Forty-fifth Annual Report
of the
National League
of
Nursing Education
1939
Annual Report

and

Proceedings

of the

Forty-fifth Annual Convention

of the

National League of Nursing Education

NEW ORLEANS, LOUISIANA

APRIL 24-28, 1939

NATIONAL HEADQUARTERS

50 West 50 Street

New York, New York
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officers</td>
<td>5</td>
</tr>
<tr>
<td>ADVISORY COUNCIL</td>
<td>6</td>
</tr>
<tr>
<td>Committees</td>
<td>7</td>
</tr>
<tr>
<td>Past Officers of the National League of Nursing Education</td>
<td>17</td>
</tr>
<tr>
<td>Affiliations with Other Organizations</td>
<td>19</td>
</tr>
<tr>
<td>Report of the Secretary</td>
<td>21</td>
</tr>
<tr>
<td>Report of the Treasurer</td>
<td>25</td>
</tr>
<tr>
<td>Report of the Executive Secretary</td>
<td>28</td>
</tr>
<tr>
<td>Report on the Study of the Costs of Nursing Service and Nursing</td>
<td>38</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Report of the Secretary of the Committee on Accrediting</td>
<td>42</td>
</tr>
<tr>
<td>Address of the President</td>
<td>44</td>
</tr>
<tr>
<td>Report of the Committee on Accrediting</td>
<td>50</td>
</tr>
<tr>
<td>Report of the Committee on Convention Arrangements</td>
<td>51</td>
</tr>
<tr>
<td>Report of the Committee on Curriculum</td>
<td>52</td>
</tr>
<tr>
<td>Report of the Committee on Eligibility</td>
<td>55</td>
</tr>
<tr>
<td>Report of the Committee on Finance</td>
<td>58</td>
</tr>
<tr>
<td>Report of the Committee on Headquarters</td>
<td>62</td>
</tr>
<tr>
<td>Report of the Committee on Nominations</td>
<td>63</td>
</tr>
<tr>
<td>Report of the Committee on Program</td>
<td>64</td>
</tr>
<tr>
<td>Report of the Committee on Publications</td>
<td>64</td>
</tr>
<tr>
<td>Report of the Committee on Revisions</td>
<td>66</td>
</tr>
<tr>
<td>Report of the Committee on Studies</td>
<td>66</td>
</tr>
<tr>
<td>APPOINTMENTS</td>
<td>67</td>
</tr>
<tr>
<td>Report of the Committee to Study Administration in Schools of Nursing</td>
<td>67</td>
</tr>
<tr>
<td>Report of the Committee on the Care of the Child</td>
<td>68</td>
</tr>
<tr>
<td>Report of the Committee on Exhibits</td>
<td>71</td>
</tr>
<tr>
<td>Report of the Committee on Lay Participation</td>
<td>71</td>
</tr>
<tr>
<td>Report of the Committee on Membership Campaign</td>
<td>72</td>
</tr>
<tr>
<td>Report of the Committee on Mental Hygiene and Psychiatric Nursing</td>
<td>73</td>
</tr>
<tr>
<td>Report of the Committee on Records</td>
<td>75</td>
</tr>
<tr>
<td>Report of the Committee on Sisters’ Problems</td>
<td>76</td>
</tr>
<tr>
<td>Report of the Committee on State Board Problems</td>
<td>76</td>
</tr>
<tr>
<td>Report of the Joint Advisory Committee on Legislation</td>
<td>77</td>
</tr>
<tr>
<td>Report of the Joint Committee on Community Nursing Service</td>
<td>77</td>
</tr>
<tr>
<td>Report of the Joint Committee on the Costs of Nursing Service and</td>
<td>85</td>
</tr>
<tr>
<td>Nursing Education</td>
<td></td>
</tr>
<tr>
<td>Report of the Joint Committee on the Status and Problems of the</td>
<td>86</td>
</tr>
<tr>
<td>Hospital Staff Nurse</td>
<td></td>
</tr>
<tr>
<td>Report of the Joint Committee to Outline Principles and Policies for</td>
<td>86</td>
</tr>
<tr>
<td>the Control of Subsidiary Workers in the Care of the Sick</td>
<td></td>
</tr>
<tr>
<td>Report on the Program of the Nursing Information Bureau</td>
<td></td>
</tr>
<tr>
<td>Mary M. Roberts, R.N.</td>
<td>87</td>
</tr>
<tr>
<td>Report of the Isabel Hampton Robb Memorial Fund</td>
<td>89</td>
</tr>
<tr>
<td>Accreditation—Help or Hindrance?</td>
<td>90</td>
</tr>
<tr>
<td>Earl J. McGrath, Ph.D.</td>
<td></td>
</tr>
<tr>
<td>The Purpose, Program, and Product of the School of Nursing</td>
<td></td>
</tr>
<tr>
<td>Clara Queruel, R.N.</td>
<td>98</td>
</tr>
<tr>
<td>Address of Welcome</td>
<td></td>
</tr>
<tr>
<td>Priscilla W. Halpert, R.N.</td>
<td>104</td>
</tr>
<tr>
<td>Response to the Address of Welcome</td>
<td></td>
</tr>
<tr>
<td>Nellie X. Hawkinson, R.N.</td>
<td>105</td>
</tr>
<tr>
<td>Schools of Nursing—A Part of the Educational System of the Country</td>
<td></td>
</tr>
<tr>
<td>Roy J. Deferrari, Ph.D.</td>
<td>109</td>
</tr>
<tr>
<td>Public Support of Nursing Education</td>
<td></td>
</tr>
<tr>
<td>Earl J. McGrath, Ph.D.</td>
<td>119</td>
</tr>
<tr>
<td>Reports of State Leagues of Nursing Education and State Educational</td>
<td></td>
</tr>
<tr>
<td>Sections</td>
<td></td>
</tr>
<tr>
<td>Integrating Work of State Leagues and State Boards of Nurse</td>
<td>130</td>
</tr>
<tr>
<td>Examiners for the Benefit of Schools of Nursing</td>
<td></td>
</tr>
<tr>
<td>Elizabeth S. Moran, R.N.</td>
<td>145</td>
</tr>
<tr>
<td>Securing Lay Interest and Support for Nursing Through State</td>
<td></td>
</tr>
<tr>
<td>Committees on Lay Participation</td>
<td></td>
</tr>
<tr>
<td>Grace A. Warman, R.N.</td>
<td>146</td>
</tr>
<tr>
<td>Cost Analysis as an Administrative Tool</td>
<td></td>
</tr>
<tr>
<td>C. Rufus Rorem, Ph.D., C.P.A.</td>
<td>148</td>
</tr>
<tr>
<td>Title</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>SOME FINDINGS OF THE NURSING SERVICE AND NURSING EDUCATION COST STUDY</td>
<td>155</td>
</tr>
<tr>
<td>PRINCIPLES UNDERLYING POSTGRADUATE EDUCATION</td>
<td>154</td>
</tr>
<tr>
<td>ESSENTIALS IN THE PREPARATION OF THE HEAD NURSE</td>
<td>162</td>
</tr>
<tr>
<td>ESSENTIALS IN THE PREPARATION OF THE CLINICAL SUPERVISOR</td>
<td>170</td>
</tr>
<tr>
<td>PROBLEMS RELATED TO POSTGRADUATE EDUCATION</td>
<td>175</td>
</tr>
<tr>
<td>PROBLEMS RELATED TO POSTGRADUATE EDUCATION FROM THE HOSPITAL SCHOOL</td>
<td>179</td>
</tr>
<tr>
<td>POINT OF VIEW</td>
<td></td>
</tr>
<tr>
<td>PSYCHIATRY IN NURSING EDUCATION</td>
<td>188</td>
</tr>
<tr>
<td>LEADERSHIP</td>
<td>191</td>
</tr>
<tr>
<td>THE SOCIAL AND CULTURAL ASPECTS OF THE EXTRA-PROFESSIONAL PROGRAM</td>
<td>194</td>
</tr>
<tr>
<td>STUDENT GOVERNMENT</td>
<td>199</td>
</tr>
<tr>
<td>THE EXTRA-PROFESSIONAL PROGRAM IN THE SCHOOL OF NURSING</td>
<td>202</td>
</tr>
<tr>
<td>RECENT DEVELOPMENTS IN THE MEASUREMENT OF SUBJECT MATTER Achievement</td>
<td>204</td>
</tr>
<tr>
<td>AT HIGH SCHOOL AND COLLEGE LEVELS</td>
<td></td>
</tr>
<tr>
<td>HOW CAN WE DEVELOP OBJECTIVE TECHNIQUES FOR MEASURING THE</td>
<td></td>
</tr>
<tr>
<td>PROFESSIONAL ACHIEVEMENT OF STUDENT AND GRADUATE NURSES?</td>
<td></td>
</tr>
<tr>
<td>ROUND TABLE ON ADVANCED PROGRAMS IN PEDIATRIC NURSING, INCLUDING</td>
<td></td>
</tr>
<tr>
<td>ORTHOPEDIC NURSING</td>
<td>210</td>
</tr>
<tr>
<td>COURSE IN ADVANCED PEDIATRIC NURSING</td>
<td>211</td>
</tr>
<tr>
<td>PROGRESS REPORT OF COMMITTEE ON THE CARE OF THE CHILD AND THE</td>
<td></td>
</tr>
<tr>
<td>ORTHOPEDIC COUNCIL OF THE NATIONAL ORGANIZATION FOR PUBLIC</td>
<td></td>
</tr>
<tr>
<td>HEALTH NURSING</td>
<td>217</td>
</tr>
<tr>
<td>ROUND TABLE ON VOCATIONAL GUIDANCE IN THE SCHOOL OF NURSING</td>
<td>220</td>
</tr>
<tr>
<td>THE NEED FOR VOCATIONAL GUIDANCE AS SEEN IN A PLACEMENT SERVICE</td>
<td></td>
</tr>
<tr>
<td>OUTLINE FOR A SUGGESTED VOCATIONAL GUIDANCE PROGRAM FOR SCHOOLS OF</td>
<td></td>
</tr>
<tr>
<td>NURSING OFFERING BASIC CURRICULA</td>
<td></td>
</tr>
<tr>
<td>ROUND TABLE ON MEASUREMENTS IN NURSING EDUCATION</td>
<td></td>
</tr>
<tr>
<td>HOW CAN WE DEVELOP OBJECTIVE TECHNIQUES FOR MEASURING THE</td>
<td></td>
</tr>
<tr>
<td>PROFESSIONAL ACHIEVEMENT OF STUDENT AND GRADUATE NURSES</td>
<td></td>
</tr>
<tr>
<td>ROUND TABLE ON LAY PARTICIPATION</td>
<td>236</td>
</tr>
<tr>
<td>WHY HOSPITAL AUTHORITIES WANT LAY COMMITTEES INTERESTED IN</td>
<td></td>
</tr>
<tr>
<td>SCHOOLS OF NURSING</td>
<td>236</td>
</tr>
<tr>
<td>THE IMPORTANCE OF THE LAY POINT OF VIEW</td>
<td>236</td>
</tr>
<tr>
<td>NURSING SCHOOL ADVISORY COMMITTEE</td>
<td></td>
</tr>
<tr>
<td>THE NATIONAL HEALTH PROGRAM AND THE NURSE</td>
<td>242</td>
</tr>
<tr>
<td>PLANS AND PROPOSALS OF THE INTERDEPARTMENTAL COMMITTEE TO</td>
<td></td>
</tr>
<tr>
<td>COORDINATE HEALTH AND WELFARE ACTIVITIES FROM THE POINT OF VIEW OF</td>
<td></td>
</tr>
<tr>
<td>THE MEDICAL PROFESSION</td>
<td></td>
</tr>
<tr>
<td>THE OBLIGATIONS OF CITIZENSHIP</td>
<td></td>
</tr>
<tr>
<td>PREPARING THE NURSE FOR CITIZENSHIP</td>
<td></td>
</tr>
<tr>
<td>THE RED CROSS NURSE AS A CITIZEN</td>
<td></td>
</tr>
<tr>
<td>THE TEACHING OF MEDICAL NURSING</td>
<td></td>
</tr>
<tr>
<td>THE CLINICAL TEACHING OF SURGICAL NURSING</td>
<td></td>
</tr>
<tr>
<td>CLINICAL TEACHING IN PEDIATRIC NURSING</td>
<td></td>
</tr>
<tr>
<td>CLINICAL TEACHING IN OBSTETRIC NURSING</td>
<td></td>
</tr>
<tr>
<td>SUMMARY OF SYMPOSIUM ON CLINICAL TEACHING</td>
<td></td>
</tr>
<tr>
<td>USE OF SMITH-HUGHES FUNDS</td>
<td>282</td>
</tr>
<tr>
<td>NEED FOR FUNDS TO MAKE UP ANTICIPATED DEFICIT IN 1939 BUDGET</td>
<td>285</td>
</tr>
<tr>
<td>COMMITTEE ON NOMINATIONS FOR 1940</td>
<td>286</td>
</tr>
<tr>
<td>REPORT OF THE REGISTRATION COMMITTEE</td>
<td>286</td>
</tr>
<tr>
<td>REPORT OF THE COMMITTEE ON RESOLUTIONS</td>
<td>287</td>
</tr>
<tr>
<td>REPORT OF TELLERS AND INSPECTORS OF ELECTIONS</td>
<td>288</td>
</tr>
<tr>
<td>CERTIFICATE OF INCORPORATION AND BY-LAWS</td>
<td>290</td>
</tr>
<tr>
<td>LIST OF MEMBERS</td>
<td>299</td>
</tr>
<tr>
<td>DECEASED MEMBERS</td>
<td>404</td>
</tr>
</tbody>
</table>
OFFICERS
1939-40

President
NELLIE X. HAWKINSON
The University of Chicago, Chicago, Illinois

Vice President
PHOEBE M. KANDEL
Colorado State College of Education, Greeley, Colorado

Secretary
MARIAN DURELL
University of Michigan Hospital, Ann Arbor, Michigan

Treasurer
LUCILE PETRY
University of Minnesota School of Nursing, Minneapolis, Minnesota

Directors, 1938-40
ELIZABETH C. BURGESS, Teachers College, New York, New York
HENRIETTA PROEHLKE, University of Kansas Hospitals, Kansas City, Kansas
EDNA S. NEWMAN, Saint Luke's Hospital, Cleveland, Ohio
EFFIE J. TAYLOR, Yale University School of Nursing, New Haven, Connecticut

Directors, 1939-41
STELLA GOOSTRAY, The Children's Hospital, Boston, Massachusetts
SISTER M. OLIVIA, Catholic University of America, Washington, D. C.
RUTH SLEEPER, Massachusetts General Hospital, Boston, Massachusetts
ISABEL M. STEWART, Teachers College, New York, New York

Directors ex officio
JULIA C. STIMSON,President, American Nurses' Association
GRACE ROSS,President, National Organization for Public Health Nursing
MARY M. ROBERTS,Editor, American Journal of Nursing

HEADQUARTERS STAFF

Executive Secretary
CLARIBEL A. WHEELER

Director of Studies
BLANCHE PFESSERKORN

Secretary, Committee on Accrediting
CLARA QUEREAU

Assistant Secretary, Committee on Accrediting
BARBARA A. THOMPSON
ADVISORY COUNCIL

SISTER MARY LOUISE MOONEY, R.N., Birmingham, Alabama
MRS. MARTHA TETER, R.N., Little Rock, Arkansas
MRS. GABRIELLE T. MULVANE, R.N., San Bernardino, California
ANN DICKIE BOYD, R.N., Denver, Colorado
ANNA QUAY, R.N., Wilmington, Delaware
MRS. ELIZABETH EARLE, R.N., Washington, D. C.
JUANITA ROBSON, R.N., Pensacola, Florida
LUCY I. MACE, R.N., Atlanta, Georgia
DOROTHY ROGERS, R.N., Chicago, Illinois
PAULINE G. BISCHOFF, R.N., Fort Wayne, Indiana
SARA SCOTT, R.N., Des Moines, Iowa
MARGO SANDERSON, R.N., Kansas City, Kansas
RUTH MCCOLLUM, R.N., Berea, Kentucky
MRS. PRISCILLA W. HALPERT, R.N., New Orleans, Louisiana
IRENE ZWISLER, R.N., Lewiston, Maine
HELEN WRIGHT, R.N., Baltimore, Maryland
FLORENCE C. KEMPFF, R.N., Boston, Massachusetts
ELIZABETH MORAN, R.N., Detroit, Michigan
LUCILE PETRY, R.N., Minneapolis, Minnesota
GRACE FRAUENS, R.N., St. Joseph, Missouri
M. LUELLA GARDNER, R.N., Omaha, Nebraska
SISTER MARY LARIVEE, R.N., Manchester, New Hampshire
VICTORIA SMITH, R.N., Englewood, New Jersey
GRACE A. WARMAN, R.N., New York, New York
NEILIE I. ROOP, R.N., Shelby, North Carolina
LUCILLE PAULSON, R.N., Grand Forks, North Dakota
LETIE CHRISTENSEN, R.N., Cincinnati, Ohio
MARY A. McMAHON, R.N., Tulsa, Oklahoma
JOHANNA EGGERS, R.N., Portland, Oregon
CHARLOTTE C. SKOOGlund, R.N., Philadelphia, Pennsylvania
NINA D. GAGE, R.N., Newport, Rhode Island
MRS. ANNA HAUGAN BERDAHL, R.N., Sioux Falls, South Dakota
FRANCES CUNNINGHAM, R.N., Memphis, Tennessee
DORA MATHIS, R.N., Galveston, Texas
LOUVELLA MAHANEY, R.N., Salt Lake City, Utah
MYRTLE HILLO, R.N., University, Virginia
KATHLEEN M. LEAHY, R.N., Seattle, Washington
SISTER MARY RUTH, R.N., Wheeling, West Virginia
HELEN BUNGE, R.N., Madison, Wisconsin
COMMITTEES 1, 2

STANDING COMMITTEES

COMMITTEE ON ACCREDITING

*ELIZABETH C. BURGESS, Chairman
   525 W. 120 St., New York, N. Y.

*STELLA GOOSTRAY, Vice Chairman
   The Children's Hospital, Boston, Mass.

*BERNICE ANDERSON
   17 Academy St., Newark, N. J.

MRS. HELEN LEHMANN
   Baylor University Hospital, Dallas, Texas

ELIZABETH W. ODELL
   Evanston Hospital, Evanston, Ill.

*BLANCHE PFEFFERKORN (ex officio)
   30 W. 50 St., New York, N. Y.

*CHARLOTTE PFEIFFER
   Stuart Circle Hospital, Richmond, Va.

EDNA E. PETERSON
   306 S. Kingshighway, St. Louis, Mo.

JUNE RAMSEY
   Harper Hospital, Detroit, Mich.

SISTER M. BERENICE BECK
   Marquette University College of Nursing, Milwaukee, Wis.

*SISTER MARY LAURENTINE
   St. Francis Hospital, Pittsburgh, Pa.

OLIVE SLOCUM
   Knapp College of Nursing, Santa Barbara, Calif.

HARRIET SMITH
   Harborview Hospital, Seattle, Wash.

DAISY DRAH URCH
   College of Saint Teresa, Winona, Minn.

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

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

*CLAARA QUEREAU (ex officio)
   50 W. 50 St., New York, N. Y.

BARBARA A. THOMPSON (ex officio)
   50 W. 50 St., New York, N. Y.

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

CONSULTANTS

Representing the American Hospital Association
Dr. Nathaniel Faxon
Massachusetts General Hospital, Boston, Mass.

The Reverend John Martin
St. Barnabas Hospital, Newark, N. J.

Representing the American College of Surgeons
Dr. M. N. Newquist
40 E. Erie St., Chicago, Ill.

Representing the Council on Medical Education and Hospitals of the American Medical Association
Dr. William D. Cutter
Council on Medical Education and Hospitals, 535 N. Dearborn St., Chicago, Ill.

Representing the American Nurses' Association
Mrs. Ethel P. Clarke
Bridgeport Hospital, Bridgeport, Conn.

Representing the National Organization for Public Health Nursing
Marion Howell
2051 Adelbert Rd., Cleveland, Ohio

1 By-laws—Article IV, Section 2. The President shall . . . be a member, ex officio, of all committees.
2 By-laws—Article VI, Section 3. The Executive Secretary . . . shall be a member, ex officio, of all committees.
* Members of Executive Committee.
By invitation of the Board of Directors

GEORGE WORKS
The University of Chicago, Chicago, Ill.

EDWARD EVENDEN
Teachers College, Columbia University, New York, N. Y.

FATHER ALPHONSE SCHWITALLA
St. Louis University, St. Louis, Mo.

COMMITTEE ON CURRICULUM*

ISABEL M. STEWART, Honorary Chairman
525 W. 120 St., New York, N. Y.

RUTH SLEEPER, Chairman
Massachusetts General Hospital, Boston, Mass.

MIRIAM AMES
Johns Hopkins Hospital, Baltimore, Md.

ANNE L. AUSTIN
2063 Adelbert Rd., Cleveland, Ohio

JEAN BARRETT
Yale University, New Haven, Conn.

C. RUTH BOWER

HELEN L. BUNGE
University of Wisconsin, Madison, Wis.

GLADYS L. CHAIN
181 Franklin St., Buffalo, N. Y.

VIRGINIA DUNBAR
American Red Cross, Washington, D. C.

VIRGINIA A. JONES
50 W. 50 St., New York, N. Y.

COMMITTEE ON ELIGIBILITY

AUGUSTA PATTON, Chairman
749 Farmington Ave., West Hartford, Conn.

RUTH CHAMBERLIN
Roper Hospital, Charleston, S. C.

ANNA SHEBIRCK
Montana Deaconess Hospital, Great Falls, Mont.

COMMITTEE ON FINANCE

CARRIE M. HALL, Chairman
Hotel Hemenway, Boston, Mass.

A. ISABELLE BYRNE
Roosevelt Hospital, New York, N. Y.

LUCILE PETRY
University of Minnesota School of Nursing, Minneapolis, Minn.

COMMITTEE ON HEADQUARTERS

NELLIE X. HAWKINSON, Chairman
The University of Chicago, Chicago, Ill.

ELIZABETH C. BURGESS, Vice Chairman
525 W. 120 St., New York, N. Y.

C. RUTH BOWER

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

EFFIE J. TAYLOR
Yale University School of Nursing, New Haven, Conn.

* The chairmen of such closely related committees as the Committees on Accrediting, The Care of the Child, and State Board Problems are ex officio members of this committee.
COMMITTEES

COMMITTEE ON NOMINATIONS
FRANCES H. ZEIGLER, Chairman
Vanderbilt University School of Nursing, Nashville, Tenn.
C. RUTH BOWER

KATHARINE J. DENSFORD
University of Minnesota School of Nursing, Minneapolis, Minn.

EDNA B. GROPP
1900 W. Polk St., Chicago, Ill.

IRENE MURCHISON
621 Majestic Building, Denver, Colo.

COMMITTEE ON PROGRAM
C. RUTH BOWER, Chairman
RUTH W. HUBBARD
1340 Lombard St., Philadelphia, Pa.

CHARLOTTE C. SKOOGlund
Philadelphia General Hospital, Philadelphia, Pa.

MRS. RUTH LEHTINGER
Abington Memorial Hospital, Abington, Pa.
SISTER RITA QUINAN
St. Joseph’s Hospital, Philadelphia, Pa.

COMMITTEE ON PUBLICATIONS
CLARIHEL A. WHEELER, Chairman
50 W. 50 St., New York, N. Y.
HELEN W. MUNSON
50 W. 50 St., New York, N. Y.
ISABEL M. STEWART, Representing Committee on Curriculum
Teachers College, New York, N. Y.

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

COMMITTEE ON REVISIONS
MRS. ADA R. CROCKER, Chairman
1900 W. Polk St., Chicago, Ill.

MARGARET M. INGERSOLL
707 Fullerton Ave., Chicago, Ill.

CLARA L. SMITH
2816 Ellis Ave., Chicago, Ill.

COMMITTEE ON STUDIES
BLANCHE PFEFFERKORN, Secretary and Director of Studies
50 W. 50 St., New York, N. Y.

NELLIE X. HAWKINS, Chairman
The University of Chicago, Chicago, Ill.

ELIZABETH C. BURGESS
525 W. 120 St., New York, N. Y.

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

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

MARSHA RUTH SMITH
Massachusetts General Hospital, Boston, Mass.

EFFIE J. TAYLOR
Yale University School of Nursing, New Haven, Conn.

COMMITTEE ON STUDIES
SPECIAL COMMITTEES
COMMITTEE TO STUDY ADMINISTRATION IN SCHOOLS OF NURSING

*EFFIE J. TAYLOR, Chairman
Yale University School of Nursing, New Haven, Conn.

NELIE G. BROWN
Ball Memorial Hospital, Muncie, Ind.

*ELIZABETH C. BURGESS
525 W. 120 St., New York, N. Y.

CLARE DENNISON
Strong Memorial Hospital, Rochester, N. Y.

* Members of Executive Committee.
BLANCHE E. EDWARDS  
440 E. 26 St., New York, N. Y.  
*ISABEL M. STEWART  
525 W. 120 St., New York, N. Y.  
*GRACE A. WARMAN  
5 E. 98 St., New York, N. Y.  
*ELIZABETH PIERCE  
440 Riverside Dr., New York, N. Y.  
*NELLIE X. HAWKINSON (ex officio)  
The University of Chicago, Chicago, Ill.  
*CLARIBEL A. WHEELER (ex officio)  
50 W. 50 St., New York, N. Y.

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

ADA BELLE McCLEERY  
Evanston Hospital, Evanston, Ill.  

NELLIE S. PARKS  
Pennsylvania State Nurses' Assn., 400 N. Third St., Harrisburg, Pa.  

*MARY M. ROBERTS  
50 W. 50 St., New York, N. Y.

CONSULTANTS  
JAMES A. HAMILTON, Superintendent, New Haven Hospital, New Haven, Conn.  
DR. MALCOLM T. MACHECHERN, Associate Director, American College of Surgeons, Chicago, Ill.  
DR. GEORGE F. ZOOK, President, American Council on Education, 744 Jackson Pl., Washington, D. C.

COMMITTEE ON THE CARE OF THE CHILD  
*M. CORINNE BANCROFT, Chairman  
Children's Hospital, Cincinnati, Ohio  

*ALPHILD J. AXELSON  
440 Riverside Dr., New York, N. Y.  

*HAZEL H. BOWLES  
Yale University School of Nursing, New Haven, Conn.  

*NAOMI DEUTSCH  
U. S. Children's Bureau, Washington, D. C.  

*MRS. GRACE LIEURANCE HANSOME  
420 W. 118 St., New York, N. Y.

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

ISABELLE JORDAN  
The Children's Hospital, Boston, Mass.  

WINIFRED KALTENBACH  
 Babies Hospital, New York, N. Y.  

HELEN LATHAM  
Children's Memorial Hospital, Chicago, Ill.  

*WINIFRED RAND  
71 Ferry Ave., E., Detroit, Mich.

COMMITTEE ON EXHIBITS  
VIRGINIA HENDERSON, Chairman  
525 W. 120 St., New York, N. Y.  

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

VERDA F. HICKCOX  
1320 York Ave., New York, N. Y.

COMMITTEE ON LAY PARTICIPATION  
GRACE A. WARMAN, Chairman  
5 E. 98 St., New York, N. Y.  

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

MARGARET CARRINGTON  
2816 Ellis Ave., Chicago, Ill.  

CLARE DENNISON  
Strong Memorial Hospital, Rochester, N. Y.  

KATHARINE J. DENSFORD  
University of Minnesota School of Nursing, Minneapolis, Minn.  

GLADYS DICKEY  
Touro Infirmary, New Orleans, La.  

SALLY JOHNSON  
Massachusetts General Hospital, Boston, Mass.  

GERTRUDE E. NATHE  
St. Thomas Hospital, Nashville, Tenn.

* Members of Executive Committee.
COMMITTEES

CHARLOTTE PFEIFFER
Stuart Circle Hospital, Richmond, Va.

MADELEINE SCHROEDER
Pawtucket Memorial Hospital, Pawtucket, R. I.

CHARLOTTE SKOOGlund
Philadelphia General Hospital, Philadelphia, Pa.

ERMA B. TAYLOR
Henry Ford Hospital, Detroit, Mich.

Lay Associates

DR. EDNA BAILEY
Dept. of Education, University of California, Berkeley, Calif.

MRS. HENRY JAMES
455 E. 51 St., New York, N. Y.

MRS. ROBERT McCLELLAN
Cambridge, N. Y.

MISS MABEL PEIRSON
Pasadena Junior College, Pasadena, Calif.

MRS. ARTHUR SPIEGEL
3314 Lake Shore Dr., Chicago, Ill.

MRS. ROBERT TAFT
Sky Farm, R. R. 1, Station M, Cincinnati, Ohio

Lay Associates Representing States

MRS. RALPH AMERMAN

MRS. HOWARD B. HASKINS
170 Moss Ave., Highland Park, Mich.

MRS. FORDYCE ST. JOHN
520 E. 86 St., New York, N. Y.

COMMITTEE ON MEMBERSHIP CAMPAIGN

EDNA S. NEWMAN, Chairman
Saint Luke’s Hospital, Cleveland, Ohio

ELLEN M. ANDERSON
1812 N. Capitol Ave., Indianapolis, Ind.

NETTIE BEALER
J. C. Blair Hospital, Huntingdon, Pa.

JESSIE A. BIDDLE
518 N. W. 12 St., Oklahoma City, Okla.

ELLA BLOOMHEART
Camden-Clark Hospital, Parkersburg, West Virginia

MABEL BOOTH
Salem Hospital, Salem, Mass.

PATRICIA BUSH
Harborview Hall, Seattle, Wash.

EVALYNE M. COLLINS
St. Margaret’s Hospital, Kansas City, Kan.

ELEANOR H. DALY
1803 Valentine Ave., Cleveland, Ohio

JENNIE GARRON
Piedmont Hospital, Atlanta, Ga.

JEANETTE HAYS
1410 N. Prospect Ave., Milwaukee, Wis.

JOSEPHINE KERR
New Charlotte Sanatorium, Charlotte, N. C.

CASSIE E. KOST
1900 W. Polk St., Chicago, Ill.

LILIAN LEESON
5. E. 98 St., New York, N. Y.

CYNTHIA MAY MABBETTE
Public Health Dept., Fort Myers, Fla.

Ethel MacNichol
1755 S. Grand, St. Louis, Mo.

MARGARET Mcgregor
Gillette State Hospital, St. Paul, Minn.

DOROTHY MACLEOD
John Sealy Hospital, Galveston, Texas

AMELIA MILLER
Thomas D. Dee Memorial Hospital, Ogden, Utah.

Genevieve J. Muench
Delaware Hospital, Wilmington, Del.

Edna G. Myers
Rhode Island Hospital, Providence, R. I.

URSULA PENNER
Mennonite Hospital, Beatrice, Neb.

HELEN PETERSON
Protestant Hospital, Nashville, Tenn.

IDA GRAHAM PRICE
1239 Murphy St., Shreveport, La.

DAISY ROSE
Baptist State Hospital, Little Rock, Ark.
RUTH ROUSH  
University Hospital, Baltimore, Md.
SISTER M. ITA  
St. Luke’s Hospital, Aberdeen, S. D.
SISTER MARY PLCIDA  
St. Vincent’s Hospital, Sioux City, Ia.
HETTY TILTON  
Englewood Hospital, Englewood, N. J.

GERTRUDE THOMPSON  
1746 K St., N. W., Washington, D. C.
MAISIE WETZEL  
University of Oregon Medical School, Portland, Ore.
MARIAN WRIGHT  
Harper Hospital, Detroit, Mich.

COMMITTEE ON MENTAL HYGIENE AND PSYCHIATRIC NURSING

MAY KENNEDY, Chairman  
1320 York Ave., New York, N. Y.
STELLA ACKLEY  
Colorado Psychopathic Hospital, Denver, Colo.
KATHLEEN ATTO  
McLean Hospital, Waverley, Mass.
ELIZABETH BIXLER  
Bloomingdale Hospital, White Plains, N. Y.
MARY E. CORCORAN  
N. J. State Hospital, Greystone Park, N. J.

ISABEL ERICKSON  
The Menninger Clinic, Topeka, Kan.
MARION FABER  
1900 W. Folk St., Chicago, Ill.
FLORENCE NEWELL  
Psychiatric Institute and Hospital, 722 W. 168 St., New York, N. Y.
MRS. HELENA WILLIS RENDER  
Worcester State Hospital, Worcester, Mass.
ELNORA E. THOMSON  
University of Oregon, Portland, Ore.

COMMITTEE ON NURSING TESTS

ISABEL M. STEWART, Chairman  
525 W. 120 St., New York, N. Y.

Representing the National League of Nursing Education

SALLIE MERNIN  
University of Chicago, Chicago, Ill.

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

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

Representing the Association of Collegiate Schools of Nursing

ANNE L. AUSTIN  
2063 Adelbert Rd., Cleveland, Ohio
SISTER M. DOMITILLA  
St. Mary’s Hospital, Rochester, Minn.

JEAN BARRETT  
15 Howe St., New Haven, Conn.

Representing Teachers College, Columbia University

MRS. R. LOUISE MCMANUS, Secretary  
525 W. 120 St., New York, N. Y.

MAUDE B. MUSE  
525 W. 120 St., New York, N. Y.

COMMITTEE ON RECORDS

BLANCHE PFEFFERKORN, Chairman  
50 W. 50 St., New York, N. Y.

MRS. R. LOUISE MCMANUS  
525 W. 120 St., New York, N. Y.

ELIZABETH MELBY  
Yale University School of Nursing, New Haven, Conn.
COMMITTEE ON SISTERS’ PROBLEMS

SISTER M. OLIVIA, Chairman
Catholic University of America, Washington, D. C.

SISTER CYRIL
Seton School of Nursing, Glockner Sanatorium, Colorado Springs, Colo.

SISTER LORIETTO BERNARD
153 W. 11 St., New York, N. Y.

SISTER MARIA AMADEO
St. Mary’s College, Notre Dame, Ind.

SISTER M. BERENICE BECK
Marquette University College of Nursing, Milwaukee, Wis.

COMMITTEE ON STATE BOARD PROBLEMS

JOSEPHINE MCLEOD, Chairman

M. CORDELIA COWAN
1746 K St., N. W., Washington, D. C.

STELLA HAWKINS
Education Building, Albany, N. Y.

CORAH V. LUND
205 Stevens Building, Portland, Ore.

MRS. R. LOUISE MCMANUS
525 W. 120 St., New York, N. Y.

IRENE MURCHISON
621 Majestic Building, Denver, Colo.

AGNES OHLSON
State Office Building, Hartford, Conn.

ANNE RADFORD
Dept. of Licenses, Olympia, Wash.

SISTER DOMITILLA
St. Mary’s Hospital, Rochester, Minn.

ELIZABETH SULLIVAN
State House, Boston, Mass.

JULIE C. TEBO
508 Pere Marquette Building, New Orleans, La.

JOINT COMMITTEES

Committees Composed of Representatives of the American Nurses’ Association, the National League of Nursing Education, and the National Organization for Public Health Nursing

COMMITTEE ON COMMUNITY NURSING SERVICE

MRS. ELSBETH H. VAUGHAN, Chairman, 1722 Dunedin Ave., Duluth, Minn.

LULU ST. CLAIR, Executive Secretary, 50 W. 50 St., New York, N. Y.

Representing the American Nurses’ Association

LYDA W. ANDERSON
87 W. Ferry St., Detroit, Mich.

MARY E. G. BLISS
50 W. 50 St., New York, N. Y.

*MRS. SAIDEE O. DUNBAR
1734 N St., N. W., Washington, D. C.

HELEN MCDONOUGH
3707 Parviss St., Pittsburgh, N. S., Pa.

SOPHIE C. NELSON
197 Clarendon St., Boston, Mass.

*MRS. ARTHUR SPIEGEL
3314 Lake Shore Drive, Chicago, Ill.

MRS. ALMA H. SCOTT (ex officio)
50 W. 50 St., New York, N. Y.

JULIA C. STIMSON (ex officio)
50 W. 50 St., New York, N. Y.

Representing the National League of Nursing Education

*MRS. HENRY JAMES
455 E. 51 St., New York, N. Y.

MARION G. HOWELL
2063 Adelbert Rd., Cleveland, Ohio

* Lay associates.
*Mrs. Robert McClellan
Cambridge, N. Y.
Grace A. Warman
5 E. 98 St., New York, N. Y.

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 the National Organization for Public Health Nursing

*Mrs. Chester K. Brooks
18927 Shelburne Rd., Shaker Heights,
Cleveland, Ohio
Alma C. Haupt
1 Madison Ave., New York, N. Y.

