Pere Marquette Building, New Orleans
WEBRE, JOSEPHINE E. Hotel Dieu, New Orleans
WRIGHT, CHRISTINE Charity Hospital, New Orleans
YARBROUGH, MARY I. Charity Hospital, New Orleans
ZILLEY, MARION L. Touro Infirmary, New Orleans
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BARNIN, M. GEORGINA ............... 489 State St., Bangor
CAMPBELL, ELEANOR F. ............. 79 Bramhall St., Portland
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HURLEY, ROSSELLE FERRY ......... 78 Oak St., Ellsworth
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BETZOLD, K. VIRGINIA ...... 624 N. Broadway, Baltimore
BLACK, MARJORIE O. .......... Johns Hopkins Hospital, Baltimore
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BRANLEY, FRANCES M. .......... St. Joseph's Hospital, Baltimore
BRILHART, GERTRUDE B. ...... Sinai Hospital, Baltimore
BUNTING, I. GERTRUDE ...... Sheppard and Enoch Pratt Hospital, Towson
BURNHAM, HILDA CLAIRE* .... Johns Hopkins Hospital, Baltimore
CALLEDD, CRYSTAL J. ......... Johns Hopkins Hospital, Baltimore
CANNON, CAMASDEL S. .......... 2635 St. Paul St., Baltimore
CASHELL, NELLIE T. ........... 3026 Guilford Ave., Baltimore
CONNER, EVELYN A.* ......... University Hospital, Baltimore
COYNER, ISABEL .................. Church Home and Infirmary, Baltimore
CREENTSBURG, FREDA .......... Church Home and Infirmary, Baltimore
CRIGHTON, ANNIE .......... University Hospital, Baltimore
DURRANT, CONSTANCE S. .... Church Home and Infirmary, Baltimore
EARLING, HANNAH T. .......... Maryland General Hospital, Baltimore
ELLIOTT, MARGARET ........... Church Home and Infirmary, Baltimore
FREDERICK, HESTER K. ...... Johns Hopkins Hospital, Baltimore
GARDNER, MAUD M. .......... Hospital for Women of Maryland, Baltimore
GASSAWAY, HELEN M. .......... Church Home and Infirmary, Baltimore
GREEN, MARY L. .......... Johns Hopkins Hospital, Baltimore
GROSS, ELSIE .................. South Baltimore General Hospital, Baltimore
HANSON, HAZEL .......... Sinai Hospital, Baltimore
HARDIN, MAURICE* ............. University Hospital, Baltimore
HASBROUCK, ANNE F. .......... 4 East Madison St., Cumberland
<table>
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<tr>
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<th>Institution</th>
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FORTY-SECOND ANNUAL CONVENTION

WALKER, M. EVELYN 1601 Bolton St., Baltimore
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WASSERBERG, CHELLY Johns Hopkins Hospital, Baltimore
WATKINS, MARION B. 3026 Guilford Ave., Baltimore
WEYMOUTH, CLARICE Johns Hopkins Hospital, Baltimore
WHARTON, CATHERINE A. Church Home and Infirmary, Baltimore
WHARTON, SARA I.* Church Home and Infirmary, Baltimore
WILSON, CORA M. University Hospital, Baltimore
WRIGHT, HELEN E. University Hospital, Baltimore
WRIGHT, MARTHA E. Cambridge Maryland Hospital, Cambridge
YALE, LOUISE P. Johns Hopkins Hospital, Baltimore
ZIMMERMAN, ISABEL Sinai Hospital, Baltimore

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AVARD, MARTHA J. Addison Gilbert Hospital, Gloucester
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COOK, MELISSA J. Melrose Hospital, Melrose
COX, EDITH I. Robert B. Brigham Hospital, Boston
CULLEN, KATHARINE A. Worcester City Hospital, Worcester
CURTIS, MIRIAM Cooley Dickinson Hospital, Northampton
CURLEY, HELEN C. King St., Cohasset
DAMON, MILDRED P. 195 Eliot St., Milton
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SEARLE, LILLIE M. Malden Hospital, Malden
SHAHBAK, ANNA The Memorial Hospital, Worcester
SHEPARD, MARY E. The Faulkner Hospital, Jamaica Plain
SINCLAIR, BERNICE J. 721 Huntington Ave., Boston
SISTER MARCIANA STONE Carney Hospital, Boston
SISTER MARIE WALLACE St. John's Hospital, Lowell
SISTER MARY CAMILLA 73 Vernon St., Worcester
SISTER MARY EVANGELIST St. Luke's Hospital, Pittsfield
SISTER MARY GABRIEL St. Elizabeth's Hospital, Brighton
SISTER MARY HILDEGARDE 679 Dwight St., Holyoke
SISTER MARY JOHN Farren Memorial Hospital, Montague City
SISTER MARY NORBERT 235 Carew St., Springfield
SISTER MARY PAUL St. Elizabeth's Hospital, Brighton
SLEEPER, RUTH Massachusetts General Hospital, Boston
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SMITH, MARTHA R. Massachusetts General Hospital, Boston
SMITHIES, JENNIE M. 538 Prospect St., Fall River
SPEARS, LENA A. 2122 Boston St., Lynn
SPENCER, MABEL Addison Gilbert Hospital, Gloucester
STEVENS, ERINE J. Worcester City Hospital, Worcester
STEELE, KATHARINE MCLEAN Worcester State Hospital, Worcester
STIMSON, MARGO Simmons College, 300 The Fenway, Boston
STRAND, EDITH F. New England Sanitarium and Hospital, Melrose
SULLIVAN, ELIZABETH 16 Buchanan Rd., West Roxbury
SULLIVAN, MARY A. Lynn Hospital, Lynn
TAYLOR, ANNA M. Massachusetts General Hospital, Boston
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WALDRON, JOAN 538 Prospect St., Fall River
WALKER, HAZEL M. Morton Hospital, Taunton
WALKER, LORRAINE H. 120 High St., Springfield
WARBURTON, OLGA I. Faulkner Hospital, Jamaica Plain
WATSON, SUSIE A. 370 Longwood Ave., Boston
WHARTON, MERRIETTA S. 100 Bellingham St., Chelsea
WHITTLESEE, JULIET A. 72 High St., Greenfield
WHITTEN, DOROTHY M. Newton Hospital, Newton Lower Falls
WIGGINS, BERNICE L. 149 Hillside Ave., Arlington Heights
WILLIAMS, BARBARA 41 Hyde St., Newton Highlands
WILLIAMS, GRACE W. 2062 Dorchester Ave., Dorchester
WOOD, HELEN 1036 Walnut St., Newton Highlands
WOOD, MARGUERITE W. 8 Columbia Park, Haverhill
WOOLLIDGE, FLORENCE M. Hospital Rd., Harding
WYNNE, ANNE F. 100 Bellingham St., Chelsea
YOUNG, OLIVE L. 211 Park St., Attleboro
ZUTTER, LOUISE S. Boston Lying-In Hospital, Boston
ZWISLER, IRENE I. 51 Cherry Hill, Holyoke

‡MICHIGAN—158 Members

ANDERSON, FRANCES A. 432 E. Hancock St., Detroit
ANDERSON, LYDA W. 25 E. Palmer Ave., Detroit
ANTROBUS, EDNA M. Saginaw General Hospital, Saginaw
ASHBURN, RUTH P. Butterworth Hospital, Grand Rapids
BALL, MARTHA M. 3740 John R. St., Detroit
BARTLETT, BARBARA H. University of Michigan, Ann Arbor
BAYER, CHRISTINE C. Evangelical Deaconess Hospital, Detroit
BEEKLER, F. ELSA* 7610 Lamson Ave., Detroit
<table>
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<th>Name</th>
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<td>Beers, Amy</td>
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<td>Clark, Violetta E.*</td>
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<td>Cohoon, Opal*</td>
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<td>Ditt, Amelia E.*</td>
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<td>Durrell, Marian*</td>
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<td>NORTH, HELEN B.</td>
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<td>ORCUTT, BEKTHA E.</td>
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<td>OSWALD, C. JEANETTE</td>
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<td>RAND, WINIFRED</td>
<td>71 Ferry Ave., E.</td>
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<td>RANKIN, EMILY N.</td>
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<td>REAMY, MARY A.</td>
<td>Couzens Hall</td>
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<td>REYNOLDS, AMY T.</td>
<td>520 N. Jefferson St.</td>
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<td>ROBINSON, NORA G.</td>
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<td>ROGERS, MARGARET A.</td>
<td>Children's Free Hospital</td>
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<td>SARGENT, EMILIE G.</td>
<td>659 Webb St.</td>
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<td>SAUNDERS, HARRIET E.*</td>
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<td>SCHAFER, MARGARET K.*</td>
<td>104 S. Forest Ave.,</td>
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<td>SCHAU, ELIZABETH C.</td>
<td>Box C, Traverse City</td>
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<td>SEWELL, OLIVE</td>
<td>206 Capital Loan &amp; Savings Building</td>
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<td>SHEICK, FERN</td>
<td>Grace Hospital</td>
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<tr>
<td>SISTER CALLISTA MEYER</td>
<td>St. Mary's Hospital</td>
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<td>SISTER EMMA MARZAHN</td>
<td>Evangelical Deaconess Hospital</td>
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</table>
SISTER EMMA MARTZKE ..............Evangelical Deaconess Hospital, Detroit
SISTER JEANNE DE PAUL ESSER .... 215 North Ave., Mt. Clemens
SISTER MARIE BERNARD MASTER-
son** ..........................2200 E. Grand Blvd., Detroit
SISTER M. ASSISIUM HYNES .......St. Lawrence Hospital, Lansing
SISTER MARY BERNARD BAUER .... 550 Lansing Ave., Jackson
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SMITH, ELEANOR B. .................Couzens Hall, Ann Arbor
SMITH, EVELYN R ..................Couzens Hall, Ann Arbor
SMITH, MABEL E.* ..................200 Hollister Building, Lansing
SOVERHILL, CAROL L.* .......... Couzens Hall, Ann Arbor
SPRAUGE, BEATRICE K. .......... Couzens Hall, Ann Arbor
STAHNECKER, ELLEN L ........... Herman Kiefer Hospital, Detroit
STEVenson, ELIZABETH .......... 2800 W. Grand Blvd., Detroit
STEWART, EVA .....................1550 Tuxedo, Detroit
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WANZECK, MARIE V ................ 1125 E. Huron St., Ann Arbor
WARNER, VERA F. ..................Blodgett Memorial Hospital, Grand Rapids
WELLAND, ISABELLE ............... 3740 John R. St., Detroit
WILSON, IRIS E. ..................Couzen's Hall, Ann Arbor
WOLF, ALEYA ...................... Harper Hospital, Detroit
WOLF, MARY E.* .................. 801 W. Sixth Ave., Flint
WRIGHT, MARION J.* ............. 3740 John R. St., Detroit

‡ MINNESOTA—241 Members

ACKERMAN, ETHEL A. ................Bethesda Hospital, St. Paul
ALMQVIST, MARGARET .............St. Barnabas Hospital, Minneapolis
AMASS, STELLA H.** .............Board of Control, State Office Bldg., St. Paul
ANDERSON, ELLEN M. .............Northwestern Hospital, Minneapolis
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ANDERSON, MARGARET* .......... 2022 Girard Ave., N., Minneapolis
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BENSON, MARGARET E.*  General Hospital, Minneapolis
BERGH, INGER  1421 E. 24 St., Minneapolis
BLITZ, JULIA  Ancker Hospital, St. Paul
BISONNETTE, LAURENCE E.  2500 Sixth St., S., Minneapolis
BLACK, IDA L.  Northwestern Hospital, Minneapolis
BLOCK, IRMA A.*  Minneapolis General Hospital, Minneapolis
BOTTEN, MILADA*  914 Eighth St., Minneapolis
BRAMMER, HELEN*  Glen Lake Sanatorium, Oak Terrace
BRATHOLT, GLADYS M.  Minneapolis General Hospital, Minneapolis
BROBAKKEN, MAGDALENE E.  General Hospital, Minneapolis
BRUNKAW, CHARLOTTE L.*  University Hospital, Minneapolis
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CAMPBELL, JEAN H.  St. Luke’s Hospital, St. Paul
CARLSON, HELEN M.*  1089 Ivy St., St. Paul
CARLSDURD, GERTRUDE E.  University Hospital, Minneapolis
CARLSTED, EMMA S.  Swedish Hospital, Minneapolis
CHILD, CLARA  General Hospital, Minneapolis
COLORS, IONE E.  University Hospital, Minneapolis
CORNELIUS, DORA M.  1602 Berkeley Ave., St. Paul
COSTELLO, GERTRUDE V.  Ancker Hospital, St. Paul
COUTIER, LULU M.  2 Second Ave., S. W., Rochester
DANIELSON, MARY  Mounds Park Sanitarium, St. Paul
DAVIS, HENRIETTA  Abbott Hospital, Minneapolis
DENSFORD, KATHARINE J.**  University of Minnesota School of Nursing, Minneapolis
DELMORE, MARJORIE  Ancker Hospital, St. Paul
DOANE, ELEANOR M.  1003 Ivy St., St. Paul
DODDS, THELMA M.  129 W. Summit, St. Paul
DONALDS, MARGARET M.*  Minneapolis General Hospital, Minneapolis
DOWD, ELEANOR  General Hospital, Minneapolis
DRAKE, LAURA A.  404 S. Eighth St., Minneapolis
EGERSDORF, PHYLLIS A.  1003 Ivy St., St. Paul
EINERSON, EMMA C.  Glen Lake Sanatorium, Oak Terrace
ELLISON, EMMA*  Minneapolis General Hospital, Minneapolis
ELMORE, CARLIE B.  General Hospital, Minneapolis
ENGEL, MARGARET V.*  Minneapolis General Hospital, Minneapolis
ENGELSTAD, ELLA M.  General Hospital, Minneapolis
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ERVEN, MARGARET E.  1003 Ivy St., St. Paul
FELLEN, EDITH L.*  University Hospital, Minneapolis
FESNEIMAYER, IRMA T.  University Hospital, Minneapolis
FISCHER, EMMA A.  4317 Abbott Ave., S., Minneapolis
FLECKENSTEIN, EMMA R.*  St. Luke’s Hospital, St. Paul
FLEMING, AGNES  University Hospital, Minneapolis
FOWLE, MARY J.  1003 Ivy St., St. Paul
GABRIELSON, HAZEL E.  St. Luke’s Hospital, Duluth
GARTLEY, NORMA A.*  General Hospital, Minneapolis
GEIGER, BEATA M.  St. John’s Hospital, Red Wing
GERBER, HELEN  Box 157, Fergus Falls
GERE, MARION E.  University Hospital, Minneapolis
GINHER, LENA  St. Joseph’s Hospital, St. Paul
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RAU, MAGDALENA .............................................. St. John's Hospital, St. Paul
REICHERT, CHARLOTTE* ................................... 500 Essex St., S. E., Minneapolis
REYNOLDS, ELIZABETH M. ..................................... Ancker Hospital, St. Paul
RHODES, M. DOROTHY** ....................................... St. Barnabas Hospital, Minneapolis
RINDE, GLADYS S.* ........................................... General Hospital, Minneapolis
ROBERTS, HAZEL A. ........................................... Glen Lake Sanatorium, Oak Terrace
ROETTGER, ELSE ........................................... General Hospital, Winona
SANDEEN, LOUISE J. ........................................ General Hospital, Minneapolis
SANDERSON, SYBIL L.* ...................................... 500 Essex St., S. E., Minneapolis
SANDS, MARY C. .................................................. Ancker Hospital, St. Paul
SAUNDERS, LULU A. ........................................... Kahler Hospital, Rochester
SCHARFENBERG, MARGARET* .................................. 908 Hyacinth St., St. Paul
SCHAUER, ADELINE C. ........................................ General Hospital, Minneapolis
SCHEIBE, GLADYS E. ........................................... 120 W. Summit, St. Paul
SCHUY, JENNIE O. ........................................... University Hospital, Minneapolis
SCHLIEF, LEONA B.* ........................................... 643 Jefferson, St. Paul
SCHRUPP, EDNA L. ........................................... St. Barnabas Hospital, Minneapolis
SCHULTZ, FLORENCE* .......................................... 1003 Ivy St., St. Paul
SCHWARZ, HELEN G. .......................................... College of St. Teresa, Winona
SCHWENGLE, BERTHA R. ...................................... Ancker Hospital, St. Paul
SCHWEPPE, WINNIFRED* .................................... 500 Essex St., S. E., Minneapolis
SCHWIEGER, CLARA E.* ...................................... Glen Lake Sanatorium, Oak Terrace
SEEMANN, MARCELLA* ....................................... University Hospital, Minneapolis
SELVIG, MABEL M. ........................................... State Hospital, Fergus Falls
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SHALIT, PEARL .................................................. 1116 Ashland Ave., St. Paul
SISTER CAROLINE PEMPMEIER ................................ St. Lucas Hospital, Faribault
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SMITKA, HELEN P. ........................................... 1003 Ivy St., St. Paul
SOLOMON, HARRIE M. ......................................... Ancker Hospital, St. Paul
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STROM, MYRTLE ............................................... General Hospital, Minneapolis
SUNDAL, ELEANORE A.* .................................... 120 W. Summit Ave., St. Paul
SUNDBY, ANNA O.* ........................................... Minneapolis General Hospital, Minneapolis
TAYLOR, AGNES J. ........................................... Ashbury Hospital, Minneapolis
TAYLOR, JEAN .................................................. 702 Fourth St., S. E., Minneapolis
TAYLOR, JEAN W.* ........................................... 120 W. Summit Ave., St. Paul
TOFFE, BIRGIT ................................................. Ancker Hospital, St. Paul
TOFTNESS, EVA S.* ........................................... 1093 Ivy St., St. Paul
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MEMBERS