Elizabeth Stringer
138 S. Oxford St., Brooklyn, N. Y.

*Evelyn K. Davis (ex officio)
50 W. 50 St., New York, N. Y.

*Mrs. Frederick S. Dellenbaugh (ex officio)
69 Spooner Rd., Chestnut Hill, Mass.

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

Grace Ross (ex officio)
City Health Dept., Detroit, Mich.

*Mrs. L. G. Robbins
185 High St., Pittsfield, Mass.

Representing the American Journal of Nursing

Mary M. Roberts (ex officio)
50 W. 50 St., New York, N. Y.

Representing Public Health Nursing

Purcell Peck (ex officio)
50 W. 50 St., New York, N. Y.

COMMITTEE TO OUTLINE PRINCIPLES AND POLICIES FOR THE CONTROL OF SUBSIDIARY WORKERS IN THE CARE OF THE SICK

Ella Hasenjaeger, Chairman, Essex County Hospital, Belleville, N. J.

Representing the American Nurses' Association

Virginia J. W. Haw
30 Warren St., Brookline, Mass.

Alice E. Snyder
205 E. 42 St., New York, N. Y.

Edna E. Peterson
306 S. Kingshighway, St. Louis, Mo.

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

Julia C. Stimson (ex officio)
50 W. 50 St., New York, N. Y.

Representing the National League of Nursing Education

Mary I. Bogardus
950 E. 59 St., Chicago, Ill.

Blanche Edwards
440 E. 26 St., New York, N. Y.

Helen J. Leader
Presbyterian Hospital, Philadelphia, Pa.

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

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

* Lay associates.
Representing the National Organization for Public Health Nursing

GENEVA F. HOLLIDEN
Old Court House, Ithaca, N. Y.
NETTA FORD
218 E. Market St., York, Pa.

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

GRACE ROSS (ex officio)
City Health Dept., Detroit, Mich.

Representing the American Home Economics Association

LUCY C. GILLET
A. I. C. P., 105 E. 22 St., New York, N. Y.

Members-at-large

DR. MALCOLM T. MACFARAHREN
40 E. Erie St., Chicago, Ill.

MRS. L. G. ROBBINS
185 High St., Pittsfield, Mass.

ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

An independent committee representing the three national nursing organizations

*ALTA E. DINES, Chairman
105 E. 22 St., New York, N. Y.

E LLA BEST
50 W. 50 St., New York, N. Y.

ELIZABETH C. BURGESS
525 W. 120 St., New York, N. Y.

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

HELEN DENE
Wisconsin State Hospital, Madison, Wis.

*KATHARINE DEWITT
14 Grand Ave., Poughkeepsie, N. Y.

MARY C. EDEN, Secretary-Treasurer

* LAURA M. GRANT
Yale University School of Nursing, New Haven, Conn.

MARION G. HOWELL
2063 Adelbert Rd., Cleveland, Ohio

SALLY JOHNSON
Massachusetts General Hospital, Boston, Mass.

*ELSIE M. LAWLER
Johns Hopkins Hospital, Baltimore, Md.

MARGARET K. STACK
252 Asylum St., Hartford, Conn.

ELNORA E. THOMSON
University of Oregon, Portland, Ore.

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

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

GRACE ROSS (ex officio)
City Health Dept., Detroit, Mich.

JULIA C. STIMSON (ex officio)
50 W. 50 St., New York, N. Y.

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

ADVISORY COMMITTEE ON LEGISLATION

ELIZABETH C. BURGESS, Chairman
525 W. 120 St., New York, N. Y.

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

CLARABEL A. WHEELEER
50 W. 50 St., New York, N. Y.

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

JULIA C. STIMSON (ex officio)
50 W. 50 St., New York, N. Y.

* Members of Executive Committee.
COMMITTEE ON THE STATUS AND PROBLEMS OF THE HOSPITAL STAFF NURSE

Representing the American Nurses' Association

C. RUTH BOWER

EDNA S. NEWMAN
Saint Luke's Hospital, Cleveland, Ohio

MRS. NELLE S. PARKS
Pennsylvania State Nurses' Assn., 400 N. Third St., Harrisburg, Pa.

MRS. ALMA H. SCOTT (ex officio)
50 W. 50 St., New York, N. Y.

JULIA C. STIMSON (ex officio)
50 W. 50 St., New York, N. Y.

Representing the National League of Nursing Education

LAURA M. GRANT, Chairman
Yale University School of Nursing, New Haven, Conn.

MARGARET TRACY
610 Parnassus Ave., San Francisco, Calif.

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

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

Committee Composed of Representatives of the American Hospital Association, the National League of Nursing Education, and the American Nurses' Association

COMMITTEE ON THE COSTS OF NURSING SERVICE AND NURSING EDUCATION

BLANCHE PFEFFERKORN, Director, 50 W. 50 St., New York, N. Y.

CHARLES A. ROVETTA, Associate Director, School of Business, The University of Chicago, Chicago, Ill.

Representing the American Hospital Association

NATHANIEL W. FAXON
Massachusetts General Hospital, Boston, Mass.

ROBERT E. NEFF
State University of Iowa Hospitals, Iowa City, Iowa

C. RUFUS ROREM
18 E. Division St., Chicago, Ill.

Representing the National League of Nursing Education

NELLIE X. HAWKINSON, Chairman
The University of Chicago, Chicago, Ill.

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

ELIZABETH MELBY
Yale University School of Nursing, New Haven, Conn.

EFFIE J. TAYLOR
Yale University School of Nursing, New Haven, Conn.

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

Representing the American Nurses' Association

SUSAN C. FRANCIS
The Children's Hospital, Philadelphia, Pa.

MRS. ALMA H. SCOTT
50 W. 50 St., 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. Gretter; 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.

1910 New York, N. Y., May 16-17.
President, M. Adelaide Nutting; Secretary, M. Helena McMillan; Treasurer, Anna L. Alline.

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

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

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

1913 Atlantic City, N. J., June 23-25.
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.

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 Goosstray; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

1930 Milwaukee, Wis., June 9-14.
President, Elizabeth C. Burgess; Secretary, Stella Goosstray; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

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

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

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

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

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

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

President, Nellie X. Hawkinson; Secretary, Stella Goosstray; Treasurer, Marian R. Fleming; Executive Secretary, Claribel A. Wheeler.

1938 Kansas City, Mo., April 24-29.
President, Nellie X. Hawkinson; Secretary, Stella Goosstray; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

President, Nellie X. Hawkinson; Secretary, Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

The Organization has affiliations with

American Association of Medical Social Workers, 18 East Division Street, Chicago, Ill.
American College of Surgeons, 40 East Erie Street, Chicago, Ill.
American Council on Education, 744 Jackson Place, Washington, D. C.
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, 2 East 103 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.
Council on Medical Education and Hospitals of the American Medical Association, 535 North Dearborn Street, Chicago, Ill.
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

FORTY-FIFTH ANNUAL CONVENTION
NATIONAL LEAGUE OF NURSING EDUCATION

New Orleans, Louisiana, April 24-28, 1939

Opening Business Session

Monday, April 24, 10:00 a.m.

Presiding: Nellie X. Hawnson, R.N., President.

The opening business session of the Forty-fifth Annual Convention of the National League of Nursing Education was called to order by the President, Nellie X. Hawnson. Since the roll call indicated that representatives from all but four states were present, the President declared the convention in session.¹

REPORT OF THE SECRETARY

Following its customary procedure the newly elected Board of Directors met in Kansas City immediately following the convention on Friday, April 29, 1938. This meeting devotes itself especially to the appointment of committees. No new committees were added.

The semi-annual sessions of the Board of Directors were held in New York beginning Wednesday, January 25, 1939. The following actions of the Board will be of special interest to the members of the League. It was voted that a series of national committee meetings be held in September instead of being scattered through the year or held just prior to the Board meetings. The Board accepted the principle that there be an attempt made to decrease the number of committees by possibly combining some of them and forming more subcommittees.

It was voted that plans be studied for working more closely with the American Social Hygiene Association and the National Committee for the Prevention of Blindness on ways of securing better teaching of social hygiene and eye health in schools of nursing.

The Board approved the recommendation that the National Committee on Lay Participation be enlarged to include the chairman and one lay associate of each state committee. Other recommendations approved included the following:

"That the National League recommend to state committees on lay participation that one of the activities of their committee is to arrange for a program which would be of interest to lay groups at the time of the annual convention of the state league.

"That after state committees have been organized and functioning for some time, the next step would be to arrange for lay conference groups, as previously suggested by the Board of Directors of the National League.

¹ By-laws—Article XI, section 3—"Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention."
"That in the formation of state league committees, nurses be selected representing various sections of the state, with the view that they might be potential chairmen of local committees."

It was voted to establish a national membership campaign committee which shall be composed of a chairman and a representative from each state league, who shall serve as chairman of the state membership campaign committee in her respective state; this committee to be appointed by the Board of Directors of the League upon receiving suggestions from state leagues.

The Board adopted the recommendation of the Advisory Committee on Legislation that state nurses’ associations and state leagues of nursing education be requested not to approach other state nurses’ associations and state leagues of nursing education on matters having national implications without clearing such matters with the American Nurses’ Association and the National League for an opinion before such communications are forwarded.

Last year at the convention the Oklahoma, Virginia, and Ohio Leagues were accepted, making a total of 37 state leagues.

We honor the memory today of the following of our members who have died during the past year.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLORINDA O. ABRAHAMSON</td>
<td>May 8, 1938</td>
</tr>
<tr>
<td>ALMA BRUNK</td>
<td>July 17, 1938</td>
</tr>
<tr>
<td>SISTER M. BRIGID BROUSSARD</td>
<td>August, 1938</td>
</tr>
<tr>
<td>EDITH ROBBINS</td>
<td>September 3, 1938</td>
</tr>
<tr>
<td>I. MALINDE HAVEY</td>
<td>September 7, 1938</td>
</tr>
<tr>
<td>HELEN FALVEY</td>
<td>September 10, 1938</td>
</tr>
<tr>
<td>GRACE W. SORNBURGER</td>
<td>September 14, 1938</td>
</tr>
<tr>
<td>ELIZABETH M. GREENAN</td>
<td>September 29, 1938</td>
</tr>
<tr>
<td>SISTER MARY MAURICE DOYLE</td>
<td>October 3, 1938</td>
</tr>
<tr>
<td>RUTH F. GAMBER</td>
<td>October 21, 1938</td>
</tr>
<tr>
<td>ELLA PHILLIPS CRANDALL</td>
<td>October 24, 1938</td>
</tr>
<tr>
<td>MARY B. BETHEL</td>
<td>October 28, 1938</td>
</tr>
<tr>
<td>ELIZABETH WHITE</td>
<td>November 28, 1938</td>
</tr>
<tr>
<td>CATHERINE G. O’NEILL</td>
<td>December 6, 1938</td>
</tr>
<tr>
<td>NELLIE HOWARD</td>
<td>December 12, 1938</td>
</tr>
<tr>
<td>CAROLYN E. GRAY</td>
<td>December 29, 1938</td>
</tr>
<tr>
<td>SISTER M. FELICIAN OWENS</td>
<td>December 30, 1938</td>
</tr>
<tr>
<td>LYLIL D. EKLUND</td>
<td>January 6, 1939</td>
</tr>
<tr>
<td>BENA M. HENDERSON</td>
<td>January 25, 1939</td>
</tr>
<tr>
<td>ANNA C. MCLAUGHLIN</td>
<td>February 19, 1939</td>
</tr>
<tr>
<td>FLORENCE G. SMITH</td>
<td>March 15, 1939</td>
</tr>
<tr>
<td>JANE ELIZABETH HITCHCOCK</td>
<td>April 8, 1939</td>
</tr>
<tr>
<td>LYDIA E. ANDERSON</td>
<td>April 11, 1939</td>
</tr>
<tr>
<td>EDITH REDWINE</td>
<td>May 11, 1939</td>
</tr>
<tr>
<td>VERA S. BRANDT</td>
<td>May 14, 1939</td>
</tr>
<tr>
<td>MARY MARGARET FITZGERALD</td>
<td>May 18, 1939</td>
</tr>
<tr>
<td>HELEN MACLEAN</td>
<td>May 19, 1939</td>
</tr>
<tr>
<td>MINNIE E. HOWE</td>
<td>June 23, 1939</td>
</tr>
<tr>
<td>ANNA C. JAMME</td>
<td>July 4, 1939</td>
</tr>
<tr>
<td>IDA A. NUTTER</td>
<td>July 4, 1939</td>
</tr>
</tbody>
</table>

Respectfully submitted,

STELLA GOOSTRAY, Secretary
FINANCIAL REPORT OF THE TREASURER

MISS LUCILE PETRY, 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 of account of the National League of Nursing Education for the year ended December 31, 1938, and present herewith the following two exhibits and five schedules:

- Exhibit "A"—Statement of Financial Condition, December 31, 1938
- Exhibit "A"—Schedule "1"—Advances Received from American Nurses' Association, Inc. for Special Projects—Statement of Receipts and Disbursements for the Year Ended December 31, 1938
- Exhibit "A"—Schedule "2"—Statement of Receipts and Disbursements of the Fund for Accrediting for the Year Ended December 31, 1938
- Exhibit "A"—Schedule "3"—Statement of Receipts and Disbursements of the Fund for Research in Nursing for the Year Ended December 31, 1938
- Exhibit "A"—Schedule "4"—Statement showing Changes in the Special American Nurses' Association Fund for the Year Ended December 31, 1938
- Exhibit "B"—Statement of Income and Expenses of the General Fund and Changes in the Balance of that Fund for the Year Ended December 31, 1938
- Exhibit "B"—Schedule "1"—Statement of Headquarters Expenses for the Year Ended December 31, 1938

In connection with the foregoing I examined or tested accounting records of the corporation and other supporting evidence including confirmation of cash and securities by inspection and certificates obtained from the depositories. 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 and subject to the approximate value of the securities the accompanying two exhibits and five schedules fairly present the financial condition of the corporation at December 31, 1938, and the results of the operations for the year ended on that date.

Very truly yours,

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

New York, N. Y.
January 20, 1939

EXHIBIT A
Statement of Financial Condition December 31, 1938

Assets
Cash:
- Checking account ........................................ $6,304.94
- Savings account .......................................... 12,988.42
- Petty cash fund .......................................... 40.00

$19,333.36
Securities (at approximate market value at December 31, 1938):

$8,000 Plainfield Title & Mortgage Guaranty Co.
1st Mortgage Certificates 3% 1941-2 .................. 6,000.00 *

$5,000 Chicago Rock Island & Pacific R. R. Co.
4% 4/1/1934 ........................................ 425.00

Accounts receivable—for sales of publications .................. 6,425.00

Total Assets ........................................... $25,764.11

Liabilities

Unexpended balance December 31, 1938—on advances received from American Nurses' Association, Inc. for Special Projects, year 1938, per Schedule "1" .................. $571.51

Total Liabilities ........................................ 571.51

Net Asset Value .......................................... $25,192.60

The Net Asset Value Comprises the Following Fund Balances at December 31, 1938:

General Fund, per Exhibit "B" ................................ $7,678.29

Fund for Accrediting, per Schedule "2" .................. 3,754.33

Fund for Research in Nursing, per Schedule "3" .......... 8,895.00

Special American Nurses’ Association, per Schedule "4" 133.19

Special Fund for Advisory Groups ....................... 4,731.79 ♦

$25,192.60

EXHIBIT A—SCHEDULE 1

Advances Received from American Nurses’ Association, Inc. for Special Projects—Statement of Receipts and Disbursements for the Year Ended December 31, 1938

Unexpended Balance on Advance for year 1937 ............... $1,046.08

Receipts

Received from American Nurses’ Association, Inc. .......... $3,953.92

Total Receipts ........................................... 3,953.92

$5,000.00

Disbursements

Cost Study:
Salaries ............................................... $3,331.51
Field travel expense .................................... 348.70
Printing, mimeographing, postage, stationery, etc. .... 117.10

$3,779.31

* Approximate value at December 31, 1938, furnished by Plainfield Title and Mortgage Guaranty Co.
♦ Represents the unexpended balance of this fund as of December 31, 1936.
CONVENTION PROCEEDINGS

State Board Problems:
Special conference of State Boards $18.35
Traveling expense 81.65

100.00
Tuberculosis Study 477.56
Committee on Mental Hygiene 53.62

Total Disbursements 4,428.49

Unexpended Balance December 31, 1938, per Exhibit "A" $571.51

EXHIBIT A—SCHEDULE 2

Statement of Receipts and Disbursements of the Fund for Accrediting for the Year Ended December 31, 1938

Balance December 31, 1937 $11,079.37
Add
Transfer from Fund for carrying on Grading Committee Activities, unexpended balance December 31, 1937 895.09
Refund from Fund for Research in Nursing applicable to year 1937 2,000.00

Adjusted Balance December 31, 1937 $13,974.46

Receipts
Sale of "Schedules" $361.78
For services rendered to Committee on Administration
—(Fund for Research in Nursing) 600.00

Total Receipts $961.78

Disbursements
Salaries $7,593.78
Travel and maintenance 111.92
Survey work 2,588.20
Printing, stationery, postage, telephone, etc. 888.01

Total Disbursements 11,181.91

Unexpended Balance December 31, 1938, per Exhibit "A" $3,754.33

EXHIBIT A—SCHEDULE 3

Statement of Receipts and Disbursements of the Fund for Research in Nursing for the Year Ended December 31, 1938

Receipts
Contribution $15,000.00

Total Receipts $15,000.00
Disbursements

Salaries .................................................. $3,000.00
Salaries—Clerical assistance ......................... 191.76
Postage, supplies, stationery, etc. .................. 91.67
Travel Expense ........................................... 49.95
Consultant service ..................................... 99.00
Rent ........................................................ 62.00
Services rendered by Committee on Accrediting—
(Fund for Accrediting) ................................ 600.00
Refund of 1937 expenses:
To Fund for Accrediting ............................... $2,000.00
To General Fund ........................................... 10.62

Total Disbursements .................................... 2,010.62

Unexpended Balance December 31, 1938, per Exhibit "A" ............... $8,895.00

EXHIBIT A—SCHEDULE 4

Statement Showing Changes in the Special American Nurses’ Association
Fund for the Year Ended December 31, 1938

Unexpended Balance December 31, 1937 ........................................... $171.34

Disbursements

Travel expense ............................................. 38.15

Unexpended Balance December 31, 1938, per Exhibit "A" .................. $133.19

EXHIBIT B

Statement of Income and Expenses of General Fund and Changes in the
Balance of that Fund for the Year Ended December 31, 1938

Income

Membership dues
State ....................................................... $14,317.00
Individual ................................................. 1,858.00

Contribution .................................................. 309.47
Interest from investments .............................. 240.00
Interest from savings accounts ....................... 256.46
Convention registration fees ......................... 596.37
Fees for services—Department of Studies .......... 50.00
Royalties ..................................................... 19.80
Honorary to Executive Secretary .................... 35.00
Share of net receipts—Biennial convention exhibit .. 2,794.81
Biennial convention program advertising .......... 12.75

Sales of:
Publications ............................................. $2,950.22
Photographs ............................................... 152.80
Record forms .............................................. 4,116.04
Guide for Use of League Records ................... 594.75
Slides ...................................................... 411.00
State league supplies .................................. 77.22
Curriculum ................................................... 4,235.83

Total Income .............................................. 12,537.86

$33,027.52
Expenses

Officers and Board of Directors’ expenses .......................... $692.18
President’s travel expenses ........................................... 159.25
Executive Secretary’s travel expenses ............................... 201.84
Printing Annual Report ............................................... 2,862.53
Stationery .............................................................. 112.96
For Nursing Information Bureau expense ............................ 300.00
Auditing ................................................................. 150.00
Exhibits ..................................................................... 138.94
Department of Studies:
Cost Study
Salaries ................................................................. $3,331.51
Field travel expense ..................................................... 348.72
Stationery, printing, mimeo-
graphing, postage, etc ........................................... 117.09

$3,797.32

Other Activities
Salary ................................................................. 820.00

4,617.32

Committees:
Joint Community Nursing Service .................................. $670.92
Care of the Child ..................................................... 21.82
Curriculum ............................................................. 53.94
Finance ................................................................. 28.20
Headquarters ............................................................ 59.42
Lay Participation ....................................................... 36.97
Membership .................................................................. 4.10
Records ..................................................................... 5.20
Studies ..................................................................... 46.18
Joint Committee on Relationship of
Graduate Nurse ....................................................... 8.00

$934.75

Convention Expense:
Officers expenses ....................................................... $603.67
Programs and speakers ............................................... 13.47
Reprinting reports ...................................................... 87.20
Reporting convention ................................................. 77.44
Miscellaneous ........................................................... 70.47

852.25

Printing and other expenses of publication, etc. for resale:
Photographs .............................................................. $126.50
Slides ........................................................................ 294.04
Reprinting record forms ........................................... 1,619.98
Printing new record forms ........................................ 2,277.21
State league supplies ............................................... 81.10
Sundry League publications ......................................... 1,183.65
Publication of Curriculum .......................................... 1,943.95

7,526.43

Miscellaneous .............................................................. 74.49
Headquarters Expenses, per Schedule “T” ...................... 18,075.95

18,150.44

Total Expenses .......................................................... $36,969.89

Excess of Expenses over Income .................................. $3,669.37
Balance of General Fund December 31, 1937 ........ $10,951.20

Add

Transferred from Special Reserve Fund—Unexpended
balance December 31, 1937 .......... 382.61
Refund on 1937 expense—Fund for Research in
Nursing .......... 10.62
Payment received on account of check returned year
1932 .......... 3.23

11,347.66

Balance December 31, 1938, per Exhibit "A" .......... $7,678.29

EXHIBIT B—SCHEDULE 1

Statement of Headquarters Expenses for the Year Ended
December 31, 1938

Headquarters Expenses

General
Salaries .......... $11,019.45
Rent .......... 2,379.90
Special office care .......... 34.20
Telephone .......... 370.62
Telegrams .......... 72.40
Supplies .......... 251.70
Shipping service .......... 685.63
Postage and express charges .......... 1,889.19
Mimeographing and multigraphing .......... 349.27
Extra stenographic service .......... 485.50
Miscellaneous .......... 154.80
Library service .......... 150.00
Entertainment .......... 27.70
Insurance .......... 62.21
Reference books and reports .......... 5.92
Equipment .......... 59.00
Share of cost of adding door to conference room .......... 36.67
Improvement of reception room and cloak room .......... 59.79

Total Headquarters Expenses, per Exhibit "B" .......... $18,073.95

Respectfully submitted,

LUCILE PETRY, Treasurer

THE REPORT OF THE EXECUTIVE SECRETARY

The Executive Secretary of the National League of Nursing Education has
the honor to present herewith a report of the activities at Headquarters since
the annual convention in Kansas City in April, 1938.

INTRODUCTION

Each year we report to you that our national nursing organizations are
slowly moving forward in their efforts to keep up with the changing con-
ditions in society as they affect nurses and nursing. It is, however, becom-
ing increasingly difficult for these organizations, as well as those representing other groups, to make progress in a period when events follow one another so swiftly that any forward steps seem but a marking of time, and criticisms are frequently heard that the national nursing organizations are not keeping up with the bandwagon and making the progress they should make. Such criticisms prompt one to ask if some nurses are perhaps not expecting too much of the national organizations as organizations? John Morley has pointed out that “To think of progress as a certainty is superstitious—the most splendid and animated of all superstitions, if you like, yet a superstition still. It is a kind of fatalism—radiant, confident, and indefinitely hopeful, yet fatalism still, and like fatalism in all its other forms, inevitably dangerous to the effective sense of individual responsibility.” Those who criticize should remind themselves that no organization can be stronger than those who make up its membership. The national organizations should supply leadership, of course, but there will be no progress unless each member of the organizations recognizes her individual responsibility.

We will all agree, I believe, that the National League of Nursing Education is attempting to give leadership in those things which pertain to nursing education. We are none of us satisfied with the results accomplished—in fact we are frequently discouraged because we work so hard and then seemingly have so little to show for our efforts. And one of the reasons for our failure to reach our goals more rapidly is that many in our profession are either uninformed or indifferent, and success and progress in any organization are in direct proportion to the enthusiasm and enlightenment of its members. If there are some who are not enthusiastic, we need to ask ourselves why not? Are we moving in the right direction, aware of the needs of our members and directing our efforts towards fulfilling them? Have our past accomplishments been effective and worth while? Is our present program a sound, vital, and growing one? Your present Executive Secretary has been with you for seven years and it would seem a good time to take stock, to look back to 1932 and see what our major problems have been and if and how they have been solved.

The Organization

First, let us look at the League as an organization. In 1932, we had 2,870 members and 31 state branches—state leagues. We now have 5,150 members (this is for 1938 since we do not yet know what our membership will be this year) and with the two new leagues just accepted, we have 39 leagues.

At the 1932 biennial convention in San Antonio, by common agreement of the American Nurses’ Association and the National League of Nursing Education, the League began to function as the Department of Education of the American Nurses’ Association. Later a similar relationship was recommended by both organizations for their state organizations. This closer relationship has made for greater strength; it has prevented duplication and overlapping of functions; it has brought the two organizations into greater
harmony of purpose and action, and is an example that might well be followed in the states to their advantage.

In 1932 the Department of Studies was organized with Miss Blanche Pfefferkorn as Director. One has only to read some of the numerous studies which have been made by this Department to appreciate its value to the profession. It has brought prestige to the League and fulfilled many needs.

In 1932 also a Committee on Functions was appointed which presented a report at the 1933 convention clearly outlining the functions of the organization.

During the past seven years our relationships with our state leagues have become stronger and our work more closely integrated. This has been accomplished by (1) more frequent communications with state league presidents and other officers; (2) by the formation of state committees similar to national committees through which the program of the national committees can be extended. The committees on curriculum, state board problems, mental hygiene and psychiatric nursing, and care of the child have been particularly active in this respect.

Activities Resulting from Recommendations of the Committee on the Grading of Nursing Schools

1. Revision of the curriculum. Seven years ago the Committee on the Grading of Nursing Schools was nearing the end of its study and preparing to make its recommendations. When completed the study showed a need for the revision of the curriculum and the League accordingly set to work. The new curriculum was published in 1937 and to date over 5,200 copies have been sold. This would indicate that a real need has been met by the publication of this book.

2. The cost study. Another outstanding need of nursing schools brought forth by the Grading Committee was the need for a cost accounting system which would distinguish between the cost of nursing service and nursing education and make possible valid comparisons of the costs in one institution with those of another. The need was again brought to light in the preparation of the Manual of Essentials of Good Hospital Nursing Service by the League and the American Hospital Association. Two years ago these two organizations, with the assistance of the American Nurses' Association, began a study of costs. Those of you who are fortunate enough to be present at the session on costs being held at this convention will discover how effectively this need has been met.

3. Accrediting of nursing schools. In the final recommendations of the Committee on the Grading of Nursing Schools this statement appeared, "It suggests a series of steps by which the average hospital school may gradually raise its standards toward the professional level, a task which should be accomplished with the leadership of the National League of Nursing Education." We are now, as you know, well launched in the accrediting program and from the enthusiastic reception of the secretaries, it would seem that again a need was being met.
Administration in Schools of Nursing

When the study of the curriculum was being carried on, it was found that there was little written on the accepted practice and policies of nursing school administration. It was also discovered that if schools are to function properly, some of the administrative problems now existing must be solved. Fortunately, through a friend of nursing, this study, so fundamental to all else in nursing education, is now well under way.

Work with State Boards of Nurse Examiners

In 1931 the Board of Directors of the American Nurses’ Association voted that the activities of the Legislative Section be restricted to legislative matters and that all questions pertaining to the conduct of nursing schools be left to the National League of Nursing Education. Up to this time the League had not had any official contact with the state boards of nurse examiners.

To carry on this work, a national committee on state board problems, consisting of representatives from state boards, was appointed, and later it was recommended that similar committees be formed by state leagues. Since that time conferences for state board members have been sponsored at each annual convention of the League, and according to reports from the state board members, these conferences have been most helpful to them. They have also assisted in raising the minimum requirements in nursing education in some of the states.

A Joint Advisory Committee on Legislation of the ANA and the League has been formed. This committee gives assistance and advice to states contemplating changes in their nurse practice acts. During the past two years particularly, the committee has been called into consultation many times.

Activities in Mental Hygiene and Psychiatric Nursing

In 1934 the American Nurses’ Association gave up its Section on Mental Hygiene, believing that the activities of the section were mostly educational in nature and therefore logically functions of the League. A national committee was then formed by the League to take over those activities. Now we have 24 state committees on mental hygiene and psychiatric nursing working with the national committee. The annual report of this committee records the work and accomplishments of both the national and state committees.

Work with Lay Groups

In 1932 we were beginning to discuss how we could best work with lay groups. It was recognized that some of the problems in nursing education could only be solved by bringing in to our meetings members of school committees and others interested in and responsible for nursing schools. This idea is being realized through the national committee on lay participation which is working with 11 state committees.
Work with Other National Nursing Organizations

1. *Subsidiary workers in nursing services.* In 1933 the League, recognizing the dangers to the public in the use of large groups of unprepared people for caring for the sick without supervision or state control, appointed a committee to study subsidiary workers in nursing services. This committee was composed of representatives of the three national nursing organizations. After a study of the situation, the committee presented a report with the following recommendations:

"a. It requests that the National League of Nursing Education support the principle that all persons who nurse for hire should be licensed,

"b. That it disapprove the opening of schools for the training of subsidiary workers until control of nursing practice is secured,

"c. That it believes the term 'nursing aide' more desirable than that of 'practical nurse.'"

Although accepted by the league, these conclusions did not meet with the approval of some of the members of the three national nursing organizations. The committee was therefore discontinued, and a joint committee of the three national nursing organizations appointed to outline the principles and policies for the control of subsidiary workers in nursing services. The Boards of Directors of the three organizations have accepted the policy of licensing all who nurse the sick for hire. A tentative list of duties and the type of supervision needed for ward helpers and orderlies in hospitals and for those working independently in homes have been outlined by the committee. Here is one instance in which the three national nursing organizations have not been able to keep ahead of changing conditions. The situation is now so serious in several states where short courses have sprung up and no legislative control provided that it is going to be much more difficult and will take more time to remedy the situation than it would have taken had an attempt been made to prevent these evils from developing.

2. *Community nursing service.* The Joint Committee on Community Nursing Service, formed in 1934, embarked on one of the most important and altruistic ventures in the history of the three organizations. With the rapid developments in social and health movements sponsored by our government it is most important that nursing have its rightful place. If every community had a nursing council, such as that recommended by this committee, nursing could not be left out of the picture. In the light of these developments, the project deserves the wholehearted support of the profession. It will be nothing less than a tragedy if funds are not found to carry on this program.

The National Organization for Public Health Nursing and the League

The NOPHN and the League have continued to work very closely together during these seven years in an effort to improve the undergraduate preparation of nurses as it relates to the social, preventive, and health aspects of nursing. This work has been accomplished through committee activities.
Work with Other National Organizations

In the seven years that have passed the League has made many important contacts. We are actually working with the American Hospital Association, the American Psychiatric Association, the American Medical Association, the American College of Surgeons, the American Social Hygiene Association, the National Tuberculosis Association, and other national groups interested in the health and welfare of society. That fact alone gives us some sense of satisfaction.

Publications and Records

During these seven years we have published many helpful publications for the use of our members and for the guidance of schools of nursing. Among these are A Curriculum Guide for Schools of Nursing, the Essentials of a Good School of Nursing, the Manual of Essentials of Good Hospital Nursing Service, the Nursing School Faculty, the League record forms, the Library Handbook for Schools of Nursing, and the Basic Book List.

What Is Progress?

At the twenty-ninth convention of the League Miss Nutting gave a paper entitled Thirty Years of Progress. In it she asked "What is progress? Is it the kind of improvement which can be measured by statistics, or is it a spiritual thing? In trying to show some ways in which nursing has grown to its present stature, I do so with no certainty as to how far such growth is evidence of real progress." Our answer to the question is the same today. We are also too near events to be able to properly evaluate them. Future generations of nurses will have a much better answer to our question, "What is progress?"

However, it seems to us from this brief review that the League's program has been designed to meet real needs and that its accomplishments are commendable ones. They certainly represent a tremendous amount of individual effort on the part of the officers, committees, and members who have given so generously of their time and strength to League activities. Their efforts have fashioned the fabric of the past from which we turn now to the present and to the activities of the preceding year.

The Activities of 1938

Work at Headquarters

The load of work in our Headquarters office steadily increases as the years pass. It has now reached such proportions that it is not being handled properly or to the satisfaction of the staff members. This increase in work is due to the following causes:

1. A greater volume of correspondence. This requires more and more time on the part of both the Executive Secretary and the office staff.

2. A greater number of orders for publications and records. This requires more time in clerical work for selecting materials, mailing, billing, and bookkeeping.
3. A larger membership. Over 500 new members required handling 500 more membership cards and handling the dues for them.

4. A greater number of telephone calls. Some days the telephone rings constantly. The office secretary, who already has her hands full, must answer it.

5. A greater number of visitors to Headquarters. As the League becomes better known and its facilities are more widely used, we have more and more visitors coming to the office for conferences, advice, publications, or just to visit their National Headquarters. These visitors take more and more time on the part of the staff.

6. A greater number of activities and projects. Every new activity requires more time on the part of the Executive Secretary and the office staff. Despite the increase in work, we have not increased the workers. With the exception of a secretary for Miss Quecruo, only one new office assistant has been added to the general staff in the seven years.

There is no time to prepare materials which would be time savers, if we had them—such as reading lists, bibliographies, etc. We need a cumulative index to the League Reports to save time in looking up references. The office needs more reference material than it has at the present time. We need better filing facilities and a better filing system.

A national convention each year means a tremendous amount of work and we are always either preparing for one or recovering from the effects of the last one. And after each convention comes the publication of the Annual Report which takes a great deal of time.

The office manual giving the duties and routines of the Executive Secretary and the members of the office staff, and the procedure to be followed for conventions, has been revised and retyped.

Following is an analysis of the mail received and sent out from the Headquarters' office during 1938:

**Incoming mail**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational</td>
<td>8,918</td>
</tr>
<tr>
<td>Publications, dues, etc.</td>
<td>7,812</td>
</tr>
<tr>
<td>Department of Studies</td>
<td>854</td>
</tr>
<tr>
<td>Committee on Accrediting</td>
<td>717</td>
</tr>
</tbody>
</table>

**Outgoing mail**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational</td>
<td>5,546</td>
</tr>
<tr>
<td>Publications, dues, etc.</td>
<td>11,543</td>
</tr>
<tr>
<td>Form letters</td>
<td>7,945</td>
</tr>
<tr>
<td>Department of Studies</td>
<td>1,286</td>
</tr>
<tr>
<td>Committee on Accrediting</td>
<td>1,072</td>
</tr>
</tbody>
</table>

**Committee Meetings and Conferences**

In making a rough estimate of committee meetings it was found that the Executive Secretary attended over 90 committee meetings during the past year. These included 25 League committee meetings, 18 joint committee meetings of the three national nursing organizations, and the remainder, committee meetings of one of the other organizations or of the Headquarters
group. These meetings were exclusive of general staff conferences of the
three national nursing organizations.

Much of the clerical work of the committees, such as calling meetings and
typing minutes and reports, has been done as usual in the Headquarters
office.

No attempt has been made to record the number of conferences, inter-
views, or visits to the office. Interviews with visitors who come seeking ad-
vice, though extremely time-consuming, are, however, often productive. A
few days ago a letter came to us from a hospital superintendent thanking us
for the kindness shown and assistance given to the principal of his school.
He said "I believe that your suggestions will help to raise the educational
standards of our school of nursing and sincerely hope that you will visit this
hospital whenever you are in this vicinity."

Personnel

Miss Ella Taylor, who spent 89 per cent of her time in 1938 in the De-
partment of Studies, has now been transferred to that department on full
time.

Miss Elizabeth Pierce, Secretary of the Committee to Study Administration
in Schools of Nursing, has occupied Miss Quereau's office while she has been
in the field. We have now been able to secure an office for the Committee
on Administration from the National Committee for Mental Hygiene.

Student Enrollment

This fall we again sent out postcards to determine the enrollment of stu-
dents and general staff nurses. The returns show that there has been a slight
decrease in the number of schools yearly, with an increase in the number of
students. On January 1, 1939, there were 1,472 schools meeting minimum
requirements set by law, and 67,533 students enrolled in them. On Janu-
ary 1, 1938, there were 1,349 schools, and 74,305 students enrolled. These
figures with diagrams appeared in the February American Journal of Nursing.

The data on general staff nurses employed in these hospitals were secured
but have not been tabulated as yet.