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WILK, MERLE M. ........................................... Northwestern Hospital, Minneapolis
WILLIAMS, HELEN D. ........................................ 1543 11 Ave., S. E., St. Cloud
WILSON, A. MURIEL* ........................................ 233 Arundel St., St. Paul
WOLD, LILLIAN M.* ......................................... 1003 Ivy St., St. Paul
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ZECK, MARTHA J.* ........................................... Glen Lake Sanatorium, Oak Terrace

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CHILDs, MARY R. ........................................... 106 E. Front St., Winona
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MAY, FRANCES C. ........................................... Mississippi State Sanatorium, Sanatorium
RICHARDSON, MABEL ........................................ Field Memorial Hospital, Centreville
TATUM, TAMAR B. ........................................... 121 N. President St., Jackson
WALTER, AGNES M. ........................................... Vicksburg Sanatorium, Vicksburg

‡ MISSOURI—91 Members

BEATTIE, MABEL ........................................... 3711 Bellefontain Ave., Kansas City
BENZ, GLADYS ............................................. 416 S. Kingshighway, St. Louis
BIGLER, AUGUSTA M. ......................................... 1621 Grattan St., St. Louis
BOLLINGER, MAYB E ........................................... 216 S. Kingshighway, St. Louis
BREEZE, CATHERINE ......................................... 5535 Delmar Blvd., St. Louis
BRENNER, FRIEDA M. ......................................... Lutheran Hospital, St. Louis
BROWN, LUCILLE M.* ......................................... 416 S. Kingshighway, St. Louis
BRUEGEMANN, ELVIRA ...................................... 2646 Potomac St., St. Louis
BUTTERWORTH, VIDA E. .................................... Independence Sanatorium and Hospital, Independence

CAMPBELL, THERESA ........................................... 1709 Washington Ave., St. Louis
CARLSON, ANNA ........................................... General Hospital, Kansas City
CHURNEY, JULIA ........................................... 512 N. 7 St., Hannibal
COUPL, ANNA L. ........................................... Mercy Hospital, Kansas City
COUPE, ANNA L. ........................................... 923 Powell St., St. Joseph
DAEY, PHYLLIS M. ........................................... 1325 Rialto Bldg., Kansas City
DAVIS, JESSIE V. ........................................... 1621 Grattan St., St. Louis
DAWSON, MARY E. ........................................... 1621 Grattan St., St. Louis
DERSCH, ESTHER H. ........................................... Research Hospital, Kansas City
DIERBERG, FLORENCE ........................................ 5475 Cabanne Ave., St. Louis
DESHLER, FRANCES ........................................... 305 S. Euclid Ave., St. Louis
DORAN, RUTH .............................................. 416 S. Kingshighway, St. Louis
DURBIN, MARY N. ........................................... 1621 Grattan Ave., St. Louis
ELKINS, AMY L. ........................................... 1600 Anthony St., Columbia
ERDMAN, LUCY J. ........................................... 2945 Lawton, St. Louis
FARNWORTH, HELEN ........................................... 4420 Lloyd St., Kansas City
FLANAGAN, JANNETT G. .................................... Mercy Hospital, Kansas City
FORD, VIRGINIA E. ........................................... 216 S. Kingshighway, St. Louis
FRAUENS, GRACE ........................................... 711 E. 54 Terrace, Kansas City
HASLAM, CAROLYN C. ....................................... 5826 Cabanne Ave., St. Louis
HOLLIS, GRACE ............................................ 306 S. Kingshighway, St. Louis
HOPPE, ALMIRA ........................................... 306 S. Kingshighway, St. Louis
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<td>416 S. Kingshighway, St. Louis</td>
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<td>McClaskie, Maude</td>
<td>4533 McMillan Ave., St. Louis</td>
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<td>McClellan, Rose A.</td>
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<td>McKINLEY, Margaret</td>
<td>4543 Westminster Pl., St. Louis</td>
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<td>McMahon, Mary A.**</td>
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<td>Over, Gladys</td>
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<td>Perry, Lucy*</td>
<td>5904 Enright, St. Louis</td>
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<td>Sister Hilda Mark</td>
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<td>Woman (Alfreda Schmuck)</td>
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<td>Sister Mary Athanasia Brune</td>
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<td>Sister M. de Chantel Blakely</td>
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<td>Sister Mary Gregory Wurst</td>
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<td>Sister Roberta Callahan</td>
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<td>Sister Rose Helene Vaughan</td>
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Worrell, Dorothy .............. 416 S. Kingshighway, St. Louis
Wright, Clara L .............. 5535 Delmar Blvd., St. Louis
Wylie, Pauline .............. 416 S. Kingshighway, St. Louis
Yenicke, Bertha O .......... 416 S. Kingshighway, St. Louis
Zschoche, Louise M .......... 2646 Potomac St., St. Louis

MONTANA—17 Members

Bane, Monta ................ Bozeman Deaconess Hospital, Bozeman
Brown, Edith L .............. Box 928, Helena
Buckles, Gertrude .......... Deaconess Hospital, Billings
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Moff, Dorothy .............. St. James Hospital, Butte
Sherrick, Anna P .......... Montana Deaconess Hospital, Great Falls
Sister Francis Xavier ..... St. Vincent Hospital, Billings
Sister Gerard .......... St. Joseph's Hospital, Lewistown
Sister John Marie Pithoud .... St. Vincent Hospital, Billings
Sister Mary Alexine ...... St. James Hospital, Butte
Sister M. Germaine Beringer .. Sacred Heart Hospital, Havre
Sister Mary Wilhelmina .. 1601 Second Ave., N., Great Falls
Sister M. William .......... Holy Rosary Hospital, Miles City
Swenson, Effie S ........ Deaconess Hospital, Bozeman
Watts, Donna E .............. 1020 Kennedy Ave., Havre
Wildner, Agnes M .......... 1020 Kennedy Ave., Havre
Witte, Regina A.* ......... St. Vincent Hospital, Billings

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Anderson, Irene O .......... Immanuel Hospital, Omaha
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Bickert, Ellen E ............ St. Elizabeth Hospital, Lincoln
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Burgess, Charlotte ......... University Hospital, Omaha
Carlson, Elenore C .......... Evangelical Covenant Hospital, Omaha
Christianson, Augusta V ... Lord Lister Hospital, Omaha
Clarke, Florence .......... University Hospital, Omaha
Collins, Anne M .......... University Hospital, Omaha
Constantine, Mildred ..... Clarkson Hospital, Omaha
Dean, Myrtle .......... Bryan Memorial Hospital, Lincoln
DeLand, Fern .............. Lincoln General Hospital, Lincoln
Dieterichs, Frieda H .. University Hospital, Omaha
Dorsey, Josephine J ....... Nicholas Senn Hospital, Omaha
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Epp, Helen .......... Immanuel Hospital, Omaha
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Hoare, Bernice M .......... Lincoln General Hospital, Lincoln
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LINDBERG, HENRIETTA .......... Immanuel Hospital, Omaha
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MCDONALD, KATHARINE .......... Lincoln General Hospital, Lincoln
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MORTENSEN, DOROTHEA E. .......... Bryan Memorial Hospital, Lincoln
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PALMER, ESTHER M. .......... University Hospital, Omaha
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PETERSON, EDITH L. .......... Evangelical Covenant Hospital, Omaha
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ROBBINS, IVA .......... Orthopedic Hospital, Lincoln
SAL, MYRTLE .......... Evangelical Covenant Hospital, Omaha
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SISTER MARY THEODORE JENSEN .......... St. Catherine's Hospital, Omaha
SISTER MYRTLE A. PETERSON .......... Immanuel Hospital, Omaha
SISTER OLIVE CULLENBERG** .......... Immanuel Hospital, Omaha
SISTER RUTH MORRIS .......... Immanuel Hospital, Omaha
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SOMMER, IDA B. .......... Bryan Memorial Hospital, Lincoln
STACK, KATHLEEN .......... St. Francis' Hospital, Grand Island
STEEL, MARY E. .......... Lincoln General Hospital, Lincoln
TORS, JESSIE .......... St. Francis' Hospital, Grand Island
TUCKER, MYRA .......... University Hospital, Omaha
WALKER, MARY C. .......... Lincoln General Hospital, Lincoln

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BACHMAN, MARGARET P. .......... St. Joseph's Hospital, Nashua
CALLAHAN, BARBARA .......... Hillsboro County General Hospital, Grasmere
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GRIFFIN, ROSE E.** .......... Mary Hitchcock Memorial Hospital, Hanover
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LOCKE, MABEL B. .......... Laconia Hospital, Laconia
MCREAVY, KATHERINE .......... Laconia Hospital, Laconia
Messer, Jennie B. .......... Balch Hospital for Children, Manchester
Messer, Mary A. .......... Balch Hospital for Children, Manchester
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<td>Cook, Harriet B.</td>
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CORCORAN, MARY E. .................. New Jersey State Hospital, Greystone Park
COSGROVE, EDNA S. ............... Memorial Hospital, Newark
COWART, MATTIE L.* ............... Nurses' Home, Greystone Park
CREECH, ARABELLA R. ............ 17 Academy St., Newark
CROSBY, HELEN* .................... 201 Lyons Ave., Newark
DAKIN, FLORENCE .................. 468 Ellison St., Paterson
DEARTH, HAZEL M. ................. Presbyterian Hospital, Newark
DENK, MAY .......................... Newark City Hospital, Newark
DEUTCH, BARBARA M. ............. 201 Lyons Ave., Newark
DEVEREUX, KATHERINE J. ........ 11 Webster Pl., East Orange
DILWORTH, LILIA P. ............... 39 N. Hermitage St., Trenton
DITTING, OLGA B. ................. Hospital of St. Barnabas, Newark
DIXON, ERMA R. .................... Monmouth Memorial Hospital, Long Branch
DOWLING, NORA L. ................ Orange Memorial Hospital, Orange
DUNN, HAZEL B. .................... Muhlenberg Hospital, Plainfield
DUQUAINE, LYDIA A. ............... 201 Lyons Ave., Newark
EDGECOMB, MARY E. ............... Englewood Hospital, Englewood
EGAN, MARGARET M. ............... Greenville Hospital, Jersey City
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FENNESSEY, ELEANOR ............. State Hospital, Greystone Park
FERGUSON, RACHEL O. .......... Homeopathic Hospital, East Orange
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FISHER, MARION L. ............... 624 Clark St., Westfield
FOLDA, ALMA K. .................... 204 S. Broad St., Elizabeth
FORD, MARGARET .................. Monmouth Memorial Hospital, Long Branch
FOWLER, FRANCES E.* ............ 12 Sanford Pl., Jersey City
FRAENTZEL, AGNES K. .......... 35 Durand Rd., Maplewood
FRESE, ANNA L.* .................. Englewood Hospital, Englewood
FREY, MARION M. .................. Monmouth Memorial Hospital, Long Branch
GIBSON, ZENOICE T. ............... 250 S. Harrison St., East Orange
GOODRICH, ANNIE W. ............. 18 High St., Summit
GOLDSMITH, JOSEPHINE F. ....... Muhlenberg Hospital, Plainfield
GOODENOUGH, FLORENCE E. .... Atlantic City Hospital, Atlantic City
GRAY, EDITH ...................... Visiting Nurse Association, Orange
GREEN, LOUISE A. ............... 201 Lyons Ave., Newark
GROSSMAN, RUTH .................. Beth Israel Hospital, Newark
GRUCHY, AMELIA A. .............. Orange Memorial Hospital, Orange
GUENTHER, CATHERINE .......... Newark Memorial Hospital, Newark
GUTTRIDGE, ALTA G. ............. Muhlenberg Hospital, Plainfield
HAAGE, LLOUILLA L. .............. 129 Magnolia Ave., Jersey City
HAN, ANNA M. ..................... 602 Park Place Ave., Bradley Beach
HALEY, ELIZABETH B. ............ Monmouth Memorial Hospital, Long Branch
HALEY, MARGARET C. .............. St. Mary's Hospital, Hoboken
HALL, PRISCILLA K. .............. General Hospital, Paterson
HAMILTON, ELEANOR E. .......... 27 S. Ninth St., Newark
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HARDY, ESTHER A. ................ Essex County Hospital, Cedar Grove
HARKLOW, ESTHER* ................ Essex County Isolation Hospital, Belleville
HARRISON, ANNE .................. Newark Memorial Hospital, Newark
HASENJAHR, ELLA ................ Essex County Hospital, Belleville
HATHAWAY, CLARA L. ............. Orange Memorial Hospital, Orange
HEID, AURELIA ..................... Newark City Hospital, Newark
HENNIG, HENRIETTA .............. Monmouth Memorial Hospital, Long Branch
HENTZ, ISABELLE G.* ............. 372 Engle St., Englewood
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BEST, VIRGINIA P. ................. 225 E. 73 St., New York
BEYEA, IDA E.* .................... 31 S. Portland Ave., Brooklyn
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<td>Hicks, Emily J.</td>
<td>103 Washington Ave., Albany</td>
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MEMBERS

HIGHAM, Vera B. ....................... 260 Crittenden Blvd., Rochester
HILL, Katherine E.* .................. Willard Parker Hospital, New York
HILL, Elsie W. ....................... Crouse Irving Hospital, Syracuse
HINCKLEY, Grace B. .................. Methodist Episcopal Hospital, Brooklyn
HIXSON, Florence ..................... Samaritan Hospital, Troy
HOBBLITZELLE, Lucy F. ............... 130 Morningside Dr., New York
HOFMEISTER, Rose ................... 11 E. 76 St., New York
HOGAN, Hazel M. ..................... Buffalo City Hospital, Buffalo
HOCHNER, Louise A.* ................. 440 Linden St., Rochester
HOHMANN, Justina ................... 346 Linwood St., Brooklyn
HOIJEN, Geneva F. .................. 245 Lark St., Albany
HOKANSON, Minnie A. ............... 207 Foote Ave., Jamestown
HOLLANDER, Elizabeth L.* ......... 1302 Third Ave., New York
HOSTETLER, Nell A. .................. 224 Alexander St., Rochester
HOUPTON, Ruth ....................... 50 W. 50 St., New York
HOUPTON, Hazel I. ................... 440 E. 26 St., New York
HOWE, Harriet L. ..................... 418 E. 64 St., New York
HOWELL, Anna W. .................... 130 E. 69 St., New York
HUBBARD, Miriam .................... Babies' Hospital, New York
HULL, Hazel L. ....................... 56 Warwick Ave., Buffalo
HUMPHREYS, Anne J. .................. St. Luke's Hospital, New York
HUNT, Marguerite .................. Cortland County Hospital, Cortland
HUNTER, Greeta V. .................. 824 Washington St., Watertown
HURD, Clara L. ....................... 2124 Midland Ave., Syracuse
HURLER, Nora L. ..................... 158 W. 12 St., New York
HUSSEY, Jessie M. ................... Mary McClellan Hospital, Cambridge
HYSROP, Alice K. ................... 567 Prospect Pl., Brooklyn
IRWIN, Pearl E. ..................... General Hospital, Syracuse
IVERS, Leone N. ..................... Strong Memorial Hospital, Rochester
JACOBSON, Marguerite K. .......... 152 Washington Ave., Albany
JACOBSON, Olga C. .................. 141 W. 109 St., New York
JAMES, Anna M. ..................... Gouverneur Hospital, New York
JENNEY, Mary O. ..................... Syracuse Memorial Hospital, Syracuse
JOHNSON, Alpha L. ................... 127 Ashburton Ave., Yonkers
JOHNSON, Florence M. .............. 134 E. 19 St., New York
JOHNSON, Leona M. .................. 112 Goodrich St., Buffalo
JOINVILLE, Margaret* ............... 1320 York Ave., New York
JORDAN, Minnie H. .................. 344 W. 72 St., New York
JUSTICE, Leah* ...................... Strong Memorial Hospital, Rochester
KAHL, Ruth ......................... 20 Bolton Gardens, Bronxville
KALTENBACH, Winifred .............. Babies' Hospital, New York
KEENEN, Agnes R. ................... St. Luke's Hospital, Newburgh
KEHOE, Rosemary ................... Lebanon Hospital, Bronx
KELLERER, Margaret C.* .......... 1320 York Ave., New York
KELLOGG, Laura* .................... Strong Memorial Hospital, Rochester
KELLY, Mary A. ..................... 2525 Church St., Brooklyn
KELLY, Maud C. ..................... 440 E. 26 St., New York
KEMP, Florence C. .................. 500 Riverside Dr., New York
KENGLA, Ursula K. .................. 2265 Sedgwick Ave., New York
KENNEDY, May ....................... 1320 York Ave., New York
KERN, Barbara J. ................... 501 W. 122 St., New York
KEY, Beatrice ....................... 480 Herkimer St., Brooklyn
KHAI, Lillian M. ................... 416 Patterson St., Ogdensburg
KILBOURNE, Olive A. .............. Flushing Hospital, Flushing
KILLINDER, Gladys M. .......... Methodist Episcopal Hospital, Brooklyn
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<td>International House, 500 Riverside Dr., New York</td>
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<td>Meier, Gertrude M.</td>
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MEMBERS

MENDELSON, FANNY L. ................. 25 E. 86 St., New York
MERCER, RUTH A. ......................... Lebanon Hospital, New York
MERRILL, FLORENCE G.* .............. 224 Alexander St., Rochester
MESSERSMITH, BETTY E.* .......... Highland Hospital, Rochester
MILLER, CORA M. ...................... Arnot-Ogden Hospital, Elmira
MITCHELL, LORNA D. ............... Sea View Hospital, Staten Island
MITSAK, ANNE ....................... 100 E. Gunhill Rd., New York
MOE, JUNE ......................... Genesee Hospital, Rochester
MOHNEY, FLORENCE E. ......... 106 Morningside Dr., New York
MOIR, HELEN M. ...................... French Hospital, New York
MOORE, MARION V. .................. 304 E. 20 St., New York
MOORE, NONIE A. ....................... 22 W. 87 St., New York
MOORE, SARAH E. ...................... New York Hospital, New York
MORRISON, LOTTIE M. ............ 620 W. 168 St., New York
MORRISSEY, ALICE B. ............. 440 E. 26 St., New York
MORSE, EDNA C. ...................... 1230 Amsterdam Ave., New York
MULHEARN, SALLIE M. ............. 141 W. 109 St., New York
MUNSON, HELEN W. ................. 50 W. 50 St., New York
MURPHY, MARY E.* ................. 175 E. 68 St., New York
MUSE, MAUDE B. ....................... 525 W. 120 St., New York
NAPIER, LILA J. ..................... Bronx Hospital, New York
NEWELL, FLORENCE E. ........... 722 W. 168 St., New York
NICHOLSON, JOYCE .................. 39 Auburn Pl., Brooklyn
NIND, GRETCHEN E. .............. Strong Memorial Hospital, Rochester
NODWELL, MABEL L. .................. Strong Memorial Hospital, Rochester
OAKLEY, LENA R. ................. Methodist Episcopal Hospital, Brooklyn
O'BRIEN, SADIE J. .................. Harlem Hospital, New York
OLANDT, HELENE ..................... 39 Auburn Pl., Brooklyn
OLMSTED, LOIS ..................... Ellis Hospital, Schenectady, New York
OSTRANDER, FRANCES J. .......... General Hospital, Rochester
PALL, SARAH I. ...................... Grasslands Hospital, Valhalla
PALMER, HAZEL E. ..................... Samaritan Hospital, Troy
PARIS, FLORENCE R. ............. 435 W. 119 St., New York
PARKER, BESSIE A. ................. 1320 York Ave., New York
PARKS, BEULAH E. ..................... Cortland County Hospital, Cortland
PARRY, PHYLLIS M. ................. Syracuse General Hospital, Syracuse
PECK, PURCELLE ...................... 50 W. 50 St., New York
PEFFERKORN, BLANCHE** .......... 50 W. 50 St., New York
PHILLIPS, LOTTIE M. ............... 5 E. 98 St., New York
Pictzak, WANDA V.* ............... Highland Hospital, Rochester
PIERCE, ELIZABETH .................. Dept. of Nursing Education, Teachers College, New York
PILLSBURY, MARY E. .................. Jewish Hospital, Brooklyn
PINDELL, JANE M. ................... 600 W. 235 St., New York
PISE, ELEANOR M. ................. 100 Morningside Dr., New York
PITKETHLY, EDITH J. .............. 330 W. 30 St., New York
PLAMBECK, EDNA ................. 24 First St., Troy
PORTER, ALMENA A. .............. Kingston Hospital, Kingston
POTTs, EDITH M. .................... 11 N. Pearl St., Albany
POWELL, CHARLOTTE M. ........... Blythdale Home, Valhalla
PRICE, ANTOINETTE ................. Lenox Hill Hospital, New York
PROTZ, AUGUSTA ..................... Lenox Hill Hospital, New York
PRUTSMAN, CAROLINE M. .......... Arnot-Ogden Hospital, Elmira
Puckhaber, ANNE ................. Buffalo City Hospital, Buffalo
PURTELL, SUSAN M. ............... Kings County Hospital, Brooklyn
QUERRAU, CLARA ................. 442 Education Building, Albany
QUINN, LOUISE .......................... 141 W. 109 St., New York
RAFUSE, ELLA M. ......................... 114 Morningside Dr., New York
RAGAN, MARY X.* ......................... Strong Memorial Hospital, Rochester
RANDALL, HARRETT M. .................. Memorial Hospital, Albany
RAYMOND, BELLE F. ...................... 141 W. 109 St., New York
REA, MARGUERITE ......................... 224 Alexander St., Rochester
REED, LILLIAN A. ........................ 224 Alexander St., Rochester
REED, MILDRED M. ....................... Hudson City Hospital, Hudson
REID, GRACE L. ................---------- 260 Crittenden Blvd., Rochester
REUTER, ANTONIE M. ..................... Lenox Hill Hospital, New York
REUTER, HILDEGARD* ...................... 1086 Lexington Ave., New York
REUTER, MAGDA ......................... Lenox Hill Hospital, New York
REUTINGER, ANNA L. ...................... 427 W. 21 St., New York
RICHARDSON, BEATRICE L. .............. 224 Alexander St., Rochester
RICHARDSON, MARY M. .................. Lenox Hill Hospital, New York
RICHARDSON, NORAH K. ................ Sea View Hospital, Staten Island
RICK, GERTRUDE A.* .................. Highland Hospital, Rochester
RIDLEY, ETHEL B. ....................... Hospital for Ruptured and Crippled, New York
RIDLEY, ONO E.* ......................... 224 Alexander St., Rochester
RIEDEL, IONA B. ......................... Buffalo State Hospital, Buffalo
RINCK, HANNA F. ......................... Lenox Hill Hospital, New York
RIORDEN, BARBARA A. ................. Crouse Irving Hospital, Syracuse
ROBBINS, EDITH** ....................... 636 Linwood Ave., Buffalo
ROBERTS, MARY M.** ................... 50 W. 50 St., New York
ROBERTS, PAULINE ...................... 1320 York Ave., New York
ROBERTSON, IRENE ....................... 450 E. 26 St., New York
ROBINSON, LAURA ....................... 1 East 105 St., New York
ROCKHOLD, ELIZABETH E. ............ Brooklyn Hospital, Brooklyn
ROEDER, FRANCES M. ............... Mercy Hospital, Buffalo
ROGERS, DOROTHY ....................... 179 Ft. Washington Ave., New York
ROGERS, MARY ......................... St. John's Hospital, Brooklyn
ROSSER, HELEN M.* .................. 622 W. 168 St., New York
RUSSELL, FRED D. ..................... Willard Parker Hospital, New York
RUSSELL, MARTHA M. ................... 2534 Decatur Ave., Bronx
RYAN, THELMA J. ...................... 426 E. 26 St., New York
SABOL, ANNA M. ...................... Binghamton City Hospital, Binghamton
SANBORN, Katharine A. .............. St. Vincent's Hospital, New York
SANDBORN, NANCY W.* ............... 525 E. 68 St., New York
SASMANEN, ELNA ..................... Babies' Hospital, New York
SAYRE, MARY I.* ...................... Highland Hospital, Rochester
SCANLON, KATHRYN L. ............... 112 Goodrich St., Buffalo
SCHAIRER, LEAH D. ..................... Kingston Hospital, Kingston
SCHLAGENHAUF, RUTH E. ............. Buffalo City Hospital, Buffalo
SCHLENKER, NELLIE E. .............. Coney Island Hospital, Brooklyn
SCHOONERMAN, INEZ M.* ........... 224 Alexander St., Rochester
SCHRAMM, RUBY M.* .................. 164 Anthony St., Rochester
SCHUBERT, MARGARET R. .......... Dept. of Health, Suffolk County Court House, Riverhead
SCOTT, ALMA H. ....................... 50 W. 50 St., New York
SCOTT, ANNA G. ......................... Deaconess Hospital, Buffalo
SCOTT, ANNA ......................... Metropolitan Hospital, Welfare Island
SEARS, WILLARETT E. ............... 505 University Ave., Rochester
SEIDEL, ELIZABETH .................. Bronx Hospital, New York
SENNA, HELEN N. ..................... 106 Morningside Dr., New York
SETZLER, LORRAINE .................. Seaside Hospital, New Dorp, Staten Island
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<td>Highland Hospital, Rochester</td>
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<td>Bloomingdale Hospital, White Plains</td>
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<td>Sister Marie Stephen</td>
<td>153 W. 11 St., New York</td>
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<td>Sister Marie Vincent</td>
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<td>Sister Mary Agnes</td>
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<td>Sister M. Amata</td>
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<td>Sister Mary Ambrosia</td>
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<td>Sister Mary Callista</td>
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<td>Sister M. Concordia</td>
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<td>Sister Mary Cyrilla</td>
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<td>Sister M. Francis Xavier</td>
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<td>Sister Mathilde Grawdaehl</td>
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<td>Sister Miriam Blanche</td>
<td>1298 St. Mark's Ave., Brooklyn</td>
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<td>Fordham Hospital, New York</td>
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<td>Stewart, Christine M.</td>
<td>1600 South Ave., Rochester</td>
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<td>Vale, Emily A.</td>
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<td>Valentine, Josephine</td>
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<td>Walker, Florence E.*</td>
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<td>Walmers, E. Mae</td>
<td>Four Winds, Katonah</td>
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<td>Walthour, Mary J.</td>
<td>Cortland County Hospital, Cortland</td>
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<td>Wangen, Clare M.</td>
<td>106 Morningside Dr., New York</td>
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<td>Warchter, Margaret E.</td>
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</table>
WARRANT, CORA .......................... W. Henrietta Rd., R. D. 2, Rochester
WEBER, HELEN J. ......................... Syracuse Memorial Hospital, Syracuse
WEDDEGGE, DOROTHY ............... 426 E. 26 St., New York
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NEWMAN, MARTHA C. ....................... Sanatorium  
PANNILL, RUTH C. ......................... James Walker Memorial Hospital, Wilmington  
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PEARSON, ELIZABETH ..................... Baker Sanatorium, Lumberton  
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FISCHBAUGH, JULIA B.  213 E. Sixth St., Marysville
FISHER, HILDA H.  Jewish Hospital, Cincinnati
FOLCKEMER, ELIZABETH M.  2157 Euclid St., Cleveland
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GAGE, EDITH B.  1803 Valentine Ave., Cleveland
GILLIS, M. ANNA**  Mt. Sinai Hospital, Cleveland
GREENE, HELEN I.  Aultman Hospital, Canton
HANES, GLADYS M.  1803 Valentine Ave., Cleveland
HANHAUSER, MARGARET C.  Ohio Valley Hospital, Steubenville
HARTLEY, ALICE  Christ Hospital, Cincinnati
HASPEL, BERTHA  Hamilton County Tuberculosis Sanatorium, Cincinnati
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HEAZLIT, ELSIE M.  1812 E. 105 St., Cleveland
HELM, KATHRYN  Sunny Acres Sanitarium, Warrensville
HOBSON, SARAH M.  380 Summit St., Steubenville
HOLWAY, MARY R.  612 N. Main St., Hubbard
HOPKINS, ETHEL M.  1025 Belmont Ave., Youngstown
HORNER, KATHARINE M.  1800 E. 105 St., Cleveland
HORNING, IRENE L.  482 Glenwood Ave., Akron
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<td>PINGEI, Martha M.</td>
<td>Coshocton City Hospital, Coshocton</td>
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<tr>
<td>PORTER, Helen</td>
<td>98 Buffles Ave., Columbus</td>
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<tr>
<td>POWELL, Louise*</td>
<td>1812 East 105 St., Cleveland</td>
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<td>POWERS, Olive</td>
<td>945 Oak St., Toledo</td>
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<td>RATAJEZAK, Dorothy M.</td>
<td>Sisters of Charity, Mount St. Joseph</td>
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<td>READ, Ruth A.</td>
<td>98 Buffles Ave., Columbus</td>
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<td>REBER, Anna A.</td>
<td>2085 Cornell Rd., Cleveland</td>
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<td>REILLY, Margaret M.</td>
<td>University Hospital, Columbus</td>
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<tr>
<td>REIN, Helen</td>
<td>124 Front St., Ripley</td>
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<td>Ohio State University, Columbus</td>
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<td>3259 Elland Ave., Cincinnati</td>
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<td>SCHWEKART, Katherine M.</td>
<td>179 W. Washington, Alliance</td>
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<td>SELFE, Mabel F.</td>
<td>Mansfield General Hospital, Mansfield</td>
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<td>SHANK, Helen</td>
<td>21 W. Broad St., Columbus</td>
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<td>Good Samaritan Hospital, Cincinnati</td>
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<tr>
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SISTER MARY EDITH BAILEY ............................... Mercy Hospital, Canton
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SISTER M. GERMAINE ..................................... 1044 Belmont Ave., Youngstown
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SITLER, DIA W. ........................................... 1800 E. 105 St., Cleveland
SNIDER, IDA ............................................... Toledo Hospital, Toledo
SPECHT, FLORENCE A. ................................... 2061 Cornell Rd., Cleveland
STAHL, ADELE G. ......................................... 1446 E. 110 St., Cleveland
STEINER, MARY J.* ....................................... 11100 Euclid Ave., Cleveland
STEMBR, MILDRED MCC. .................................. 103 W. McMillan St., Cincinnati
STEWARD, HELEN F. ...................................... 3131 Coleridge Rd., Cleveland Heights
SZANTI, GISELLA C. ....................................... 2366 Atkins Ave., Lakewood
THOMAS, MURIEL L. ....................................... 833 Security Bank Bldg., Toledo
TROUP, KATHERINE E. .................................... 11311 Shaker Blvd., Cleveland
TUNSTEAD, EDITH ........................................... 3305 Franklin Ave., Cleveland
UPHAM, ECHO K. ............................................ Children’s Hospital, Cincinnati
WALLINGER, ELGIE M. .................................... Children’s Hospital, Cincinnati
WALN, CLARA E. .......................................... 1286 Cove Ave., Lakewood
WEBSTER, KATHERINE .................................... 1800 E. 105 St., Cleveland
WEST, HAZEL ............................................... Elyria Hospital, Elyria
WHITEHART, DORIS ....................................... Mt. Carmel Hospital, Columbus
WINDLEY, DOROTHY ....................................... Youngstown Hospital, Youngstown
YOUNG, LENORE B. ....................................... Women’s and Children’s Hospital, Toledo