History of Nursing Slides

As a result of the work of a committee of the History of Nursing Society
of New York we have added 80 slides to the set on the History of American
Nursing. This gives us a set of 145 slides, which are in great demand.

New Films

Warner Brothers has very generously presented to the League copies of
the two films, The White Angel and Louis Pasteur. These are nine-reel,
35 mm. sound films. They can be rented from Headquarters for $10 plus
express charges. These films are inflammable and they must be shown in
accordance with the fire laws of the cities and towns where they are exhib-
ited. No admission charge may be made in connection with showing them.
Dr. Barry G. King, Department of Physiology of the College of Physicians and Surgeons, Columbia University, was good enough to add to our collection by presenting the League with three one-reel, 16 mm. sound films—The Heart and Circulation, Reproduction Among Mammals, and the Alimentary Tract. These excellent teaching films may be rented at $2 each, plus postage.

Work with State Leagues

We have continued to have the usual correspondence with state leagues, sending them letters from time to time during the year. Our state league officers frequently write the Headquarters office for advice regarding league activities and problems and we are always happy to hear from them and give them what assistance we can. It is a satisfaction to see how many state committees have been formed to work with corresponding national committees. Two new state leagues have been formed, one in Alabama and one in West Virginia.

Field Work

Following the biennial convention in Kansas City, the Executive Secretary was invited to give papers at the spring conventions in Connecticut, Vermont, and Virginia. Talks on the program and activities of the League were accordingly given in these states. During the autumn she attended the conventions of the New York, Tennessee, and Florida State Leagues, and the convention of the South Carolina State Nurses' Association.

With the permission of the Headquarters Committee, a week between the South Carolina and the Florida conventions was spent visiting schools and local groups in six different cities—Charlotte and Raleigh, North Carolina; Columbia and Charleston, South Carolina; and Jacksonville and Orlando, Florida. The responses to the letters to our members in these states suggesting a visit were most cordial and everywhere the nurses seemed eager to hear of the work of the League and to know how they could participate in it. Arrangements were made usually for evening meetings so that graduates and students from the various hospitals in the town could attend. Some of the nurses drove long distances to attend the meetings.

In Orlando they have quite an active local league. A dinner meeting of the League members had been arranged besides talks for one student group and a smaller group of students and graduates. It was encouraging to find so much interest in the League demonstrated and such appreciation for the visit of a representative from Headquarters. After an address to a student group in Orlando, one of the students arose and expressed the appreciation of the student group, asking that the Board of Directors of the League be thanked for the opportunity afforded them.

The Executive Secretary gave a lecture on the League at Boston University in November.

In January she was invited to Scranton, Pennsylvania, to talk to the school committee at the Hahnemann Hospital. The meeting included the hospital
trustees as well as committee members. The district league, including Scranton and vicinity, had arranged a dinner meeting that evening at the Mercy Hospital. It is a very active local league with a well-planned program. A large number of Sisters were in attendance at the dinner.

The value of these contacts is very important if we are to win friends for the League and make the state and local groups feel that they are actually branches of the parent organization.

Exhibits

The League had an exhibit with the American Nurses' Association at the convention of the American Hospital Association in Dallas, Texas, in September. Miss Pfefferkorn, who presented a paper on costs at this convention, also took charge of the exhibit which consisted of charts, made in connection with the Illness Study, and the regular League publications.

We have continued to send out convention folders to the state meetings, although last fall many of them were mysteriously spirited away. It is questionable whether we can continue this practice except where a Journal representative is in charge.

The League as the Department of Education of the ANA

The League, functioning as the Department of Education of the American Nurses' Association, has continued work on the projects of the preceding year, namely:

1. Activities with state boards of nurse examiners.
2. Activities in mental hygiene and psychiatric nursing.
3. Activities connected with the study of costs of nursing service and nursing education.
4. Activities connected with the study of tuberculosis nursing.

Since all these activities with the exception of the tuberculosis study are fully reported by the Director of Studies and the chairmen of the committees under which they are carried on, they will not be enlarged upon in this report.

The tuberculosis study was sponsored by a Joint Committee of the National Tuberculosis Association, the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing. The budget was provided by the National Tuberculosis Association and the American Nurses' Association. The contribution of the League was the direction and preparation of the study, by Miss Blanche Pfefferkorn, which required six weeks. Miss Esta McNett of the Lowman Memorial Pavilion, the tuberculosis division of the Cleveland City Hospital, was engaged to assist with the study. She carried on the field work and gave help in interpreting the findings. The report of this study was presented in the September, 1938, American Journal of Nursing.

The Nursing Information Bureau of the American Nurses' Association has been generous in giving the League activities space in the Bulletin. The Bureau is handling the publicity for the League in connection with the convention.
As the years pass, we realize how fortunate we are in having such a splendid official organ as the American Journal of Nursing which is constantly seeking new ways of serving our needs.

Activities with Other Organizations

We are continuing to work as closely as possible with the other organizations of the National Health Council. The appointment of Miss Eleanor W. Mumford of the National Society for the Prevention of Blindness as a member of the Curriculum Committee will greatly strengthen our relationship with that organization.

The League is an associate member of the American Council on Education, and Dr. Earl J. McGrath, Research Associate of that organization, appears on our program at this convention.

As an organization member of the American Committee on Maternal Welfare we are cooperating with them in arranging for the Congress on Obstetrics and Gynecology to be held in Cleveland in September. Miss Georgia Hukill, our official representative on the committee, is serving on a subcommittee on exhibits, and Miss Verda Hickcox is a member of the program committee.

Contributions from State and District Associations

Special mention should be made of some of the organizations which send us yearly contributions. The State Nurses' Association of Arizona has sent us a yearly contribution since 1935 of 15 cents per capita of their membership. The Rhode Island State Nurses' Association, the Washington League of Nursing Education, and Districts Three and Five of the Massachusetts State Nurses' Association are among our yearly contributors. One alumna association—the Massachusetts General Hospital Alumnae Association—also makes a contribution yearly. We are deeply indebted to these organizations not only for their generosity but especially for their continued interest in our work.

In closing this report may I express my appreciation of the fine support and consideration given me by the officers and directors of the League. I deem it a privilege to serve them and our members throughout the states.

Respectfully submitted,

CLARIBEL A. WHEELER, Executive Secretary

REPORT ON THE STUDY OF THE COSTS OF NURSING SERVICE AND NURSING EDUCATION

The major part of the time of the Director of Studies and two other workers assisting in the Department of Studies has been given to the various projects concerned with the Cost Study. One hundred and forty-eight days were spent in the field gathering Cost Study data.
NURSING ASPECT OF THE COST STUDY

The nursing aspect of the Cost Study project includes:

1. The Illness Study

This study was completed and published in July. The report represents, as far as is known, the most comprehensive study on the subject which has been made. Two hundred and twenty-three schools participated in the study and sent in monthly questionnaires for twelve months. The average number of students in the schools was 17,364; the average number of general staff nurses, 8,794. Two hundred and fourteen copies of the report were sold up to January 1, 1939. The American Hospital Association also sent the report to each of its members.

Probably one of the most valuable sections of the illness study for schools of nursing is that part suggesting a form for keeping the illness record and describing a method for computing the yearly illness of students. The same form, with some revision, can be used for graduates. The necessary revision is indicated in the report.

2. The Twelve-month In-patient Nursing Service Study

This is a study carried on in fourteen hospitals covering a twelve-month period in each hospital. About three months were spent in the development of method, preparation of forms, and in trying out the workability of methods and forms both in the office and in the field. The plan provided for the collection of data from each hospital for seven consecutive days on approximately the same dates every other month for one year, or for 42 sampling days. The computation and tabulation of this information have occupied a considerable part of the year of Miss Taylor and Miss Jenks. In the fourteen hospitals, there was a total of 316 ward units, 27 operating rooms, and 17 milk laboratories. One form for each of these units for six periods equals a total of 2,160 forms. Each form includes entries for seven days, covering for each day from ten to fourteen items. From these raw figures, measures will be evolved for evaluating financial costs of nursing service in terms of the quality of nursing rendered. The method employed in this study for collecting the material has made it comparatively simple for the institutions to record their data and, at the same time, reduced for them the likelihood of error. However, it added measurably to the office work involved.

The fourteen hospitals providing a field for the above study included twelve general and two children's hospitals. In the original plan for the Cost Study, it was proposed to develop nursing measures for psychiatric hospitals as well as those for general and children's institutions. Up to the present time, no studies have been made of psychiatric nursing activities.

3. The Effectiveness Study

The original purpose of this study was to evolve a norm which might be applied to any hospital for determining the financial value of student service or, stated otherwise, the percentage value of student hours in terms of graduate hours. As the study proceeded, it became increasingly evident that it
was not possible and, moreover, not desirable to set up such a norm. An analysis of the data has shown fifteen different factors relating to the educational program of the school and the administrative policies of the hospital that affect the value of student service to the hospital. From the standpoint of the Cost Study, the importance of the Effectiveness Study is that

- The study disclosed that the value of student service in terms of graduate service varies among different institutions and among different departments in the same institution
- A method has been developed for computing the financial value of student service in terms of graduate service in individual hospitals
- The method is such that the findings in one institution can be compared with the findings in another.

The work on the Effectiveness Study was begun in November, 1937, in finding out what information was available on the subject and in trying out methods. The collection of data from sixteen hospitals was completed on October 20, 1938.

4. The Study Dealing with the Percentage of Total Time Given to Nursing Service and Nursing Education by Personnel Functioning in Both Activities

For the purposes of a scientific cost analysis, an estimated apportionment of the time of such personnel is unsatisfactory. The effect of error in the estimate on the total cost findings will depend on (a) the size of the salary which the worker receives, and (b) the number of workers of a particular type employed in the institution. The superintendent of nurses who also functions as the principal of the school is the highest-paid member of the nursing staff. However, an error in the apportionment of her salary will not affect the cost findings to the same extent as an error in the apportionment of the salary of the head nurses. For this reason, activity analyses were made on head nurses and supervisors in those hospitals where cost analyses were carried on. Had the necessary time been available, similar studies would have been made of the activities of all the personnel functioning both in the nursing school and the nursing service.

5. The Check List for Evaluating the Financial Value and Content of a Nursing School Library

A check list for evaluating the financial value and content of a nursing school library was prepared. The check list includes all books given in the Curriculum Guide for Schools of Nursing and the Basic Book List with the following items for each book: author, title, edition, publisher, date, and list price as given in the Basic Book List or in the Cumulative Book Index. It also includes a list of periodicals indicated as "first purchase" in A Library Handbook for Schools of Nursing.

6. The Out-patient Nursing Service Study

It will be recalled that the original plan submitted to the Joint Committee on Costs proposed a study of the out-patient nursing service that would pro-
vide findings similar to those of the In-patient Study. Observation made during the try-out period disclosed wide differences in out-patient nursing practices in different hospitals. For example, the nursing time provided per patient in four medical pediatric clinics ranged from 7 to 36 minutes; in three general medical clinics, 5 to 39 minutes; and in three gynecological and obstetric clinics, 23 to 42 minutes. When these findings were reported to the executive committee of the Cost Study Committee, it was agreed that an analysis of the nursing content and functions of the nursing service workers should be made concurrently with the collection of statistical data in the out-patient department and that the out-patient aspect should be deferred until the in-patient phase had been launched. It has not been possible to resume the out-patient study up to the present time.

7. The Development of New Methods

A bureau of research or, as our organization has more modestly called the undertaking, a department of studies, may operate in two ways. Its program may be such that only those types of studies are made that require the use of tested techniques. Or its schedule may include projects that necessitate the development of new methods or techniques. The inclusion of the second type of project implies growth and development for the department and, what is exceedingly important for service organizations such as the national nursing associations, a new kind of tool or assistance for the field.

The Cost Study has provided the second opportunity. Since one of the basic aims of the study is to find out the dollar and cents value to the hospital of student service, we have been compelled to develop a technique with which we could determine this value and which would satisfy us as to the validity of its use and the reliability of the findings.

8. The Hospitals in the Study

The major premise in the selection of hospitals included in the above described nursing studies is that good practice prevails. In the Twelve-month Nursing Service Study, other conditions were essential, such as segregation of patients according to service in ward accommodations and the presence of certain services. Attention was given to geographical distribution as far as possible.

The total number of hospitals with which correspondence has been carried on to find out whether they offered the proper field is 35; the total number that have participated in one or other of the nursing studies is 24.

ACCOUNTING ASPECT OF THE COST STUDY

On November 19, 1938, an all-day meeting of the Joint Committee on the Costs of Nursing Service and Nursing Education was held. At this meeting, Mr. Rovetta, Associate Director of the Cost Study, submitted a 51-page plan dealing with the principles and procedures for computing nursing education and nursing service costs. At the same time, Mr. Rovetta told
the committee that he had secured a three-month leave of absence, beginning January 1, 1939, from the University of Chicago to work on the Cost Study.

PROGRAM OF WORK FOR COMPLETING THE STUDY

The plan agreed upon by the Joint Committee at the November 19 meeting was

1. To secure the cooperation of a few hospitals in order
   a. To test out its procedure for computing the costs of nursing service and
      nursing education
   b. To include in the final report actual figures illustrating and setting forth
      the main features of the procedure, without disclosing the identity of the
      hospitals from which these figures were obtained

2. To include in one report both the nursing and the accounting aspects of the study

3. To have the report ready for printing in the late spring.

Three institutions were invited to cooperate with the Joint Committee by providing the necessary testing field. All three cordially responded and accepted the committee’s invitation. The Director and Associate Director spent from eight to twelve days in each of these hospitals during January and February. The preparation of the report is well under way, and it will probably be available sometime during the late summer.

Respectfully submitted,

BLANCHE PFEFFERKORN, Director of Study

REPORT OF THE SECRETARY OF THE COMMITTEE ON ACCREDITING

The chief activity of the Committee on Accrediting during the past year has been the study of 51 selected schools of nursing in different parts of the United States. Field work began in March, 1938, and was completed in March, 1939.

The purpose of this study was to accumulate data from good schools of nursing as a basis for the formulation of criteria for accrediting. Before starting this field work purposes and policies were defined and questionnaire material prepared upon which the necessary data were obtained. In all of this work constant emphasis has been placed upon the main objective of the National League of Nursing Education which is "to stimulate through accrediting practices the general improvement of nursing education and nursing practice in the United States." The principles set forth by other League committees concerning the essential elements which should be found in a good school of nursing have also been borne in mind and the approval of the committee and consultants obtained on this material.

In the selection of these schools each geographical division of the country was given approximately the same representation. All of the common types of control were included. A few schools offering degree courses were studied as well as some that accept or send students for affiliation, others
that offer courses to male or colored students. General recognition as a good school was the only common factor.

The two secretaries have visited all schools and have spent three to five days making observations and securing the data requested on schedules.

Throughout the country the secretaries have been received cordially and with the expressed conviction that accrediting by the National League of Nursing Education is much desired. Many have stated at the end of the survey "that it has been a stimulating experience" and that much help has been obtained. The secretaries have attempted, wherever receptiveness to new ideas was welcomed, to give as much help as possible. In other words, fact-finding has been combined with qualitative evaluations and suggestions.

While visiting in the different cities many invitations have been extended to the secretaries to address groups of persons interested in the accrediting project. Some of the larger meetings have been conducted by local leagues and joint councils on nursing, but faculty and student groups have often been addressed and special meetings held with boards of trustees and school committees. Keen interest in accrediting has always been expressed and many searching questions asked.

Releases of news items have been submitted to and published by the American Journal of Nursing, Hospitals, Modern Hospital, Hospital Progress, Church Hospital Journal, and the Journal of the American Medical Association. Through these channels the country has been kept informed concerning each new development.

The cooperation of state leagues and boards of examiners was solicited in the following manner. A full set of the schedules was sent to the president of each state league for the purpose of study by special groups. The suggestion was made that the committee on state board problems or members of the board of examiners share in the critical examination of this material. A few states have submitted reports of the studies made of the schedules. These reports contain many excellent suggestions which will be taken into consideration in revising the schedules for future use. The time and interest of state committees is much appreciated.

Expenditures have been watched closely during the past year and effort will be made to give the best possible service to schools at the lowest possible cost.

During the next few months the secretaries will devote their entire time to analysis of the data accumulated. A scoring plan will probably be developed as a tool in evaluating the characteristics of schools that apply for accreditation. At the same time a manual of instructions to visitors must be prepared and the schedules revised.

Before any of this material can be used, sufficient time must be allowed for discussion, criticism, and further revision of it by committee members and consultants.

The plan of procedure concerning the handling of applications must be carefully developed and arrangement made to permit visitation of the school within a reasonable period. On the other hand, to locate and prepare an
adequate personnel for field work will require time. There appears to be ample justification for belief that the number of applications from schools for accreditation will be large, but the employment of field workers, before the number of schools to be surveyed is known, would involve an expenditure which might be entirely unwarranted. Also to plunge immediately into the surveying of a large number of schools by workers unskilled in collecting data and making observations would probably result in dissatisfaction and unsound procedure. The launching of this project presents many problems, only a few of which are mentioned here. Assurance can be given, however, that every effort will be made to act promptly upon applications.

Attitudes noted in the field would indicate that the committee should go forward as rapidly as the mechanics of accrediting can be developed and at the same time assure the success of the project.

Respectfully submitted,

CLARA QUEREAU, Secretary

ADDRESS OF THE PRESIDENT

NELLIE X. HAWKINSON, R.N.

Forty-five years ago, on January 10, 1894, forty-four superintendents of nurses met in New York City for the first annual meeting of this association. Banded together for the purpose of "furthering the best interests of the nursing profession by establishing and maintaining a universal standard of training and by promoting fellowship among its members by meetings, papers, and discussion on nursing subjects and interchange of opinions," this small group of earnest and devoted women laid the cornerstone of organized effort in the field of nursing. They were pioneers in a new undertaking—the task of bringing about improvement in nursing and in nursing education through the cooperative effort of an organized group of professional women concerned with educational problems in nursing—and, like all pioneers, in the work which they established they prepared the way for those who were to follow—prepared the way for us whose privilege and responsibility it now is to build well on the foundation which they laid and to lend our support to the maintenance and development of high standards of professional service.

It seems fitting that on the occasion of this, our forty-fifth annual meeting, we should again pay tribute to our founders and to those who labored with them during the early years of our history. We owe them a profound debt of gratitude for the clarity of their vision, the soundness of their thinking, their courageous and vigorous action, and their great and unselfish devotion to the cause of nursing and nursing education.

At this time, it seems particularly appropriate to mention also that this year marks the fortieth anniversary of the establishment of the Division of Nursing Education, Teachers College, Columbia University. I am sure every member of the League will recall that it was in 1898 that the American Society of Superintendents of Training Schools appointed a committee to
consider ways and means of securing advanced training for those graduate nurses who wished to prepare themselves for administrative and educational work in hospitals and schools of nursing. Mrs. Robb was made chairman of the committee and serving as members with her were Miss Nutting, Miss Banfield, Miss Walker, Miss Davis, and Miss Richards. The committee found in the newly organized Teachers College of Columbia University the most promising opportunities for the development of the type of work they had in mind, and they found also an open-minded and liberal dean who was interested in their needs and was willing to make provision for the development of their plan in one of the existing departments of Teachers College. In the fall of 1899 the work began with the opening of a course in Hospital Economics given under the supervision of the Department of Domestic Science.

In the early years the Society of Superintendents assumed almost full responsibility for the course. It agreed to act on the qualifications of students, to provide lecturers for the professional courses, and to give general supervision to the work. Until 1911 there existed within the Society of Superintendents a Committee on Hospital Economics which reported yearly to the Society at the time of its annual meeting and from 1912 to 1925 similar reports were presented to the National League of Nursing Education (the name of the association was changed in 1912) by the Committee on Nursing and Health which superseded the Committee on Hospital Economics.

So we, as an association, having brought the Division of Nursing Education at Teachers College into being and having sponsored its activities for the first twenty-five years of its life and since that time having worked as a co-partner in the development of many educational projects in nursing, feel both a parental and sisterly pride in its accomplishments and in the outstanding and far-reaching contributions which it has made to the progress of nursing education during the forty years of its existence.

The celebration of this fortieth anniversary will be held at Teachers College next October, and I am sure you will want your Board of Directors to send an official message from the National League of Nursing Education expressing our appreciation of forty years of outstanding educational service and also our indebtedness to the College and the Division of Nursing Education for the many contributions which they have made to the work of our association.

And now may I turn your attention for a few moments to the activities of our National League and discuss with you some of the things which seem to me to be evolving out of the projects in which we are now engaged.

As is well known to all of you, the primary purpose of the League's program is to improve the quality of the educational work in nursing schools so that those going out from these institutions may be more adequately prepared to meet the responsibilities of professional nursing in modern society. In order to achieve this purpose, the League has more than twenty standing and special committees at work on various problems related to the improvement of educational standards in nursing. The reports of most of
these committees are now in your hands, others will be presented to you at this session or at some other time during the course of the convention. May I urge you to study them carefully in order that you may acquaint yourselves with what your organization has achieved during the past year and with the recommendations for further activity which are presented by committee chairmen. In reporting to you this morning, I shall not impose upon your time by repeating what is included in committee reports, but may I rather comment in a very general way on some of the things which we hope to achieve rather than on things actually accomplished.

The organization of schools of nursing as service units within hospitals has long created some of our most difficult educational problems in nursing. The Rockefeller Committee and the Grading Committee both pointed to this dual function of the training school as the crux of our educational problem and recommended that changes be made which would make possible "the development of nursing schools which are directed with a primary educational aim and animated by professional ideals." Progress has been made since these committees published their findings and made their recommendations, as is evidenced in the constantly increasing number of nursing schools with university relations which are offering programs leading to a bachelor's degree and also in the attempts being made by a number of hospital schools to secure more independence through the better organization and more effective functioning of nursing school committees.

There is great need, however, for further study of this problem and for critical thinking with relation to it. If nursing has a "unique function" in present-day society, if it is a professional service which requires professional education, and if our present educational system is outmoded and inadequate, then should we not be more aggressive in getting these facts before the public and in seeking their support in bringing about needed changes?

As was reported last year, the generous gift of an interested friend of nursing made available financial support for a research project in this field. The study is now going forward under the direction of the Committee on Administration and a progress report will be presented at this meeting.

In all types of education, the problems of organization and administration are closely related to those of costs. In our own field the situation is no different. The questions "What does nursing education cost?" and "Who shall meet the cost of nursing education?" have been raised and discussed on many occasions but there has been little agreement in the proposed answers.

With the publication of the final report of the Joint Committee on the Costs of Nursing Service and Nursing Education, which probably will be available sometime during the latter part of the summer, it should be possible for all institutions interested in doing so to find an answer to the question "What does nursing education cost in our institution?" The findings of studies such as the Cost Study have little value unless they are used as a guide to improve present practice. Whether or not this happens in the field of costs will, I believe, depend in large part upon each one of us.
For this reason, may I urge every director of a school of nursing and nursing service to become familiar with this publication when it is available for distribution, and to see to it that those in your institution who are responsible for costs know of its existence and of its purpose. Only in this way can we hope to make any progress in meeting this most difficult of our problems. An intelligent answer to the second question, "Who shall meet the cost of nursing education?" can in my estimation be arrived at only after the first question has been answered on the basis of a sound and reliable procedure. One can hardly discuss the distribution of cost until one knows what the cost is.

It is my opinion that there has never been a more propitious time than now for a study of nursing education costs and possible sources of support, and for setting up a definite program of action with relation to establishing nursing education on a more sound financial basis. The federal government has during the past two or three years entered quite extensively the fields of both health and education and is considering the appropriation of large sums of money for both of these services. It seems to me of great importance that we review these new activities thoughtfully and that their implications for nursing and nursing education be carefully determined.

It was the significance and urgency of some of these problems which led your Board of Directors to include in the program of this convention a discussion of the following subjects: Schools of Nursing—A Part of the Educational System of the Country, Public Support for Nursing Education, and the National Health Program and its Implications for Nursing.

The importance of having the active cooperation of lay groups is becoming increasingly evident to all of us. In January, the Board of Directors of the American Nurses' Association voted to add lay members to its special committees and in our own organization the Committee on Lay Participation is increasing its membership by adding the chairman and one lay associate from each state committee. It is also encouraging all state leagues to organize committees on lay participation within their organizations.

At this point, mention should be made of the Joint Committee on Community Nursing Service and of the splendid work it is doing in creating the interest of communities in their total nursing problems. I agree with Dr. Winslow that "the work of this committee is of particularly vital importance at the present moment" and that "the continuance and extension of the work of this committee is a vital essential for wise community health planning," and I am, therefore, very regretful that it was necessary for the League to withdraw its financial support from this committee for the coming year.

The Committee on Accrediting has completed its preliminary visitations of fifty-one schools; the summer will be spent in analyzing the results of these visits, in determining the criteria which will be used in the evaluation of schools, and in developing a scoring plan. According to the present schedule, the committee probably will be ready to receive applications after
July first, and the visitation of schools for purposes of accreditation will begin in the fall. Through this activity of the League, I believe there will be almost unlimited opportunities for carrying on, in cooperation with the Department of Studies, a program of continuous study with respect to the problems of nursing education, on the basis of which plans for improvement can more readily and more soundly be determined. To help schools interested in raising the level of their work so that their students may be more adequately prepared for the practice of professional nursing continues to be the League’s primary purpose in its accrediting program and it is to this end that our efforts are being directed.

In the work of the League there are no problems of greater importance than those which have to do with the curriculum. This year, in response to the urgent need for well-prepared orthopedic nurses for teaching and supervisory positions in public health nursing agencies and also for similar positions in the institutional field, the League’s Committee on the Care of the Child and the Council on Orthopedic Nursing of the National Organization for Public Health Nursing have undertaken to outline the content of a course in this field which will meet the needs of both groups and which might quite readily be added to the present offerings of universities now admitting graduate nurses to advanced study. It is hoped that some way of financing such courses and of providing scholarship aid to graduate nurses qualified to take such advanced study will be found.

Similar courses are also needed in the fields of pediatric and obstetrical nursing and might well be planned through the same kind of cooperative endeavor. It is my belief that every possible step should be taken to break down the idea, which we ourselves are responsible for having created, that there are two kinds of nursing—on the one hand a kind of nursing that is given by nurses to patients in hospitals and by private duty nurses in the homes of those belonging to the so-called privileged group, and on the other hand a kind that is given to patients in homes of the less privileged class by nurses connected with a public health nursing agency. By setting up this differentiation, we have not only confused ourselves but have also confused the public.

The Curriculum Committee and the Committee on Mental Hygiene and Psychiatric Nursing will report on other curriculum activities undertaken during the past year. We await with special interest the Curriculum Committee’s report of the questionnaire study relating to the use of the Curriculum Guide. That it is being used is evidenced by the sale of 6,000 or more copies, but how it is being used, what difficulties its use presents, and what its strengths and weaknesses seem to be are some of the things with which the Curriculum Committee is vitally concerned and about which it has sought information. It is through this kind of follow-up program that the Curriculum Committee can best judge the soundness of its recommendations and can continue to give assistance to those who desire it.

One of the weakest links in our practices with relation to the curriculum is the measurement of student achievement. This year, through the initiative
and leadership of Miss Isabel Stewart, a committee was formed to discuss this educational problem, to formulate a plan for very much needed research, and to study ways and means of securing financial aid for such a project. The committee is composed of representatives from Teachers College, the Association of Collegiate Schools of Nursing, and the National League of Nursing Education. A report on its activities will be made sometime during the course of this convention by the chairman of the committee, Miss Isabel Stewart. This is a project of great import to nursing education, and I bespeak for it the support of the National League and also the cooperation of League members who may be asked to participate in it.

Our Executive Secretary has called your attention to the relations of our association with other national professional organizations and to the increase in these relations over the past few years. It is with satisfaction that we note this development because it evidences a broadening of our activities and also an increasing recognition of nursing as an essential and important community service. There probably has never been a time when the joining of forces for the welfare of mankind has been as greatly needed as it is today. As a professional organization greatly concerned with human needs, it is our responsibility to be intelligently observant of the social scene and to be alert to the possibilities of combining our efforts with those of other professional groups to the end that through our combined services the health needs of our citizenry may be more adequately met.

The subject of finance is never a very interesting or stimulating one, but it seems important that a few facts concerning the financial condition of your association be brought to your attention at this time. The League is now solvent, the Treasurer's report for last year shows no deficit, and the Finance Committee and Board of Directors are determined to maintain this condition of solvency. To do this considerable paring of the budget was necessary for the current year. As has already been stated, it meant withdrawing our support from the Joint Committee on Community Nursing Service and it also meant reducing the already limited budgets of League committees, discontinuing for this year the item of $300 which has been allocated yearly to the Nursing Information Bureau, and not giving any additional assistance to the Headquarters staff which is carrying an almost impossible load. Much as the Board hated to vote these reductions, it was the only way to a balanced budget and we hope this action meets with your approval. The League's immediate financial situation is not serious but it is important that we take thought of the future. Only as the income of the League is increased, can it expand its educational service to meet new needs and continue to exert that leadership in bringing about improvement in nursing education which it has done so splendidly in the past.

The report which comes to us from the Committee on Membership that over 500 new members have joined the association this year is heartening indeed, since one of the chief sources of League income is membership dues. The goal for next year is a membership of 6,000, an increase of approximately 800 over our present membership. May I suggest as a motto
for the coming year, "It can be done," and urge you to lend your vigorous support to the accomplishment of this objective.

Time does not permit further consideration of the financial condition of our association at this meeting. It has, therefore, been placed on the agenda of the meeting of the Advisory Council when we shall solicit your help in making plans for the future.

May I again record our deep appreciation of the devoted service of our Headquarters staff. The volume of work carried by this office is tremendous and the Board deeply regrets that funds have not been available to provide much needed assistance.

May I express, also, to our efficient and faithful Secretary, Miss Goosray, our sincere appreciation of eleven years of outstanding service to this organization. It is her own wish that her name not be presented this year for reelection. Although we have abided by her request, we are not releasing her from functioning in other capacities in the work of the League.

In concluding this report, may I express my own deep appreciation and sincere thanks to our Executive Secretary, Miss Wheeler; to Miss Pfefferkorn, our Director of Studies; to the other members of the Headquarters Staff; and to the Board of Directors for the help, guidance, and support which they have all given me during the past year. May I, also, thank the chairmen of all committees and our membership for carrying on so effectively.

Dr. Henry E. Sigerist, Professor of the History of Medicine at Johns Hopkins University, in writing on the history of medicine, makes the following statement: "We medical men have a strong esprit de corps. We have a glorious history, and we are justified in being proud of it. What unites us is that unlike other professions all of us, whether we work at the bedside, in the laboratories, or at the writing desk, have but one purpose, to benefit the sick man." Dr. Sigerist might not agree with me that this statement applies equally well to nursing, but I believe it does. We, too, have a glorious history of which we may justly be proud and we have developed a strong esprit de corps through our professional organizations, which also unite us in a common purpose—the improvement of our professional service for the betterment of mankind.

REPORT OF THE COMMITTEE ON ACCREDITING

Since this committee last reported to the membership, two meetings of the Committee on Accrediting have been held, both during the convention in Kansas City. Miss Effie J. Taylor reviewed plans of the Committee on Administration and discussed ways in which the work of the two committees might be combined. Certain administrative data relative to schools have been obtained by the accrediting secretaries for the Committee on Accrediting.

Unfortunately, the two secretaries were involved in an automobile accident immediately after the convention which necessitated temporary withdrawal from the field.
Early in September the chairman of the committee, Miss Anna D. Wolf, on the advice of her physician, withdrew from the chairmanship temporarily. We hope that it will not be long before she will be able to resume her place as chairman of the committee to which she has given such constructive leadership.

A meeting of the executive committee was held in New York on November 18 to discuss the budget for the coming year and to consider reports of field work and procedure in completing surveys of the remainder of the fifty schools selected for study. In considering costs for the completion of the scheduled work, it was decided that it would be advisable to omit a few schools which, because of their location, would add considerably to the cost of visitation.

Another meeting of the executive committee was held in New York on January 27 and plans made for the program at the convention. The members of the executive committee with consultants met on April 1 to discuss setting up of procedures, such as length of time to be devoted to surveys, costs, etc.

The work in the field was completed by April 1, 51 schools having been studied in the preliminary survey. The committee would like to express its appreciation of the cooperation of the schools in making this study. The secretaries have been cordially received both by the schools and by local groups. Many groups have been addressed in various centers. Keen interest in accrediting has been found in all sections of the country, and many schools have indicated that they are ready to file applications as soon as the League is ready to consider them.

The committee is not yet prepared to announce definite plans for the accrediting program, but it is hoped that early in the summer announcement may be made that the committee is ready to receive applications and that the work may start shortly after September 1.

Respectfully submitted,

Stella Goosray, Acting Chairman

Report of the Committee on Convention Arrangements

The Arrangements Committee, which includes the chairman of the Program Committee, the president of the state league, and the president of the New Orleans Local League held a meeting in May to consider general plans and to appoint chairmen of subcommittees. The subcommittee chairmen were asked to appoint the members of their committees and to meet with the Arrangements Committee to discuss the plans of their respective committees.

Four other meetings were held to report the progress of the various committees.

The assistance received from Headquarters has been most helpful in planning for the convention.

Respectfully submitted,

Julie C. Tebo, Chairman
REPORT OF THE COMMITTEE ON CURRICULUM

During the fall and winter of 1938-1939, the Curriculum Committee has had only one meeting, but it has been active with three projects. The first was a questionnaire prepared by the Education Committee of the International Council of Nurses to study the needs and facilities for postgraduate education in member countries. No special survey was made. The questionnaire was answered by the members of the Curriculum Committee on the basis of observation, local needs, and records in professional literature.

The needs for postgraduate education for nurses in the United States were listed for the questionnaire under three headings:

First, the need for advanced specialized preparation which qualifies for institutional or public health nursing positions in administration, supervision, or teaching, or which prepares for highly technical fields such as x-ray and anesthesia.

Second, the need for supplementary postgraduate courses which raise an inadequate basic nursing course to the standard required for state registration, government service, or university matriculation.

Third, the need for review or refresher courses which will give up-to-date information to the nurse out of touch with newer methods or developments.

The complete results of this study will be made available at a later date by the Education Committee of the International Council of Nurses.

The second activity for the year was a questionnaire prepared by the committee and planned as a means of determining some of the ways in which the Curriculum Guide and related materials were proving useful, some of the problems of interpretation, and some of the difficulties which arise during the adaptation of the Curriculum Guide for use in individual schools. It was not intended to secure this information for purposes of revision in any way at this time. It was the opinion of the committee that individual state leagues would benefit by this brief survey of local curriculum problems and that the National Curriculum Committee would be prepared better to assist the states if individual problems were known.

The questionnaire was sent to all state leagues and educational sections. Twenty-eight replies were received. Because every school in each state did not answer the questions, it is not possible to tell just how many schools are actually using the Curriculum Guide. The percentage of participating schools using the Guide to some extent in each state ranges from 10 per cent to 100 per cent. In the opinion of these schools there seems to be no doubt of the value of the Curriculum Guide when it is used as a guide.

Forty-seven different sections of the Curriculum Guide were indicated as most helpful. These included practically all subjects and sections of the Guide. The five most frequently named as most helpful were:

1. Program of Studies with Outlines of Proposed Courses
2. Aims
3. Part I—Planning the Program of Studies
4. Part I—Administration of the Curriculum
5. Part II—Outlines of Proposed Courses in Physical and Biological Sciences

Fifty-seven different items were listed as the recommendations which had stirred up most interest. Forty-four of these items were given on only one or two questionnaires. The two items most frequently mentioned were:

1. The increase in the number of hours of theory.
2. The combining of medical and surgical nursing into one course.

Thirty-two different sections were listed as least helpful. Of these, the four most frequently listed were courses in:

1. Medical and Surgical Nursing
2. Nursing of Children
3. Nursing and Health Service in the Family
4. Pharmacology and Therapeutics

Thirty-seven different parts were named as most difficult to interpret and apply. Most frequently found difficult to interpret and apply were also four courses:

1. Medical and Surgical Nursing
2. Introduction to Nursing Arts
3. Nursing and Health Service in the Family
4. Social Problems

In five states the schools reporting were not giving a course in Introduction to Medical Science. Other states reported from 1-25 schools using the outline to some extent.

Seven states answered that the participating schools were not using the Medical and Surgical Nursing outlines. In other states the number of schools giving the combined medical and surgical course ranged as high as twenty.

Five states reported that no participating schools were giving the Social Problems course. Schools using the outline or adapting parts of it ranged as high as 25 in one state.

Introduction to Medical Science was believed of value because the course filled the students' need for clinical instruction before the Medical and Surgical Nursing course is given, and because it furnishes a good foundation for clinical courses.

The strong points named in Medical and Surgical Nursing were avoidance of repetition and the ease with which students grasp the integrated content. Strong points in the Social Problems course were listed as the opportunity to know the community and to learn the methods used in the community to help meet patients' problems. Just why these courses were not more commonly or more fully utilized was not fully explained.

Thirty-five outstanding difficulties were listed as having been encountered
while adapting or using suggested courses. In order of frequency the most commonly named were:

1. The lack of prepared faculty.
2. The problem of providing the amount of practice believed necessary while giving the theory suggested in the Curriculum Guide.
3. The lack of doctors' interest and cooperation in using the Medical and Surgical Nursing outline.
4. The lack of a sufficiently large faculty to conduct the courses as suggested.

Thirty-seven suggestions to make the Curriculum Guide more helpful were given. All except two were named only once. Minus 30 per cent suggested that either definite outlines, syllabuses, or a condensed working manual be published. The second suggestion given by plus 25 per cent of the states asked for more cross indexing or addition of more items to make the index more helpful.

The use of the Library Handbook appears to be more limited and some confusion appears to exist between the Library Handbook and the Basic Book List. The Library Handbook has been found of value, by those reporting, as a guide in organizing, cataloging, and administering the nursing school library. Annual revision or annual publication of a loose-leaf supplement was believed necessary to maintain the helpfulness of the Basic Book List.

The manual of Illustrative Materials was reported used by a small proportion of the participating schools. Some schools had just purchased it; some were not yet acquainted with it. All knowing it were agreed that it was valuable as a source of illustrative materials and that it was especially helpful to the inexperienced teacher. For greatest helpfulness, it was suggested that the manual be revised or supplemented frequently and that, when possible, prices be added.

The Faculty Preparation for Curriculum Revision plan presented at the 1938 annual League convention and published both in the League Report and the American Journal of Nursing is being used by no participating schools in six reporting states and to some extent by as many as 100 per cent of the schools in the other 22 states.

Nine states only reported that the state minimum curriculum had been revised recently and that the state league had assisted by studying school needs or by studying the tentative revision and making recommendations.

In the opinion of the committee the wide variation in responses is of equal importance to the common agreement or frequency of answers. That 47 different sections of the Curriculum Guide were most helpful, that 57 different sections were most interesting, that 32 were least helpful, and that 37 parts were most difficult becomes a significant fact when all these items are compared. Eight items or sections of the Curriculum Guide were found by some schools to be most helpful, by some to be most interesting, by some to be least helpful, and by others to be most difficult to interpret and apply. In most instances these were new courses or portions which had new interpretations, such as courses in Introduction to Nursing Arts, Introduction
to Medical Science, Medical and Surgical Nursing, and Nursing and Health Service in the Family, the philosophy and aims of the Curriculum Guide and the sections on planning the program of studies, administration of the Curriculum, and the three-term plan for classes and concurrent experience. Seventeen other items were classified in three groups which showed contradictory results. Although this variation presents a real problem, it also seems indicative that the problems are not insurmountable since they are already in process of solution by some schools which have been able to give the necessary time and study to adapt the Curriculum Guide to local situations and varying local needs.

The final item on the questionnaire requested ways in which the Curriculum Committee might be of more assistance to the state leagues. Speakers and institutes on the Curriculum Guide, suggestions for annual state league projects, and more help with the preparation of course outlines were requested.

The Curriculum Committee wishes to thank the 28 state leagues and the individual schools which aided with this questionnaire. By way of immediate efforts to be of greater service, the committee has taken as its third activity the planning of the Wednesday morning program on postgraduate education and the exhibit set up to illustrate in a more tangible form some of the units and suggested plans for teaching and administering the Curriculum.

Respectfully submitted,

RUTH SLEEPER, Chairman

REPORT OF THE COMMITTEE ON ELIGIBILITY

During the past year the Committee on Eligibility has considered the applications for membership of 102 nurses residing in states which do not have state leagues. Of these, 90 met the requirements established by the by-laws, six were ineligible for membership, and six were recommended by the committee to the Board for special consideration.

The classification of membership was as follows:

Sustaining .................. 1
Active ......................... 65
Junior Active ................ 27
Associate ..................... 3

The geographical distribution reveals that West Virginia leads with a total of 34 new members.

Alabama ..................... 14
Connecticut .................. 12
Idaho ......................... 1
Mississippi .................. 1
Montana ...................... 15
South Carolina ................ 15
West Virginia ................ 34
Hawaii ....................... 3
Palestine .................... 1
The decrease in membership over last year may be explained by the forming of state leagues in Ohio and Virginia this past year.

**Sustaining Member**
Corcoran, Myrtle, Hartford Isolation Hospital, Hartford, Connecticut

**Associate Members**
Barry, Constance, St. Francis Hospital, Honolulu, Hawaii
Frey, Virginia, St. Francis Hospital, Honolulu, Hawaii
Landsman, Bertha, P. O. Box 101, Jerusalem, Palestine

**Active Members**
Alexander, Frances, Mississippi State Tuberculosis Sanatorium, Sanatorium, Miss.
Allen, Bernice M., New Britain Hospital, New Britain, Connecticut
Ballentine, Autumn T., State Hospital, Columbia, South Carolina
Baxter, Blanche, Riverside Infirmary, Charleston, South Carolina
Bouknight, Sadie, Columbia Hospital, Columbia, South Carolina
Bowling, Lucy, Greenville General Hospital, Greenville, South Carolina
Callari, Mary Louise, 209 South Hull Street, Montgomery, Alabama
Carter, Emma Jean, 1601 North 25 Street, Birmingham, Alabama
Cleary, Nelle R., 19 Street and Murdock Avenue, Parkersburg, West Virginia
Corley, Mary Lou, Columbia Hospital, Columbia, South Carolina
Cunningham, Nellie, 306 Carolina Life Building, Columbia, South Carolina
Dowler, Marie V., Deaconess Hospital, Great Falls, Montana
Floyd, Theodora A., University of Hawaii, Honolulu, Hawaii
Foley, Catherine, St. Vincent's Hospital, Billings, Montana
Ford, Lucille, South Highland Infirmary, Birmingham, Alabama
Fuller, Mabel C., 204 East King Street, Martinsburg, West Virginia
Gerber, Lunita, 310 West Spruce Street, Missoula, Montana
Hamilton, Sara, 1301 Lee Street, Charleston, West Virginia
Jeffries, Marjorie M., 1106 Sixth Avenue North, Great Falls, Montana
Johnson, Genevieve S., Deaconess Hospital, Great Falls, Montana
Jones, Darlo, 1601 North 25 Street, Birmingham, Alabama
Keckler, Helen, Charleston General Hospital, Charleston, West Virginia
Kilpatrick, Mrs. Wanita, 1606 South 12 Avenue, Birmingham, Alabama
La Forge, Elizabeth, Box 2591, Birmingham, Alabama
Lamb, Edith, Deaconess Hospital, Great Falls, Montana
Lilienthal, Fredricka, Roper Hospital, Charleston, South Carolina
Lower, Ruth E., 1109 Sixth Avenue North, Great Falls, Montana
Macedowall, Martha E., Roper Hospital, Charleston, South Carolina
Masterson, Sue, Norwood Hospital, Birmingham, Alabama
Merriam, Barbara, Charleston General Hospital, Charleston, West Virginia
Mooney, Zelma T., Ohio Valley General Hospital, Wheeling, West Virginia
Morgan, Edna, Box 111, Route 4, Mannington, West Virginia
Moseley, Kittie Mae, Columbia Hospital, Columbia, South Carolina
O'Curran, Jessie L., 420 Adams Avenue, Montgomery, Alabama
Oliver, Hattie Lee, Columbia Hospital, Columbia, South Carolina
O'Neill, Anna Margaret, Ohio Valley General Hospital, Wheeling, West Virginia
Patterson, Winifred, William Wirt Winchester Hospital, West Haven, Connecticut
Pence, Mrs. Donna, 1520 North 25 Street, Birmingham, Alabama
Persell, Orpha, New Britain Hospital, New Britain, Connecticut
Pettus, Margaret Susan, 1307 Lee Street, Charleston, West Virginia
Phillips, Virginia, McLeod Infirmary, Florence, South Carolina
Qualls, Edith, Deaconess Hospital, Great Falls, Montana
Radley, Malrose, Montana Deaconess Hospital, Great Falls, Montana
CONVENTION PROCEEDINGS

Reeves, Mrs. Flossie, 2317 North 31 Avenue, Birmingham, Alabama
Robb, Elizabeth Northwood, Beach Glen, Wheeling, West Virginia
Roberts, Ouida, Tri-County Hospital, Orangeburg, South Carolina
Sherwood, Eva A., Deaconess Hospital, Great Falls, Montana
Sigmon, Mrs. B. M., Cherokee County Hospital, Gaffney, South Carolina
Sister Geraldine Bulart, St. Patrick’s Hospital, Missoula, Montana
Sister M. Carola Jehle, 2901 First Avenue, Huntington, West Virginia
Sister Mary de Lourdes, 333 Laidley Street, Charleston, West Virginia
Sister M. Frances, 2901 First Avenue, Huntington, West Virginia
Sister M. Pia, 2901 First Avenue, Huntington, West Virginia
Sister Mary Ruth-Owen, 109 Main Street, Wheeling, West Virginia
Sister M. Zita McGuinn, St. Joseph’s Hospital, Parkersburg, West Virginia
Spindle, Mrs. Claire B., 407 City Hall, Charleston, West Virginia
Strickland, Mary H., 1061 North 25 Street, Birmingham, Alabama
Thomas, Anna M. La Z, Ohio Valley General Hospital, Wheeling, West Virginia
Tobin, Irene, Logan General Hospital, Logan, West Virginia
Turner, Mrs. Margaret, Norwood Hospital, Birmingham, Alabama
Walker, Elizabeth, Norwood Hospital, Birmingham, Alabama
Walraven, Esther C. N., Children’s Bureau, Charleston, West Virginia
Ward, Audrey, Norwood Hospital, Birmingham, Alabama
Wick, Leona P. S., 113 Fairmont Avenue, Fairmont, West Virginia
Yongue, Margaret, General Hospital, Greenville, South Carolina

Junior Active Members

Allen, Lois D., Deaconess Hospital, Great Falls, Montana
Arnett, Ruby, Ohio Valley General Hospital, Wheeling, West Virginia
Bolon, Emma J., Ohio Valley General Hospital, Wheeling, West Virginia
Bryant, May, New Haven Hospital, New Haven, Connecticut
Case, Virginia, Yale University School of Nursing, New Haven, Connecticut
Danielsen, Ruth B., 350 Congress Avenue, New Haven, Connecticut
Dauber, Helen, 125 North 16 Street, Wheeling, West Virginia
Dyer, Evelyn D., First and Bannock Streets, Boise, Idaho
Gilchrist, Helen, State Training School, Clinton, South Carolina
Havnen, Elizabeth M., 810 Eighth Street North, Great Falls, Montana
Heikes, Marjorie Lou, 1109 Sixth Avenue North, Great Falls, Montana
Hickman, Evelyn L., 522 North Market Street, Wheeling, West Virginia
Lough, Eleanor Marie, Ohio Valley General Hospital, Wheeling, West Virginia
Mapes, Nora S., Ohio Valley General Hospital, Wheeling, West Virginia
Meyer, Ruth J., Ohio Valley General Hospital, Wheeling, West Virginia
Palmer, Susan O., 155 North Street, Milford, Connecticut
Pike, Helen G., 278 Broad Street, Milford, Connecticut
Ralphon, Irene, Ohio Valley General Hospital, Wheeling, West Virginia
Robinson, Letha R., Deaconess Hospital, Great Falls, Montana
Rock, Mary E., Eoff Street, Wheeling, West Virginia
Ronyak, Rose E., Ohio Valley General Hospital, Wheeling, West Virginia
Simpson, Katherine, 703 Howard Avenue, New Haven, Connecticut
Snake, Connie, Ohio Valley General Hospital, Wheeling, West Virginia
Trussell, Nellie Evelyn, Ohio Valley General Hospital, Wheeling, West Virginia
Walter, Dorothy, 183 Stone Church Street, Elm Grove, Wheeling, West Virginia
Yoho, Dee, 17 Howe Street, New Haven, Connecticut
Zellner, Louise, 34 Park Street, New Haven, Connecticut

Respectfully submitted,

AUGUSTA PATTON, Chairman
REPORT OF THE COMMITTEE ON FINANCE

The Committee on Finance submits the following budgets for the year 1939:

**Budget for 1939**

**GENERAL ACCOUNT**

<table>
<thead>
<tr>
<th>Estimated Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Publications</td>
<td>2,500.00</td>
</tr>
<tr>
<td>Photographs</td>
<td>150.00</td>
</tr>
<tr>
<td>Record Forms and Guide</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Slides</td>
<td>400.00</td>
</tr>
<tr>
<td>Films (rental)</td>
<td>100.00</td>
</tr>
<tr>
<td>Royalties</td>
<td>15.00</td>
</tr>
<tr>
<td>State League Supplies</td>
<td>50.00</td>
</tr>
<tr>
<td>Dues: State</td>
<td>13,000.00</td>
</tr>
<tr>
<td>Individual</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Contributions</td>
<td>250.00</td>
</tr>
<tr>
<td>Interest on Savings Account</td>
<td>250.00</td>
</tr>
<tr>
<td>Registration Fees</td>
<td>500.00</td>
</tr>
<tr>
<td>Fees—Department of Studies</td>
<td>1,000.00</td>
</tr>
<tr>
<td>List of Schools of Nursing Meeting</td>
<td>1,110.00</td>
</tr>
<tr>
<td>Minimum Requirements</td>
<td></td>
</tr>
<tr>
<td>Cost Study Report</td>
<td>2,000.00</td>
</tr>
<tr>
<td><strong>Deficit</strong></td>
<td>5,488.62</td>
</tr>
<tr>
<td><strong>Estimated Expenses</strong></td>
<td>$36,813.62</td>
</tr>
</tbody>
</table>

<p>| Annual Report—Printing and Mailing       | $2,600.00|
| Auditor's Fees                           | 150.00   |
| Board of Directors' Meeting—Officers and Directors | 800.00 |
| Exhibits                                  | 125.00   |
| Committees:                              |         |
| Child                                     | 100.00  |
| Community Nursing Service                 | 186.70  |
| Curriculum                                | 75.00   |
| Eligibility                               | 5.00    |
| Finance                                   | 55.00   |
| Headquarters                              | 50.00   |
| Lay Participation                         | 25.00   |
| Membership                                | 50.00   |
| Nominating                                | 15.00   |
| Records                                   | 25.00   |
| Relationships of Graduate Nurse (Joint)   | 25.00   |
| Revisions                                 | 5.00    |
| Sisters                                   | 5.00    |
| Studies                                   | 25.00   |
| Subsidiary Workers                        |         |
| <strong>Convention:</strong>                           |         |
| Programs, Badges, and Miscellaneous       | 150.00  |
| Officers' Expenses                        | 800.00  |
| <strong>Convention:</strong>                           |         |
| Program and Speakers                      | 200.00  |
| Preprints of Report                       | 85.00   |
| Reporting Convention                      | 100.00  |</p>
<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headquarters Budget</td>
<td>16,356.92</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>75.00</td>
</tr>
<tr>
<td>Reporting Joint Board Meeting</td>
<td>25.00</td>
</tr>
<tr>
<td>Photographs</td>
<td>100.00</td>
</tr>
<tr>
<td>Publications</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Records—Reprinting</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Slides</td>
<td>200.00</td>
</tr>
<tr>
<td>State League Supplies</td>
<td>100.00</td>
</tr>
<tr>
<td>Stationery</td>
<td>125.00</td>
</tr>
<tr>
<td>Travel Expenses—President</td>
<td>250.00</td>
</tr>
<tr>
<td>Travel Expenses—Executive Secretary</td>
<td>250.00</td>
</tr>
<tr>
<td><strong>Department of Studies—Cost Study</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$1,830.00</td>
</tr>
<tr>
<td>Clerical Assistance</td>
<td>600.00</td>
</tr>
<tr>
<td>Field Travel Expense</td>
<td>250.00</td>
</tr>
<tr>
<td>Printing, mimeographing, postage</td>
<td>50.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>50.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,780.00</td>
</tr>
</tbody>
</table>

(Cost Study Budget is $5,560.00—one-half charged to ANA Fund)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Studies—Other Activities</td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>3,660.00</td>
</tr>
<tr>
<td>Clerical</td>
<td>900.00</td>
</tr>
<tr>
<td>Field Travel</td>
<td>100.00</td>
</tr>
<tr>
<td>Postage, mimeographing, etc.</td>
<td>50.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>50.00</td>
</tr>
<tr>
<td>Printing Cost Study Report</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Printing List of Schools of Nursing</td>
<td>1,110.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$36,813.62</td>
</tr>
</tbody>
</table>

**HEADQUARTERS BUDGET**

**1939**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Expenses</td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$9,540.00</td>
</tr>
<tr>
<td>Rent</td>
<td>2,441.92</td>
</tr>
<tr>
<td>Telephone</td>
<td>385.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>250.00</td>
</tr>
<tr>
<td>Postage and Express</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Mimeographing and Multigraphing</td>
<td>350.00</td>
</tr>
<tr>
<td>Library Service</td>
<td>150.00</td>
</tr>
<tr>
<td>Shipping Service</td>
<td>650.00</td>
</tr>
<tr>
<td>Special Office Care</td>
<td>40.00</td>
</tr>
<tr>
<td>Telegrams</td>
<td>65.00</td>
</tr>
<tr>
<td>Extra Stenographic Service</td>
<td>650.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>150.00</td>
</tr>
<tr>
<td>Entertainment Fund</td>
<td>50.00</td>
</tr>
<tr>
<td>Insurance (Workmen’s Compensation)</td>
<td>50.00</td>
</tr>
<tr>
<td>Reference Books and Reports</td>
<td>25.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>60.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$16,356.92</td>
</tr>
</tbody>
</table>
FORTY-FIFTH ANNUAL REPORT

SPECIAL ANA FUND

Budget for 1939

Income

Income from ANA .................................................. $3,550.00

Estimated Expenses

Cost Study:
Salaries ................................................................. $1,830.00
Clerical Assistance .................................................. 600.00
Field Travel ............................................................ 250.00
Printing, Mimeographing, Postage, etc. ......................... 50.00
Miscellaneous ......................................................... 50.00

Total—Cost Study .................................................... $2,780.00

State Board Problems:
Special Conference on State Boards ............................... $50.00
Travel Expense ......................................................... 50.00
Stenographic Service, Mimeographing, Postage, etc. .......... 50.00

Total—State Board Problems ....................................... 150.00

Committee on Mental Hygiene:
Bibliography ............................................................ $50.00
Travel Expense .......................................................... 150.00

Total—Committee on Mental Hygiene ............................... $200.00

Committee on Accrediting ........................................... 420.00

Total—All Projects .................................................. $3,550.00

FUND FOR ACCREDITING

Budget to July 1, 1939

Income

Balance, December 31, 1938 ........................................ $3,754.33
ANA Fund ................................................................. 420.00
Fund for Advisory Groups .......................................... 4,731.79
Committee on Administration for Services rendered by Committee on Accrediting ........................................... 600.00

Total ................................................................. $9,506.12

Estimated Expenses

Salaries ................................................................. $3,833.35
Stenographer ........................................................... 750.00
Committee Meetings (April and June) ................................ 1,500.00
Secretaries (Traveling expenses—January to April 30) ......... 1,500.00
Miscellaneous Expenses and Office Supplies on a pro rata basis .......... 437.50

Total ................................................................. $8,020.85

Estimated Balance .................................................. 1,483.27
CONVENTION PROCEEDINGS

Budget—July 1, 1939 to December 31, 1939

Approximate Balance—July 1, 1939 .......................... $3,000.00

Income
For applications filed—$15 (Estimate 200) ...................... 3,000.00
Accrediting fees (20 schools @ $250.00—Estimated number of
schools already visited that may be eligible for accreditation) 5,000.00

$11,000.00

Estimated Expenses
Salaries—Secretaries .............................................. $3,866.65
Salary—Stenographer ............................................. 750.00
Committee meeting ................................................. 500.00
Secretary (Travel expense) ....................................... 500.00
Miscellaneous office expenses .................................... 437.50

6,054.15

Estimated Balance—December 31, 1939 .......................... $4,945.85

FUND FOR RESEARCH IN NURSING
COMMITTEE TO STUDY ADMINISTRATION IN SCHOOLS OF NURSING

Budget for 1939

Income
Balance on Hand, December 31, 1938 .......................... $8,895.00
Income ............................................................... 15,000.00

Total Income ...................................................... $23,895.00

Estimated Expenses
Salaries .............................................................. $3,600 *
Research Assistant (6 to 8 mos. at $400 per mo.) ............... 2,400 (6 mos.) 3,200 (8 mos.)
Assistant in Research (6 to 8 mos. at $350 per mo.) ............ 2,100 (6 mos.) 2,800 (8 mos.)
Consultant Service (6 to 8 mos.) ................................ 1,000 (6 mos.) 1,200 (8 mos.)
Director and Coordinator of Study (1/2 time) ..................... 1,200 (6 mos.) 1,600 (8 mos.)
Clerical (and mimeographing) .................................... 1,500 1,500
Supplies, telephone, postage, etc ................................. 500 500
Accrediting Committee (for service) .............................. 600 600
Travel ................................................................. 1,000 1,800
Scholarship (one year) ............................................ 800 800
Office rent ........................................................... 600 700
Equipment ........................................................... 300 300
Miscellaneous and Contingency ................................... 500 500

$16,100  $19,100

Respectfully submitted,

CARRIE M. HALL, Chairman

* Except where indicated, the estimate is for the calendar year.
REPORT OF THE COMMITTEE ON HEADQUARTERS

The Committee on Headquarters has held two meetings in the interval since the last meeting of the Board of Directors. The first meeting was held on June 11, 1938.

The membership of committees was completed by the following appointments: Miss Minnie E. Howe as chairman of the Committee on the Care of the Child in place of Miss Hazel H. Bowles who could not serve, and Miss Elizabeth S. Moran to the Committee on Revisions.

Taking action on a communication received from the *American Journal of Nursing* it was voted "that the committee chairmen be notified of the willingness of the *American Journal of Nursing* to be of help to them in their committee work, and that where in the opinion of the chairman the work has reached the stage where it is appropriate to avail themselves of such help, the matter be cleared through the Executive Secretary." It was also voted to recommend to the Board of Directors that "all material prepared for publication be cleared through the Executive Secretary, and that a statement of policies in relation to committees be drawn up and sent to all committee chairmen."

At the time of the meeting Miss Wheeler was ill and Miss Quereau and Miss Thompson were still in a hospital in Kansas City as a result of an automobile accident. It was voted to grant Miss Wheeler a leave of absence of one month with salary in conjunction with her vacation. Miss Quereau was granted a six-week leave of absence without salary in addition to her regular vacation of one month with salary. Miss Barbara Thompson was given a vacation of two weeks with salary. This arrangement made it possible for Miss Thompson to assume some responsibility of the office during the month of July when Miss Wheeler and Miss Pfefferkorn were both absent.

The second meeting was held on September 14, 1938. The schedule of field work for the fall submitted by the Executive Secretary was approved.

The following recommendation of the Committee on Membership Campaign concerning a program of work was accepted:

"The new Committee on Membership Campaign recommends that (1) the NLNE routinely send each year a letter to the presidents of the state leagues (or chairmen of state educational sections) requesting that they determine from accredited schools of nursing in their respective states the names of new faculty members; (2) those names to be sent to the NLNE Headquarters, from which letters of invitation from the President of the NLNE, application blanks, and other material will be sent to either these potential members, or to the state leagues to be mailed to them."

A communication from Anna D. Wolf, Chairman of the Committee on Accrediting, stating that her health would not permit her to carry the work as chairman of the committee for the present was read and it was voted to
ask Stella Goostray, the Vice Chairman, to assume responsibility for the committee until Miss Wolf was able to return.

After discussion of a letter received from Mrs. Sarah Colvin of Minnesota regarding Miss Stewart's report on *Nursing Education in Minnesota* by Louise Muller, the President and Miss Stewart were authorized to go to Minnesota for a conference with Mrs. Colvin, Mr. Rockwell, and others at the expense of the League.

It was voted to send the following recommendations to the Committee on Finance:

1. That since there is likely to be a deficit in the budget this year, the allocation of funds to the Committee on Community Nursing Service be one of the first items to be eliminated if curtailment is necessary.

2. That consideration be given to charging Ella Taylor's full salary to the Department of Studies since her time is devoted exclusively to the work of that department.

A communication from the Chicago Medical Book Company brought up the question of allowing book companies to handle League publications and make a profit. After discussion it was voted not to continue this practice and to present this action to the Board of Directors in January for its ratification.

The Headquarters Committee reviewed a unit on nursing to be given to students in medical social service prepared by a subcommittee of the National Organization for Public Health Nursing Committee on Education at the request of Ruth Bower, the League representative on the committee. The committee approved the material in general with several suggested changes.

Respectfully submitted,

**Nellie X. Hawkenson, Chairman**

**REPORT OF THE COMMITTEE ON NOMINATIONS**

The Committee on Nominations of the National League of Nursing Education submits the following report. Nominating blanks were sent to 37 state leagues and the following nominees have been named. All of the candidates have signified willingness to serve if elected.

- **Vice President:** Phoebe M. Kandel, Greeley, Colorado
  Charlotte Pfieffer, Richmond, Virginia
- **Secretary:** Marian Durell, Ann Arbor, Michigan
  Lucy Beal, Boston, Massachusetts
  Virginia Henderson, New York, New York
- **Directors:** Virginia Dunbar, Washington, D. C.
  Stella Goostray, Boston, Massachusetts
  Sister M. Olivia Gowan, Washington, D. C.
  Ruth Sleeper, Boston, Massachusetts
  Isabel M. Stewart, New York, New York
  Margaret Tracy, San Francisco, California
There were no nominations from the floor.

REPORT OF THE COMMITTEE ON PROGRAM

The Committee on Program has held five meetings in New Orleans. In June, 1938, letters were sent from Headquarters to the presidents of state leagues and to the members of the Board of Directors asking for suggested topics for the program. Valuable recommendations were received from some of the states. The Committee on Headquarters suggested the keynote of the convention and designated certain topics for discussion. A number of sessions and round tables were planned by committees of the League. The Program Committee is indebted to Miss Wheeler for her excellent advice and valuable assistance in completing the plans for the program.

A progress report was submitted at the meeting of the Board of Directors in January. The final report is incorporated in the printed program.

Respectfully submitted,

SISTER HENRIETTA, Chairman

REPORT OF THE COMMITTEE ON PUBLICATIONS

The Committee on Publications has not held a meeting since the League convention. One meeting each year seems to be all that the busy members of this committee can manage.

There has been only one new publication since April—A Study of the Incidence and Costs of Illness Among Nurses. This is the first unit of the cost study to be completed.

The members will be interested to know that it has been necessary to have a second reprinting of the Curriculum Guide for Schools of Nursing. We had 8,000 copies printed during 1937-38, and have sold 5,200 of this number. The type has now been destroyed.

Total receipts from the curriculum during 1937-38 amounted to $15,249.67. The curriculum has added to the coffers of the League in years past but during the last two years the League would have been in the red had it not been for the extensive sale of this publication.
The League records are proving to be another source of income. Last year 137,000 of the first set were sold and this year, 232,235 of the first set, and 125,596 of the new set. We believe that as the records are used in the schools they will be ordered in increasing quantities and will be a good source of revenue to our organization.

The other publications which have been reprinted are: Manual of Essentials of Good Hospital Nursing Service (1,000 copies) and How the N. L. N. E. Serves You (10,000 copies). This last pamphlet was also revised and brought up to date. They are sent with all exhibits and distributed freely without charge.

We have ordered from the Nursing Information Bureau and distributed about 1,500 copies of Nursing and How to Prepare for It, 300 copies of Nursing—A Profession for the College Graduate, and 125 copies of Nursing and the Registered Nurse.

**Summary of Sale of Principal Publications**

<table>
<thead>
<tr>
<th>Publications</th>
<th>No. sold in 1938</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum</td>
<td>1,309 copies</td>
</tr>
<tr>
<td>Nursing Schools—Today and Tomorrow</td>
<td>131 &quot;</td>
</tr>
<tr>
<td>Tests and Measurements Suitable for Use in Schools of Nursing</td>
<td>114 &quot;</td>
</tr>
<tr>
<td>Story of the N. L. N. E.</td>
<td>22 &quot;</td>
</tr>
<tr>
<td>Biographical Sketches</td>
<td>46 sets</td>
</tr>
<tr>
<td>Library Handbook</td>
<td>79 copies</td>
</tr>
<tr>
<td>Basic Book List</td>
<td>223 &quot;</td>
</tr>
<tr>
<td>Nursing School Faculty</td>
<td>357 &quot;</td>
</tr>
<tr>
<td>Manual of Essentials of Good Hospital Nursing Service</td>
<td>572 &quot;</td>
</tr>
<tr>
<td>Study of the Nursing Service in Fifty Selected Hospitals</td>
<td>110 &quot;</td>
</tr>
<tr>
<td>Study of the Incidence and Costs of Illness Among Nurses</td>
<td>214 &quot;</td>
</tr>
<tr>
<td>The Essentials of a Good School of Nursing</td>
<td>555 &quot;</td>
</tr>
<tr>
<td>Illustrative Materials for Use in Nursing Schools</td>
<td>166 &quot;</td>
</tr>
<tr>
<td>Guide for the Use of the League Records</td>
<td>445 &quot;</td>
</tr>
</tbody>
</table>

**First Set of Records**

<table>
<thead>
<tr>
<th>Form</th>
<th>No. Sold</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-1</td>
<td>11,056</td>
</tr>
<tr>
<td>B-2</td>
<td>50,065</td>
</tr>
<tr>
<td>B-3</td>
<td>32,990</td>
</tr>
<tr>
<td>B-4</td>
<td>29,364</td>
</tr>
<tr>
<td>B-5</td>
<td>41,327</td>
</tr>
<tr>
<td>B-6</td>
<td>44,352</td>
</tr>
<tr>
<td>B-7</td>
<td>6,861</td>
</tr>
<tr>
<td>C</td>
<td>16,020</td>
</tr>
</tbody>
</table>

**Second Set of Records**

<table>
<thead>
<tr>
<th>Form</th>
<th>No. Sold</th>
</tr>
</thead>
<tbody>
<tr>
<td>D-1</td>
<td>18,091</td>
</tr>
<tr>
<td>D-1a</td>
<td>8,650</td>
</tr>
<tr>
<td>D-2</td>
<td>9,971</td>
</tr>
<tr>
<td>D-3</td>
<td>32,952</td>
</tr>
<tr>
<td>D-3a</td>
<td>2,480</td>
</tr>
<tr>
<td>D-4</td>
<td>41,430</td>
</tr>
<tr>
<td>D-5</td>
<td>4,636</td>
</tr>
<tr>
<td>D-6</td>
<td>4,836</td>
</tr>
<tr>
<td>D-7</td>
<td>2,550</td>
</tr>
</tbody>
</table>

Respectfully submitted,

CLARIBEL A. WHEELER, Chairman
REPORT OF THE COMMITTEE ON REVISIONS

The Committee on Revisions presents the following report:

The committee has had one meeting during the year. It has carried on most of its work by correspondence, each member reviewing material as it has been sent in and then submitting comments and suggestions to each of the other members.

Amendments to the constitution and by-laws of the Oregon, North Carolina, and Minnesota State Leagues have been carefully reviewed. The constitution and by-laws of the two new leagues—Alabama and West Virginia—have been passed upon.

In addition to this, the Headquarters office has reviewed some of the amendments which have been sent in by state leagues.

Respectfully submitted,

JULIET A. GEORGE, Chairman

REPORT OF THE COMMITTEE ON STUDIES

The work of the Committee on Studies has been largely absorbed by the Joint Committee on the Costs of Nursing Service and Nursing Education in 1938, as it was in 1937. During the year 1938 the Committee on Studies held two meetings: one in Kansas City on April 30; and the other in New York on November 18. Matters considered at these two meetings were:

In Kansas City—
1. Three requests for surveys and one for consultation service received by the Department of Studies since January
2. Fee for consultation service. It was agreed that the fee for this service should be thirty-five dollars per day instead of twenty-five dollars as heretofore.

In New York City—
1. The data to be included in the List of Schools of Nursing Meeting Minimum Requirements Set by Law in the Various States were discussed and decided upon. This list will be prepared by the Department of Studies this year
2. The Check List for Evaluating Nursing School Libraries, both in terms of content and financial cost
3. Renewal of inquiry concerning a nursing service study in a large western hospital
4. Probable request from the American Nurses' Association for assistance from the Department of Studies in planning its registry study during the coming year.

The work carried on during the past year by the Department of Studies, other than the Cost Study, included A Study of the Nursing Care of Tuberculosis Patients. This study was sponsored by a Joint Committee of the National Tuberculosis Association, the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing. The budget was provided by the National Tuberculosis Association and the American Nurses' Association. The contribution of the League was the direction and preparation of the study, which required
about six weeks. Miss Esta H. McNett of the Lowman Memorial Pavilion, the tuberculosis division of the Cleveland City Hospital, was engaged to assist with the study. She carried on the field work and gave help in interpreting the findings. The report of this study was presented in the September 1938 *American Journal of Nursing*. The National Tuberculosis Association secured 1,000 reprints, and the National League of Nursing Education, 1,500 reprints of the report.

It is gratifying to note that a committee of the American Association of University Women has been appointed in Washington, D. C., to further the establishment of a university school of nursing, and that the appointment of this committee appears to be a direct outgrowth of the survey of educational facilities made by the League during 1936.

The Director of Studies is reporting in detail the activities concerned with the Cost Study.

Respectfully submitted,

STELEA GOOSTRAY, Chairwoman

**APPOINTMENTS**

The President at this time appointed the following:

*Tellers:* Frances H. Cunningham, Tennessee; Juanita Robson, Florida; Irene Swenson, Missouri.

*Inspectors of Election:* Frances V. Brink, Wisconsin; Margaret M. Ingersoll, Illinois; Maud C. Kelly, New Jersey.

*Committee on Resolutions:* Dora Mathis, Texas, chairman; Priscilla W. Halpert, Louisiana; Sallie L. Mernin, Illinois; Gabrielle T. Mulvane, California.

**REPORT OF THE COMMITTEE TO STUDY ADMINISTRATION IN SCHOOLS OF NURSING**

The activities of the past year have at no time required the action of the full committee, and for this reason no meeting was called. Minutes of the meeting of the executive committee, several of which were held, were sent to all members. The scheme announced in the report last year has proven very efficient and successful. We refer to the plan of working as closely as possible with committees making other contacts with schools of nursing. The Accrediting Committee, with the approval of the schools being surveyed, has made available to the Committee to Study Administration in Schools of Nursing, for purposes of study, the visitors' reports of survey.

Fifty of the reports have been analyzed for information concerning administrative practices. Previous to beginning the analysis of these reports, a study was made by the Secretary, under the guidance of Dr. Helen Davis of Teachers College, which resulted in a schematic arrangement or a topical outline to cover the main aspects of administration in schools of
nursing. In the light of the objectives of the study undertaken by the committee, such an outline was essential in the selection of data of administration and as a means of judging their completeness in the development of the concept of the school of nursing as an organization of integrity. The data collected from the reports are now being organized. When the findings are complete, they should provide valuable information relating to various plans of organization and to practices prevalent in schools.

Dr. Floyd B. O'Rear, Professor in Higher Education at Teachers College, Columbia University, and expert in the Organization and Administration of Education, has consented to act as official consultant to the committee. On Dr. O'Rear's recommendation, Mr. Roy W. Bixler, formerly in administrative work at the University of Chicago and now connected with the Department of Higher Education, Teachers College, was appointed as a research worker and is now giving full time to such research as is immediately related to the achievement of the objectives of the study. During the month of June, Mr. Bixler will be assisted by Miss Mary Farrell, a nurse and a student who is well prepared to undertake this work.

It is difficult at this time to announce the time or the additional personnel which will be required to conclude the study. An office in close proximity to the League has been secured. The work of the committee as well as that of the workers is greatly facilitated through having an office in which to center its activities.

Respectfully submitted,

EFFIE J. TAYLOR, Chairman

REPORT OF THE COMMITTEE ON THE CARE OF THE CHILD

The Committee on the Care of the Child has held one meeting during the year. This meeting was held at the Hotel Roosevelt on January 20, 1939.