‡OKLAHOMA—20 Members

BIDDLE, JESSIE A. ........................................ 1101 E. 12 St., Oklahoma City
CLARK, MARY L. ........................................... 510 Medical Arts Building, Oklahoma City
DEVINE, MARY M. .......................................... 518 Baltimore, Muskogee
EDMONDS, RUTH S. ....................................... Fargo
ELLEDGE, ALLIE L. ....................................... Wesley Hospital, Oklahoma City
GIRARD, MARGUERITE .................................... Albert Pike Hospital, McAlester
HYDER, CLARA R. .......................................... 809 Court St., Clinton
KRAMER, FLORENCE M. .................................. Wesley Hospital, Oklahoma City
LOFTUS, JUNA D. .......................................... Community Hospital, Elk City
O’BRIEN, AGNES C. ....................................... 1615 E. 12 St., Tulsa
RUSSEL, MARY B. .......................................... Kiowa Indian Agency, Anadarko
SISTER MARY MARGARET ................................. St. Anthony Hospital, Oklahoma City
SISTER M. MONICA ....................................... St. Anthony Hospital, Oklahoma City
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SISTER M. THERESA SCHRICK ........................... St. John’s Hospital, Tulsa
SLIEF, GOLDIA B. ......................................... 717 Culbertson Dr., Oklahoma City
STROK, WILLIAMMA H. .................................... Wesley Hospital, Oklahoma City
TUCK, HAZEL C. ............................................. Oklahoma General Hospital, Oklahoma City
WARD, ALICE ................. Kiowa Indian Agency, Anadarko
WATSON, OLIVE C. ............ Southwestern Hospital, Lawton

†OREGON—28 Members

BUNSTON, HARRIET R. ........ Portland Sanitarium, Portland
CAMPBELL, MARY C. ........... 1001 Public Service Building, Portland
CROWE, MARION G. ............ Visiting Nurse Association, Portland
EGGERS, JOHANNA ............. University of Oregon Medical School, Portland
EICKMANN, LINDA A. .......... Multnomah County Hospital, Portland
GAVIN, JANE D. ............... 305 Stevens Building, Portland
HIBBY, LUCILE M. ............ 715 S. W. King Ave., Portland
HUMPHREY, LETHA ............ Shriners Hospital, Portland
JONES, EMMA E. ............... Multnomah County Hospital, Portland
KIDD, GENEVIEVE E. .......... 614 Medical Arts Building, Portland
LARSEN, CHRISTINE A. ........ Good Samaritan Hospital, Portland
LEE, BERNICE M. .............. Salem General Hospital, Salem
LOVERIDGE, EMILY L. ........ 3017 N. E. 12 Ave., Portland
LUND, CORAH V. ............... 2808 N. Willamette Bldg., Portland
MARION, VIRGINIA E.* * .... St. Mary's Hospital, Astoria
MCDONALD, LILLIAN M. ........ Salem General Hospital, Salem
PHelps, GRACE ................. Doernbecher Hospital, Portland
PROPER, GLENDA R. .......... Multnomah County Hospital, Portland
SCOTT, ESTHER R. ............ Multnomah County Hospital, Portland
SISTER GENEVIEVE .......... St. Vincent's Hospital, Portland
SISTER ZEPHIRIN .............. 600 Exchange St., Astoria
Squier, Ruth .................. 3333 U. S. Veterans Hospital Rd., Portland
SWEARINGEN, PHYLIS A. ....... 845 E. Main, Medford
THOMSON, ELNORA E. .......... 814 Oregon Bldg., Portland
WALKER, HARRIET .......... University of Oregon Medical School, Portland
WHEELOCK, RUTH V. .......... University of Oregon Medical School, Portland
WILLIAMS, MARY D. ........... St. Charles Hospital, Bend
WILSON, BERTHA G. .......... 31 N. W. 22 Pl., Portland

† PENNSYLVANIA—371 Members

ADAMS, EMILY A.* .......... Philadelphia General Hospital, Philadelphia
AMMERMAN, CATHERINE F. .... Altoona Hospital, Altoona
ANDERSON, INEZ M. .......... Eagleville Sanatorium, Eagleville
ANSPACH, ETHEL G. .......... Reading Hospital, Reading
ARTINGER, GISELLA* ....... Allentown Hospital, Allentown
BALLAMY, EMMA S. ........... Wilkes-Barre General Hospital, Wilkes-Barre
BARBER, SEGIRD .............. Woman's Medical College Hospital, East Falls, Philadelphia
BARLOW, ANNA R. ............ 223 N. 4 St., Reading
BARRON, MABEL A. .......... Western Pennsylvania Hospital, Pittsburgh
BARTHOLF, MARJORIE ....... Elizabeth Steel Magee Hospital, Pittsburgh
BARTLETT, CLARA ............ 320 S. 34 St., Philadelphia
BARTON, CLARA T. .......... Philadelphia General Hospital, Philadelphia
BAUMANN, KATHERINE ...... 1945 Fifth Ave., Pittsburgh
BAYER, OLIVE M. ............. Altoona Hospital, Altoona
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BEAMISH, GRACE E. .......... Hamot Hospital, Erie
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BECK, ALMA E. ............... St. Luke's Hospital, Bethlehem
BEHMAN, ANNA B. .......... Protestant Episcopal Hospital, Philadelphia
BELL, PEARL ............... Western Pennsylvania Hospital, Pittsburgh
BELL, SARAH C. .......... 3400 Pine St., Philadelphia
BENNER, HAZEL F. ........ St. Luke's Hospital, Bethlehem
BERGER, IRENE .......... 640 E. Penn St., Philadelphia
BEST, LILLIAN R. .......... St. Luke's Hospital, Bethlehem
BEVAN, MABEL .............. Magee Hospital, Pittsburgh
BITLER, MARY ELLEN* ...... 425 S. 16th St., Reading
BLACK, ANNA B. .......... Sunny Hill, Leesdale
BLAER, LYDIA .......... Pennsylvania Hospital, Philadelphia
BLOTZ, MARY K. .......... 218 S. Sixth St., Lebanon
BOOBER, MINA M. ........ Presbyterian Hospital, Philadelphia
BOSTICK, EMMA S. ........ 1818 Lombard St., Philadelphia
BOWER, C. RUTH** ........ Dept. of Nursing Education, Univ. of Pennsylvania, Philadelphia
BOWMAN, ALICE E.* ......... Reading Hospital, Reading
BOYD, FLORENCE .......... Homestead Hospital, Homestead
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BROWN, ANNA C.* .......... Reading Hospital, W. Reading
BROWN, GRACE D. .......... Hahnemann Hospital, Scranton
BROWN, KATHARINE ....... Jeannes Hospital, Fox Chase, Philadelphia
BRUBAKER, ELIZABETH K. .. 2600 N. Lawrence St., Philadelphia
BRUNNER, CLARA M. ....... 530 N. Lime St., Lancaster
BURGENER, MAUD M. ....... Allegheny General Hospital, Pittsburgh
CANTWELL, ELSIE B. ....... Methodist Episcopal Hospital, Philadelphia
CARSON, LILLIAN H. ....... Women's Homeopathic Hospital, Philadelphia
CASSEL, SARAH A. .......... Montefiore Hospital, Pittsburgh
CATHCART, MURIEL I. ...... Philipsburg State Hospital, Philipsburg
CAVANAUGH, ROSS .......... Pottsville Hospital, Pottsville
CHARON, FLORENCE E.* .... St. Vincent's Hospital, Erie
CHEENEY, ANNA F. .......... Women's Homeopathic Hospital, Philadelphia
CHILDS, KATHERINE ....... 807 Spruce St., Philadelphia
CHOATE, ABBY P. .......... 4000 N. Front St., Philadelphia
CHORNEY, ROSE .......... State Hospital, Wernersville
CHUBB, ALICE M. .......... College Health Service, State College
CLEAVE, K. FRANCES ...... Riverview Manor, Harrisburg
CLEVELAND, KATHARINE ... Germantown Hospital, Germantown
CLOUGHER, ANN G. ....... 212 Ebensburg Rd., Johnstown
COBURN, PHYLLIS .......... Easton Hospital, Easton
COCHRAN, MARY L. .......... Sunny Hill, Leetsdale
CONNELL, EDITH S. ........ 443 Berkeley Rd., Havertford
COOPER, NAN ............... 265A 46 St., Pittsburgh
CRAIG, LE ROY N. .......... 4401 Market St., Philadelphia
CROMER, KATHERINE L. .... Allegheny Valley Hospital, Tarentum
CROSSLEY, ESTHER W. ...... Jewish Hospital, Philadelphia
CUMMING, KENNETH T. ..... 4401 Market St., Philadelphia
CUSHING, ADELAIDE B. .... Eye and Ear Hospital, Pittsburgh
DALEY, SARA .............. 161 Wyoming Ave., Wyoming
Daly, LORETTA V. .......... Philadelphia Hospital for Contagious Diseases, Philadelphia
DAVIES, ANNE .......................... 51 N. 39 St., Philadelphia
DAVIS, NANNIE V. ......................... Philadelphia General Hospital, Philadelphia
DECKER, LULU E. ......................... State Hospital, Danville
DEIMLER, LILLIE L. ....................... General Hospital, Wilkes-Barre
DENNIS, MARTHA C.* ..................... Allentown Hospital, Allentown
D'ESTEL, ERNESTINE K. ................. Philadelphia General Hospital, Philadelphia
DETWILER, SARA ......................... St. Luke's Hospital, Bethlehem
DIEBEL, MARGARET E. .................. 7342 Bouvier St., Philadelphia
DITCHEFIELD, ALDA L.* ............... Allentown Hospital, Allentown
DOHERTY, M. ESTELLE ................. White Haven Sanatorium, White Haven
DONAVAN, ELLEN O'CONNOR .......... Coatesville Hospital, Coatesville
DOUT, EDITH A.* ......................... Allentown Hospital, Allentown
DUFFY, HAZEL M. ...................... South Side Hospital, Pittsburgh
DUNCAN, DOROTHY L. ................. York Hospital, York
DUNCAN, WILLIAMINA .............. 409 Neville St., Pittsburgh
DUNLOP, MARGARET A. .......... Chancellor Hall, 13 and Walnut Sts., Philadelphia
EDEN, MARY C. ...................... Presbyterian Hospital, Philadelphia
EDGAR, HELEN M. ..................... State Hospital, Allentown
EICHEL, ETHELYN L. ................. Citizen's General Hospital, New Kensington
ERB, ALMA E. ........................... Montgomery Hospital, Norristown
ERDLEY, FLORENCE M. .......... Episcopal Hospital, Philadelphia
ERXLIEBEN, MARGUERITE C. .... Chester County Hospital, West Chester
FALVEY, GERTRUDE E.* ............... St. Luke's Hospital, Bethlehem
FARRAND, EVELYN M. ................. 320 S. 54 St., Philadelphia
FETZER, WINNETTA C. .............. Pottsville Hospital, Pottsville
FOOTE, ELIZABETH K. ............. Mt. Sinai Hospital, Philadelphia
FORD, NETTA ......................... 218 E. Market St., York
FLOWER, MARGARET E. ........... Methodist Episcopal Hospital, Philadelphia
FRANCIS, MARY L. ................... Reading Hospital, Reading
FRANCIS, SUSAN C. .................. Children's Hospital, Philadelphia
FREY, SUE V.* ...................... Allentown Hospital, Allentown
FRIEND, HARRIOTT L. ............ Temple University, Philadelphia
FROIJN, OLGA B. ..................... J. B. Lippincott Co., Medical Dept., Philadelphia
FULPER, CAMILLA B.** .......... State Hospital, Scranton
FUNK, MABEL M.* ................ Allentown Hospital, Allentown
GAILEY, IDA M. ..................... State Hospital, Scranton
GEISSINGER, ESTELLE M. .......... Jewish Hospital, Philadelphia
GETTIS, MYRTLE I. .................. Reading Hospital, West Reading
GIBSON, CLARISSA ................. Visiting Nurse Association, Scranton
GIBSON, ELFIE U. ................... Reading Hospital, Reading
GONDER, LENORE ................. Hahnemann Hospital, Philadelphia
GOODEN, FRANCES L. .......... Chester County Hospital, West Chester
GRAHAM, DOROTHY R. .......... Polyclinic Hospital, Harrisburg
GRANT, E. LOUISE ................... Allentown Hospital, Allentown
GREENE, DOROTHY M. ............... St. Luke's Hospital, Bethlehem
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GRUBE, GERALDINE E.* .......... St. Luke's Hospital, Bethlehem
GRUVER, ELIZABETH R.* .......... Allentown Hospital, Allentown
GUILFOYLE, BERTHA ........... 4108 Baltimore Ave., Philadelphia
GUILFOYLE, MARY W. .............. Presbyterian Hospital, Philadelphia
GUSS, LUCRETIA M. ............... Children's Homeopathic Hospital, Philadelphia
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HALDEMAN, FLORENCE E. ........ 116 Green St., Doylestown
HAMBLETON, DOROTHY .......... Frankford Hospital, Frankford
MEMBERS