A brief, joint progress report, given by Minnie E. Howe, Chairman, and Alfheid J. Axelson, ex-chairman, brought out the following:

1. Assistance of Winifred Kaltenbach and Alfheid J. Axelson to the Accrediting Committee in the preparation of the schedule covering the pediatric nursing division of schools of nursing.

2. Revision by Grace L. Hansome of the bibliography on Suggested Readings and Materials Pertaining to Child Development and Parent Education, which pamphlet is on sale at the Headquarters Office of the League.

Consideration was given to unfinished projects of the committee:

1. The members agreed to urge Miss Hazel Bowles to continue the compilation of information on clothing and appliances for hospitalized children, the study to be carried out in any manner satisfactory to her, the important consideration of the committee being her underwriting of the findings.

2. Miss Axelson was asked to arrange for the completion of the pamphlet on Institutes on the Care of the Child.

1 Mr. Bixler has written a book which will be published shortly by the Bureau of Publications of Teachers College, Columbia University, under the title, Institution-Faculty Relations in the College of Education.

The discussion of this project emphasized the need for information which could be used as a guide by state committees in organizing institutes. The pamphlet as planned, Miss Axelson brought out, will attempt to compile the experiences of state committees with institutes on the care of the child, and will give evaluation by the committees of these institutes.

An important consideration of the meeting was the pressing need for well-prepared orthopedic nurses, Miss Deutsch emphasizing the increased public health demand for orthopedic nurse counsellors and supervisors, because of the Social Security Act's program, and Miss Howe, the problem of hospitals in obtaining well-qualified supervisors and head nurses in this field.

Discussion of reasons for the dearth of well-prepared orthopedic nurses brought out the following:

1. The experimental nature of courses to date in this field, no criteria for such courses having yet been established.
2. Tendency of many orthopedic hospitals to have patients cared for by trained aides, in that way eliminating possible practice fields for nurses.

It was agreed that an important function of the committee this year should be work on a curricular outline for a course in orthopedic nursing on a level for specialization in that field.

Since the content of a course in this field would be similar for the preparation of counsellors in public health nursing and for teachers of orthopedic nursing in hospitals the committee members felt it would be desirable for this committee to work with the Council on Orthopedic Nursing of the National Organization for Public Health Nursing on the planning of such a course.

In discussing some of the problems of the above course these points were brought out:

1. Content of the course. General agreement indicated that such a course should be limited to the subject of orthopedic nursing, not including methods of teaching and problems of administration.
2. Amount of physiotherapy to be included. This, it was decided, is a controversial subject which the joint committee will need to consider carefully.
3. Importance of child development point of view. The members agreed that it was important that this course be considered from the standpoint of all phases of the growth and development of the child.
4. Prerequisites. The committee decided that a logical prerequisite would be successful practice in pediatric nursing and advanced study in this field.

Discussion of the above brought out the need for a curricular outline for a graduate course in pediatric nursing for head nurses, supervisors, and others preparing for positions requiring special knowledge of pediatric nursing. It was agreed that the committee should plan such a course which should be on a university level. Since Miss Bancroft is now directing a course of this status, given jointly at the University of Cincinnati and at the Children's Hospital of Cincinnati, it was agreed that she serve as chairman of a subcommittee to initiate work on plans for such a course.

Because of the need for specialized representation in its membership from the field of orthopedic nursing, it was decided, at the recommendation of
Miss Bancroft, to invite Miss Mildred Riese, Director of the Orthopedic Hospital, Los Angeles, to become a member of this committee. Her membership on the committee, however, would be contingent on her joining the League, of which she is not now a member.

It was agreed that it is important for nurses to know the kind and extent and sources of popular information offered on child care. Therefore Miss Deutsch was asked to serve as chairman of a subcommittee to compile information on the sources of and the extent of the distribution of educational material available for the lay public through popular sources such as radio and publications.

Miss Kaltenbach accepted responsibility for gathering data on vocational courses available for the preparation of nurse maids and other workers preparing to care for children. Since the latter is closely related to the work Miss Deutsch will undertake, it was felt Miss Kaltenbach’s findings should be included in Miss Deutsch’s report.

Agreement on the desirability of closer contact with state committees resulted in a decision to ask the Board of Directors to have the activities of the National Committee on the Care of the Child mailed to the state league presidents to be referred to the chairmen of the state committees on the care of the child, and to ask the state chairmen to submit reports of their year’s activities to the national committee.

In considering a program of the committee for the national convention of the League to be held in New Orleans in April, the members decided to conduct a round table discussion on Advanced Courses in Pediatric Nursing.

In the afternoon the committee met with the Orthopedic Council of the National Organization for Public Health Nursing and some of the course directors of advanced courses in orthopedic nursing.

Miss Naomi Deutsch of the Children’s Bureau reported on the recent meeting of the Orthopedic Advisory Committee to the Children’s Bureau.

Miss Ruth Houlton reported briefly on the informal meeting of representatives from the League Committee on the Care of the Child and the NOPHN Council on Orthopedic Nursing held in December, 1938, to prepare for the present meeting. The decisions reached at that time were:

1. That a joint meeting of the two committees might well be called at the time of the joint board meetings to consider the problem of postgraduate programs of study in orthopedic nursing
2. That a later meeting to which orthopedic surgeons, representatives from universities where courses in orthopedic nursing are given, and others might be invited, would probably be needed (perhaps in the spring), in order that every point of view should be considered in making recommendations
3. That the courses planned now must be to a considerable extent supplementary courses to round out deficiencies in nursing school preparation in this field. However, this should be thought of as a temporary expedient which will not be required when the basic education in nursing schools more generally includes the subject of orthopedics.

At this meeting your chairman reported on the morning meeting of the Committee on the Care of the Child and its willingness to cooperate with the
NOPHN Orthopedic Council in preparing an outline for an advanced course in orthopedic nursing which would prepare nurses for both the field of public health nursing and the field of nursing education.

The course directors outlined briefly the content and aim of the courses in orthopedic nursing carried on in their own programs.

Certain tentative prerequisites for admission of students for both groups were discussed, as were the types of institutions where clinical experience should be given.

It was agreed that further study be given to the content of present programs and that small study groups be formed in centers where these courses are given.

It was hoped to have some concrete material to report at the League convention.

Respectfully submitted,

MINNIE E. HOWE, Chairman

REPORT OF THE COMMITTEE ON EXHIBITS

The Chairman of the Committee on Exhibits met with the Executive Secretary of the League and the Joint Committee on Exhibits at National Headquarters in March. It was agreed at this meeting that the League publications to be exhibited with materials from the other national organizations be reduced in number in order to decrease the size of the exhibit which must be supervised by one person at the various meetings to which it is sent. Attention was called to what seems like an unreasonable loss of materials during conventions. A method of marking folders designed to reduce this loss was agreed upon by representatives of the various national organizations.

Since no further changes in the exhibits of the League seemed to be needed at this time, no meeting of the committee as a whole was called.

Respectfully submitted,

VIRGINIA HENDERSON, Chairman

REPORT OF THE COMMITTEE ON LAY PARTICIPATION

The Committee on Lay Participation has held one meeting during the year, on January 13, 1939.

At this meeting it was decided to recommend to the Board of Directors of the National League that a round table be conducted at the New Orleans convention, under the auspices of this committee, rather than the usual luncheon meeting. This recommendation was accepted by the Board of Directors and plans are being made to have this program on Thursday, April 27.

Other recommendations made by the committee and accepted by the Board of Directors of the National League are:

1. That in order to provide better channels for working relationships between the national and state committees, the National committee be enlarged to include the chairman and one lay associate from each state committee.
2. a. That one of the activities of a state committee is to arrange for a program which would be of interest to lay groups at the time of the state league convention, the representation to include not only members of school committees but other related lay groups.

   b. That when state committees have been organized and functioning well, the next step would be to arrange for lay conference groups as previously suggested by the Board of Directors of the National League.

   c. That in forming state committees nurses be selected who represent various sections of the state, with the view that these representatives may be potential chairmen of local committees.

Letters have been sent by the chairman to state leagues which do not have committees on lay participation, calling attention to the purposes and value of state committees; also giving suggestions for the organization and function of such committees.

Eleven states have reported the formation of committees on lay participation. These committees are in District of Columbia, Louisiana, Michigan, Minnesota, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Tennessee, and Virginia. Our committee believes that if these committees were formed in all states they would be helpful in improving the standards of nursing education and in making the public aware of our objectives and problems.

In closing this report I wish to acknowledge with sincere appreciation the cooperation and assistance of our Executive Secretary, Miss Wheeler.

Respectfully submitted,

Grace A. Warman, Chairman

REPORT OF THE COMMITTEE ON MEMBERSHIP CAMPAIGN

The Committee on Membership Campaign submits to the Board of Directors of the National League of Nursing Education the following report:

One meeting was held in Chicago, Illinois, on July 16, 1938.

The recommendations of the 1937 Committee on Membership Campaign were carried out and there were published in 1939 in the American Journal of Nursing for January, February, and March respectively: (1) an article pointing out the importance of league membership for faculty members; (2) articles by two state league presidents, describing successful membership campaigns; and (3) articles by presidents of two local leagues, telling how these groups were formed.

Recommendations of the 1938 Committee adopted by the Board of Directors of the National League of Nursing Education at their meeting in January were:

1. A national membership campaign committee which shall be composed of a chairman and a representative from each state league who shall serve as chairman of the state membership campaign committee in her respective state.

   This committee shall be appointed by the Board of Directors of the League upon receiving suggestions from state leagues. It is suggested (a) that these nation-wide committees be reappointed at least once, in order to give stability and continuity to the committee and its work; (b) that nominations from the
state leagues be sent to the League Board a few months in advance of the annual meeting, in order that appointments can be made at the close of the meeting.

The function of this committee shall be to conduct a continuous membership campaign in the states.

This committee shall hold a membership rally at the time of the annual convention, preferably at a luncheon meeting, at which time reports from the states may be given and the schools on the honor roll (those who have received certificates for 100 per cent membership) read.

2. One source of new members to the League is the new appointments to faculties of schools of nursing. It is recommended that (a) the National League of Nursing Education routinely send each year a letter to the presidents of state leagues of nursing education (or chairmen of state education sections) requesting that they determine from accredited schools of nursing in their respective states the names of new faculty members; (b) that these names be sent to League Headquarters, from which letters of invitation from the President of the League, application blanks, and other materials will be sent either to these potential members or to the state leagues to be mailed to them.

3. The above method may bring in delinquent members. Memberships are allowed to lapse when members change positions and move to another state. It is, therefore, recommended that a letter be sent to the state leagues, urging that: (a) the treasurer keep information of any such changes; (b) that she automatically send the transfer card to the state league to which this member has moved, urging the secretary or membership chairman to extend her an invitation to attend their league meetings; (c) that she secretary or membership committee chairman in the state to which the member has moved notify the member that her transfer has been received and that she is now a member of their league, and give her instructions about attending the new league meetings.

4. The committee further recommends that a letter be sent to state leagues reminding them of the membership campaign and urging their membership committees to make a special check before March of all delinquent memberships, setting "no delinquent members" as an objective for the year.

5. That the Bulletin published by the three national nursing organizations and state bulletins be used for releases on campaign publicity. Such releases shall bear the signature of the President of the League or the chairman of the Membership Campaign Committee.

6. That a plan be developed at the Headquarters office to follow up candidates who are eligible for membership in instances where these people have been given service through the League office. (For example, a form letter with an application blank could be sent to them inviting them to become members of the League.)

Respectfully submitted,

EDNA S. NEWMAN, Chairman

REPORT OF THE COMMITTEE ON MENTAL HYGIENE AND PSYCHIATRIC NURSING

The annual meeting of the Committee on Mental Hygiene and Psychiatric Nursing was held at Headquarters on January 14, 1939. The membership of the committee is representative of the whole country and it is therefore regrettable that because of the distance many members cannot attend the meetings.

The activities of the committee through its state committees have been
unusual the past year. The reports indicate that great interest has been aroused in the respective states and that results have been attained which seemed impossible five years ago. Some states have been very successful in making surveys of the educational facilities in the mental hospitals and at the conclusion of their studies have planned programs for courses in mental hygiene and psychiatric nursing for graduate and undergraduate students. This is an important step forward—it brings the general and special hospital together in a coordinate teaching unit and no doubt will be effective in improving the care and treatment of the mentally ill in our state institutions.

It was impossible to make the study of the nursing care of the mental patient, as suggested at our last meeting, because of insufficient funds. We are, however, still of the opinion that it is an important activity and that as soon as funds are available the study should be made. In the meantime the New York State Committee, under the leadership of Elizabeth Bixler, has begun a survey of the nursing care of the patients in a New York State mental hospital. This study, we think, will be helpful in planning the more comprehensive and detailed project when it is possible to have some one who can give it undivided attention for a definite period of time. It is hoped that other state committees may become interested in making a similar study of the nursing care in one of their mental hospitals.

We report with pleasure the publication of the bibliography on Psychiatry and Allied Subjects for Schools of Nursing, which has been prepared under the supervision of Mrs. Helena W. Render, formerly Director of Nursing of the Iowa State Psychopathic Hospital. This committee and associates have made a splendid contribution to nursing literature which will undoubtedly be very far reaching in its influence and certainly of great interest to all nurses, especially to those who are teaching in schools of nursing.

The following material, prepared by the Nursing Committee of the American Psychiatric Association, has been reviewed and approved with a few minor suggestions: “A Suggested Curriculum for Undergraduate Nurses Affiliating With a Mental Hospital for Training in Psychiatric Nursing,” “The Minimum Requirements for Undergraduate Schools of Nursing in Mental Hospitals,” and “Suggested Standards for Schools of Nursing Offering Affiliate or Postgraduate Courses in Psychiatric Nursing.” These outlines of study, minimum requirements for schools, and suggested standards follow very closely those proposed by the National League of Nursing Education. They will serve as a guide for mental hospitals accredited by the American Psychiatric Association and will do much to raise the standards of nursing education in these institutions.

At present there are twenty-one state committees on mental hygiene and psychiatric nursing, each one carrying on a definite program which indicates increased interest and extended activity in this branch of nursing. Institutes have been sponsored by state committees and have been attended by large groups of graduate nurses. As a result of these activities nursing educators are beginning to realize the importance of including psychology, mental hygiene, and psychiatric nursing in the general hospital school of nurs-
ing program, so that students have a more adequate background for their psychiatric experience in the special hospital.

The correspondence during the past year has been very heavy. Many nurses sought guidance in the selection of schools for graduate study and others asked for information regarding organizations and agencies interested in mental hygiene and psychiatry. Societies and committees inquired where material could be obtained for use in the planning of their activities and in the preparation of papers. Superintendents of mental hospitals requested aid in securing qualified nursing personnel to organize teaching programs. All of these general inquiries and requests for personal assistance manifests an increased interest in mental health and emphasizes the need for a nurse consultant in mental hygiene and psychiatric nursing.

It was a great privilege to represent the National League of Nursing Education at the December meeting of the Psychiatric Section of the American Association for the Advancement of Science, in Richmond, Virginia. There were two papers on different phases of psychiatric nursing which were most interesting to nurses. The absence of nurses indicated that they were either unaware of the meeting or not interested in the program. It is urgent that nurses become informed of the activities of all organizations devoted to mental health, and to help promote their programs through attendance and participation. The care of the mentally ill and the preservation of mental health is an important function of the nursing profession, and individual nurses both in the community and in the institution should be prepared to take part in the solution of the great mental problems which are confronting society at the present time.

Respectfully submitted,

MAY KENNEDY, Chairman

REPORT OF THE COMMITTEE ON RECORDS

The Committee on Records has not had any meetings during 1938. We have had a few comments on the old and the new set of records, but not as many as we had hoped to receive. These comments will be presented to the committee at the next meeting.

The committee is recommending to the Board that a beginning be made during the coming year on clinical teaching records. The chairman of the committee believes it would be desirable that another member of the committee actively concerned with a clinical teaching program take over the chairmanship. The present chairman might then continue on the committee as secretary and, in this capacity, take the responsibility for the mechanical and clerical duties that are involved in the development of the records.

During the year 1938, 232,235 of the old set of records and 125,596 of the new set of records were sold, or a total of 357,831 records. In addition, requests were received for 445 copies of the Guide for the Use of the League Records.

Respectfully submitted,

BLANCHE PFEFFERKORN, Chairman
REPORT OF THE COMMITTEE ON SISTERS' PROBLEMS

The Committee on Sisters' Problems of the National League of Nursing Education held a meeting on January 7, 1939, at St. Gertrude's School of Arts and Crafts, Washington, D. C.

During that meeting we planned the meeting that was held here yesterday. The program covered a report of a study of the present status of educational programs offered to graduate nurses in the advanced clinical specialty of operating room technique. The rest of the meeting was given over to a discussion on accreditation, the discussion being led by Sister Berenice Beck and Sister Laurentine. That discussion led into several suggestions that were given Sister Laurentine and Sister Berenice which they will convey to the Committee on Accrediting.

Respectfully submitted,

SISTER M. OLIVIA, Chairman

REPORT OF THE COMMITTEE ON STATE BOARD PROBLEMS

The Committee on State Board Problems reports one meeting since the Kansas City Convention. This was held in the Roosevelt Hotel, New York City, on Tuesday, January 24, 1939. Because of the illness of the chairman, Elizabeth Sullivan, Josephine McLeod was appointed acting chairman. Present at the meeting, besides the members, were the chairmen of several other committees whose work is closely connected with the Committee on State Board Problems.

The records for use in schools of nursing published by the League were discussed. Miss Blanche Pfefferkorn explained certain changes in the records which were under contemplation. The committee went on record as endorsing the records. Miss Agnes Ohlson was appointed chairman of a subcommittee on records. This committee is sending a letter to state boards of nurse examiners asking them to study what use is being made of the records in the schools in their states.

Miss Cordelia Cowan was appointed chairman of a subcommittee on upgrading the faculty. This committee is to study the League publication, Nursing School Faculty, and other publications, with the idea of setting up requirements toward which the state boards can work. The committee will confer with the Curriculum Committee in doing this piece of work.

Mrs. McManus, chairman of the subcommittee on tests and measurements, discussed the work which is being done by a joint committee of the Association of Collegiate Schools of Nursing, the Division on Nursing of Teachers College, and the National League of Nursing Education.

Miss Stewart further explained the request that is to be made of the Carnegie Foundation for a three-year fund for the purpose of developing examinations which might be used during the early part of the course in schools of nursing and at the end of the course. Such examinations might also be used by the state board of nurse examiners.
Mrs. McManus and Cordelia Cowan were appointed as members of the State Board Problems Committee.

Topics for discussion at the special conference of state boards at New Orleans were considered.

Respectfully submitted,

JOSEPHINE MCLEOD, Acting Chairman

REPORT OF THE JOINT ADVISORY COMMITTEE ON LEGISLATION
(National League of Nursing Education and American Nurses' Association)

In January 1939 this committee reported to the Boards of the American Nurses' Association and the National League of Nursing Education its activities since the biennial convention which met in April 1938.

An increased amount of correspondence had taken place and many requests for assistance had been received. This had necessitated three meetings which had been held on September 29 and November 30, 1938, and January 3, 1939. At that time six states and one territory had approached the committee.

Since that report, an additional meeting has been held. On February 13 the committee met with representatives of the Ohio State Nurses' Association and discussed with them amendments which had already been introduced into the Ohio legislature. This meeting was followed by considerable correspondence, with resulting changes in the amendments being made by the Ohio nurses. It has also been given the opportunity to give advice on legislation which had been introduced in Maine.

The committee has been led by these various states to believe that its work has been of considerable value.

It is hopeful that it may be given the opportunity of discussing legislative matters with a larger group this coming year.

Respectfully submitted,

ELIZABETH C. BURGESS, Chairman

REPORT OF THE JOINT COMMITTEE ON COMMUNITY NURSING SERVICE
(Three National Nursing Organizations)

EARLY HISTORY OF THE COMMITTEE

A Committee on Community Nursing Service was formed early in 1934 under the auspices of the National Organization for Public Health Nursing, at the request of the American Nurses' Association. It was felt that there was great need for promoting the interest of lay groups in nursing problems, there was need of further interpreting nursing to the public, and there was need of assistance from the lay group in the solution of the distribution and use of nurses in community service. Because the National Organization for
Public Health Nursing included lay people in its membership, it was felt that the consideration of community nursing problems might best be under its regis. The reason for such a committee was obvious—although in many places nursing needs were not being adequately met and the nursing machinery was cumbersome, at the same time there was fairly widespread unemployment among nurses.

It became evident, however, that the problems that needed to be considered in trying to provide a more adequate nursing service in communities were the concern of the three national nursing organizations together rather than the concern of the National Organization for Public Health Nursing alone, since the problems involved not only public health nursing but nursing in hospitals, private duty nursing, nursing education, and community machinery. It was, consequently, recommended that the committee become a joint committee under the jurisdiction of the Joint Board of Directors. The American Nurses' Association had obtained legal opinion so that lay persons might represent them on an advisory committee. It was the very strong feeling of the committee that each organization should have lay representation. A recommendation was made and accepted by the Joint Board of Directors in January 1935 that the Committee on Community Nursing of the National Organization for Public Health Nursing become the Joint Committee on Community Nursing Service of the three national nursing organizations.

At the meeting of the Joint Committee on Community Nursing Service in March 1935 it was agreed that the functions of this committee should 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.

b. To stimulate interest and action in other communities.

The following general principles were agreed upon as a guide to any community in analyzing and meeting its own nursing needs:

1. That a responsible group representing the nursing profession, the lay public, and the medical profession work out plans in each community for a community nursing program.

2. Analyzing community nursing problems includes
   a. How much nursing care is needed for different types of situations
   b. What are the present facilities
   c. What are the gaps and duplications as shown by (a) and (b)

3. Meeting community needs involves
   a. An understood relationship and division of responsibility
   b. A concerted effort to fill in gaps.

**JANUARY 1936 TO 1939**

The members of the Joint Committee on Community Nursing Service include nurse and lay representatives appointed by each of the three national organizations. A group of medical men in the hospital, public health, and private practice groups were invited to act in a consultant capacity to the committee.

The work of the committee has proceeded along the line of the general principles outlined by the committee in 1935 and has been carried forward
by an executive secretary since January, 1936. The headquarters office is
located at 50 West 50 Street, New York City. The committee has held the
following meetings: March 23, 1936; February 25, 1937; December 4,
1937; February 18, 1938; and December 5, 1938.

Proceeding upon the general principles mentioned above, and with plans
and procedures for the work of the secretary suggested by the committee,
the following activities have been carried forward:

A. Work planned and accomplished

1. Office work

a. Information regarding the policies and procedures of the three national
nursing organizations was obtained by attending conferences and board
meetings and by reading materials in the files.
b. Routine office procedures were organized to carry on the work of the com-
mittee.
c. Frequent conferences were held with Headquarters personnel to clear on
matters of procedure and policies of the three organizations as they related
to the activities of the Joint Committee on Community Nursing Service.
d. A constantly increasing amount of correspondence has been carried on in
connection with committee and subcommittee work, preparation for com-
mittee meetings, preparation of reports, minutes, etc., in addition to the
usual correspondence necessary to answer requests for information from the
field.
e. Tentative outlines for use in making studies of community nursing services
were prepared.
f. Tentative outlines and other materials were prepared to be used in the de-
velopment of community nursing programs, councils on community nursing,
study, etc.
g. A bibliography of reference material to assist communities in the study of
nursing problems was prepared and later revised.
h. Arrangements were made for a place on the program at the biennial conven-
tions held in Los Angeles, California, and Kansas City, Missouri, for discus-
sions of problems relating to councils on community nursing service and
other phases of community nursing service programs.
i. A digest was prepared incorporating the information included in the tenta-
tive report, 1932, and preliminary reports, 1933, of the Subcommittee on
Rural Nursing Service which was submitted to the Committee on the Dis-
tribution of Nursing Service (an ANA committee, formerly a joint com-
mitee).
j. Detailed reports of the community nursing surveys made were compiled.
k. Reports of the activities of the Joint Committee on Community Nursing
Service were prepared to be presented to the Joint Board of Directors at
their meetings held January 1936, June 1936, January 1937, January and
April 1938. These included a report for the biennium period 1936-1938.
l. Reports of the activities of the secretary were prepared and presented to the
members of the Joint Committee on Community Nursing Service for each
meeting of this committee.
m. Ten papers on phases of community nursing service were prepared for
presentation at state nurses' association meetings and other meetings of com-
munity groups.
n. A great deal of time was expended to complete the detailed work on spe-
cific phases of the survey outline; that is, questions on registry service, hos-
pital nursing, and public health nursing were discussed with representatives
of the staffs of the American Nurses' Association, the National League of
Nursing Education, and the National Organization for Public Health Nursing.

o. Complete information was assembled regarding councils on community nursing established prior to 1936. This included data on the types of organization, types of community representation, the councils' functions, accomplishments, etc.

p. Materials to accompany the survey outline were prepared. These included How to Make a Survey of Community Nursing Service, and a Bibliography to Be Used in Interpreting the Findings in a Community Nursing Survey.

2. Field trips were made including

a. Visits to four communities (Rochester, Buffalo, Cleveland, and Detroit) to observe the nursing programs and to learn what types of problems confront nursing agencies in representative communities.

b. To present papers at nine state nurses association meetings; one state hospital association meeting; medical society meeting (New York City); two local councils of social agencies, and two county groups representing nursing and other community groups. Informal talks were given at other meetings of community groups throughout the country.

   Papers and informal talks were given by the chairman and members of the committee at state nurses' association meetings and local meetings of community groups throughout the country. The former chairman of this committee presented a paper at the International Council of Nurses in London in 1937.

c. Consultant service was given to nursing groups and other representative community groups in:

   Allentown, Pennsylvania
   Albany, New York
   Rhinebeck, New York
   Rochester, New York
   Birmingham, Alabama
   Montgomery, Alabama
   Nashville, Tennessee
   Bluefield, West Virginia
   Wilson, North Carolina
   Jacksonville, Florida
   Newark, (Essex County) New Jersey
   New Rochelle, New York
   Washington, D. C.
   South Bend, Indiana
   Flint, Michigan
   Kalamazoo, Michigan
   Battle Creek, Michigan
   Saginaw, Michigan
   Jackson, Michigan
   Los Angeles, California
   Pasadena, California
   Salt Lake City, Utah
   Duluth, Minnesota
   Chicago, Illinois
   Boston, Massachusetts
   Toledo, Ohio
   Columbus, Ohio

d. Special consultant service (12 visits) has been given to the Northern Dutchess Health Service Area in preparation for and the establishment of a coordinated community nursing service with headquarters in the community hospital in Rhinebeck, New York.

e. Surveys of community nursing service were made in Salt Lake City, Utah; Blue Earth County and Duluth, Minnesota; Saginaw and Battle Creek, Michigan.

3. The following subcommittees were appointed:

a. Executive ad interim subcommittee. In order to facilitate the work of the committee an executive subcommittee was appointed to serve as an ad interim committee to which the chairman and secretary could refer questions for immediate decision.
Due to the urgency of requests from the field for specific types of help and the desire for material representing group thinking, the following working subcommittees were appointed after the meeting of the Joint Committee on Community Nursing Service, February 25, 1937.

b. Subcommittee to formulate a guide for the organization of councils on community nursing service. This subcommittee held one meeting on April 19, 1937. Using the Suggestions for the Organization of Local Nursing Councils as outlined by the subcommittee on councils of the Joint Committee on the Distribution of Nursing Service and experience of the members of the committee who had participated in the formation of councils on community nursing, this subcommittee outlined a guide for the formation of councils on community nursing. This guide was published as part of an article, Councils on Community Nursing—A step toward better community nursing service—by Grace L. Reid. The *American Journal of Nursing* and *Public Health Nursing* magazines carried this article in the January 1938 issues. Reprints are available at the office of the Joint Committee on Community Nursing Service. The objectives of a council on community nursing were outlined in the guide referred to above and were listed in the report of this committee to the Joint Board of Directors in April, 1938.

c. Subcommittee to formulate a survey outline to be used in making a survey of community nursing service. This subcommittee has held six meetings. It has prepared a tentative survey outline to be used in surveying community nursing services.

This was done because so many requests for assistance in studying community nursing needs and resources on a joint basis by local groups have been received. This survey outline should be of assistance to community groups in securing a general picture of the community's nursing resources. It will show where there are duplications and gaps in meeting community needs for nursing service. It is expected that where agencies want to be studied on an individual basis they will be referred to the national agency which does such studies; for example, studies of registry service to the American Nurses' Association, hospital nursing service and schools of nursing to the National League of Nursing Education, and public health nursing to the National Organization for Public Health Nursing. The survey outline prepared by this subcommittee was used by the executive secretary of the Joint Committee on Community Nursing Service in making surveys of nursing services in four communities in the Middle West in October and November, 1937. These communities varied in size, type, and population. There were cities of about 100,000 population differing greatly in the resources available to render nursing service in the community. One was a rural county with the largest town having a population of about 3,500. The other was a county with a city of 50,000 population plus a surrounding rural area. In the light of these recent experiences and in line with comments received from various experts in community work this survey outline has been revised. Approval for its release as tentative material for experimental use has been granted by the Joint Board of Directors of the three national nursing organizations.
d. Subcommittee to outline plans for community nursing. This subcommittee has held three meetings. General principles upon which any community nursing service should be based have been formulated as follows:

1. The chief objective in any plan for community nursing service is to furnish the best possible nursing service to the community.
2. Complete up-to-date information of the community's needs and facilities for meeting these needs should be possessed by those planning for nursing service to the community.
3. Community participation is essential. The plan evolved should grow out of the realization of the needs and the joint planning of representatives of the governing bodies of the agencies rendering the services, the public who consume the services, and nurses responsible for rendering the service.
4. The amounts of each kind of nursing service needed may vary in different communities but all the types of nursing services are used to some degree in all communities.
5. Whenever possible, the number of agencies distributing nursing services should be reduced to the minimum.

With these general principles in mind, and the information regarding nursing resources in the four communities surveyed by the secretary, the subcommittee outlined suggested programs which the secretary used in compiling the reports of these surveys. It is recognized that communities differ as to nursing resources and needs, and it would be impossible to outline a plan for a program which would fit every community. The subcommittee has outlined tentative plans for community programs for three types of community situations.

1. Plan for a community which has no nursing service organized on a community basis other than that of the official public health nursing agency; i.e., there is no organized nurses' professional registry and no organized public health nursing association (non-official).
2. Plan for a community where there may be a good nurses' professional registry, and no (or an ineffective) public health nursing association.
3. Plan for a community where there may be a good public health nursing agency and no (or an ineffective) nurses' registry.

The use of the term "tentative plan" indicates that these materials are not to be considered as final. It is expected that they will be revised from time to time in the light of further study and experimentation. Probably more requests for a guide to assist in community planning have been received than any other type.

The following is representative of the kind of requests which have been received:

1. Information on procedures to form councils on community nursing
2. Assistance in making surveys of community nursing service
3. Consultation service in the field on formation of councils
4. Speeches at meetings such as medical societies, state nurses' associations, local councils of social agencies
5. Information on various phases of community nursing service
6. Information on cost of coordinated nursing service
7. Standards to be used in evaluating community nursing services
8. Assistance to a community planning a program with new machinery for the distribution of nursing service.
Interest in community nursing service is increasing as evidenced by the following:

1. Six new councils on community nursing have been organized.
2. Twelve other communities are known to be considering the organization of such councils.
3. Five communities requested and sponsored surveys of community nursing service, and others have made studies locally.
4. One community has initiated a coordinated nursing service program, and others are considering plans for similar programs.
5. Requests for information and assistance are increasing and the area from which these requests are coming is becoming more widespread.
6. Fifty requests for the outline to survey community nursing service have been received.
7. A review of the programs of state nurses' association meetings, as reported in the American Journal of Nursing, for the past three years reveals that twenty-seven states have included in their programs discussion of community nursing service. Three states have had such discussions for three successive years, and two had discussions on two successive years.
8. Staff members of the three national organizations report that they are invariably asked questions about community nursing service while in the field.
9. Three hundred forty guides for the formation of councils on community nursing have been sent upon request to 78 communities in 24 states and two provinces in Canada, and to Hawaii. These requests have come from state and district nurses' associations, schools of nursing, public health nursing agencies, libraries, social work agencies, and individuals—nurses and laymen.

In addition to publicity obtained through talks at state meetings and before other groups by the chairman, members of the committee, staff members of the three national nursing organizations, and the secretary, the following articles have been published by the committee:

Joint Committee on Community Nursing Service. October 1936 issue of Public Health Nursing.


Definitions of "community, community nursing service, councils on community nursing and community nursing bureaus" in the January 1939 issues of the American Journal of Nursing and Public Health Nursing.


Other articles which have assisted in stimulating interest in community nursing include:

Nursing the Community. By Dr. C.-E. A. Winslow. April 1938 issue of Public Health Nursing.

Effective Community Nursing Service. By M. Olwen Davies, R.N. October 1938 issue of the Pacific Coast Journal of Nursing.

Nursing as a Part of a Community Health Program. By Merle Draper. October 1938 issue of the Pacific Coast Journal of Nursing.

SUGGESTED PLANS FOR 1939

The activities of the committee during the past few years will serve as a foundation for the next steps to be taken in promoting better community nursing service throughout the country.

With the completion of the survey outline and the tools prepared for groups who will use it, the major activity of the committee for the coming year should be the promotion of the use of this material. The committee's plan of work should include:

Office work:

1. A continuation of routine office work; that is, conferences, general correspondence, etc.
2. A continuation of correspondence to supply general information and advisory service regarding the use of the outline by community groups and individuals.
3. A concerted effort should be made by the committee to stimulate nurses to accept the responsibility of leadership in securing the cooperation of community groups, in ten or twelve communities, to use the survey outline in making a study of nursing resources and needs. These special studies, their interpretation, and the plans for the improvement of these services on a community basis will provide the committee with valuable data that can be used in assisting national and local groups in further study of procedures for meeting community needs for nursing service. Some of the cities where there has been evidence of interest on the part of individuals or groups, and which might be considered for this experimental work are: South Bend, Indiana; Houston, Texas; San Francisco, California; Kansas City, Missouri; Ogden, Utah; Detroit and Flint, Michigan; Syracuse, New York; Portland, Oregon; Birmingham, Alabama; and Allentown, Pennsylvania.

The information that is now compiled concerning the activities of organized councils on community nursing should be brought up to date; newly organized councils should be assisted with suggestions for council programs and with tentative plans for community nursing service; the use of the Guide to Assist in the Formation of a Council on Community Nursing should be further promoted.

The year's activities should also include detailed work that will be required in completing the report of the subcommittee to formulate plans for community nursing service. These plans should provide assistance to community groups who are planning for coordinated services.

Field service during the year should include assistance to local groups: to make surveys and interpret them; to formulate plans for the establishment of community nursing service; to organize councils on community nursing.

Activities to secure publicity should include the preparation of progress reports of activities of councils on community nursing, and reports of studies made in local communities where the survey outline will be used.
CONVENTION PROCEEDINGS 85

The surveys of nursing services in the selected group of communities and others undertaken during the year 1939 will require considerable time and may not be completed by the end of that year. It would seem therefore, that the work undertaken during 1939 should be carried over into 1940.

The developments resulting from the studies should lead to actual experimentation in the establishment of community nursing programs, that will more nearly parallel the developments in other fields of health and social work.

The further development of plans for community nursing service should provide increasingly effective guides that may be used by community groups who are making surveys of their nursing services. Some communities should then be ready to attempt to develop programs of coordinated services.

Since the funds of the three national nursing organizations to carry on the work of this committee are limited, the committee has been granted permission by the Joint Board of Directors to attempt to secure funds from other sources. The committee is now endeavoring to raise such funds in order to continue its activities.

Respectfully submitted,

ELSBETH H. VAUGHAN, Chairman

REPORT OF THE JOINT COMMITTEE ON THE COSTS OF NURSING SERVICE AND NURSING EDUCATION

(National League of Nursing Education, American Hospital Association, American Nurses' Association)

The report of the Joint Committee is largely an account of progress, the details of which are outlined in the report of the Director of the Study. Two meetings of the committee were held during the year 1938 in New York City: one on January 29, 1938, which began at 10:15 a.m. and adjourned at 3:40 p.m., and another on November 19, which began at 10:20 a.m. and adjourned at 5:20 p.m. A meeting will be held some time in the late spring or early summer to consider the final report before publication.

The second meeting was largely given over to a consideration of the accounting procedures and their underlying principles submitted by Mr. Rovetta for computing nursing service and nursing education costs. Mr. Rovetta reported at this meeting that he had secured a three-month leave of absence from the University of Chicago to work on the Cost Study. Miss Pfefferkorn presented tables showing some of the findings from the twelve-month nursing service study and the study concerning the value to the hospital of student nurse service. Plans for completing the work of the study were also discussed at this meeting. These plans, as stated above, are outlined in the report submitted by the Director of the Study.