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Heatley, Gertrude L. ......................... Southside Hospital, Pittsburgh
Helfrich, Alice K.* ......................... Allentown Hospital, Allentown
Hendricks, Arlene* .......................... 1246 Walnut St., Allentown
Hendricks, Martha L. ....................... West Side Hospital, Scranton
Hess, Edna K. .............................. 229 N. 10 St., Reading
Hetko, Ethel M.* ......................... St. Luke's Hospital, Bethlehem
Hinterleiter, Mary G. ...................... Allentown General Hospital, Allentown
Hirtle, Avernia T. ......................... 51 N. 39 St., Philadelphia
Hoffert, May S. ............................. 51 N. 39 St., Philadelphia
Honitz, Annette, A.* ...................... St. Luke's Hospital, Bethlehem
Houser, Mary N. ........................... St. Luke's Hospital, Bethlehem
Hubbard, Ruth W. .......................... 1340 Lombard St., Philadelphia
Hufcut, Dorothy L. ......................... Pennsylvania Hospital, Philadelphia
Huff, Jennie M. ............................. Pittston Hospital, Pittston
Hugo, Gloria V. ........................... Abington Hospital, Abington
Huisman, Machtedi ......................... Ashland State Hospital, Ashland
Hunter, Naomi B. ........................... R. D. No. 1, Lancaster
Hurst, Alice L. ............................. 2301 S. Broad St., Philadelphia
Illick, Helen M.* .......................... St. Luke's Hospital, Bethlehem
Irvin, Laura A. ..................... Elizabeth Steel Magee Hospital, Pittsburgh
Jacobson, Marie A. ....................... 4800 Friendship Ave., Pittsburgh
Johnson, H. Louise ....................... Presbyterian Hospital, Philadelphia
Johnson, Lorettia M. ...................... 3400 Pine St., Philadelphia
Jones, Dorothy Brewer ....................... Allentown State Hospital, Allentown
Jones, Jeannette L. ....................... Southside Hospital, Pittsburgh
Jones, Laura I.* ........................... 1405 Turner St., Allentown
KeeseY, Laura F. .......................... 3400 Spruce St., Philadelphia
Kelly, Esther A. ........................... Pittston Hospital, Pittston
Kemp, Madeleine ........................ Valley Hospital, Sewickley
Kenajian, Dorothy ....................... 20 and Susquehanna Ave., Philadelphia
Kennedy, Ruth ............................... Children's Hospital, Philadelphia
Knox, Blanche ............................... Germantown Hospital, Philadelphia
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Krause, Martha B. ....................... Western Pennsylvania Hospital, Pittsburgh
Krauss, Mary M. ............................. Northeastern Hospital, Philadelphia
Krewson, Sarah A. ....................... Wilkes-Barre General Hospital, Wilkes-Barre
Kulp, Margaret M. ....................... 51 N. 39 St., Philadelphia
Kurchinsky, Mary M. ................. Pottsville Hospital, Pottsville
Lamberger, E. Augusta .................... Children's Hospital, Pittsburgh
Lambie, Jeanie S. ....................... Easton Hospital, Easton
Landis, Kathryn E. ..................... Polyclinic Hospital, Harrisburg
Lansdowne, Margaret C. ................. Montgomery Hospital, Norristown
Larsen, A. Margaret ...................... 2600 N. Lawrence St., Philadelphia
Law, Mary R. .............................. 115 S. Front St., Harrisburg
Laubenstein, Nancy E. .................. Westmoreland County Hospital, Greensburg
Lauman, Anna ............................... Philipsburg State Hospital, Philipsburg
Leece, Elizabeth ......................... Mercer Sanitarium, Mercer
Lehman, Laura L. .......................... Elizabeth Steel Magee Hospital, Pittsburgh
Leeland, Beatrice S. ..................... 6950 Frankstown Ave., Pittsburgh
Lettinger, Ruth W. ....................... Abington Memorial Hospital, Abington
Lewis, Adele M. ............................ Jefferson Hospital, Philadelphia
Liggett, Lucy J.* .......................... St. Luke's Hospital, Bethlehem
Litavis, Helen T. ......................... Sacred Heart Hospital, Allentown
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LOFTUS, NELLIE G. ..........Kirby Health Center, Wilkes-Barre
LORENTZ, MILDRED I. ..........Allegheny General Hospital, Pittsburgh
LUKENS, HELEN W. ..........818 13 Ave., Prospect Park
LUSHER, BERYL W. ..........Philadelphia General Hospital, Philadelphia
MARIE, HELEN E. ..........St. Luke's Hospital, Bethlehem
MCAFEE, NELLIE E. ..........4707 Maripoe St., Pittsburgh
MACELFACTOR, MARGARET J. ..........Temple University Hospital, Philadelphia
MACNEIL, LILLIAN E. ..........Shriners Hospital, Philadelphia
MALLON, SARA E.* ..........Philadelphia General Hospital, Philadelphia
MANAHAN, MAUD E. ..........University of Pennsylvania Hospital, Philadelphia
MANLY, JENNIE A. ..........Homestead Hospital, Homestead
MARTIN, ANNA K. ..........Brownsville General Hospital, Brownsville
MASTEN, LUCY ..........3400 Spruce St., Philadelphia
MAYRI, KATHERINE* ..........St. Luke's Hospital, Bethlehem
MCCABE, ALICE E. ..........Presbyterian Hospital, Pittsburgh
MCCAW, LYDIA M. ..........University Hospital, Philadelphia
MCCLELLAND, HELEN G. ..........Pennsylvania Hospital, Philadelphia
McCormick, Marie G. ..........Woman's Medical College Hospital, East Falls, Philadelphia
McCowan, Anna E. ..........Presbyterian Hospital, Philadelphia
McMAHON, MARGARET ..........Temple University Hospital, Philadelphia
McMENAMIN, CORNELIA ..........St. Joseph's Hospital, Philadelphia
MEIER, ANNA L. ..........Presbyterian Hospital, Philadelphia
MELLOM, ANN M. ..........Homeopathic Hospital, Pittsburgh
MELVILLE, CLARA ..........Jefferson Hospital, Philadelphia
MILLER, ADELE ..........Allentown Hospital, Allentown
MILLER, ELIZABETH F. ..........362 Education Building, Harrisburg
MILLER, JEANNE D. ..........Geisinger Memorial Hospital, Danville
MILLER, KATHARINE E. ..........400 N. 3 St., Harrisburg
MILLER, LOUISE ..........Warren State Hospital, Warren
MILLER, MARIE S.* ..........Allentown Hospital, Allentown
MILLER, MARION E.* ..........Reading Hospital, Reading
MILLER, MARY B. ..........Presbyterian Hospital, Pittsburgh
MILLER, RITA E. ..........5000 Woodland Ave., Philadelphia
MINNICK, HILDA I. ..........Presbyterian Hospital, Philadelphia
MITCHELL, EDITH F. ..........Philadelphia General Hospital, Philadelphia
MOCK, HARRETT L. ..........587 S. Negley Ave., Pittsburgh
MONTAG, OTTILIE C. ..........State Hospital, Wernersville
MOORE, E. LOLITA ..........Abington Memorial Hospital, Abington
MOORE, M. ELIZABETH ..........Chester County Hospital, West Chester
MOORE, WINIFRED L. ..........218 E. Market St., York
MOYER, ESTHER L.* ..........Allentown Hospital, Allentown
MURRAY, SARA M. ..........Widener Memorial School, Philadelphia
MURRAY, SUB ..........Presbyterian Hospital, Philadelphia
MUTCH, EDITH ..........Bryn Mawr Hospital, Bryn Mawr
MUTHARD, IRENE E.* ..........318 Summer Ave., Fullerton
MUZERAK, VERONICA R. ..........Valley Hospital, Sewickley
MYSERS, RUTH V. ..........Valley Hospital, Sewickley
NICOLA, ELISIE ..........Philadelphia General Hospital, Philadelphia
NISLEY, ELIZABETH ..........State Hospital, Scranton
NUDELL, Ida ..........Good Samaritan Hospital, Lebanon
OSSAR, SARA L. ..........Montefiore Hospital, Pittsburgh
OSTLIE, SOPHIE L. ..........Pennsylvania Hospital, Philadelphia
PAINTER, RUBY H. ..........West Side Hospital, Scranton
PANCOAST, ESTHER J. ..........St. Luke's and Children's Hospital, Philadelphia
Parrish, Ida M. .................... Nesbitt Memorial Hospital, Kingston
Parrish, Lola C. .................... Moses Taylor Hospital, Scranton
Patterson, Madeline H. ............ 702 Maryland Ave., Pittsburgh
Petersen, Anna M. .................. Hamot Hospital, Erie
Petersen, Dorothy T. ................. Allentown State Hospital, Allentown
Petraitis, Martha C. ................ St. Francis Hospital, Pittsburgh
Pfeffer, Nella H. ................. Women's Homeopathic Hospital, Philadelphia
Pickel, Lillian W.* .................. Allentown Hospital, Allentown
Pilcher, Caroline L. .............. 4900 Friendship Ave., Pittsburgh
Piper, Martha E. ..................... Presbyterian Hospital, Philadelphia
Polk, Adele M. ....................... 265 46 St., Pittsburgh
Poppert, Florence M. ............. Pottsville Hospital, Pottsville
Porter, Elizabeth K. .............. University of Pennsylvania, Philadelphia
Prunty, Katherine A. ............... Front and Luzerne Sts., Philadelphia
Purdy, Frances I. .................. State Hospital, Hazleton
Quigg, Henrietta Y. ............... Pittsburgh City Home and Hospital, Mayview
Quivey, Lena ......................... Sewickley Valley Hospital, Sewickley
Raper, Lillian ...................... Columbia Hospital, Pittsburgh
Reichgert, Wilhelmine ............. Chester County Hospital, West Chester
Ritter, Evelyn M.* ................. 921 N. St. Elmo St., Allentown
Rittmann, Katharine G. .......... Lankenau Hospital, Philadelphia
Roberts, Nellie V. .................. Chester County Hospital, West Chester
Robison, Clara P.* .................. Reading Hospital, W. Reading
Roode, Edith L. ...................... Western Pennsylvania Hospital, Pittsburgh
Ross, Elizabeth B. ............... 1818 Lombard St., Philadelphia
Roth, Anna ......................... 6400 Beacon St., Pittsburgh
Rowan, Kathleen .................... Bryn Mawr Hospital, Bryn Mawr
Rowland, M. Isabel ................. Woman's Hospital of Philadelphia, Philadelphia
Salter, Besse D.* ................... 1131 Linden St., Allentown
Saville, Judith ...................... Palmerton Hospital, Palmerton
Schirrer, Lydia M. ................. Presbyterian Hospital, Philadelphia
Schreck, Marian E. ............... R. F. D. No. 1, Cochranton
Schrock, Katherine M. .......... Western Pennsylvania Hospital, Pittsburgh
Scott, Elizabeth H. ............... 320 S. 34 St., Philadelphia
Shank, Dora F. ..................... Mt. Sinai Hospital, Philadelphia
Shay, Ethel A.* ..................... 2015 Walbert Ave., Allentown
Shellenberger, Mildred H. .... Presbyterian Hospital, Philadelphia
Sherer, Julia S. .................... Easton Hospital, Easton
Sherrick, Ellen ...................... Homeopathic Hospital, Pittsburgh
Shields, Alleta ..................... 2600 N. Lawrence St., Philadelphia
Shields, Theresa E. ............... Miners' Hospital, Spangler
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Sister M. Boniface ................. Mercy Hospital, Pittsburgh
Sister M. Carmelita ............... DuBois Hospital, DuBois
Sister Mary Clement ................ Mercy Hospital, Scranton
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<td>Urquhart, Jessie G.</td>
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<tr>
<td>Walton, Katie L.</td>
<td>Philadelphia General Hospital, Philadelphia</td>
</tr>
</tbody>
</table>
MEMBERS

WARLICK, LULA G. .......... 5000 Woodland Ave., Philadelphia
WELSH, MARGARET A. ...... State Hospital, Danville
WENK, ELIZABETH F. ...... Ashland State Hospital, Ashland
WERDMAN, Rella M. ....... St. Luke's Hospital, Bethlehem
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WHITE, RENA L. .......... Mt. Sinai Hospital, Philadelphia
WHITNEY, MARY L. ......... 6203 Jefferson St., Philadelphia
WHITNEY, Winifred ....... 6203 Jefferson St., Philadelphia
WILLETTS, LILLIAN E. .... Western Pennsylvania Hospital, Pittsburgh
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WILSON, LAURA B. ......... Children's Hospital, Pittsburgh
WILSON, LETITIA .......... 4401 Market St., Philadelphia
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WITMER, SUSAN K. ......... Pennsylvania Hospital, Philadelphia
WITWER, EVA O. .......... Presbyterian Hospital, Philadelphia
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WRAY, ANNA C. .......... 359 Education Bldg., Harrisburg
YANKOSKI, ANTOINETTE H.* Allentown Hospital, Allentown
YINGST, EDITH E. .......... Harrisburg Hospital, Harrisburg
YOST, GLADYS B. .......... University Hospital, Philadelphia
YOUNG, DOROTHY M.* ...... 528 Main St., Bethlehem
YOUNG, HARRIET F. ......... Kirby Health Center, Wilkes-Barre

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ANYON, FRANCES M. ....... State Hospital, Howard
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AYERS, LUCY C. .......... 459 Carrington Ave., Woonsocket
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CHAPIN, WILMA B,** ...... 825 Chalkstone Ave., Providence
CHASE, ADALINE .......... 100 N. Main St., Providence
CHASE, ELIZABE .......... Homeopathic Hospital, Providence
CHASE, HARRIET E.* ...... 83 Pleasant View Ave., Providence
CHASE, LOUISE E.* ...... Memorial Hospital, Pawtucket
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COLLINS, GERTRUDE J. .... 825 Chalkstone Ave., Providence
COLLINS, KATHLEEN* ...... Rhode Island Hospital, Providence
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<td>TRACY, CATHERINE O'CONNELL</td>
<td>64 Keene St., Providence</td>
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<td>TRACY, MARION*</td>
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<td>WALSH, CECILIA E.</td>
<td>136 Whitford Ave., Providence</td>
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<td>WEENGER, FLORENCE M.</td>
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<td>WHITE, LOUISA</td>
<td>287 Highland Ave., Providence</td>
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<td>WILSON, AGNES E.</td>
<td>Rhode Island Hospital, Providence</td>
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<td>WILSON, TABITHA</td>
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ENGELBERG, MEYERAL ................. Roper Hospital, Charleston
GARDNER, BEULAH L .................. State Hospital, Columbia
HOFMAYER, ELLEN ................... McLeod Infirmary, Florence
LUNNEY, ANNE ......................... Greenville City Hospital, Greenville
MCALESTER, MARY C. ................. 134 Broad St., Charleston
MCKNIGHT, KATHY .................... City Hospital, Greenville
STEEL, GRACE .......................... McLeod Infirmary, Florence
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WOODSIDE, GRACE B. ................. 1507 Augusta St., Greenville

SOUTH DAKOTA—19 Members

BERDAHL, ANNA H. ..................... Moe Hospital, Sioux Falls
CHAK, CLARA A. ...................... St. Joseph's Hospital, Mitchell
CLIFT, CARRIE E. ..................... 1205 West Blvd., Rapid City
ERICKSON, R. ESTHER ................. South Dakota State College, Brookings
GIVEN, LEILA I ....................... South Dakota State College, Brookings
GOLZ, GLADYS ABILD* .................. University of South Dakota, Vermillion
HANSON, RUTH ......................... Britton Hospital, Britton
HOGlund, ELIZE ....................... Britton Hospital, Britton
HUBBS, HAZEL I ....................... Methodist Hospital, Mitchell
KING, ETHEL A. B. .................... Britton Hospital, Britton
MILLER, DORA B. ..................... Sioux Valley Hospital, Sioux Falls
NELSON, ELVIRA ...................... 803 South St., Rapid City
OCHS, MARY F ......................... St. Joseph's Hospital, Mitchell
REINERTSON, MARIE* .................. Britton Hospital, Britton
RICE, CLARA M.* ..................... Britton Hospital, Britton
SISTER MARY CONCEPTION DOYLE .... St. Luke's Hospital, Aberdeen
SISTER MARY JIA ..................... St. Luke's Hospital, Aberdeen
SISTER M. NORBERT ................. St. Joseph's Hospital, Mitchell
THOMPSON, AGNES B. ................. Luther Hospital, Watertown

$ TENNESSEE—35 Members

ARCHER, MYRTLE M. ................... Baptist Memorial Hospital, Memphis
BURTON, ETHEL F. .................... Baroness Erlanger Hospital, Chattanooga
CREIGHTON, MARGUERITE ............ Baptist Memorial Hospital, Memphis
CUNNINGHAM, Frances ................ Methodist Hospital, Memphis
DUNN, MARY J ......................... Vanderbilt University Hospital, Nashville
EBBS, DOROTHY D ..................... Baroness Erlanger Hospital, Chattanooga
ELROD, VIRGINIA K .................... Memphis General Hospital, Memphis
GARRISON, NINA E ..................... Peabody College, Nashville
GILES, MARY D ....................... Vanderbilt University Hospital, Nashville
GILMORE, BETTY J .................... Gartley-Ramsay Hospital, Memphis
GOFF, HAZEL L ....................... Fort Sanders Riverside Hospital, Knoxville
HINTON, ELLA G ....................... Memphis General Hospital, Memphis
HOCK, SARAH M ....................... Knoxville General Hospital, Knoxville
HOLZHAUSEN, ERMA ................... Vanderbilt University Hospital, Nashville
KILLEY, ELIZABETH H ............... Fort Sanders Riverside Hospital, Knoxville
LEWIS, EDNA ......................... Peabody College, Nashville
LINGHAM, GERTRUDE E .............. Madison Rural Sanitarium, Madison
<table>
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<tr>
<th>Name</th>
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<tr>
<td>Massey, Lucy E.</td>
<td>State Health Department, Nashville</td>
</tr>
<tr>
<td>Miller, Alma</td>
<td>860 Madison, Memphis</td>
</tr>
<tr>
<td>Morris, Lillian B.</td>
<td>Nashville General Hospital, Nashville</td>
</tr>
<tr>
<td>Newman, Elizabeth</td>
<td>1001 E. Third St., Chattanooga</td>
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<td>Norman, Mabel</td>
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<td>Pearce, Donna</td>
<td>State Dept. of Public Health, Nashville</td>
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<td>Potts, Aurelia B.</td>
<td>George Peabody College, Nashville</td>
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<td>Rast, George M.</td>
<td>Methodist Hospital, Memphis</td>
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<td>Rice, Nancy</td>
<td>1704 Carmack Ave., Nashville</td>
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<td>Rodekohr, Adele**</td>
<td>Nashville General Hospital, Nashville</td>
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<tr>
<td>Sander, Mary</td>
<td>860 Madison, Memphis</td>
</tr>
<tr>
<td>Sister Mary Celeste</td>
<td>St. Mary's Hospital, Knoxville</td>
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<tr>
<td>Sister Leonard Cook**</td>
<td>St. Thomas Hospital, Nashville</td>
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<tr>
<td>Sister Mary Henrica Laker</td>
<td>St. Joseph's Hospital, Memphis</td>
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<tr>
<td>Titus, Shirley C.</td>
<td>Vanderbilt University School of Nursing, Nashville</td>
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<td>White, Mary W.</td>
<td>Methodist Hospital, Memphis</td>
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<tr>
<td>Wivel, Elizabeth C.</td>
<td>Vanderbilt University Hospital, Nashville</td>
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<tr>
<td>Woolton, Nina E.</td>
<td>Cotton States Bldg., Nashville</td>
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‡ TEXAS—91 Members

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<tr>
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<th>Institution/Location</th>
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<tr>
<td>Abrahams, Helen D.</td>
<td>Providence Sanitarium, Waco</td>
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<tr>
<td>Baker, Beulah</td>
<td>Herman Hospital, Houston</td>
</tr>
<tr>
<td>Basham, Nina M.</td>
<td>Shannon Memorial Hospital, San Angelo</td>
</tr>
<tr>
<td>Bhael, Inez</td>
<td>Seton Infirmary, Austin</td>
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<tr>
<td>Boeker, Bertha</td>
<td>John Sealy Hospital, Galveston</td>
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<tr>
<td>Brayton, Jimmie K.</td>
<td>City and County Hospital, Fort Worth</td>
</tr>
<tr>
<td>Breihan, Olga M.</td>
<td>Baylor University Hospital, Dallas</td>
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<tr>
<td>Brient, Ellen L.</td>
<td>Nix Hospital, San Antonio</td>
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<tr>
<td>Burch, Frances I.</td>
<td>Shannon Memorial Hospital, San Angelo</td>
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<tr>
<td>Cole, Laura</td>
<td>Scott and White Hospital, Temple</td>
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<tr>
<td>Connelly, Mary K.</td>
<td>Methodist Hospital, Houston</td>
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<tr>
<td>Cooper, Joanna</td>
<td>Texarkana Hospital, Texarkana</td>
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<tr>
<td>Coozo, Maud W.**</td>
<td>Stamford Sanitarium, Stamford</td>
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<tr>
<td>Cunningham, Margueritte</td>
<td>1110 Lipscomb St., Fort Worth</td>
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<tr>
<td>Danheim, Emma H.</td>
<td>Memorial Hospital, Houston</td>
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<tr>
<td>Didier, Angelica P.</td>
<td>Cook Memorial Hospital, Fort Worth</td>
</tr>
<tr>
<td>Dietrich, A. Louise</td>
<td>1001 E. Nevada St., El Paso</td>
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<td>Edmondson, Pauline</td>
<td>Methodist Hospital, Dallas</td>
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<td>Ellett, Lena M.</td>
<td>Scott and White Hospital, Temple</td>
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<td>Engblad, Grace</td>
<td>708 Avenue I, Galveston</td>
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<tr>
<td>Fahey, Mollie</td>
<td>St. Paul's Sanitarium, Dallas</td>
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<tr>
<td>Farwell, Mary F.</td>
<td>1208 Mistletoe Drive, Fort Worth</td>
</tr>
<tr>
<td>Fielder, Zora M. C.</td>
<td>4524 Live Oak St., Dallas</td>
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<tr>
<td>Franke, Marie</td>
<td>2906 Caroline St., Houston</td>
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<tr>
<td>Gants, Florence</td>
<td>Texarkana Hospital, Texarkana</td>
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<tr>
<td>Gilbert, Frances E.</td>
<td>Scott and White Hospital, Temple</td>
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<tr>
<td>Golibart, Ernestine</td>
<td>215 Camden St., San Antonio</td>
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<tr>
<td>Grohe, Emma</td>
<td>St. David's Hospital, Austin</td>
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<tr>
<td>Hanna, Alyce R.</td>
<td>721 N. El Paso St., El Paso</td>
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<tr>
<td>Hannah, Katherine D.</td>
<td>3921 Potomac, Dallas</td>
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<tr>
<td>Harris, Lucy</td>
<td>Methodist Hospital, Fort Worth</td>
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<tr>
<td>Hassell, Alfreda P.</td>
<td>Surgical Hospital, San Antonio</td>
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<tr>
<td>Hester, Lucile M.</td>
<td>Lubbock Sanitarium, Lubbock</td>
</tr>
</tbody>
</table>
HOGG, SARAH A. ...................... Paris Sanitarium, Paris
JOLLY, (MRS.) ROBERT ................. Memorial Hospital, Houston
KASMEIER, JULIA C. .................. 609 Milam Building, San Antonio
KENNEDY, MARY** ..................... 2710 Albany St., Houston
KOLLER, LENA A. ..................... Baylor University Hospital, Dallas
LANG, SELMA A. ..................... Kings Daughters Hospital, Temple
LEHMANN, HELEN H.** ................ Baylor University Hospital, Dallas
LE LACHEUR, HELEN ................. Red Cross Nursing Service, Abilene
LORENZ, MARIE E.** ................. Cameron Hospital, Cameron
MACLEOD, DOROTHY C. .............. John Sealy Hospital, Galveston
MATHIS, DORA ....................... John Sealy Hospital, Galveston
MAXSON, RUTH A.** .................. West Texas Baptist Hospital, Abilene
MCCLESKEY, OLA .................... Bradford Memorial Hospital for Children, Dallas
MCCULLOUGH, STELLA .............. West Texas Baptist Hospital, Abilene
MCLAUGHLIN, KATHERINE ............ 3415 Junius St., Dallas
MOORE, CELIA ....................... State Department of Health, Austin
MOORE, DAISY R. ................... Memorial Hospital, Houston
MOTHER MARY OF LOURDES ........ St. Joseph's Hospital, Fort Worth
MURRAY, ITA L. ..................... 111 E. 6 St., Fort Worth
NEFF, ELSIE ......................... William Beaumont General Hospital, El Paso
NEWBILL, JOSEPHINE ............... 4127 Avenue J, Galveston
NICHOLS, JOSEPHINE E. ............ Parkland Hospital, Dallas
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PARKER, CLEO ....................... John Sealy Hospital, Galveston
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SISTER MARY CELESTINE .......... St. Mary's Infirmary, Galveston
SISTER MARY CHARLES** ............ Santa Rosa Hospital, San Antonio
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SISTER M. ELIGIUS .................. Hotel Dieu, El Paso
SISTER M. FIDELIA ................. Santa Rosa Hospital, San Antonio
SISTER MARY GERTRUDE GIBLIN ... Seton Infirmary, Austin
SISTER MARY GOUZAGNE .......... Hotel Dieu, Beaumont
SISTER MARY JOHN EVANGELINE .... St. Joseph's Infirmary, Houston
SISTER MARY MERCEDES .......... St. Mary's Infirmary, Galveston
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SISTER MARY ROSINA ............... St. Joseph's Hospital, Houston
SISTER MARY SAUCIER ............. Providence Hospital, Waco
SISTER MARY STELLA .............. St. Joseph's Hospital, Fort Worth
SISTER M. VERONICA ............... Hotel Dieu, Beaumont
SISTER MARY VICTORY .............. Incarnate Word College, San Antonio
SIZER, (MRS.) ED R. ............... Fred Roberts Memorial Hospital, Corpus Christi
SMITH, ANN B.** ................... McKinney City Hospital, McKinney
SMITH, ANNE L. .................... Shannon West Texas Memorial Hospital, San Angelo
SMITH, MAY F. ...................... Bradford Memorial Hospital for Children, Dallas
STEIN, ELSIE ....................... 4231 Cole Ave., Dallas
STEIN, LILLIE ...................... Littlefield Hospital, Littlefield
THOMAS, LENA B.** ............... Cantrell Hospital, Greenville
TRENTHAM, JEAN ................. Parkland Hospital, Dallas
WALL, RUTH ....................... Baylor University Hospital, Dallas
WEST, IRENE M. .......... St. Joseph's Hospital, Houston
WILSON, RUTH .......... Fred Roberts Memorial Hospital, Corpus Christi
WOODY, ODELLE HUNTER .... West Texas Hospital, Lubbock
YARBROUGH, JOAN ........ John Sealy Hospital, Galveston