Respectfully submitted,

NELLIE X. HAWKINSON, Chairman
REPORT OF THE JOINT COMMITTEE ON THE STATUS AND PROBLEMS OF THE HOSPITAL STAFF NURSE

(National League of Nursing Education and American Nurses’ Association)

Our committee has held one meeting during the year with the representatives of the American Hospital Association and the Catholic Hospital Association. A special worker, Mrs. Nellie Parks, was engaged by the American Nurses’ Association to assist in compiling information on the status of general staff nurses in hospitals as found in current literature.

Since the committee feels that it is highly desirable that the report give an unbiased presentation of the problems related to the employment of the general staff nurse in the hospital and because the material already collected represents largely the nurse’s viewpoint of those problems, the committee plans to solicit an expression of opinion from a representative group of hospital nursing executives throughout the country from the viewpoint of the hospital.

The report will also include the recommendations for general staff made by the American Nurses’ Association in the Study of Incomes, Salaries, and Employment Conditions. After it is approved by the American Hospital Association and the Catholic Hospital Association it will be printed and distributed under the joint auspices of the ANA and the League.

Respectfully submitted,

Laura E. Grant, Chairman

REPORT OF THE JOINT COMMITTEE TO OUTLINE PRINCIPLES AND POLICIES FOR THE CONTROL OF SUBSIDIARY WORKERS IN THE CARE OF THE SICK

(Three National Nursing Organizations)

The Joint Committee to Outline Principles and Policies for the Control of Subsidiary Workers in the Care of the Sick has been working during the past year through subcommittees. Two meetings of the Joint Committee have been held—September 13, 1938 and January 16, 1939. Conferences and subcommittee meetings were interspersed throughout this period.

Two appointments have been made—Miss Lucy Gillett, representing the American Home Economics Association, and Dr. Malcolm MacEachern, representing the American College of Surgeons.

Three subcommittees which have been active are:

a. The Subcommittee to Outline Duties of Ward Helpers and Orderlies. This subcommittee completed its work and it was approved by the Joint Committee on January 16, 1939. This outline was presented to the Joint Board of Directors on January 26, 1939 and it was voted to accept the report as tentative, to have it published in the American Journal of Nursing and Public Health Nursing inviting criticism and suggestions.

The subcommittee was comprised of the following members: Blanche
Edwards, Chairman, Fredericka Farley, Bessie Parker, Blanche Pfefferkorn, Claribel A. Wheeler (ex officio), and Ella Hasenjaeger (ex officio).

b. The Subcommittee to Outline Duties and Type of Supervision for Subsidiary Workers in the Private Duty Field and when working under Public Health Nursing Agencies was formed from a merging of the Private Duty Subcommittee and the Public Health Subcommittee. This committee has also prepared an outline which was presented to the Joint Committee on January 16, 1939. This outline was presented to the Joint Board of Directors on January 26, 1939 and it was voted to accept the report as tentative, to have it published in the American Journal of Nursing and Public Health Nursing inviting criticism and suggestions.

The subcommittee consisted of the following members: Netta Ford, Louise Knapp, Lucy Gillett, Hilda Torrop, Helen McDonough, Mary E. G. Bliss, Lulu St. Clair, Dorothy Deming, and Ella Hasenjaeger (ex officio and Chairman pro tem).

c. The Subcommittee to Formulate a Plan of Work for State Committees. The members of this committee were: Claribel A. Wheeler, Alma H. Scott, and Ella Hasenjaeger, Chairman.

The committee prepared a questionnaire to be sent out by the American Nurses’ Association to state nurses’ associations to be used as a guide for state studies. This includes questionnaires to hospitals, registries, physicians, and the public. States have been encouraged to make their own studies and to use the same questions, in so far as possible, in order that the data may be comparable to the findings of other states.

Respectfully submitted,

Ella Hasenjaeger, Chairman

REPORT ON THE PROGRAM OF THE NURSING INFORMATION BUREAU

MARY M. ROBERTS, R.N., Director of the Nursing Information Bureau

I am very happy to have this opportunity to tell you briefly about the current program of the Nursing Information Bureau.

“A basic unity in idea” is fundamental to everything the Bureau is trying to do and a basic unity of purpose in the three national nursing organizations is the animating force behind the public information program.

The functional chart brings out this point of a unity of purpose. I regret that you cannot easily see all of it. At the top we have the Boards of Directors and the national nursing headquarters. Note the lines coming down to a central hopper effect representing a pooling of information which then goes out through defined channels to the public. In other words, the Nursing Information Bureau never has an independent program. It is dependent always on the studies that the League and the other organizations are constantly making, upon the factual material provided us, and the programs provided us by the headquarters of our three organizations.
We have pride in telling you that already this year we have distributed through various channels 25,000 more pieces of material than we distributed in the entire year last year, and we find it almost impossible to keep our shelves supplied with material.

Just this morning we received copies of the revised pamphlet for college women. We do hope you will like it. We have dressed it up a bit but kept it very modestly priced. We hope you will find it useful. That process goes on all the time—of supplementing and amplifying the existing material and then, when possible, adding to the program. The League has, as you have been told, no national committee on public information, but it does encourage the development of state committees.

The Nursing Information Bureau is a unit of the American Nurses' Association, administered by the American Journal of Nursing. To ensure coordination with the other two national nursing organizations it has on its committee the directors of all three national nursing organizations. The larger committee is made up of representatives of the three groups, plus a few persons chosen on the basis of special experience, in order that we may keep the program in line with the thinking of each group.

For committees of the state nurses' associations, a flexible plan which meets their own situations and needs has been suggested. It has been recommended that these state committees have at least a representative of the state league and of the state organization for public health nursing, if there are such organizations in the state, or at any rate representative nurses of the three major groups.

The National League of Nursing Education is suggesting the formation of state committees on nursing information in the state leagues, the function of which will be to study the need for public information as it relates to nursing education and which can be developed through the medium of a public information program. It is further suggested that these committees work closely with the nursing information committees of state nurses' associations. It is desirable, for the sake of preventing duplication, that the chairman of the league committee be the representative of the league on the committee of the state nurses' association. Then too, many state leagues do not have the necessary machinery for the distribution of material. In other words, just as the Nursing Information Bureau receives requests from all sorts of people for radio talks, we invariably clear the requests through the office of the state association. Otherwise, two or three people might try to get time on the air for approximately the same thing at the same time, which would not give the radio stations any feeling of confidence in the nursing organizations as sources of information.

It is a rather slow process, but I do assure you that in some states they are developing really effective programs of public information. The May Journal will devote almost a page to the public information programs of certain states. It is the first time that we have had such a volume of these reports. They have to do with matters which are of profound concern to
our League members because of "a basic unity of idea" which is common to all of us.

We are hoping that in your state committees you will adhere to this same general type of organization, each recognizing the contribution that the other can make. In case of a special need it, too, should be cleared through the state association committee even though it may be turned back again for development to the special group which has the precise technical information so that there will be no confusion created in the minds of the public or the nursing profession.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND

(Three National Nursing Organizations)

The annual meeting of the Isabel Hampton Robb Memorial Fund Committee was held in New York on January 25, 1938.

During the year there were seven scholarships of $300 each granted. Two of the applicants had college degrees. They were from California, Illinois, Indiana, Missouri, New York, and Washington.

Contributions from alumnae, state, and district associations, and state leagues amounted to $939.50.

At a special meeting of the Isabel Hampton Robb Memorial Fund Committee held in New York on November 4, the following motions were adopted:

1. Hereafter the committee is to meet, including the annual meeting, three times per year—the first week in June, November, and January.
   Robb Scholarships will be judged at the June meeting.
   McIsaac Loans will be considered only in June and November.
2. For the coming year all scholarships are to be awarded to nurses not holding degrees.

THE MCISAAC LOAN FUND

During the year there were twenty-six loans granted to nurses from the following states:

<table>
<thead>
<tr>
<th>State</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connecticut</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maryland</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massachusetts</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michigan</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There were granted—17 loans of $200 each ............... $3,400

2 " 150 " 300
6 " 100 " 600
1 " 50 " 50

26 " amounting to ............... $4,350

Contributions from alumnae, state, and district associations, and state leagues amounted to $865.00.

Prepared by MRS. MARY C. EDEN, Secretary-Treasurer
Respectfully submitted,
ALTA ELIZABETH DINES, Chairman
General Session

Monday, April 24, 2:00 p.m.

Presiding: Stella Goostrey, R.N., Acting Chairman, Committee on Accrediting.

ACCREDITATION—HELP OR HINDRANCE?


Accrediting agencies are powerful organizations. Their evaluations usually mean life or death to an institution. Their representatives deny that their methods are coercive. An institution, they say, may or may not choose to be examined for accreditation. For the great majority of institutions this is merely Hobson’s choice. Failure to be accredited means extinction. American institutions of education are increasingly subjected to examination by these agencies. Numerous professional bodies have launched an accrediting program in recent years and your own organization is about to do so now. It is appropriate therefore to inquire what functions such an agency should properly serve and, if possible, to point out ways in which the accrediting procedure can be improved for the benefit of the profession and of society at large.

One of the chief functions of the accrediting association in American education can be best understood by referring to the early history of education in this country. After the Revolutionary War representatives of the thirteen colonies assembled to draft a constitution to replace the articles of confederation. James Madison’s notes on the deliberations of the convention show that in all the long discussions which preceded the adoption of the constitution the subject of education was mentioned but once, and then briefly. There were several reasons for this disregard of education, but the principal of these was that the states were sparing of the authority and influence which they were willing to cede to the central government. They could not forget that they had only recently fought a war to free themselves from the arbitrary and capricious rule of a power unfamiliar with their needs and purposes. Control of education they deliberately reserved to the several states. Like Hitler and Mussolini they recognized that the agency which controls the schools also controls the thoughts of the people. They rightly feared the concentration of such great power in a central government. Even within the states a great deal of local autonomy was guaranteed. This tradition of local control of education has in large measure continued down to the present day.

There were many advantages in local control in the relatively static society of the late eighteenth and early nineteenth centuries. But with the increasing mobility of our population it became important that some sort of educational standards be developed and applied. In European countries responsibility for the control of education is placed in the ministry of education or
some similar governmental agency. In this country, however, as the need
for some type of broad coordination and control of education became ap-
parent, an indigenous agency sprang up. This was the accrediting associa-
tion. The value of the services which these associations have rendered in
giving some unity to the educational system of their country can hardly be
exaggerated. Educational chaos has been changed into some sort of order.
These agencies have little if any legal right to impose their mandates on
the institutions which fall within their purview. To be sure, some states
have written their standards into the law, but the enforcement of these regu-
lations is a state right and not the privilege or duty of accrediting agencies.
However, in spite of the fact that their influence is largely extra-legal, it is
no less powerful.

An example of their influence for the betterment of education in the
United States is to be found in the work of the Council on Medical Education
of the American Medical Association. In 1910 Abraham Flexner made a
report on medical education in the United States. This report was based
upon an examination of our medical schools of which there were then nearly
150. It described the appallingly deficient programs of education then being
offered in a number of these schools. It recommended drastic improvements
in medical education. On the basis of this report the American Medical
Association adopted an accrediting procedure which it applied to medical
schools seeking the approval of the Association. The beneficial effect of this
action exceeded the most hopeful expectations of the profession. Within
a brief time almost half the medical schools were closed. Those that sur-
vived began immediately to restudy their programs. Faculties were improved
and increased in size. Laboratories and other physical properties were en-
larged. Curricula were revamped and modernized. This transformation was
rapid, thoroughgoing, and lasting. Other accrediting agencies have been re-
sponsible for similar though less dramatic reforms.

In addition to exterminating many institutions and stimulating others to
self-improvement, such organizations have rendered other valuable services.
They have warned prospective students and their parents about inferior and
fraudulent schools. They have persuaded state boards of licensure not to
certify graduates of unaccredited schools, thus protecting society against
incompetence and malpractice. Through educational conferences and intim-
ate professional association they have done a great deal to inform member
institutions about changing educational philosophy and practice. And it
must not be forgotten that the major part of this work was done by a group
of professional people voluntarily joined together for these purposes. Much
of the work of the accrediting associations has been done with little or no
compensation. This is a notable record.

In view of these accomplishments why should the speaker have chosen the
topic Accreditation—Help or Hindrance? For several reasons. In the first
place the job which accrediting agencies did in their early days may not be
the thing which ought to be done now. A surgeon may drain the abscessed
gall bladder of a patient near death and restore him to perfect health. At
the moment, that operation was exactly the treatment the patient required. It doesn’t follow at all that the gall bladder should be entered every two years on general principles. A technique which was sound at one stage of educational development may not only have outlived its usefulness, it may actually have become a hindrance to progress. A few agencies have adapted their accrediting procedures to present educational conditions, but they have not been adopted by the majority of the others.

In the second place, it was my wish to impress upon you the fact that there is now abroad a great deal of criticism of the accrediting movement. This criticism emanates from several sources. Administrative officers in the state universities and the land grant colleges are the most vocal, however. Within a year associations of these two types of institutions have appointed a joint committee to investigate the activities of accrediting agencies and to submit to the next annual meeting a list of the agencies to whose accrediting practices they will submit. Others will automatically be excluded. These colleges and universities are capable of wielding great power through social and political pressure. They are well meaning and sympathetic people and have no desire to suppress any group in society which attempts to raise educational standards. However, they are now under the impression that not all the activities of these agencies have the improvement of education as their chief purpose.

Whatever the outcome of the work of the college and university associations, it is appropriate to take stock of accrediting procedures at this time in order to discover which practices are a real or potential hindrance to educational progress, and to try to make changes necessary to correct the situation. In the instance of this association such action obviously would be preventive rather than therapeutic.

We may begin with the assumption, I presume, that the improvement of the product of educational institutions is the only defensible reason for accreditation. In concrete terms this means that accreditation of nursing schools should result in the production of better nurses. This seems to be an obvious point, and one upon which agreement can quickly be reached. The fact is, however, that many accrediting bodies have completely lost sight of it. Many others pay lip service to the idea, but have never tried to find out how good the graduates of an institution are in terms of actual performance. Instead of trying to discover what knowledge, skills, attitudes, and personality traits the graduates of various professional schools possess, the accrediting associations have preferred to gather information about library books, beakers in the chemical laboratories, beds in dormitory rooms, and janitors employed. Plato, Aristotle, and the other immortal teachers of the Greek school would not have been accredited by our modern evaluators. They had no endowment except intelligence, a thing apparently of secondary importance today; they had no buildings, no Ph.D. degrees, few books, and they did not need them because information was kept in their heads and not in bookcases. Yet, lacking all these things, they were the world’s great teachers.

Rarely has anyone taken the trouble to find out what relationship there is between these items and the competence of the graduate. Those associations
which deal with training for the various professions have less excuse for not attempting to prepare standards in terms of student competence than do those which deal with the liberal arts. There is wide disagreement concerning the component parts of a liberal education. In the professions, however, there are at least minimum standards of knowledge and performance upon which general agreement could be reached. Many professional educators concede this point, but they believe that no instruments can be constructed which will adequately measure many of the outcomes of learning. Such persons might well recall the statement of Professor Edward L. Thorndike of Columbia University to the effect that "if a thing exists, it exists in quantity; if it exists in quantity, it can be measured." It would not be easy to devise a set of instruments adequate to the task of measuring proficiency in nursing, but it would be a worthy undertaking. And one, I am convinced, that would attract support from the foundations which subsidize studies of this sort.

I should like it understood that I am not advocating the preparation of a battery of paper and pencil tests to measure the entire complement of nursing abilities—quite the contrary. I do not believe that all the abilities in nursing can be appraised by such tests. Such a testing program should grow out of a study of the things which various types of nurses are expected to be able to do in the practice of their profession. Though the basic program in nursing education will be quite the same in all schools for some time, the rapid development of new types of nursing service will inevitably require division of labor in nurse training schools. It is becoming axiomatic in accrediting work that the institution should be evaluated in terms of its own objectives. Consequently no one set of evaluating instruments could be administered to all nursing schools. But a beginning could be made with the preparation of instruments for the so-called "core curriculum." I believe your association has the responsibility to begin this task in dead earnest and show the other professions what can be accomplished.

The measurement of the product, you will say, is a fine ideal to be striven for, but we are far from the goal at the present time. This is true. Some eminent students of this problem believe that no accrediting should be done until more reliable measuring instruments have been devised. This is a counsel of perfection. Accreditation of the type now common, by which the educational program is assessed in terms of tangible evidence, will continue in one form or another. Schools will still be appraised in terms of the number of faculty members employed, the extent of their training, the number and types of books in the library, the size of classes, and other such things. If these items are to be employed in determining the excellence of an institution, it is important that their individual value as an index of quality be known. Many of the so-called standards now employed by accrediting agencies are demonstrably unrelated to the quality of the institution.

So far as I know only two comprehensive investigations of accrediting standards have been made. One was conducted by the North Central Association of Colleges and Secondary Schools, and the other by the Catholic Hospital Association. The results of these investigations should be known
by all persons having any responsibility for the creation or operation of a program of accreditation. I shall use the North Central study to illustrate several points which I should like to make. The study of the Catholic Hospital Association might be used with equal propriety, but it came to my desk only a few days ago and I have not had time to examine it closely. A cursory examination reveals, however, that the techniques employed in the two studies are quite similar, if not identical.

In order to show the improvement which has occurred in the accrediting procedure of the North Central Association I should like to quote from the standards of the Association prior to the adoption of the new plan in 1934. Here are several dealing with faculty, library, and endowment.

First, "the training of the members of the faculty of professorial rank shall include at least two years of study in their respective fields of teaching in a recognized graduate school, presumably including the Master's degree. For heads of departments, training should be equivalent to that required for the Ph.D. degree or should represent corresponding professional or technological training."

Secondly, "the college shall have a live, well-distributed, professionally administered library of at least 8,000 volumes exclusive of public documents, bearing specifically upon the subjects taught with a definite annual appropriation for the purchase of new books and current periodicals."

Thirdly, "such college, if not tax-supported, shall possess a productive endowment of $500,000 and an additional endowment of $50,000 for each additional 100 students above 200." 1

In making the study of accrediting procedures, fifty-seven institutions were selected from among the North Central membership. These institutions were then rated on a scale of general excellence by persons experienced in the appraisal of colleges and universities. When their standing with respect to the standards just described was correlated with the ratings of excellence, it was discovered that with one exception the standards were not indicative of institutional excellence. Dean Haggerty speaking of the old standards says: "In the old body of standards, for instance, there was not a single one with the coercive value attributed to it, not one which an institution may not violate and still be a good educational institution. The endowment standard, the library standard, the number of departments standard, . . . even in fact all of them taken together, do not assure that an institution meeting them will be a good place for the education of youth." 2 These standards were in force for many years. It would be impossible to estimate the irreparable damage the application of such requirements has done to both those institutions excluded and those accepted into membership in the North Central Association. For it must not be forgotten that many of those which achieved grace ceased their good works.

This study revealed the fact that criteria of excellence are meaningless when considered singly. They must be related to the objectives of the institution and also to other criteria. For example, the number and types of books in the library is of no significance until the purposes of the educa-


2 Ibid, p. 95.
tional program are known. The largest and most complete Shakespearean library in the world would add very little to the efficiency of instruction in a school of nursing, for such an institution does not consider the training of Shakespearean scholars one of its proper purposes. I have been told by an inspector for the North Central Association about the president of a small college who purchased a truckload of boys' books of the Tom Swift and Horatio Alger variety to bring his college library up to the 8,000 volumes required for approval. Thus the letter of the law was satisfied, but hardly the spirit. Similarly the salary scale attains meaning only when related to provisions for retirement, housing, insurance, the teaching load, and the location of the institutions. A three-thousand-dollar salary in New York City and a similar salary in a small rural community would have entirely different values. Yet these standards were applied indiscriminately in the North Central Association prior to 1934 and continue to be applied in many other accrediting agencies today.

Quantitative standards were abandoned by this organization in 1934. Indeed at that time the whole concept of standards was given up and in its place was substituted the idea of judging the institution as a whole under the principle of compensating excellencies. According to this principle inferiority in one aspect of the institution's work may be offset by excellence in another. Under the old standards if an institution fell below the level of respectable mediocrity in any one phase of its work it was branded a "pariah" and cast out of decent academic society. Now provision is made for redemption. For example, a college may not have a very strong faculty as measured by degrees held and scholarly works published, and yet this faculty because of superior administrative leadership may actually be more effective than one whose paper record is distinctly above the average. This type of accrediting procedure, though still relying on material indexes of educational value, is infinitely superior to the older method and to the others in common use today. The North Central study shows that any accrediting procedure based upon purely quantitative standards will probably be unsound and consequently a hindrance to the improvement of education in the United States.

One of the matters about which institutions are now especially concerned is the influence of accrediting on the curriculum. The curriculum is the germ plasm of an educational institution. It changes very slowly from generation to generation. Sharp individual variations may occur, but the rate of change in the species is not rapid. By a process of gradual modification and selection the curriculum adapts itself to its social environment, or the educational organism of which it is the vital part disappears. Biological organisms instinctively protect this vital part of their being. Likewise educational organisms. For this reason many of our institutions are especially alarmed about the influence on the curriculum of accrediting policies and practices. It is asserted that their natural growth is distorted by the restrictive conditions laid upon them by these outside agencies.

This conflict involves a nice point of social control. Educational agencies are chartered by the several states. Through such charters they are given
wide powers. Generally the board of trustees has full power to determine the subject matter to be taught. Customarily this responsibility is delegated to the faculty along with the privilege of deciding how it shall be taught. But final decisions regarding content and method rest with individual faculty members. For example, the entire faculty of an arts college may decide that United States government should be studied by all students. The content of such a course, however, and the manner in which it shall be taught are matters for the instructor to determine. It is assumed that the teacher of government will not spend his time lecturing on the digestive system of the flat worm, or on the sexual aberrations of the South Sea islanders, although I have heard of no less bizarre deviations from what is proper.

Now it is true that faculties in our institutions lead a sheltered existence. They should. Scholarship does not flourish in the hurly-burly of everyday life. Scholars must stand off and examine a segment of life unmolested by the rude interruptions with which most of us are constantly beset. But by being thus removed from the stream of social change our educational institutions become insensitive to its speed and direction. A good example of this lack of response to the needs of society is to be found in the universities' complete disregard of the development of science in the seventeenth and eighteenth centuries. If, then, our educational institutions are slow to see and to serve the emerging needs of society, should not some other group of professional or lay persons be given this responsibility? The answer is that the responsibility should be divided.

The point can be clarified by an illustration from the nursing profession. The members of the profession are in everyday contact with patients, with doctors, with welfare agencies, with hospital administrators, and with a cross section of our population. No group of persons is more keenly aware of the impact of new social forces on professional practice. The profession has the right, indeed the duty, to bring forcefully to the attention of the appropriate educational institutions new educational needs growing out of these social changes.

For example, because nurses are increasingly faced with professional problems requiring a knowledge of the social and economic background of disease, it may be necessary that persons now in training be given some understanding of the social sciences. But what these courses shall be, and how they shall be taught, are matters which should be left to persons teaching them. In short, accrediting agencies, if they are really interested in advancing education, should avoid definite prescription of curricula materials or teaching method.

This is not a matter involving professional pride or selfishness. I think it could be argued that teachers in educational institutions know more about the way to teach their own subjects than outsiders. Moreover, we must make the assumption that like the members of other professions they are trying to do the best job they can with the available facilities. They have a professional right therefore to ask that they be allowed to organize the curriculum and present it as they wish. But this is not the most important reason for
leaving this responsibility in the schools. The real reason is that no one
knows except in the most general way exactly the organization of the cur-
rriculum and exactly the method of presentation that will produce a given
result. This statement holds for professional programs of study as well as
for the liberal arts.

Scholars in education have been working for years on problems of cur-
rriculum and instruction. Yet only a bold person would say that the basic
problems had been solved permanently. What medical educator would be
willing to say that four hundred hours of gross anatomy taught in such and
such a fashion along with other studies will produce a doctor, while three
hundred hours taught in another fashion will not. Time was when the med-
ical profession was willing to be much more dogmatic about these matters
than at present. Those who have followed the evolution of the medical
curriculum in the past twenty years will recognize a trend toward greater and
greater flexibility and institutional self-determination. Even in the pre-
professional program prescription has been reduced to a minimum.

Educational research has caused medical educators to change their attitude
toward these matters. They now admit that there is no one best way of
making a doctor. Moreover, they recognize that the only possible means of
ever finding out which educational practices are sound is through unlimited
experimentation. It seems strange that the majority of accrediting agencies
insist on running the entire gamut of errors which were perhaps inevitable
in the pioneering work in medical education. They all seem to begin with
the assumption that what may have been true in medicine, is not true in the
younger professions. The import of these remarks is that any accrediting
procedure which rests on the assumption that there are certain curricular
patterns and certain methods of instruction which will, to the exclusion of
all others, produce a competent professional personnel is destined to act as a
hindrance to educational progress.

And the last point which I should like to make can be illustrated from
the field of criminology. The attitude of society toward the criminal several
centuries ago is best expressed in the ancient law “an eye for an eye, and a
tooth for a tooth.” At one time several hundred crimes were punishable by
death. This concept of retributive justice, which obviously included a certain
amount of sadistic persecution, has gradually been replaced by one which
considers the criminal to be a sick person who can probably be cured by
proper treatment, if cared for early enough. Therefore, instead of destroying
the guilty individual we now try through sympathetic retraining and guid-
ance to save him for social usefulness. What I mean to imply by my illus-
tration is that too many accrediting agencies operate on the philosophy of
life of the Pharisee who, praying in the temple, said, “God, I thank thee,
that I am not as other men are.” Too frequently the attitude of the accrediting
agency has been one of smug complacency. Their inspections too often
have turned into inquisitions. It is my belief that attention should be fo-
cussed on the improvement of nursing education through mutual assistance.
Perhaps in the beginning a good many schools may have to be actually forced
out of existence for the good of society. A better way it seems to me would be to encourage the weak and infirm to practice euthanasia. But in any event the policies of these agencies should be constructive rather than destructive. Institutions should be permitted to work out their own programs in terms of their objectives. Experimentation and deviation from the common pattern should be encouraged. In short, the function of policing should give way to one of educating.

May I return to the original question and apply it to the nursing profession? Will accreditation of nursing schools help or hinder educational improvement in these institutions? If you will keep always before you in your accrediting practices that your only purpose is to improve the education of nurses and not to create a professional monopoly, if you will persistently attempt to measure the product of the educational program rather than its material complexion, if you will constantly seek to validate by scientific study those standards which you adopt, if you will refrain from placing the curriculum in a straight-jacket, if you will constantly stimulate experimentation and variation rather than coerce every institution into one pattern, if you will do these things, you will not only help advance nursing education, but more important than this, you will demonstrate to the other professions how education can be improved through an intelligent and open-minded study of the problems involved. Thus you would make a lasting contribution to professional education in the United States.

Will you do it? You must answer this question.

THE PURPOSE, PROGRAM, AND PRODUCT OF THE SCHOOL OF NURSING

CLARA QUEREAU, R.N., Secretary, Committee on Accrediting

Purpose, program, and product—among these three there must be constant interaction if our professional objectives are to be fulfilled. What the graduates of our schools are like, what they know, what ability they have to apply knowledge, how well the school has prepared them for acceptable and happy adjustments in their chosen fields, are common questions in general and professional education today. To a greater extent than ever before attention is being directed toward examination of the school's product.

In the recent Regents' Inquiry into the Character and Cost of Public Education in the State of New York, Dr. Luther Gulick states that "the major approach of the Inquiry was from the product to the process." 1 He states also that the study "concerns itself with the fundamental purposes of education and with the effort to find practical methods by which the generally accepted objectives can be realized." 2

The thought that "life itself properly lived" is the objective of education is not new. Several years ago it was stated that

Education, after its long sojourn in isolation from life and reality, is emerging from its cloisters to discover in the needs of men its responsibilities for service, and then to give this service to all ages according to needs.

To put such a plan into operation, to change traditional ideas and obstructive realities, requires time and redirection of effort. The first step in this direction is to recognize what our objectives should be and to state them in definite terms. Successive steps will be to formulate policies and procedures; to test the program by measuring the student's attainment at intervals throughout her course; to develop measures for evaluation of the graduate's ability to adjust to life situations; and finally to revise purposes, policies, and procedures as strengths and weaknesses in the program become apparent and as the needs of society change. Emphasis should be placed upon the fact that final answers to these questions will never be found as changing conditions will always demand periodic revision of purposes and reorganization of the work of the school.

In another current article on education the statement appears:

Until definite checks are made to gauge the extent to which the behavior of the pupils corresponds with the purposes stated, there is danger that educators may be guilty of wishful thinking.

These trends in general education challenge us to answer the questions: Have we been indulging in wishful thinking? Have our schools formulated in clear and understandable terms the purposes for which they exist? Are these purposes in line with the accepted objectives of the profession? Have programs been built as a means of implementing these purposes? Are we attempting to measure the product of our schools in terms of the stated purposes?

Our findings in studying the fifty-one selected schools do not indicate that we have been lacking in appreciation of these needs. Perhaps we have not erred to a greater extent than have executives in other fields of education. But the time for self-evaluation and for definite charting of the course to be traveled has arrived. This does not mean that a fixed pattern can or should be prescribed that every school should follow but it does mean that the destination should be known before the journey begins. An aimless course is likely to have an indefinite end.

Examination of the stated purposes, from which our study of the fifty-one schools proceeded, showed a relatively small number that had not attempted to formulate aims. Some schools, it is true, submitted statements so general in character that they gave little clue to the major fields around which the program had been planned. Notwithstanding that fact, however, a well-
directed purpose may have been found permeating the entire course. A considerable number showed that the aims suggested by the Committee on the Grading of Nursing Schools and by the Committee on Standards had been used as a guide in educational planning. It must be admitted, however, that direct relationships between the purpose, the program, and the product rarely exist.

For example, the objective may include the statement: "To prepare the nurse to assume her share of responsibility for promotion of health and prevention of disease." A search for evidences of integration of health knowledge with the total course of instruction and with the actual work and life of the student was not as fruitful as the investigators hoped it would be. It is true that didactic instruction is probably provided in the classroom but the application of health principles to actual living is frequently an intangible factor. Yet in no educational field is there greater opportunity for direct use of health knowledge than in nursing.

Perhaps it is fitting that I should stop at this point to reassure any executives who are unduly concerned about this common weakness in our schools. Obviously a condition which is prevalent in many good schools could scarcely be considered a factor which would weigh too heavily against one seeking recognition. On the contrary, may I use this as a means of illustrating one of the values of an accrediting program. A project that is nationwide in scope allows participants to share in the progressive measures employed by those within the group and to see themselves in relation to other institutions of a similar character. Inquiry concerning certain teaching methods sometimes brings to light traditional practices that are outmoded and quite unsuited to current needs. The only reason that can be advanced in justification for the practice is that "It always has been done." That statement is often followed by another, "I'm so glad attention has been directed toward that point. It had been entirely overlooked." Accrediting practices, therefore, may give new leads in developing the educational program. Attention should be called again to the Committee's plan to judge the character and general excellence of the school as a whole, recognizing that superiority in certain areas may be considered as offsetting, to some extent, limitations or defects in others.

Investigation of the means employed in obtaining facts concerning the program of education in the schools studied is fairly well known as the schedules were made available through the office at Headquarters. It is not possible at this time to give any report of the findings of surveys as facts have not been summarized but the way in which the surveys were conducted may be of interest. In the first forty schools the visitors filled out the forms during conferences with heads of departments. Another method which proved more satisfactory was tried in the last eleven schools. The whole set of schedules was sent to the school prior to the arrival of the visitors in order that more time could be taken for consideration of the questions. The second method proved to be much more satisfactory than
the first. The visitors' time was spent more profitably and the schools received greater satisfaction.

The procedure observed by the investigators varied somewhat in individual schools but with few exceptions may be outlined as follows:

1. A preliminary conference was held with the director of the school for the purpose of clarifying any items of information concerning organization or administration as reported on the schedules. A plan of work for the number of days set aside for the survey was also arranged at this time, appointments made for conferences with department heads and with affiliating schools where clinical experience was provided in other institutions.

2. This conference was followed by a tour of the entire plant, usually with the director of the school, one or more assistants often accompanying us. The purpose of this tour was to obtain a general picture of the physical facilities of the institution—the setting in which the educational program operates—to observe the physical assets and handicaps under which the school was operating. In the larger institutions where many hospital units were the same a few typical ones were chosen from each clinical division.

Detailed inquiry was conducted into the routines of procedure in two or more units in order to make comparisons between the character of the work in different departments. Special attention was given to methods of assigning work to students, the ward teaching program, ward records, and the general character of the nursing service. The quality and adequacy of the residence, classrooms, and library were noted.

3. After this superficial tour had been made by the two visitors, the work was divided so that the head of each department was interviewed by one of the representatives of the League, the schedule for the particular division serving as the basis for discussion. Any misunderstanding or misinterpretation of questions was corrected at this time. Special effort was made during these interviews to determine attitudes toward teaching as well as evidences of effectiveness of the faculty organization. Ward conferences and clinics were attended where these were in session in order to judge the general character of the teaching. Time for such observations, however, was exceedingly limited but through interviews and examination of records it was felt that a fairly accurate picture of the teaching was obtained. All departments to which students were assigned were visited.

4. After these visits had been completed a more detailed study of administrative organization and control was conducted. The evidences of effectiveness of functioning of the school committee or council, the faculty organization, the health program, methods employed in counseling, in record keeping, and in guiding the extra-curricular activities of students were constantly sought.

5. Invitations to address faculty or student groups were always accepted and opportunities to answer questions concerning the plans of the Accrediting Committee were welcomed. Special meetings with board or committee members were also arranged during the visit to the school.
6. The last task of the visitors before leaving the school was to review with the director the outstanding characteristics noted during the survey. During this conference the opinion of the executive was always sought in relation to the technics employed in conducting the survey, the inclusiveness of the data accumulated in obtaining an accurate picture of the work of the school as a whole, and the values to be obtained from the service which the Committee hopes to offer to those that seek it. The only real criticism was in relation to the short period of time spent in the school. It was the consensus of opinion that the facts supplied should provide a fairly satisfactory basis for evaluation of the characteristics of the school as a whole. The purpose of the visit in obtaining facts upon which to base criteria was explained but schools seem so eager for constructive criticism and suggestion that they are not satisfied to have the investigation end without recommendations for improvement. This was true of every school included in the study.

7. The final step in the study of each school was to write a report which might serve as a general qualitative evaluation of the characteristics of the school. Local conditions and needs and the adaptability of the school to these needs were considered as well as use of available community resources, attitudes, receptiveness to suggestion, plans for future development, and any unusual conditions that might have a bearing upon evaluation of the work of the school. Each of the investigators contributed to the report and mutual agreement was reached concerning the outstanding recommending characteristics and chief defects of the organization. In reaching these conclusions concerning the characteristics of the school the stated purpose was kept constantly in mind.

In the ways mentioned evidence appropriate to the evaluation of the school's purpose and program has been accumulated. The extent to which facts show that the program has been developed from the accepted purposes of the profession will be apparent only after data have been studied.

What is to be said of the third item in our trilogy of P's—the product? What evidences have we of the effectiveness of the teaching? Included in the schedules which were used in each school were questions such as the following: What evidences are there that the student:

Is acquiring an appreciation of the interrelationships of social, dietary, medical, and nursing problems?
Is acquiring ability to vitalize the positive health ideal in relation to the nursing care of all varieties of medical and surgical patients?
Is learning the principles of immunity, methods of disease prevention, health preservation, the responsibility of the nurse in community health education?
Is developing an awareness of the social, psychological, and economic factors having a bearing on childhood?

It was not expected that material which could be used for scoring the achievement of a school would be obtained from these questions. They have served on the other hand to stimulate thought in relation to the character of the product and may have given some new ideas concerning the
measurement of the progress of a student at intervals throughout the educational experience and upon graduation. A number of schools signified an interest in continuing their search for evidences of effectiveness of the teaching and a new means of testing growth and professional development.