**UTAH**—18 Members

BLACKWOOD, ELLEN V. .......... St. Mark's Hospital, Salt Lake City
CLARK, RHODA* .......... L. D. S. Hospital, Salt Lake City
GLASSOCK, ORTIA B. ........ L. D. S. Hospital, Salt Lake City
GRANT, CLELLAH P. .......... No address
HARDIN, MARTHA .......... St. Mark's Hospital, Salt Lake City
HOLMES, IRENE E. .......... St. Mark's Hospital, Salt Lake City
JOHNSON, ETHELYN M. .......... Thomas D. Dee Memorial Hospital, Ogden
JOHNSON, MARIA .......... L. D. S. Hospital, Salt Lake City
KNIPPLE, VERN Z. .......... Salt Lake General Hospital, Salt Lake City
LARSEN, JENNIE V. .......... L. D. S. Hospital, Salt Lake City
MAHANAY, LOUELLA .......... Salt Lake General Hospital, Salt Lake City
MASON, NEOMA T.* .......... 773 Eighth Ave., Salt Lake City
MILLER, AMELIA** .......... Thomas D. Dee Memorial Hospital, Ogden
ROSKELLEY, EUNICE .......... 2440 Harrison Ave., Ogden
SISTER M. ANN PATRICE .......... Holy Cross Hospital, Salt Lake City
UNDERWOOD, ETTA J. .......... Salt Lake General Hospital, Salt Lake City
WICKLUND, ELLA M. .......... Holy Cross Hospital, Salt Lake City
WOLBACH, FLORA E. .......... L. D. S. Hospital, Salt Lake City

**VERMONT**—4 Members

BAKER, MARY A. .......... Putnam Memorial Hospital, Bennington
BRIAN, CELIA E. .......... Brattleboro Memorial Hospital, Brattleboro
FRITZ, ADELAIDE M. .......... Rutland Hospital, Rutland
RICHARDSON, ANNA L. .......... Rockingham General Hospital, Bellows Falls

**VIRGINIA**—39 Members

ALLEN, FERN N. .......... 617 W. Grace St., Richmond
BAYLOR, MARTHA V. .......... 804 High St., Staunton
BERRY, RUTH .......... McKim Hall, University
BLACKWELL, MARY C. .......... Johnston-Willis Hospital, Richmond
DUDLEY, MARGARET E. .......... 650 W. Frederick St., Staunton
FOSTER, VERNIE S. .......... Baptist Hospital, Lynchburg
GARY, KATHERINE R. .......... Stuart Circle Hospital, Richmond
GUTHRIE, AYLEEN R. .......... District Hospital, Manassas
HAMMOCK, E. WALTON .......... 617 W. Grace St., Richmond
HENLEY, RUTH N. .......... Cabaniss Hall, Richmond
HOPPER, RUTH J. .......... Hampton Institute School of Nursing, Hampton
JOHNSON, C. MARGARET .......... Roanoke Hospital, Roanoke
KERN, ELSIE C. .......... Norfolk Memorial Hospital, Norfolk
LANFORD, ELOISE M. .......... 617 W. Grace St., Richmond
LANSDOWNE, M. MAE** .......... Johnston-Willis Hospital, Richmond
MALONE, NELL L. .......... 224 49 St., Newport News
MCLEOD, JOSEPHINE .......... University Hospital, University
MEW, GERALDINE H. .......... St. Vincent's Hospital, Norfolk
OATES, LOUISE .......... Cabaniss Memorial School of Nursing Education, University
<table>
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<td>Patteson, Harriette A.</td>
<td>Petersburg Hospital, Petersburg</td>
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<td>Pettus, Laura A.</td>
<td>Petersburg Hospital, Petersburg</td>
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<td>Pfeiffer, Charlotte**</td>
<td>Stuart Circle Hospital, Richmond</td>
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<td>Pinkerton, Margaret I.</td>
<td>University Hospital, University</td>
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<td>Pugh, Hattie E.</td>
<td>Cabaniss Hall, Richmond</td>
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<td>Showalter, Marie</td>
<td>738 S. Mason St., Harrisonburg</td>
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<td>Sister Louise Driscoll</td>
<td>Hospital of St. Vincent de Paul, Norfolk</td>
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<td>Smith, Clara I.</td>
<td>Stuart Circle Hospital, Richmond</td>
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<td>Smith, Ethel M.</td>
<td>Craigsville</td>
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<td>Spencer, Katherine M.</td>
<td>617 W. Grace St., Richmond</td>
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<td>Staton, Martha**</td>
<td>Henry A. Wise Memorial Hospital, Norfolk</td>
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<tr>
<td>VanVoorst, Rose Z.</td>
<td>Apt. 206, 100 W. Franklin St., Richmond</td>
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<tr>
<td>Vietor, Laura M.</td>
<td>P. O. Box 555, Richmond</td>
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<tr>
<td>Wayne, Montez</td>
<td>Petersburg Hospital, Petersburg</td>
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<td>Williams, Virginia L.</td>
<td>Crippled Children’s Hospital, Richmond</td>
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<td>Wolf, Lulu K.</td>
<td>Cabaniss Hall, Richmond</td>
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<tr>
<td>Woods, Juanita G.</td>
<td>223 S. Cherry St., Richmond</td>
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<tr>
<td>Wyant, Annie L.</td>
<td>Protestant Hospital, Norfolk</td>
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<tr>
<td>Zeigler, Frances H.</td>
<td>Medical College of Virginia, Richmond</td>
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**WASHINGTON—79 Members**

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<tr>
<td>Adams, Henrietta M.</td>
<td>Harborview Hospital, Seattle</td>
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<td>Asplund, Thyrza E.</td>
<td>Maynard Hospital, Seattle</td>
</tr>
<tr>
<td>Ball, Belva L.*</td>
<td>4338 11 Ave., N. E., Seattle</td>
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<tr>
<td>Blakestad, Beatrice*</td>
<td>Tacoma General Hospital, Tacoma</td>
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<td>Borgal, Martha</td>
<td>Children’s Orthopedic Hospital, Seattle</td>
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<td>Budd, Mary B.*</td>
<td>Deaconess Hospital, Spokane</td>
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<td>Carlisle, Elvera R.*</td>
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<tr>
<td>Chase, Louise*</td>
<td>Tacoma General Hospital, Tacoma</td>
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<td>Coolidge, Mary C.</td>
<td>School of Nursing Education, University of Washington, Seattle</td>
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<td>Cross, Harriet</td>
<td>Harborview Hospital, Seattle</td>
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<td>Curtis, Mary E.</td>
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<td>Daigle, Dorothy H.</td>
<td>Sacred Heart Hospital, Spokane</td>
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<td>Dark, Kathryn</td>
<td>Everett General Hospital, Everett</td>
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<td>Dowler, Charlotte</td>
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<td>Drake, Jewell D.*</td>
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<td>Erwin, Norma N.</td>
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<td>Feinler, Marie S.</td>
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<td>Forman, Marie L.</td>
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<td>Fraser, Anna J.</td>
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<td>Gantz, Ella</td>
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<td>Gibson, Laura G.</td>
<td>Tacoma General Hospital, Tacoma</td>
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<tr>
<td>Gellespie, Cora E.</td>
<td>327 Cobb Building, Seattle</td>
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<td>Gist, Elliot G.</td>
<td>Deaconess Hospital, Spokane</td>
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<tr>
<td>Graham, Margaret A.</td>
<td>1017 Boren Ave., Apt. 107, Seattle</td>
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<td>Grant, Evelyn F.</td>
<td>Columbus Hospital, Seattle</td>
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<tr>
<td>Grow, Isabelle C.*</td>
<td>4014 W. Hanford St., Seattle</td>
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<td>Gustafson, Kathrine T.</td>
<td>Swedish Hospital, Seattle</td>
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<tr>
<td>Hall, Evelyn H.</td>
<td>Harborview Hospital, Seattle</td>
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</tbody>
</table>
MEMBERS

HAMILTON, REGINA .................. Tacoma General Hospital, Tacoma
HARJU, MARY ....................... Edgecliff Sanatorium, Spokane
HARRISON, FLORENCE V. ............. Children's Orthopedic Hospital, Seattle
HARTER, GRACE L .................... Virginia Mason Hospital, Seattle
HEALY, MILDRED E .................. St. Anthony's Hospital, Wenatchee
HEITMAN, SALLY .................... St. Luke's Hospital, Spokane
HEJTMANEK, VIOLA ................. Sacred Heart Hospital, Spokane
HOFFMAN, KATHERINE J ............. 315 S. Kay St., Tacoma
LARKIN, MARY M .................... Sacred Heart Hospital, Spokane
LAUER, IONE ....................... Tacoma General Hospital, Tacoma
LEAHY, KATHLEEN M ................. University of Washington, Seattle
MCEACHERN, MARIANNE* .......... 315 S. Kay St., Tacoma
MCINTYRE, HELEN M.* ............... 302 S. Kay St., Tacoma
MILLAY, MARGARET ................. Sacred Heart Hospital, Spokane
MILLER, ESTHER H.* ............... 2107 Warren Ave., Seattle
MINAGLIA, MARY C .................. Providence Hospital, Seattle
MOORE, ANNA R .................... Washington State Department of Health, Seattle
MUSSATTO, MARY M ................. St. Joseph Hospital, Bellingham
OLCOTT, VIRGINIA ................ Harborview Hospital, Seattle
OVERBY, ANN P.* .................. Columbus Hospital, Seattle
PEDERSEN, THYRA E ............... U. S. Veterans' Hospital, American Lake
PETERSON, MARIE P ................ General Hospital, Everett
PETERSON, FLORENCE M ............. Everett General Hospital, Everett
PRITCHARD, MARY ................. 413 Maple St., Bellingham
PROUSE, LOLLA R .................. Columbus Hospital, Seattle
RADFORD, ANNE E.* ............... Department of Licenses, Legislative Building, Olympia
SEARS, ETHEL K .................. Harborview Hospital, Seattle
SERVOS, LEDWINA H ............... Columbus Hospital, Seattle
SIEFFNER, MARJORIE M .......... Harborview Hospital, Seattle
SISTER AGNES ..................... Sacred Heart Hospital, Spokane
SISTER JOHN GABRIEL ............. St. Vincent's Home, Seattle
SISTER JOSEPH OF ARMATHEA .... Providence Hospital, Seattle
SISTER MARY ....................... Sacred Heart School of Nursing, Spokane
SISTER MARY CHRISTINA ......... Sacred Heart Hospital, Spokane
SISTER M. CYRIL .................. St. Joseph's Hospital, Bellingham
SISTER M. LORETO ................. St. Anthony's Hospital, Wenatchee
SMITH, HARRIET H ................ Harborview Hospital, Seattle
SMITH, MARGARET A ............... 809 Fifth Ave., Seattle
SMITH, RUTH H .................... 4407 First Ave., N. E., Seattle
SOULE, ELIZABETH S .............. Department of Nursing Education, University of Washington, Seattle
SPRY, CECILE T .................... Everett General Hospital, Everett
STEEL, CORALEE .................... Harborview Hospital, Seattle
SUTHERLING, ANETTE ............... Tacoma General Hospital, Tacoma
TUNNARD, GERTRUDE* .......... 315 S. Kay St., Tacoma
WATSON, MARTHA G ............... St. Luke's Hospital, Spokane
WOOL, SIGNE C .................... Everett General Hospital, Everett
ZALESKY, ANNE M .................. 14 E. Boone Ave., Spokane

WEST VIRGINIA—8 Members

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BLOOMHEART, ELLA ............... Camden-Clark Hospital, Parkersburg
CAMPION, ORA A.* ............... Davis Memorial Hospital, Elkins
GUNNEMAN, Leah .......... Ohio Valley General Hospital, Wheeling
KERR, ELIZABETH .......... Ohio Valley General Hospital, Wheeling
KESSLER, MAYME C. .......... Potomac Valley Hospital, Keyser
ROBERTSON, MARIE .......... Cook Hospital, Fairmont
SKOTT, HELENE C. .......... Ohio Valley General Hospital, Wheeling