There appears to be an increased and growing awareness that exposure to the learning situation does not end the school’s responsibility. The early recognition of such trends may be cited as another evidence of the values of an accrediting project. Measures of the achievement of the student in acquiring knowledge in isolated subjects do not test the degree to which the student has integrated all her knowledge and experiences. As it has been stated in a recent article:

Nursing education now has its goals clearly before it, its objectives specifically defined in terms of what the student should accomplish, but clearly defined goals and specified objectives do not guarantee their attainment. How can the school of nursing measure the degree of progress of each class or of each student towards the goals set before them? How can the product of the school be measured? 6

The article also states:

If we had an objective test that really measured the nursing ability of the nurse at the completion of the course, a valid, reliable, and standardized test, it would not only serve as a comparable measure of the product of one school but would enable that school to compare its product with the product of other schools in the same locality or even in different states. 7

This study is of especial interest as the examinations described are built around the care of patients in selected typical nursing situations. To answer these questions the student’s understanding of principles is tested as well as her appreciation of the relationship of individual subjects to the whole field of nursing practice. If such examinations could be developed, their use in connection with analysis of the program and study of the teaching situation as described earlier in this paper should give a fairly accurate index to the character of the work of a school. Measurement of the product could then be an additional means of determining the school’s accomplishment. Both these methods of determining the character of the work of a school are considered important and legitimate methods of evaluation. Dr. Zook stated the case admirably in the report of the study of the North Central Association on the Accrediting of Schools and Colleges as follows:

I trust, therefore, that you will join me in regarding the accrediting of students through the testing and personnel movements, not as a substitute for the accrediting of schools and colleges but as a supplement to it. Both are extremely valuable and important social devices operating for essentially different though supplementary purposes. While the accrediting of individuals may modify the methods of accrediting institutions and even be used as an important means to that end, it will never be more than one of those means. Society is anxious for the new ways of identifying the native ability, the special interests, and the achievement of individuals, but it is equally interested in ways and means of identifying

7 Ibid, p. 289.
the total effectiveness and the adequacy of the institutions which it establishes for these and other purposes incidental thereto.  

Devices other than the examination of the school's purpose and program, therefore, extend in an accrediting procedure to examination of the product. Since no tests are available at present which would make possible the comparison of the product of one school with the product of others, we find various attempts being made to test the integration of knowledge and ability to apply knowledge in the various fields of nursing. A few schools are endeavoring to keep records showing what their graduates are doing. Postgraduate or college courses completed each year are added to the record as well as any information that can be obtained concerning the character of the work and personal adjustments made by the graduate in her professional life. Such records, carefully kept, might supply data for the school's own self-evaluation and revision of its purposes and program. Where this information is available it will be helpful to the Accrediting Committee in determining the character of the product of the school and in making comparisons between schools.

Certain dangers might be cited which are inherent in all of these technics unless we keep before us constantly our aim of improving nursing practice through better education of nurses. Implied also in this aim is the need of constant study of community needs in nursing service, revision of purposes to conform with social demands, rebuilding of the policies, program, and procedures in the light of declared purposes, and evaluation of the product in terms of the stated purpose.

General Session

Monday, April 24, 8:15 p.m.

Presiding: Nellie X. Hawkinson, R.N., President.

ADDRESS OF WELCOME

PRISCILLA W. HALPERT, R.N., President,
Louisiana League of Nursing Education

It is my privilege tonight to speak for Louisiana in bidding you hearty welcome. The National League of Nursing Education, then twenty-two years old, held its convention in New Orleans in 1916. At that time only two Louisiana women were members. Now, in the maturity and dignity of its forty-fifth year, the League has again convened in this city. The Louisiana League, today 100 members strong, shares with the Louisiana State Nurses' Association the honor of being hostess to you on this occasion.

Your visit has been long anticipated. All the nurses of this community, the students in our schools of nursing, and our good friends throughout the city and the state have joined in preparing for your convention. We

---

are looking to our distinguished visitors to share their observations and experiences with us and to stimulate our efforts in the field of nursing education. We hope that you will lend us some of your vision in developing professional women of understanding, ability, and skill. Such women are needed to carry forward in Louisiana the nurse's share in the programs of health education, prevention of disease, and care of the sick.

New Orleans, perhaps for lack of a more colorful adjective, is called America's "most interesting" city. The State of Louisiana combines lively enterprise with an atmosphere of romance and beautiful moonlight. New Orleans also is a city of contrasts. You may be surprised to see chimney sweeps in high silk hats—and you will be pleased with the air conditioning. The ancient oak trees hung with moss give a suggestion of age to the city—yet close at hand you will find all manner of most modern, beautiful buildings. On every electric lamp post on Canal Street there is a record of the political and cultural eras which have created the New Orleans of today.

The best compliment you can pay New Orleans is to enjoy yourselves here. So while we look forward to this week's gatherings to advance the cause of nursing education, we also particularly hope that your stay will bring you personal pleasure—as it makes us happy to have you here with us.

RESPONSE TO ADDRESS OF WELCOME

NELLIE X. HAWKINSON, R.N., President,
National League of Nursing Education

I count it a great privilege to respond for the membership of the National League of Nursing Education to this most gracious and cordial welcome. It is a thrilling experience to come to this old and romantic city and to have the privilege of spending a week in its historic atmosphere and enjoying its irresistible charm.

Almost a quarter of a century has passed since our organization last met in New Orleans. It was in 1916 and, during the twenty-three years which have passed between then and now, great and significant changes have taken place not only in our national life but in our professional life as well. Of the former, I shall say little but I should like, for a few moments, to take you back to the year 1916, to our twenty-second annual convention and briefly review with you a few of the things we were thinking and doing in nursing education at that time. There are some here tonight who were participants in that earlier meeting of our association, but most of us have become familiar with it only through the pages of nursing literature.

The opening session was held in the Grunewald Hotel on the evening of April 27 and was presided over by the President of the League, the late Clara D. Noyes, whose memory is dear to all nurses. In rereading Miss Noyes' presidential address, I was struck by the distressing similarity between the world situation then and now. Europe was in the midst of a great war and, although we had not yet entered the conflict, "preparedness" seemed to be one of the vital questions of the day and the importance of
having a sufficient nursing reserve in the event of "great military necessity" was called to the attention of the convention by Miss Noyes. Today, history seems to be repeating itself, but I shall not dwell on that aspect of our national and professional life this evening.

We were an organization of only five hundred members in 1916 and were operating on a budget of only $3,600. Today we are proud to announce a membership of well over five thousand, and our operating budget as set up for the current year calls for a total expenditure of well over $50,000, including the budgets for special projects.

There was no Curriculum Guide in 1916 to give us assistance in our educational planning. In fact, the first edition of this well-known publication, The Standard Curriculum, was not yet in print. It was at the New Orleans meeting that Miss Nutting, then chairman of the Education Committee, in giving her report explained that the committee had hoped to be able to announce that the Curriculum project had been completed but that for various reasons it had been delayed. You will recall that it was published the following year in 1917.

Neither was there a nursing headquarters office twenty-three years ago, but a special Committee on Central Headquarters had been investigating this need and in placing its report before the convention suggested that the state associations be asked to consider the desirability of having a general secretary and that their willingness to be taxed for this purpose be ascertained. Since that date, a national nursing headquarters at 50 West 50 Street, New York City, has been established. The National League of Nursing Education has its own Executive Secretary, its Director of Studies, two full-time secretaries for the Committee on Accrediting, and one for the Committee on Administration. In addition, there is the non-professional secretarial and clerical staff.

Then, as now, topics relating to the curriculum occupied an important place on the program. How Much Time Should be Allowed for Specialization During the Training Course, Textbooks for Nurses, Why Does the Nurse in the General Hospital Need Training for Mental Work, The Purpose and Place of Ethics in the Curriculum, Bacteriology in the Curriculum of the Training School, and The Training School's Responsibility in Public Health Nursing Education were among the curriculum problems which were discussed at this meeting.

Much as I should like to do so, there is not time to comment on the excellence of these papers or upon the timeliness of much of the content in terms of our present-day thinking and needs. Nevertheless, I cannot refrain from giving you a few extracts from the paper on The Training School's Responsibility in Public Health Nursing Education because of the importance which that subject occupies in our discussion of curriculum problems today. Miss Katharine Tucker, the author of the article, comments as follows:

After all, the basis of suggestions for changes in the curriculum of training schools must rest in the last analysis upon our conception of the purpose of train-
ing schools. And so I wish to begin with a definition. To my mind, the training school should be the place where women are given, by means of theory and practice, the foundations for the most skilled and intelligent care of the sick. We are almost past the day of the so-called common-sense nurse who meets situations simply as her inherited instincts or acquired habits teach her with only the background of her own limited experience and the folklore of her people as basis for judgment. Now intelligent care of the sick must involve some knowledge of the modern scientific approach to disease—something as to causes and prevention as well as a knowledge of particular symptoms and special treatment. . . . Today throughout the medical world we are seeing a revolt against treating hearts and lungs and an insistence on treating the diseased organs only in relation to the whole individual—his mental and social as well as physical self. . . .

Training schools have not felt it their responsibility to incorporate in their courses, in proper proportion to the whole, practical and theoretical work on the social side as they have on the physical side of disease. . . .

The keynote of our health work today is the cause and prevention of disease. This at once implies a consideration of social problems because of their close interdependent relation to disease. This is the emphasis that seems to be overlooked by our training schools. For all nurses to learn something of present-day knowledge as to preventable causes of illness is essential, for whether she be institutional, private or public health nurse, no nurse can escape the calling of educator. The public thrust it upon her and expect it of her. . . . So that our position of educator may be assumed consciously and not accidentally, thoughtfully and intelligently rather than carelessly, it seems to me the duty of the training schools to give the pupils the foundations of knowledge as to prevention which may serve at least to let them catch sight of this constructive approach to sickness and give them an incentive to know more through seeing how much there is to know. . . .

. . . As nurses and for all nurses we want the training schools to include in their courses such subjects and practical demonstrations as will give the pupils a thorough ground work in all that is implied when we say skilled and intelligent care for the sick, i.e., attention to the social as well as purely medical aspects of disease.

If it were not for the significance of the material which I have just read in the light of present-day thinking and practice, I should feel that I owed you an apology for having taken the time to read such a long quotation. Its worth, however, makes that unnecessary and instead I should like to recommend that all those to whom the 22d Annual Report is available read the entire article; it will be well worth your while to do so.

I know our beloved historian, Isabel Stewart, would call my attention at the close of this meeting, if I did not mention it now, to the fact that the concept of nursing as expressed by Miss Tucker in her paper was not conceived in 1916 but was the concept of nursing held by Florence Nightingale way back in 1860 when the Nightingale School of Nursing was established at St. Thomas' Hospital, London, England. That, of course, is true but it does not make it less interesting to note that our nursing leaders twenty-three years ago were as greatly concerned with providing adequate preparation for community nursing as are our nursing educators of today.

I cannot resist calling your attention to one further address given at the convention in 1916, because the content of this one also is very significant in relation to our present ideas about nursing education. It is an address which was delivered by your own Dr. Brandt V. B. Dixon on the subject
What is the Present Status of Women's Education in the Preparation for the Trained Nurse. In his address Dr. Brandt emphasizes the importance of broad general education for all individuals and in speaking of nursing and nursing students comments as follows:

If the nursing profession is to be a great profession, recognized as such by yourselves and by the community at large, right there (college) is to be the educational training which is to become most valuable. Of course there are many who are driven into the profession by reasons that are compelling. They must make a living, they must go on and achieve for themselves physical independence. Special conditions demand it of them. But so far as it is possible for them to do so they should never sacrifice those two precious years of what would be called a junior college life. Right in those years are to be given the most valuable pre-technical training, training which should broaden their sensibilities, enlarge their sympathies, enable their ideals and expand their spiritual consciousness, give them a clear vision of life, give them a better human relationship to all that is noble and fine that has gone before. And it is right there that they meet men and women and associates of the highest and finest culture and so develop their lives into greater and better possibilities for the future.

Now in that two years also it is possible to introduce an intellectual training which would be most advantageous later on...

Now these things impress me as an educator, and I know that I have set the standard rather higher than is immediately possible in the present condition of education of nurses. But I believe in placing the standard at least so high that in the future we can work towards it and we can develop in all our activities a closer and closer approximation of the standard which we have set up. When this standard has finally been set up, so that every training school for nurses shall require a junior college preparation for those who are admitted to it, you will find the finer, the better trained, the college graduate, and perhaps the post-graduate students choosing a professional education as a trained nurse. With the ever widening and increasing advantages of that profession, with its wide range of activities, with its deeper and stronger call to service which is coming every year from a distressed humanity, with the finer appreciation on the part of that humanity of the nobler work that it is doing, there will come an increased desire for the best of our young women to enter the ranks.

Could a more sound, stimulating, and farseeing statement have been made! To those who think that we—in 1939—are premature in recommending two years of general education beyond high school as an educational entrance requirement to professional schools of nursing, the reading of this article would be an enlightening experience.

The National League of Nursing Education was in its youth, as organizations go, when we met with you in 1916; we have come back in 1939 having gained a greater degree of maturity and with a commendable record of achievement. Some problems which confronted us then have been solved; with some we are still struggling; and to these have been added others which have arisen out of the society in which we are now living and working. We are proud of the progress which has been made and we face the future with hope and courage and with a determination to push forward to even greater levels of accomplishment.

May I congratulate the Program Committee on bringing to the attention of our membership at this convention so many of the vital problems facing
us today. We have come from the North, South, East, and West with a
determination to address ourselves to a careful consideration of them in
order that we may be prepared for intelligent action. With Mary Beard,
the historian, we believe "It is not enough to know; action is as essential
as knowledge; but action without thought is perilous and thought without
action is futile."

A week full of unusual interest and stimulation is before us and I am
confident that when our forty-fifth annual convention is over and we return
to our respective duties, we will go with a clearer vision of our professional
opportunities and responsibilities and with a heartened and renewed spirit
which cannot help but result in many forms of effective action.

SCHOOLS OF NURSING—A PART OF THE EDUCATIONAL SYSTEM OF
THE COUNTRY

ROY J. DEFERRARI, PH.D., Secretary General,
The Catholic University of America, Washington, D. C.

When I first considered the topic which was presented, Schools of Nursing
—A Part of the Educational System of the Country, I thought of a possible
very simple treatment of the topic. It could be discussed as an isolated
thing and from the point of view of the nurse alone. It could be taken as
largely a mechanical problem, easily solved as soon as you nurses yourselves
have decided on how much and on what kind of preliminary and allied
training members of your profession should have, before you are willing
to accept them as co-workers in your field. On this, moreover, I believe
that you are very much in agreement, at least as to what the ideal is, and
that you all, in so far as you are responsible for shaping programs of study
for nurses, are striving for that ideal.

Probably no one of you will disagree with me when I say that the
minimum preparation which should be required of one who is contemplating
nursing as a career should be a good secondary school training such as
would be required of any one seeking to enter any good college of liberal
arts in the United States. Similarly, you will agree with me, I hope, when
I say that the ideal preparation for the prospective nurse would be a good
college training such as is required for a baccalaureate degree in our leading
institutions of higher learning, with emphasis on the natural sciences, soci-
ology, and experimental psychology. At the same time we would insist
that the college program as a whole stress the general aspects of an education
for right living and by proper guidance develop good character. And indeed
we have schools of nursing today located at either extreme, most of them
to be sure at the minimum point, just above the secondary school plane,
but one or two at least representing the ideal, above the college on a post-
graduate level. Between these two positions are a number of other curricula,
those that require after a full secondary school program a combined or inte-
grated plan of so-called professional, allied professional, and strictly cultural
courses for a period of five years, or others that concentrate on a strictly nursing program of three years, and still others that demand varying amounts of purely college work above the secondary school before any approach is made to nursing subjects strictly speaking. Whatever of these plans is considered by the appropriate nursing authority as the best and most practicable for a certain region of the country, this plan can easily be located in any scheme of general educational activities drawn up for that region. The nursing profession itself is chiefly responsible for the place that nursing receives in any such scheme. Certainly experience has shown that it can expect little help from the outside. Local organizations assisted by larger regional and national groups must strive to place nursing in their locality on as high an educational plane as local conditions will allow, and to that extent improve the effectiveness of the nursing profession. Within the educational world strictly I believe that there are today no obstacles which nurses cannot overcome in demanding and obtaining such educational services as they deem necessary.

But this treatment of my topic merely presents the externals. I have in mind a treatment more complex and involving problems of great interest to all American educators and to all Americans interested in the welfare of their land. It is a phase of my topic which is not so easily disposed of. It is chiefly a philosophical question and on its disposition will depend the honor and respect with which the world at large will look upon the profession of nursing. On its disposition also will rest the extent and the effectiveness of the cooperation which the nursing school educator will receive from the general educator. Out of it, furthermore, will inevitably come, when thoroughly understood and followed by appropriate action, a better profession of nursing. It is the question of just what is the nature of the profession of nursing and what is its relationship to the rest of the educational family; and then there are all the many subsidiary questions that rise out of these two, only a few of which we can touch upon tonight. Is nursing properly a much abused stepdaughter or does it deserve to be a highly respected member of any national educational family? Many of you have in all probability thought this entire matter out to your own personal satisfaction and it may seem to you ridiculous to consider a question the answer to which is so obvious. But, I dare say, the majority of your own profession may have not given much serious thought to this question and are perfectly content to let matters continue as they are. Furthermore, to many in the world, even in medical and educational circles, the answer to this question is equally as obvious the very opposite to that which we hold, an answer which would make the nurse distinctly a subordinate at all times, even in moments of emergency. And so it will perhaps do us all some good, if for no other reason than for the purpose of more clarification of our own thinking, to give some careful thought to the main phase of the topic as I have proposed it.

Some of you in all probability are asking yourselves just what the speaker's background is which would justify his discussing such a subject before an
audience like this. Permit me to say at the outset, in order that we may have a perfect understanding and you may be able to appraise the value of my remarks as I proceed, that I was trained to teach Greek and Latin, and am today Professor of Greek and Latin Languages and Literatures at the Catholic University of America. About ten years ago, after an experience of twelve years in the field of the ancient classics, I began to devote more and more of my time to university administration and general education, and I have continued to do so ever since. At about the same time it became necessary for me to consider the place of nursing education in the scheme of my own University and thus to give some thought to its place in the national educational system of our country. I was very fortunate in being able to associate from the first with the leading educators in the field of nursing of the past decade—such nurses as Miss Goodrich and Miss Stewart and nearly all those who are now either serving as the officers of the National League of Nursing Education or are foremost otherwise in its activities. I have had the interesting experience of seeing a most ancient profession, downtrodden for centuries in educational and professional circles, suddenly pull itself together and by its own efforts, with little but opposition from without, raise itself to a position where it is regarded at least with respect by the allied professions and by the educational world in general.

What then is the nature of nursing as an academic subject? We must, of course, answer this question to our own satisfaction before we can proceed to place it in the educational system of the country. Only a few weeks ago I heard from a university platform during a public discussion of the various phases of nursing education that it was silly to speak of nursing as a profession, that it was a trade, and that nothing could be better for its advancement than that nurses permit themselves to be organized into a union. That nursing is a mere skill requiring little intellectual training and quite incapable of existing by itself we have heard again and again, probably much more often in the past than in recent years.

To my mind nursing is not only a professional, but highly cultural field of knowledge; furthermore, it is a fundamental division or department of learning. Almost from the beginning of the history of universities educators have been accustomed to draw a distinction between so-called cultural subjects, or pure science in its broadest sense, and so-called professional or utilitarian subjects, as if the two were mutually exclusive. It was the common belief that persistent and continued study of large bodies of knowledge solely for the sake of that knowledge, would broaden the mind, sharpen the intellect, and also benefit the spirit. If, however, this knowledge which one were seeking should in any way be connected with a utilitarian purpose, such as the amassing of a great fortune or even the gaining of a comfortable livelihood, the higher intellectual and spiritual values supposedly disappeared. But educators who followed this line of thought soon found themselves in strange situations. A scientist in his search for pure knowledge and with no thought of material gain sometimes discovered general principles and far-reaching facts, as has happened so often in the field of electricity and
biochemistry, which later were found to be of great practical value, raising
the standard of living among the peoples of the civilized world and bring-
ing literally millions of dollars to the discoverers but more often to the ex-
plorers of these new facts of so-called pure knowledge. On the other
hand, it is also true that certain research specialists have set out deliberately,
as Edison did regularly, not to find new facts for their own sakes but to gain
knowledge of practical use to the world, and ended by discovering most in-
teresting new information, which has been of no utilitarian value whatso-
ever. Thus most educators today have ceased to attempt to maintain a
distinction between pure knowledge and practical knowledge, and since we
can see no essential difference therein, we are obliged to attribute to the
attainment of any knowledge, either as a discovery new to the world or new
to the individual, some degree of intellectual and spiritual value.

Now it is not to be expected that the average nurse will contribute by herself
a great deal of new information to the sum total of knowledge in her field.
But nurses have already contributed much to the knowledge of techniques
and practical devices of value in the care of the sick, and it is reasonable
to expect that as the upward movement in nursing education continues she
will, by developing a power for independent thinking and a knowledge of
the principles of sound investigation, contribute a great deal more.

But an objection will be raised that the ordinary content of knowledge
which a nurse is expected to acquire in her own sphere strictly, waiving
aside the effects of allied fields of knowledge, is entirely devoid of any cul-
tural value. To this I would raise the question: Just what makes any body
of knowledge cultural in effect? This question, to be sure, is a very delicate
one. The terms "cultural" and "liberal" are often used together, at times
even synonymously, and frequently one is used to define the other. My own
conviction is that a subject of study is cultural in so far as it leads a student
to a better understanding of man in all his achievements and aspirations.
The subjects allied to nursing which appear in the average curriculum of a
school of nursing today contribute much to this end, but it seems to me that
the nurse, by the immediate preparation for her life's work and by her
actual experience in line of duty, gets a knowledge of the human race in
its lowly and its most sublime moments such as a member of no other pro-
fession can possibly do unless it be the Catholic priest through the con-
fessional. The nurse is present when man comes into the world and when
he passes from it. She is also present at critical moments in his existence,
when he hovers between life and death, and at his periods of recuperation,
which are frequently times of deep reflection and often critical moments in
his spiritual and intellectual evolution. Divine Providence has thus made it
possible for the nurse to be a most influential force in rehabilitating man
spiritually as well as physically. In fact the tradition of nursing has been
from the first to combine with the care of the sick the upbuilding of the
moral and the spiritual, and even more than that, the development of
personal perfection within herself. Certainly a field of study or a pro-
fession, the pursuit of which is such as this, must have a cultural or, if you
prefer, a liberal effect on the individual. Naturally, along with these opportunities for attaining such lofty heights of nobility of soul and character and of culture are many pitfalls which will carry the nurse to the lowest depth of vulgarity and degradation, but by passing through this proving fire the quality of the product is the more refined. For those who fail in the test or who entered the profession with unworthy purposes, we can have only the deepest pity or the most indignant reproof.

There are educators even today, however, who under the influence perhaps of the traditional distinction between cultural and professional subjects, to which I have just referred, frankly condemn all the fields of study which have recently been organized into departments of learning, such as business education, library science, and nursing education, as being purely utilitarian or questionably professional and so to be excluded from any serious program of activity. Such subjects, we are told, are concerned with "ad hoc" matters, but, since they are valuable and important enough in themselves, should be carried on in special and independent schools quite outside the university scheme. Of all the professional subjects these educators would include within the true university only medicine and law, and they do this because they believe that both these subjects include bodies of knowledge which lend themselves to study over and above the utilitarian and are of real cultural value. I believe that they do so also because of the strong position traditionally of medicine and law in the entire history of the university even into modern times. These educators, moreover, represent a rather strong conservative group in the educational circle of the country, and until very recently they have been a great obstacle to nursing in its effort to find a fitting place in the academic world. It cannot be said that their influence has entirely disappeared, since it flares forth at times in the most unexpected places and at critical moments.

The weakness of the position of these conservatives seems to be in their perhaps unconscious assumption that the sum total of all possible higher knowledge is confined to a rigidly restricted area which cannot be expanded. Educators of this group seem to believe that the fields of pure knowledge have always been the same as they were when universities were first established. They allow no opportunity for the growth of new fields of knowledge or for the organization of old fields of knowledge on a university plane.

Perhaps more than any other one person, the elder Russell, the first Dean of Teachers College at Columbia University, represents an opposite view—that all knowledge in its broadest sense has a place in a university scheme and that anything that a sufficiently large group of persons wishes to know is worth being taught and is a worthy part of all knowledge. Some would carry this principle to its greatest extreme. If enough people want to know how to make ice cream or to act as janitors or to do anything else whatsoever, a university should offer a course in How to Make Ice Cream, or Janitor Service, or anything else. Here again, with this entire group, we have an extreme position, a tendency to overemphasize matters that have an immediate utility and to cut themselves off entirely from a search for knowledge for
its own sake. A desire of knowledge for any personal satisfaction which that knowledge by itself may create within us is not considered by many of these educators as a worthy reason for studying a subject. Some recent thinking along this same line is illustrated by a work entitled *Frontiers of Education*. The authors of this book seem to scrap all existing forms of any type of education, conservative and otherwise, and start along a new line—only subjects of immediate value to the student should be in the curricula of schools and colleges. This general opinion, I believe, has affected the attitude of many educators today toward education of all kinds. It is reflected in the conditions laid down by the state and federal governments and highly endowed educational groups, with one or two exceptions, when making grants of funds to stimulate and improve education.

We cannot afford to cut ourselves off entirely from the past in whatever field of education we may be laboring. We must be ready to get everything out of the past in order that we may do the best possible job in the immediate present and in the future. The past will give us knowledge both of content and of experience which it would be a waste of time for us to work out or go through again. There is much also in the past that will give us inspiration and encouragement to press forward. This holds for all fields of education, nursing as well as the rest. At the same time the educational world must be ready to organize new and fundamental fields for study and to reorganize neglected bodies of knowledge as circumstances demand or warrant. If genuine education has a liberalizing effect, makes man amenable and adaptable to changes in points of view, then leaders in education surely may be expected to change their aims and purposes in one respect or another as reason directs. Furthermore, I believe that this is the general spirit of American educators today, as all can readily see by attending the annual conferences of the outstanding national groups. The history of library science illustrates the point in part. The importance of a library has always been more or less appreciated. Certainly all scholars since the beginnings of civilization have consulted books. But it has been only comparatively recently that the organizing of library science with all its ramifications was regarded as sufficiently important to be established as a special science by itself, to take its place beside the other branches of learning as a fundamental department of study. Nursing, it seems to me, is just approaching the end of a similar struggle. For reasons which can very well explain the case but which we have not the time to set forth here, nursing has had a much more difficult task in establishing itself as a university subject than has any of the other so-called new fields of knowledge. Educators in allied fields where the importance of nursing should have been most appreciated, gave the least help and sometimes even obstructed. Then, too, some members of the nursing profession itself did not appreciate the nature of the responsibilities which they had assumed in becoming nurses. But the struggle has just about come to an end.

Now what is a fundamental body of knowledge and can nursing really be called such and on this score merit a place in a national plan of edu-
cation? By a fundamental body of knowledge we mean a great unorganized source of knowledge which gives promise of containing almost endless information and which offers countless problems to challenge the minds of research specialists for solution. Such a body of knowledge should be placed with all similar bodies of knowledge, properly correlated in a systematic scheme, since it cannot be successfully explored otherwise. All knowledge is a unit, and no segment of it can be segregated without harm to the part segregated and to the other parts as well. Certainly we cannot expect to develop a thorough knowledge of nursing without the aid of psychology, history, and at least a little assistance from almost every other division of learning.

According to our definition nursing is indeed a fundamental department of knowledge and is worthy of being included in any comprehensive educational scheme. It is not merely a craft or pure skill which can be taught efficiently in a trade school. Of course, it can easily be kept on the level of the trade school, if those in charge of its destinies so conceive it. Perhaps special phases of it can with advantage be so carried on. But all fields of education are to be measured by their highest possibilities and nursing as we understand it, is a much broader and a much more intellectual thing than a mere technique. From our acquaintance with nursing we see a very extensive field of learning, as old as any other existing department of knowledge, but woefully neglected as a field of genuine learning almost to the present day. You nurses have, to a great extent, been too busy teaching the immediate "ad hoc" processes of healing and too engrossed in taking orders from others to consider properly the relationship of your own profession to allied professions and to the rest of the world of scholarship, and this has resulted in a real loss to knowledge in general and in a detriment, if we may say so, to the results of your so-called more practical teaching.

Certain parts of your field strike me as especially appropriate in a university setting. Thus the history of nursing appears as a tremendous field of specialization ramifying into the literatures of all peoples. Anyone who would enter this field of study should not only have a knowledge of the historical method and general history but should be a well-trained nurse in order that she may interpret the evidence skillfully and with the greatest significance for the nurse. The study of the organization and administration of all types of nursing activities is another broad section of special study. This would involve both a study of existing practices in the field of nursing and an investigation of new developments in allied fields which may in some way be adaptable to nursing or lead to original projects among nurses themselves. Nursing education strictly, all the problems involved in establishing the curricula which will develop the highest type of nurse, with the ancillary studies of educational administration and organization, will challenge the ability of the most astute scholar. The development of new techniques and the improvement of the old, a constant alertness to improve the actual care of the sick will also give a wide area of activity to the nurse trained in true scholarship. There is every reason to believe also that when training in
nursing reaches the high level envisioned for it by its outstanding leaders, the nurse will venture with scientific investigation into still wider fields pertaining to the care of the sick, such as are not even dreamed of today or are regarded as outside her province. These opportunities for scholarly work in the field of nursing have struck me, a layman, and I feel certain that still others came to your minds as I spoke. But this is sufficient to warrant our saying that nursing is a fundamental department of learning and that it thus deserves a place in the scheme of a university just as much as law, medicine, social work, or any other profession. Incidentally, it is commonly said that nursing holds an especially close relationship to medicine, so much so that it cannot be separated as an independent subject of study, but must always be regarded as a part of medicine; and so, since nursing cannot stand alone, it cannot be considered a profession. The logic of this observation can be applied to several pairs of related professions with a similar conclusion if we cared to do so. Let it suffice to indicate that library science is equally as closely connected with any field of study that one may choose to mention, yet no scholar, I am sure, would say that library science is so dependent on any other field as to be considered an unworthy field of specialization in itself. And so, nursing, having been established as an important part of all knowledge, must be placed in that academic organization which attempts in some measure to treat all knowledge, that is the university.

We have already decided in the first part of our discussion that the school of nursing must come somewhere after the secondary school in the general picture of our nation's educational scheme, but we have not considered just how it can best be arranged in that general region with relation to the other parts of the educational system. On one point, we may be certain, the school of nursing cannot exist effectively and with any hope of attaining its highest ideals in a position of complete independence and isolation from all things academic. If it does so, it will inevitably sink to the level of a trade school. The histories of the schools of other professions shows this clearly. They have invariably started out as isolated professional institutions, only after bitter experience, to seek anxiously affiliation with universities or colleges of liberal arts. Furthermore, most of the professions have had the experience also of gradually increasing their required preprofessional training from a four-year secondary school course or less to an entire duly accredited baccalaureate program. Witness medicine, law, and more recently, library science and social work. If specialization in a profession begins before the person has been liberally educated, no amount of training in strictly professional subjects will as a rule make of him a worthy representative of a leading profession, although it must be admitted that experience in a profession will later often give the outlook of a liberally educated man. With equal confidence we insist that a school of nursing should not ally itself with another institution of learning which is itself an isolated professional school. It cannot hope to get the assistance academically or the stimulus which it needs from such an institution. Thus we cannot get enthusiastic about the alliance of a nursing school with a teachers college which is not a part of a good
university but is entirely devoted to the one job of training elementary and secondary school teachers. There is so little in common between the two and almost nothing in the one to fill the lack in the other. We do believe that a school of nursing can associate itself advantageously with a true college of liberal arts. We say "true college of liberal arts" because so many institutions that bear that name are nothing more than teacher training centers or so predominantly professional in nature that they also cannot give to the nursing school that broad outlook on education and the opportunity to select educationally the elements which it needs. The best alliance for the nursing school is with the well-organized university in the generally accepted sense of the term "university" in our country, i.e., an institution of learning with a college and graduate school of arts and sciences as its focal activity and with such other schools surrounding these as may happen to exist there.

A university is composed of a number of separate administrative units called schools or divisions, which in turn are usually divided into departments, and all are administered as one super-unit, the university, by a supervising board of representatives from each group with the president of the university as chairman. Should the teaching of nursing in such surroundings be organized as a separate division or school, to take its place equally beside the other units which go to make up the university, or should it be a part of another unit as a department, subject to a dean and to administrative officers who have other departments besides nursing as their concern? It does not make so much difference, we believe, so long as the nursing group is free to work out its own problems without serious obstructions from misunderstanding and unsympathetic administrative officials. Certainly the practice at present in our American universities is very varied and to a great extent not the result of serious thinking but rather of accident. We find the nursing group by itself in a separate professional school or division, as a part of the school of medicine, within departments of zoology, psychology, home economics, education, and others. The trend, however, is to establish nursing in a separate school as one of the several co-existing units that go to make up the university. With this, I think, we all would agree. From my own experience I would say that under this arrangement the nursing group becomes much more intellectually alive to its own problems and sets about meeting them with greater alertness and thus with more success. Furthermore, it will be much less subject to unjust and harmful interference. At this point I would like to urge upon nursing educators the organization of work beyond the bachelor's degree on a true graduate level, in the sense of a training for research, leading to a master's degree. I feel strongly that the time is ripe for such a move and the separate school of nursing within a university will best foster it. The result will be the training of more and better thinkers to meet the larger problems of the profession of nursing, and if carried on properly, will secure an immediate increase of truly scientific literature on nursing subjects.

The successful future of nursing depends on its being placed and maintained on a high professional and academic level. This can be effected only
by nursing educators with the sympathetic cooperation of general educators. Neither group can do it entirely alone, least of all the general educators, as some have attempted to do.

There are still prejudiced minds in the general field of education to be-devil the progressive nursing educators, but I firmly believe that the most serious obstacle today to the firm establishment of nursing as a leading profession in our educational system lies within the nursing group itself. Your leaders must not cease to build within each of you a genuine love for nursing as a dignified profession and a full realization of its responsibilities. Nursing is not just a job and so trade unions and strikes have no place in it. As members of a profession you must be more concerned with giving than getting. The opportunity to render an indispensable service to mankind is the essence of true professional service. And while material reward is important enough, it may not be raised to a place of such importance as to make a lack of financial remuneration or even a lack of physical necessities worthy reasons for refusing to render this service. This is difficult doctrine indeed to preach, because you urge more training and greater financial outlay for preparation for service, and little, if any, increase in material reward. Instead of more money, you promise a position of greater dignity and respect in the community and a genuine inner contentment which comes from doing a truly noble service for one’s fellow man. After all, is this not what we mean by being a member of a great profession? Furthermore, if we but stop to consider, we will find that the most highly trained intellects and the great benefactors of the human race have rarely obtained their reward in dollars and cents.

In this connection I do not wish to appear as advocating no defense of the nurses’ human rights. I believe that as is done in the teaching profession, these should be protected in a dignified manner by some organization of the nurses themselves and not by any outside group that would involve nurses in actions that might result in the cessation of nursing service at any time. Just as the teachers’ own organization, the American Association of University Professors, defends the teacher in matters of salary, working conditions, and the like, so the American Nurses’ Association might well take care of the nurses’ rights in such matters.

Accordingly, we have little concern over what we hear so often, occasionally even from educators and physicians alike, to this general effect. “What will we do for ordinary nursing of low cost, when all our nurses will be so highly trained that they will disdain to take a simple nursing case or a serious one for which a high fee is not assured?” It seems to us that these persons have missed the point entirely, and fail to appreciate what the significance of being a member of a profession really is. The big problem is to have all nurses properly trained as members of a real profession of nursing. When this is accomplished, rest assured that all tasks, great and small, within the field of nursing will be well cared for as never before.

In conclusion, permit me to summarize very briefly. Nursing is in the best sense of the term a profession, because it constitutes a service indis-
pensable to man and closely bound up with his physical and spiritual welfare. The field of nursing has an educational content of high cultural, intellectual, and spiritual value, and so must be regarded as a fundamental department of learning in any well rounded educational plan. In order to develop nursing in a worthy manner, we must not abandon it in isolation from the pedagogical and intellectual world, but we must give it a definite place in the educational system of our country. Nursing, as a subject of instruction, belongs above the secondary school level, in the general field of so-called higher education. It is highly desirable that nursing, like the other great professions, look to a time when it can require a complete baccalaureate program of those who would present themselves for training. It is time that nursing give thought to greater emphasis on training thinkers and leaders in the field by fostering the education of the nurse at least through a well-organized curriculum leading to the master's degree. Whether the nursing program is integrated in any way with the college scheme of studies or is superimposed upon such a general college training as culminates in a bachelor's degree, the administration of the nursing program is best organized as a separate school or division and as a sister unit, as it were, of all the other curricula that go to make up the unified educational group commonly known as a university. But in essence nursing seems to me to be something above anything that can be put into any system of education. While directly connected with the earthly, it has the power of transcending the mere material, and in this lies the real greatness of the profession of nursing.