† WISCONSIN—137 Members

AHOLA, MARION .......... 1821 N. Wisconsin Ave., Milwaukee
AIRD, ELLEN .......... 721 N. 17 St., Milwaukee
BAUMGARTNER, MAXINE .......... 457 N. Randall Ave., Madison
BEHRENS, IMLA .......... Luther Hospital, Eau Claire
BERG, ESTELLE .......... 1821 W. Wisconsin Ave., Milwaukee
BERGER, ESTHER .......... Luther Hospital, Eau Claire
BERSAGEL, RUTH .......... 3321 N. Maryland Ave., Milwaukee
BLAIR, MILDRED .......... 3321 N. Maryland Ave., Milwaukee
BLANKENMILLER, HARRIET .......... St. Luke’s Hospital, Racine
BORLAND, GERALDINE G. .......... 1845 N. Fourth St., Milwaukee
BRAUCKLE, MABEL M. .......... Deaconess Hospital, Milwaukee
BRINK, FRANCES V. .......... Milwaukee County General Hospital, Wauwatosa
BROZOVICH, ANNE .......... 908 N. 12 St., Milwaukee
BUMILLER, CLARA M. .......... 925 N. 13 St., Milwaukee
BUNGE, HELEN L. .......... Wisconsin State Hospital, Madison
BUTT, MYRTLE .......... 838 N. 13 St., Milwaukee
COLLINGS, IDA A. .......... Madison General Hospital, Madison
COLLINS, FAITH A. .......... Kenosha Hospital, Kenosha
COLOBB, BESSIE B. .......... 8700 W. Wisconsin Ave., Milwaukee
COONEY, BEATRICE C. .......... 146 E. Oak St., Oshkosh
CRAFTS, GRACE .......... Madison General Hospital, Madison
DENNE, HELEN .......... Wisconsin State Hospital, Madison
DEWITTE, GRETTE T. .......... Madison Methodist Hospital, Madison
DIEMAN, FLORENCE .......... 2457 N. Booth St., Milwaukee
DWYER, LAURETTA .......... 2320 N. Lake Dr., Milwaukee
EMERY, MARY E. .......... Columbia Hospital, Milwaukee
ESVAL, SIGRID .......... Luther Hospital, Eau Claire
FENBY, CAROLINE M. .......... Methodist Hospital, Madison
FIGI, LORRAINE .......... Columbia Hospital, Milwaukee
FISCHER, AGNES L. .......... 1821 W. Wisconsin Ave., Milwaukee
FLETCHER, LILA B. .......... Wisconsin State Hospital, Madison
FORSETH, MARION .......... 1821 W. Wisconsin Ave., Milwaukee
FRIEDEN, FRANCES .......... 1415 Larch Court, Madison
FRUEH, ELIZABETH .......... 2307 W. Center St., Milwaukee
GEARING, ALICE L. .......... Black River Falls
GERLACH, ELIZABETH M. .......... 716 N. 11 St., Milwaukee
GIERHAER, OLGIE L. .......... 2912 S. Wentworth Ave., Milwaukee
GOBEL, MARIE C. .......... St. Luke’s Hospital, Milwaukee
GOEDERT, TERESA .......... 2320 N. Lake Dr., Milwaukee
GOSLING, HELEN M. .......... Theda Clark Hospital, Neenah
GRAHAM, OLIVE M. .......... Wausau Memorial Hospital, Wausau
GRAVES, BLANCHE .......... 908 N. 12 St., Milwaukee
HAEMMERLE, ROSENA E. .......... 444 N. Charter St., Madison
HALBACH, SERAPHINE .......... St. Joseph’s Hospital, Milwaukee
HANSHUS, ETHEL C. .......... Luther Hospital, Eau Claire
HARTZLER, LOLA B. .......... Milwaukee County General Hospital, Wauwatosa
HAYS, JEANETTE M. .......... 1410 N. Prospect Ave., Milwaukee
HEIMANN, LUCILLE .......... 433 Lorch St., Madison
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<td>Herin, Bernice</td>
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<td>Herold, Dorothy M.*</td>
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<td>Holenstein, Eulalia</td>
<td>Columbia Hospital, Milwaukee</td>
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<tr>
<td>Hugelen, Katherine H.</td>
<td>Rt. No. 4, Box 311, Waukesha</td>
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<td>Kaczmarek, Stella</td>
<td>2539 W. Rogers St., Milwaukee</td>
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<td>Kain, Catherine M.</td>
<td>St. Mary's Hospital, Milwaukee</td>
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<td>Keller, Margaret*</td>
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<td>Kellock, Grace J.</td>
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<td>Kessler, J. Martha</td>
<td>1601 W. Meinecke Ave., Milwaukee</td>
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<td>Kessell, Laura M.</td>
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<td>Klingman, Esther C.</td>
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<td>Knight, Grace A.</td>
<td>Methodist Hospital, Madison</td>
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<td>Kowalke, Erna M.</td>
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<td>Lesch, Lina C.</td>
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<td>Lund, Constance G.</td>
<td>201 S. Mills St., Madison</td>
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<td>McKinnon, Lillian</td>
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<td>Metzker, Amalia L.</td>
<td>1501 College Ave., Racine</td>
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<td>Mills, Eleanor</td>
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<td>Nitzel, Irene</td>
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<td>Newbold, Agnes A.</td>
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<td>Nolting, Irene</td>
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<td>Olson, Edith L.</td>
<td>1249 Drake St., Madison</td>
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<td>Olson, Esther</td>
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<td>O'Neill, Helen</td>
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<td>Pettlow, Mildred*</td>
<td>716 N. 11 St., Milwaukee</td>
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<td>Plath, Lydia</td>
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<td>Porter, Elizabeth</td>
<td>1821 W. Wisconsin Ave., Milwaukee</td>
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<td>Puehler, Ruth M.</td>
<td>St. Joseph's Hospital, Ashland</td>
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<td>Raarup, Ruth M.</td>
<td>522 7 Ave., W., Ashland</td>
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<td>Rasmussen, Ellen</td>
<td>Columbia Hospital, Milwaukee</td>
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<td>Rentmeester, Whilomene</td>
<td>430 S. Clay St., Green Bay</td>
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<td>Rosendahl, Geda J.</td>
<td>734 Dunkirk Ave., Stoughton</td>
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<td>Rue, Clara B.</td>
<td>787 N. Van Buren St., Milwaukee</td>
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<td>Rusch, Della R.</td>
<td>2200 W. Kilbourne Ave., Milwaukee</td>
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<td>Sager, Maude</td>
<td>Methodist Hospital, Madison</td>
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<td>Schollard, M. Allyne</td>
<td>Madison General Hospital, Madison</td>
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<td>Schwaab, Antoinette</td>
<td>3044 N. 52 St., Milwaukee</td>
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<td>Shields, Savaallah M.</td>
<td>2320 N. Lake Dr., Milwaukee</td>
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<td>Shoolbred, Jessie M.</td>
<td>522 7 Ave., W., Ashland</td>
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<td>Sill, Margaret*</td>
<td>1415 Lorch St., Madison</td>
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<tr>
<td>Sister Adelinda Laskoski</td>
<td>St. Mary's Hospital, Wausau</td>
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<tr>
<td>Sister Catherine Fauss</td>
<td>2320 N. Lake Dr., Milwaukee</td>
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<td>Sister Emilie Neidhammer**</td>
<td>2320 N. Lake Dr., Milwaukee</td>
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<tr>
<td>Sister Emma Lerch</td>
<td>2200 W. Kilbourne Ave., Milwaukee</td>
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<td>Sister Hermine Regan</td>
<td>2320 N. Lake Dr., Milwaukee</td>
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<tr>
<td>Sister Magdalene Krebs</td>
<td>2200 W. Kilbourne Ave., Milwaukee</td>
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<tr>
<td>Sister Margaret Murphy</td>
<td>2320 N. Lake Dr., Milwaukee</td>
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<td>Sister M. Agatha Gerber</td>
<td>St. Joseph's Hospital, Marshfield</td>
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Sister Mary Agnes Dickof St. Agnes Hospital, Fond du Lac
Sister M. Augusta Woelfel St. Joseph's Hospital, Milwaukee
Sister M. Bartholomea Betzen Mercy Hospital, Oshkosh
Sister Mary Berenice Beck St. Joseph's School of Nursing, Milwaukee
Sister M. Blandine Eiselle 390 E. Division St., Fond du Lac
Sister M. Christopher Sacred Heart Sanitarium, Milwaukee
Sister M. Cor Marie Flannery 566 N. Washington, Janesville
Sister M. Digna Desch St. Agnes Hospital, Fond du Lac
Sister M. Dorothy Breeter St. Joseph's Hospital, Marshfield
Sister M. Pelican Owens St. Joseph's Hospital, Milwaukee
Sister M. Florina Nieland St. Francis Hospital, La Crosse
Sister Mary Francis Heimann 390 E. Division St., Fond du Lac
Sister M. Olympia Hems St. Mary's Hospital, Wausau
Sister M. Victoria Bergues St. Francis Hospital, La Crosse
Sister M. Victoria Kuech St. Joseph's Hospital, Ashland
Sister St. Theresa Laroche 2224 W. Juneau Ave., Milwaukee
Smith, Lillie 390 E. Division St., Fond du Lac
Stehle, Edith A. 1402 University Ave., Madison
Steinacker, Mae 2965 N. Bartlett, Milwaukee
Stiles, Laura Luther Hospital, Eau Claire
Swan, Mae St. Francis Hospital, La Crosse
Swanson, Ruth 721 N. 17 St., Milwaukee
Teasdale, Helen Methodist Hospital, Madison
Thiel, Irmgarde Columbia Hospital, Milwaukee
Thomas, Ruth E. 1218 Glenview St., Wauwatosa
Thompson, Barbara** Bureau of Nursing Education, Madison
Tidstrom, Hannah M. 1214 8 Ave. W., Ashland
Turner, Elizabeth Ashland General Hospital, Ashland
Weber, Mary C. 2903 N. 28 St., Milwaukee
Weiss, Rose M. 2320 N. Lake Dr., Milwaukee
White, Charlotte 408 N. Charter, Madison
White, Ellen M. 434 N. Randall St., Madison
Williams, Florence M.* 5058 N. 51 St., Milwaukee
Winter, Ruth E. 821 W. Capitol Dr., Milwaukee
Yoerg, Sophie 721 N. 17 St., Milwaukee

BRAZIL—1 Member

Pulleen, Bertha L.** Rockefeller Foundation, Caixa Postal No. 49, Rio de Janeiro

CANADA—1 Member

Richmond, Isabel D. 27 Bold St., Hamilton, Ontario

CANAL ZONE—1 Member

Davis, Mary E. Colon Beach, Cristobal

CHINA—5 Members

Blake, Florence G. Peiping Union Medical College, Peiping
Hirst, Elizabeth Peiping Union Medical College, Peiping
Hodgman, Gertrude E.** Peiping Union Medical College, Peiping
MEMBERS

HA\u00a9WAI—3 Members

AYERS, ADA G. ......................... Memorial Hospital, Hilo
QUIGLEY, DOROTHY R. ............. St. Francis Hospital, Honolulu
WILLIAMS, ANNA G. .................. Queen’s Hospital, Honolulu

PORTO RICO—2 Members

HOUSTON, MARY C. ................. Presbyterian Hospital, San Juan
SISTER ROSITA MARIA CULLUM** .. 20 Marina St., Ponce

REPUBLIC OF PANAMA—1 Member

HOWITT, HELEN** ..................... Hospital Santo Tomas, Panama

ASSOCIATE MEMBERS—16 Members

CONOVER, ELLA H. ...................... P. O. Box 2194, Salt Lake City, Utah
FULTON, JANET ....................... American Hospital, Teheran, Iran, Persia
GILES, MARY L. ....................... L. D. S. Hospital, Salt Lake City, Utah
HERSEY, MABEL F. .................... Royal Victoria Hospital, Montreal, Canada
JARBOE, DELLA G. ..................... St. Francis Hospital, Honolulu, Hawaii
JOHNS, ETHEL ......................... Canadian Nurse, 1411 Crescent St., Montreal, Canada

LAWRENCE, EDNA M. ................. Severance Hospital, Seoul, Korea
LUCE, MARGUERITE H. ............... Temple Hill Hospital, Chefoo, Shantung, China
LYMAN, KATHARINE ................. American University of Beirut, Beirut, Syria
MARTINA, GUEVARA .................... Hotel Regente, Belascoain 2, Havana, Cuba
PELLEY, MYRTLE A. .................... Raleigh Fitkin Memorial Hospital, Bremersdorp, Swaziland, South Africa

STEVENS, WILMA F. ................. American University of Beirut, Beirut, Syria
VAN ZANDT, JANE ELIZABETH ......... American University of Beirut, Beirut, Syria
WHITESIDE, FAYE ....................... Peiping Union Medical College, Peiping, China
WIDMER, CAROLYN L. ............... American University Hospital, Beirut, Syria
WYNE, MARGARET R. ................. Peiping Union Medical College, Peiping, China

TOTAL MEMBERSHIP

Honorary Members .................................. 10
Life Members ........................................ 1
Sustaining Members .................................. 147
Active Members ...................................... 3,769
Junior Active Members ............................. 372
Associate Members ................................. 16

Total .............................................. 4,315

DECEASED MEMBERS

Names from 1893 to July, 1935, are given in previous reports. The names of members whose deaths have been reported since July, 1935, are:

IVA LOVELL KLEIN ...................... died July 24, 1935
SISTER MARGARET CARMELA ........... " August 11, 1935
ALMA MAY PAINTER ....................... " August 11, 1935
SISTER M. FLAVIA ........................ " August 27, 1935
FLORENCE DITTES ......................... " August 29, 1935
MARY A. BAKER ..................... died September 21, 1935
SISTER MARGARET WALSH ....... " November 12, 1935
WINIFRED A. HART ............... " December 22, 1935
MARION C. HALL ................. " January 11, 1936
RUTH STERLING KERR ............ " January 24, 1936
CORINNE D. FRENCH .............. " February 20, 1936
MARY E. SHEEHAN ................ " March 2, 1936
ALICE B. COMMER ................ " March 3, 1936
ELLEN EMMA GARLAND ............ " March 23, 1936
NELLIE AGNES BARNETT .......... " March 27, 1936
TALITHA HELMKAMP ............... " April 14, 1936
MARGARET RICE .................. " April 30, 1936
CLARA D. NOYES .................. " June 3, 1936
MARY CARY PACKARD ............. " June 11, 1936

Honorary Members

MRS. M. CADWALADER JONES ....... " September 22, 1935
DR. RICHARD O. BEARD .......... " August 14, 1936
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