PUBLIC SUPPORT OF NURSING EDUCATION

EARL J. MCGRATH, PH.D., SPECIALIST IN HIGHER EDUCATION, AMERICAN COUNCIL ON EDUCATION, WASHINGTON, D. C.

The American people have a deep and abiding faith in education. Indeed universal education is one of the basic principles upon which our society rests. Our citizens manifest their belief in this principle by their private benefactions and by their willingness to be taxed for the support of public education. In the year 1936, the most recent year for which figures are available, $1,600,000,000 were spent in support of our public elementary and secondary schools. In the same year expenditures in higher institutions of learning exceeded $400,000,000. Never in the history of western culture has any nation undertaken to educate its people on such a grand scale.

It is true that even these large investments have not made possible equal educational opportunity for all. This fact does not deny our belief in education. It means merely that the ideal toward which we have been striving for more than a century has not yet been reached. Progress in that direction, however, is indicated by the increasing numbers of our youth attending secondary schools and colleges. In 1900 there were but 519,000 children in the public high schools of America. Today there are 6,280,000, nearly 75 per cent of the children of high school age. The rate of increase
in enrolments in colleges and universities is equally arresting. In the near future almost all young people will attend some type of institution until their nineteenth or twentieth year. These institutions may differ in character from those attended by youth today. We may be reasonably certain, however, that they will be educational institutions, and not military or concentration camps. I repeat, the American people have a deep and abiding faith in education.

Whether the present generous support of education will continue is a debatable question. During recent years the public has been concerned about the rapidly increasing expenditures for education. And this concern antedates the depression. It is my opinion that the public’s faith in education will not diminish so long as the stewardship which society places upon educators is faithfully discharged. By this statement I do not mean to imply that educators would use public funds for purposes for which they were not intended. The record of the profession is convincing on this point. I mean only to suggest that an understandable professional enthusiasm has sometimes resulted in an expansion of the school’s program, hardly justifiable on educational grounds. In a discussion of this topic it is pertinent, therefore, to inquire not only whether the public will support a program for the education of nurses, but also how much responsibility the profession is willing to assume for the most effective use of the funds which the public provides for this purpose. With your permission, therefore, I should like to discuss this topic in answer to two questions, the first of which is, “Why has the profession a right to ask for public support of the education of nurses?”

Before proceeding it will be helpful to clarify the meaning of several terms. For the purposes of this discussion the term “public support” will be understood to refer to revenue either from private donations or from taxation, to be used either as endowment or to defray current operating expenses in either private or public institutions of education. Hence, no distinction will be made between state universities and privately controlled colleges and universities. The distinction, however, which I should like to make is that between support by the public on one hand, and on the other, support by student fees or the equivalent, student labor. The latter form is the most common in nursing education today. The former, I take it, is the type most of us would advocate.

The term “nursing education” I should like to change to “the education of nurses.” There is a basic difference in these terms. The former suggests a narrow course of training leading to professional proficiency; the latter implies the education of the nurse not only for competent professional service, but also for effective participation in the broader phases of life outside the sphere of her work. The recent yearbook of the National Society for the Study of Education reveals among educators a growing concern for the general or liberal education of prospective members of the professions. I should like it understood that in this discussion I am assuming that the
education of nurses will include a broad general education as well as a preparation for professional service.

To answer the question, "Why has the nursing profession a right to ask for the support of the education of nurses?" one must turn to the history of professional education in America. In the early days of our history it was customary to enter the professions through an apprenticeship. The young man hoping to become a physician associated himself with a practitioner. Through a period of months or years of reading, discussion, observation, and general assistance the young man acquired the relatively little knowledge and few skills required in the practice of medicine. Similarly the prospective lawyer served a clerkship in a law office. This type of training had many merits. But during the past century knowledge in medicine and in the basic sciences increased rapidly. It became necessary for some persons to devote a major part of their time to the job of handing on this body of fact and experience to the next generation. Then schools of medicine appeared. They were typically proprietary institutions. In many instances income from student fees was large enough to guarantee a profit to the faculty at the end of the academic year. These early institutions were of doubtful educational quality. Nevertheless the study of medicine was institutionalized in them.

With the further development of the medical and allied sciences the program in medical schools was expanded, entailing large and expensive additions to staff and equipment. Institutions of higher education were the institutions best equipped with the human and physical resources adequate to the task of conducting a program of medical education. Society recognized this fact and increased their support of such educational institutions both by private contribution and through taxation.

There has been a similar development in other professions. Universities now include schools of law, dentistry, pharmacy, engineering, and many other professional divisions. Some instruction is still provided in each of these fields by agencies not related to colleges or universities. These are the exceptions, however. But in the field of nursing very few schools are affiliated with universities. Of a total of over 1,300 nurse training schools only 67 or about 5 per cent are conducted by, or affiliated with, such institutions.

Nursing is going through a process of evolution similar to that of medicine and other professions. The stages in the process, however, are much shorter and they overlap. The first stage, that of apprenticeship, is still universal in schools of nursing. A large percentage of instruction is still given while the student is serving on the wards under the direction of another nurse. But the second stage of classroom instruction is also almost universal. And it can be said that the majority of nursing schools are still proprietary institutions, for they are admittedly conducted primarily for the purpose of staffing the hospital with nurses. A few have become institutions whose sole purpose is the education of nurses. Thus we find all stages in the evolutionary process exhibited in the nursing schools of today.

The contention in this paper is that all schools should now move into
the final stage of development. Before this can be accomplished, however, the hospital service and the educational program must be conducted as separate enterprises. Faculties in nursing schools must be improved and increased in size. Laboratory and other teaching facilities must be augmented. In short, these schools ought as rapidly as possible to become divisions of institutions of higher education. But this type of educational program cannot be provided while the chief support of the school comes from the services which nurses perform for the hospital, or from tuition fees paid by students. Educators agree that it is not possible to conduct an educational program solely on income from student fees unless these fees are much higher than is common in the United States today. If, therefore, the education of nurses is to be placed on a university or college level, and if students cannot and should not assume the full cost of their education, it follows that public support is indispensable.

The answer to the first question is unequivocal. The nursing profession has an undeniable right to ask for public support of its educational program. Will such support be forthcoming?

Before attempting to answer this question I invite your attention to a second and, in my mind, a more important question. That question is "What may the public expect in return for its investment?" Educators have not asked themselves this question frequently enough. May I for a few moments assume the role of a sympathetically critical layman and suggest a few things which I believe the public may reasonably expect in return for its investment in the education of nurses?

The first of these is the separation of the educational program from the nursing service. The implications of this statement are far-reaching. It means that student nurses must care for patients only to an extent required to provide necessary educative experiences. How many and what types of such experiences the student will require to become a competent nurse can be determined with considerable accuracy. Studies of present practice show that student nurses frequently have little or no experience with some important phases of nursing while other experiences are repeated far beyond a point necessary for competent performance. This condition cannot be improved until the education of the nurse takes precedence over hospital service. A large percentage of hospitals will not have the resources to provide a full graduate service and at the same time conduct a school of nursing. These institutions can do the nursing profession, and society at large, a service by discontinuing their schools. Such action would reduce the present oversupply of nurses and would indirectly raise the general level of competence in the profession. Those hospitals which continue their schools should be prepared to appoint officers whose primary interest is in nursing education and who are qualified by ability and training to assume responsibility for the administration of a school of nursing.

Secondly, the public may expect schools of nursing to become affiliated with, or to become an organic part of an institution of higher education. It was pointed out earlier in this paper that these are the institutions which
society has decided should conduct courses of instruction in professional fields. Nursing satisfies all the criteria by which vocations are classified as professions. Moreover, nursing schools are in fact higher institutions, for almost every nursing school in the United States now requires the completion of a secondary school education for admission, and a number admit only persons who stand in the upper half of their graduating class. The great majority of the large schools of nursing are in or near urban centers. There is in nearly all of these localities at least one institution of higher education. In the large cities there are many. It should therefore be possible for enterprising nursing schools to achieve affiliation with such an institution.

The transition from hospital school to university school can be made gradually. It is not necessary that student nurses be freed at once from hospital services. It should be possible to make a beginning by devoting the first year of the nurse training period solely to educational work; and then extending this period as additional resources become available. This would require merely an extension of the present probationary period. Such a plan has several advantages over one requiring the immediate release of all students from nursing service.

One clear advantage is that the financial burden of conducting the school entirely on an educational basis could be assumed gradually. Not many hospital boards will find it possible to establish a separate school of nursing over night. The cost would be prohibitive. Furthermore the disruption of the hospital service would be kept at a minimum by such a gradual adjustment of the new educational program to the hospital service. There are, therefore, practical advantages in the gradual transition.

The most important advantages, however, are educational. The gradual development of the curriculum makes possible experimentation very much needed in professional education. Let me illustrate this point by reference to the development of educational programs in the other professions. Within fifty years the length of the professional course in medicine has increased from one to two years to four years. At the same time the preprofessional requirements were increased from one to two years, and in many schools to four years. In fact, three-fifths of the persons admitted to medical schools last year had already completed a four-year college program. For all practical purposes we can now say that we have an eight-year program in medical education. This extension of the period of training in medicine is being duplicated in the other professions.

If we may make a distinction for the moment between preprofessional or general education on the one hand, and professional education on the other, it may be said that these programs have developed independently. To be sure, professional bodies have sometimes determined the pattern of courses in the preprofessional program. But there has been little attempt to articulate the two programs. Even those who are supposed to be most informed about these matters follow the traditional pattern in sheep-like fashion. Take the certification of teachers for example. In some states the requirement for
high school teaching certificates is likely to be raised to a five-year program in the near future. At the moment, in at least one state, a graduate professional year in education is now being contemplated. The arts college faculties are glad to be rid of the education requirements, and departments of education are eager to achieve the distinguished status of a graduate school. Yet, it is highly probable that a better teacher education program could be developed if the so-called subject-matter courses and the professional courses were correlated throughout the five-year period.

Now the import of these remarks is that nursing educators have a responsibility to provide the best type of education which their resources permit. The fact that the program in nursing at the collegiate level has not yet crystallized makes possible innovation and experimentation difficult to achieve in the older professions. Concretely I am suggesting that schools of nursing experiment with the integration of the general education program and the program of professional courses instead of establishing preprofessional requirements and thus artificially separating one body of the students' educative experiences from another.

One example in the field of nursing will be adequate to illustrate this point. Assume that a knowledge of general psychology is an indispensable part of a nurse's training. Such a course might be required among others as prerequisite to the study of nursing. Or it might be given as an integral part of the nursing program. When given in a college classroom, the instructor is hard put to it to illustrate many of the principles he is expounding. But if this same instruction were given in the hospital school it could be made much more realistic and meaningful. As a teacher of psychology in a school of nursing and in an arts college I feel qualified to offer an opinion on this matter. Where could human behavior both normal and abnormal be better illustrated than in a hospital? Many of the university training schools have not explored the possibility of this type of integration in their curricula.

The next thing which I believe society may reasonably expect nursing educators to do is related to the former point. We have been discussing the organization of the curriculum. I should like now to turn to its content.

If we assume that nursing schools are going to be conducted primarily as educational agencies, it follows that a great many hours now spent in hospital service will be freed for other purposes. Presumably a large portion of this time could be devoted to study. By devoting her full time to the educational program the student should be able to complete the present requirements for the R.N. certificate in two academic years. The third year, and the fourth for those who are completing requirements for the B.S. in Nursing degree, will therefore be available for the expansion of the curriculum. These new experiences for which additional support will be required should be of genuine educational worth.

Such a statement appears to be a truism. It is not. If we turn again to the history of professional education in America, its meaning becomes clear. Such an inquiry reveals that many professional curricula have become
filled with educational trinkets. This point could be illustrated from the offerings of any of the professional curricula. One or two must suffice.

Schools or departments of education offer the most blatant example at both the undergraduate and the graduate levels. As the length of the course in normal schools expanded the material added to these programs was largely so-called professional education material. In some teacher education institutions today more than 50 per cent of the program of studies is in professional education. And we all know that graduate courses in education are so numerous that duplication of material is inevitable. This multiplication of courses is inexcusable, and an institution which permits it commits a gross educational sin.

This mischief results from a misunderstanding of the purpose of education and an ignorance of the findings of modern psychology. The purpose of education is not to stuff the mind with factual information. No educational program should attempt to provide all the knowledge and all the skills required in professional practice. No amount of information can be substituted for genuine intellectual training. An abundance of knowledge does not necessarily make one competent to deal effectively with life’s problems either professional or otherwise.

Moreover, with the present segmentation of professional work and the consequent division of labor it would be folly to provide the prospective practitioner with more than an understanding of the principles underlying the general practice of his profession. He generally does not know what specialty he will follow when he enters practice. It is highly important, therefore, to train the student in habits of intellectual workmanship in order that he may be able to continue his education after leaving the institution. William J. Mayo, one of America’s leading physicians, has spoken pointedly on this subject in the following terms:

We try to teach our medical students something of all the medical sciences. Without intending to criticize unkindly, I believe that we devote too much effort to driving home detailed information and too little to the development of perspective. None of us here would pretend to a complete knowledge of even one subject, and yet we work our medical students seven days in the week to give them a smattering of everything. Many of them, in trying to achieve the impossible, are burned out mentally before they finish school. The detailed information we try so hard to give the medical student all can be obtained from books. We should teach him how to think and where to look for information, so that commencement will be what the term implies, the beginning of the study of medicine, rather than a consummation for medical practice.2

The most influential factor in the excessive proliferation of courses has been an emphasis on atomistic psychology. Since the turn of the century our thinking has been guided by a psychology of learning that is now largely outmoded. We have assumed that there is little transfer of training from one learning situation to another. Guided by this conception, or misconception, we began to fill the curriculum with all the minutiae of professional

practice. Job analyses were made of the professions and courses of study developed on the basis of the thousand and one things the successful practitioner might be expected to do. Such studies have merit if properly used. But the tendency has been to disregard the fact that the human mind can generalize experience.

There is evidence now which shows that there is considerable transfer of training when circumstances are conducive to it. Recent research in the field of nursing by Alice L. Crist of Ohio State University reveals little relationship between retention of fact and the ability to apply principles to new problems. In this study a battery of tests was given to 400 students in ten schools of nursing. These examinations included measurements of the amount of factual material retained, the ability to recognize certain nursing problems, and the capacity to apply facts and principles in the solution of problems. The results of these tests showed that "the best records were obtained on the tests covering factual material. . . . Extremely poor records were obtained on the parts of the examination testing for the application of facts and principles." a What is required, therefore, in the professional program is an understanding of the basic principles of professional practice and a training in applying them to novel situations.

If curriculum makers would recognize these principles of psychology, a marked reduction of the number and variety of offerings in all educational programs would result. Nursing educators have already given much study to the curriculum, but I doubt whether the curriculum outlined in the 1937 revision has been sufficiently boiled down in accordance with the foregoing psychological principles. Moreover, the period of real danger will arrive when large numbers of persons seek a four-year program leading to the bachelor's degree in nursing, and then go on to graduate work. Students seem to affect educators as customers affect business men. Large numbers of either are likely to result in overexpansion. I believe we are about to enter upon such a period in the education of nurses. It is at such times that the program of studies must be watched with unusual care. Educators should be able to justify all additions to the curriculum on educational grounds.

It is necessary to make one more point in connection with the curriculum. In recent years educators and laymen alike have shown increasing concern for the general education of our future citizens. This concern is caused by two things. The first is the growing unemployment among our young people and the consequent lengthening of the school period. Present interest in general education also springs from recent educational research. There is among the present school population a disturbing ignorance of and interest in our democratic institutions and the forces in the world today which threaten the structure of our society. The recently completed inquiry into the character and cost of education in New York State offers abundant evidence on this point.

---

The public has the right to ask, and will ask I believe, that in a publicly supported program of nursing education ample provision be made for the general education of prospective members of the professions. As I remarked earlier, educators in the other professions are concerned about this problem. Unfortunately most of the other professional courses of study cannot be altered easily. Tradition, vested interests, and sheer inertia conspire to prevent change. Not so in the education of nurses. The program is still in a fluid condition. Consequently experimentation and innovation are relatively easy. Members of the professions must be educated for citizenship and a rich personal life. Nursing educators truly have a rare opportunity to show the other professions and the public at large what can be accomplished in this field. Will you grasp the opportunity? The public has a right to expect that you will!

I have thus far attempted to show first that public support of nursing education is necessary, and secondly under what conditions I believe it should be given. Now let us see what means the profession can employ to secure support. To what groups shall the profession go for assistance in bringing the needs of nursing education to society at large?

It is my opinion that the most important thing the profession can do is to restudy the aims of nursing education and to prepare a statement of the benefits which society may hope to gain through the education of nurses. Lest I be misunderstood let me hasten to say that I am well aware of the great amount of study you have already given to problems of nursing education. As a layman I should like to say that this record is truly inspiring. You have been alert to the problems in nursing education; you have consistently studied these problems, largely at your own expense; and you have advocated changes indicated by these studies and by your professional experiences. Such professional idealism and vitality are unparalleled in the history of education.

Yet it seems to me you have not considered the educational program in broad enough terms. Though the general education of the nurse for participation in the non-professional phases of life has not gone unrecognized, the emphasis has been on professional training. The contributions of the nurse to the community have not been identified with sufficient clarity. The need for education in the newer branches of nursing which are so closely related to the social welfare have not been described to the public. The broad social significance of the education of nurses has not been brought to the attention of the public with sufficient force. A little dignified publicity will accomplish a great deal.

A second thing which the profession can do to secure public support is to carry forward as rapidly as possible the study of costs which was begun several years ago. Until you can go to boards of control or to public budgetary officers with accurate figures concerning the cost of operating schools of nursing of various sizes and types, it is going to be exceedingly difficult to enlist their aid. They know that educational institutions have a way of beginning as one-celled organisms and growing into gigantic creatures. They
are, therefore, justifiably cautious about embarking on new adventures until there is some objective evidence as to their cost. This evidence the profession has the obligation to supply as accurately as possible. I urge you, therefore, to press forward as rapidly as possible with your study of costs.

I should like to make it clear that I do not anticipate that you will be able to show that the cost of operating a hospital exclusively with graduate nurses will be no greater than the cost of operating with student nurses. On the contrary, the total cost for hospital and school will be considerably greater. It should be. If it weren't, one would have a right to suspect the quality of the service, or the education, or both. But the profession must know how much more expensive it will be. Will the public bear the additional expense? It will when the resulting improvement in the education of nurses has been demonstrated.

Members of the medical profession must also be prevailed upon to assist in advancing the cause of nursing education. Little effort should be required to convince them of its value. As doctors they are aware of the effect which additional education would have in the improvement of nursing service. As educated men and women they know the value of education in everyday living. Many members of the medical profession are members of hospital boards and therefore in a position to influence, and frequently to determine, policy with respect to the allocation of funds for the support of the nursing school. Moreover, medical men and women come into intimate contact with persons who can either contribute privately to the support of schools of nursing or influence governmental agencies which are responsible for the support of public training schools. In these and other ways the medical profession can render a great service to the advancement of the education of nurses.

Members of boards of control and administrative officers in hospitals conducting schools may be of assistance in several ways. They have the responsibility to convert their institutions into genuine educational agencies or to advocate their discontinuance. Since more than half of the chief administrative officers in these institutions are nurses, this is another way in which the profession can help. The improvement of nursing service and of nursing education would be greatly hastened if the officers in many hospitals could be made to see the wisdom of closing their schools and replacing student nurses with graduates. In those institutions where adequate facilities can be provided for a first class school of nursing these officers should assist in securing the financial resources necessary for the transformation of the school into a genuine institution of higher education. They should be able to interpret the needs of the institution to persons in a position to give or secure financial support.

But the agencies which can be of greatest assistance are the colleges and universities. These institutions have been designated to train prospective members of the various professions. The public has become accustomed to supporting them both through private gift and taxation. Members of their controlling boards and executive officers are not always aware of the edu-
cational needs of the newer professions. When these needs are brought to their attention and justified, however, such persons become enthusiastic advocates before the general public. It is my judgment that the nursing profession can make the most rapid and lasting progress in the improvement of nursing education by working cooperatively with these institutions of higher education.

The aid of both public and private colleges and universities should be enlisted in the task of gaining public support. Private institutions are able to solicit support through the routine public appearances of their executive officers, through published annual reports setting forth the needs of their constituencies, and through periodic financial campaigns. The nursing profession has the responsibility to keep executive officers in these institutions informed concerning the emerging educational needs of the profession in order that they may in turn bring them to the attention of the public. I believe firmly that the colleges and universities will respond generously to the appeals of nursing educators. Nursing schools conducted by private institutions will undoubtedly have to supplement public contributions by charging a tuition fee. I see no objection to this practice if students are relieved of all services not a part of the educational program. There is, however, a danger to be guarded against in the imposition of a tuition fee. As President Conant of Harvard University has pointed out repeatedly, the private colleges and universities of America, if they are to maintain their position of leadership, must recruit promising students from among families of small means. The application of a tuition fee in nursing schools might have the effect of eliminating many exceedingly capable but impecunious students. Such a situation should be prevented through scholarship assistance and other forms of financial aid.

But the greatest opportunity for the advancement of nursing education is to be found in institutions supported from tax monies. I refer to the state and municipal colleges and universities. Though private philanthropy will doubtless continue in America, the substantial increase in taxes in recent years has caused many private sources of support to dry up. The John Price Jones Company, financial agents, in a recent article predict that private institutions, with the exception of a few of the older and well-known colleges and universities, are going to have difficulty in securing additional funds for endowment, capital outlay, and to meet current expense. The public institutions on the other hand may expect continued and increased support from the public treasury. Direct appeal to the administrative officers in these institutions for the support of nursing education I am convinced will result in a sympathetic response.

One possibility which has not been adequately explored is affiliation with the public junior colleges. In states like California and Texas where these institutions have become a regular part of the state system of education it should be possible to work out a relationship between the public junior college and the nursing school on one hand, and between the nursing school and the state university on the other, by means of which the junior college
would supply the general education required by nurses, and the university would approve the technical instruction given in the nursing school proper. The university could then properly award the bachelor's degree for the satisfactory completion of such a program. There are a number of administrative arrangements of this sort which could be worked out through cooperation with other public agencies. But the point which I should like to throw into high relief is that nursing education can be most rapidly advanced through cooperation with institutions of higher education.

It should now be clear that there is no magical plan for securing public support for the education of nurses. I have heard that some members of the profession are advocating direct appeal to the federal government, or to state governments, for the special support of nursing education. There is not time tonight to discuss this issue. May I say parenthetically, however, that in my opinion such a plan would retard the proper development of nursing education for a generation.

In conclusion I should like to say that I believe that one concept must be basic to all your thinking on this subject. Nursing is a profession. Any attempts to secure support must be in harmony with this fact. You must make your case before the public on this basis along with the other professions, both old and young. The job of gaining public support for the type of program you desire is not going to be easy. The record of the profession proves, however, that you are up to it. I know you will be successful in your efforts.

Open Session Conducted by the Advisory Council
Tuesday, April 25, 9:30 a.m.
Presiding: Nellie X. Hawkinson, R.N., President.
The roll call showed that representatives were present from 35 state leagues and 2 educational sections.

Reports of State Leagues of Nursing Education
This year we have 37 state leagues, Ohio and Virginia having formed leagues early in 1938 which were accepted at the convention in Kansas City last April. This year the educational sections in Alabama and West Virginia have organized leagues. Their applications have been presented to the Board of Directors at this convention and accepted, so we now have 39 state leagues.

Alabama
Members: 38*
Activities: The activities of this section have been devoted during the past year to forming a state league. Quite a number of new members have been secured, and much interest shown.
The section has also been active in promoting interest in a degree program at the University of Alabama. Dr. Stuart Graves, Dean of the School of Medicine, is cooperating and a committee has been formed to study the possibility of establishing a school of nursing as a separate unit of the university.

* Number of members in each state whose 1939 dues had reached Headquarters by July 1.
ARKANSAS

Members: 13
New members in 1938: 0
Special committees: Committee on State Board Problems
Committee on the Care of the Child

Activities: Principal activity has been the sponsoring of one-day institutes for older graduates on new kinds of equipment, appliances, drugs, etc.

CALIFORNIA

Members: 324
New members in 1938: 110
Local leagues: Southern branch, Los Angeles—Dorrit D. Sledge, President
Northern branch, San Francisco—Alma Morris, President
Northern valley, Sacramento—Helen Olson, President

Special committees: Committee on State Board Problems
Committee on Mental Hygiene and Psychiatric Nursing
Committee on the Care of the Child

Activities: The California League has taken an active part in promoting the new nursing practice act in California; the Committee on Curriculum has almost completed plans for psychiatric affiliation in the state hospitals; the Committee on State Board Problems is working with the Chief of the Bureau of Registration of Nurses on problems pertaining to affiliations for basic students; a committee on community nursing is working with the state committee on plans for surveying several communities to establish need for nursing service; a committee on vocational guidance is arranging for nurse speakers to present the subject of nursing to all high school and junior college women students at the request of the deans of women in many of the high schools and colleges.

The California League sponsored the February issue of the Pacific Coast Journal of Nursing. The league has contributed $50 to the Florence Nightingale Memorial Fund.

The three sections of the California League have had very interesting and profitable meetings throughout the year. Many of their programs were based on the Curriculum Guide and teaching methods. The membership committees of each section are busy with a membership campaign which should show results in a substantially increased membership.

COLORADO

Members: 88
New members in 1938: 12

Activities: The League sponsored a two-day institute in mental hygiene for nurses in all fields of nursing. Monthly meetings have also been held presenting new medical developments.

DELAWARE

Members: 24
New members in 1938: 4

Activities: The Delaware League has sponsored a course in public health lectures for senior student nurses in the schools of nursing in Wilmington, also extension courses at the University of Pennsylvania in sociology, ward management, fundamental principles of public health, and special phases of public health nursing, maternity, infancy, and preschool. There have been several meetings, one with the Delaware State Nurses' Association. Among the subjects discussed were diabetes and the use of protamine zinc insulin and diet and obesity.
DISTRICT OF COLUMBIA

Members: 119
New members in 1938: 13
Special committees: Committee on State Board Problems
Committee on Mental Hygiene and Psychiatric Nursing
Committee on the Care of the Child
Committee on Lay Participation
Committee on Information

Activities: There have been monthly meetings of the league. At one of these the Committee on the Care of the Child gave a program. A joint committee composed of members of the Committees on State Board Problems, Curriculum, and Central School worked out a tentative outline for each course of study in the curriculum which will be mimeographed and placed on sale for the use of local schools.

FLORIDA

Members: 45
New members in 1938: 12
Local leagues: Orlando—Mrs. Vida Nevison, President
Special committees: Committee on State Board Problems
Committee on Mental Hygiene and Psychiatric Nursing
Committee on Information

Activities: The Florida League has carried on a membership campaign with programs in 20 districts; vocational guidance programs were given in six high schools, and a pre-nursing course to be given in public schools was endorsed. Plans have been made for an institute on mental hygiene and psychiatric nursing in March. The Committee on Curriculum is making a study, the results of which will be the theme of an April meeting with the state examining board and directors of nurses.

GEORGIA

Members: 55
New members in 1938: 12
Local leagues: Atlanta—Ruth Babin, President
Special committees: Committee on State Board Problems
Committee on Mental Hygiene and Psychiatric Nursing
Committee on Information

Activities: There have been four meetings of the board of directors of the Georgia League during the year, at which the application of the local league was accepted and the by-laws were amended.

The Committee on Membership has tried to contact members by letter and personal interview. The committee asks that all hospitals, schools of nursing, and public health agencies send in the names of those people who are eligible to League membership so that the committee may get in touch with them. The Committee on Mental Hygiene held an institute at the state hospital on mental hygiene for a group of public health nurses. Nurses attending the institute were able to observe modern treatments of the major psychoses with both insulin therapy and convulsive therapy. The Committee on Curriculum has been very active studying the curriculum and the adjustments needed in the Georgia schools, as well as the preparation of the nurses for supervisory, teaching, and administrative work. They are trying to solve the problems of an adequate system of records, providing guidance and assistance in arranging courses of study in the schools, and ways of providing adequate facilities in certain clinical branches.

At the annual meeting a round table was held on curriculum adjustments and a paper read on the nurse and her influence on society.
ILLINOIS

Members: 421
New members in 1938: 59

Special committees: Committee on State Board Problems
Community on Mental Hygiene and Psychiatric Nursing
Committee on the Care of the Child

Activities: Two institutes have been held in two different cities on problems of ward management. Committee on State Board Problems has done much work toward securing a state supervisor of nursing education and has secured the appointment of candidates submitted to the governor by the state league and state nurses' association for the state board of nurse examiners. The Committee on Curriculum has served as an advisory committee, with representatives of the faculties of junior colleges of the Chicago Board of Education, in planning for pre-nursing courses in the curriculum of those institutions; it has also studied progress in the adoption of the Curriculum Guide in schools of the state.

There have been continued discussion and programs dealing with developments in clinical medicine.

INDIANA

Members: 78
New members in 1938: 16

Special committees: Committee on State Board Problems

Activities: Committee on State Board Problems met with members of the state board of examination and registration of nurses to discuss the revision of the minimum requirements and the curriculum for accredited schools of nursing. The following subjects have been presented at various meetings: Guidance applied to schools of nursing; orientation in schools of nursing; tests and measurements in schools of nursing; accrediting of schools of nursing; practical application of guidance principles in a school of nursing. Besides these programs on guidance, a two-day institute on guidance programs in schools of nursing will be held March 31-April 1.

IOWA

Members: 121
New members in 1938: 40

Local leagues: Des Moines—Martha Heggen, President

Special committees: Committee on Mental Hygiene and Psychiatric Nursing
Committee on Information

Activities: The Iowa League has carried on a membership campaign with good results. In March the league will hold its first institute, the theme being teaching on the ward.

The Des Moines League has held monthly meetings and has discussed the following topics: State public health syphilitic program, metzrol and insulin treatment for mentally ill, and accreditation in schools of nursing.

KANSAS

Members: 43
New members in 1938: 5

Local League: Eastern division—Evalyne Collins, President

Special committees: Committee on Mental Hygiene and Psychiatric Nursing

Activities: An institute was held in October with emphasis on psychiatric nursing and investigation of opportunities for affiliation with the state hospitals in Kansas.
The league has studied the forms for the accrediting of schools of nursing sent out by the National League. The Committee on Education has helped the National Committee on Curriculum with a survey of the practical value of the Curriculum Guide; it is also planning a spring institute. A speaker will address groups in three focal points in the state on three different days.

The Eastern Division of the league is sponsoring a one-day institute in March and held an annual dinner in February which was well attended by both members and non-members.

**KENTUCKY**

*Members: 47*

*New members in 1938: 28*

*Activities:* The Kentucky League held a two-day institute on psychiatric nursing and mental hygiene. There was also the annual joint meeting with the state nurses' association at which the following subjects were discussed: student health, central supply, adoption of the new curriculum, teaching operating room technique, major problems of affiliating schools, house mothers in schools of nursing, and guidance programs. Besides this joint meeting there were five other meetings with interesting programs. The value of the nurses' aide, Mrs. Wayland's book *The Hospital Head Nurse*, and the record forms suggested by the state board of nurse examiners were some of the subjects discussed.

**LOUISIANA**

*Members: 101*

*New members in 1938: 23*

*Local leagues:* New Orleans—Harriet L. Mather, President

Shreveport—Louise G. Fry, President

*Special committees:* Committee on State Board Problems

Committee on Mental Hygiene and Psychiatric Nursing

Committee on the Care of the Child

Committee on Lay Participation

Committee on Information

*Activities:* The Louisiana League held a two-day institute in 1938 on curricula in Louisiana schools of nursing, faculty qualifications, and problems of discipline in schools of nursing. On the basis of the discussions a recommendation was made to the Louisiana Board of Nurse Examiners that the minimum requirement for hours of theory in Louisiana schools of nursing be increased to 840. Most of the other activities of the League this year have centered around preparations for the annual convention of the National League of Nursing Education to be held in New Orleans.

**MAINE**

*Members: 26*

*New members in 1938: 2*

*Special committees:* Committee on State Board Problems

Committee on Lay Participation

Committee on Mental Hygiene and Psychiatric Nursing

Committee on the Care of the Child

Committee on Information

*Activities:* The league in this state is new and the membership so small and scattered that it has not been possible to get the organization running smoothly as yet. It is hoped that we can double our membership this year. There is to be a league institute in conjunction with the state meeting in Lewiston in October and an all-senior meet is planned for spring. An effort will be made during the coming year to get the committees functioning effectively.
MARYLAND

**Members:** 143
**New members in 1938:** 29

**Activities:** Besides seven meetings of the executive board, monthly meetings of the league have been held at which the following subjects have been discussed: a vocational guidance project developed from the beginning; an orthopedic clinic at a crippled children’s hospital with discussion and demonstration of the care needed in orthopedic nursing, the work of the physiotherapist, and the facilities provided for carrying on the education of these children at their normal rate of mental development; psychiatric nursing demonstration with a discussion of psychiatric nursing and its relationship to general nursing; presentation of the work done by the National Committee on Accrediting. At a three-day joint meeting with the other nursing organizations, the league held a round table discussion on diseases of the heart which was the subject for the whole program. The league also sponsored the annual dinner at which a representative of the Federal Bureau of Investigation spoke on the work being done by this bureau.

A special committee was appointed to revise the constitution and by-laws and another special committee was appointed to work with the state board of nurse examiners on the revision of the curriculum for nursing schools in Maryland.

An investigation and study was made of the possibility and advisability of a post-graduate course in orthopedic nursing.

MASSACHUSETTS

**Members:** 258
**New members in 1938:** 49

**Special committees:** Committee on State Board Problems
Committee on Mental Hygiene and Psychiatric Nursing

**Activities:** One of the major activities of the Massachusetts League has been an effort to organize local leagues. An institute was held in March on some present-day trends in teaching nursing. Students’ night will be held in May.

A committee of the league has sponsored two courses at Boston University this year, one on current trends in American nursing and the other, orientation to the field of nursing education. The committee is recommending the development of a full major program at Boston University during the coming year with the appointment of a qualified person to direct it.

The Committee on State Board Problems has conducted a questionnaire covering the educational preparation of the principals, assistant principals, science instructors and nursing arts instructors of schools of nursing. The information obtained was used as a basis for an institute at Springfield and Boston for the principals of schools of nursing.

The Committee on Mental Hygiene and Psychiatric Nursing has studied the work of the Massachusetts Society for Mental Hygiene and has also contacted the Associate Commissioner of the Department of Mental Hygiene. The committee is making a continued effort to bring awareness to directors of schools of nursing of the urgent need of psychiatric affiliations for all the student nurses as a part of their basic preparation.

MICHIGAN

**Members:** 202
**New members in 1938:** 41

**Local leagues:** Detroit—Leona Peltier, President

**Special committees:** Committee on State Board Problems
Committee on Mental Hygiene and Psychiatric Nursing
Committee on the Care of the Child
Committee on Lay Participation
Committee on Information
Activities: The Committee on State Board Problems asked all the schools of nursing in the state to secure copies of the accreditation schedules of the National Committee on Accrediting and to study their own situations and send in a report to the committee. They are also studying qualifications for membership on the state board of nurse examiners.

The Committee on the Care of the Child asked all the schools in the state to send an outline of the curriculum, including nursing practice in pediatrics, used in the school. The committee is now studying the material submitted.

The Committee on Lay Participation has planned a luncheon at the state meeting at which one lay member of each school of nursing committee or person interested in a particular school of nursing is to be invited to be a guest of the league.

The Committee on Mental Hygiene has just been formed and there are no activities to report as yet.

In December an institute was held on teaching of medical nursing and pharmacology. Two more institutes are to be held, one in March and one in April, on how the Curriculum Guide is being used and graduate staff nursing.

The Education Committee is working with the Education Committee of the state organization for public health nursing in an attempt to secure means of including public health aspects in the basic curriculum. A subcommittee of this committee is working on Civil Service examination questions for graduate nurses.

MINNESOTA

Members: 262

New members in 1938: Not reported

Special committees: Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing

The Minnesota League has held six monthly meetings, one annual meeting, and seven board meetings. The subjects considered at the monthly meetings dealt primarily with preventive and mental hygiene aspects of nursing.

The League made available the testing facilities of the University of Minnesota for the giving of a battery of predictive tests to the schools desiring them, and 160 students in six schools were so tested. It sponsored, with other groups, a course in nursing jurisprudence taught by Miss Adda Eldredge and extending through the winter quarter of 1939.

The Curriculum Committee circularized the schools of the state with information on guidance during the writing of patient studies. The Committee on Lay Participation cooperated with medical and hospital groups in the planning of co-sponsored meetings. A special committee on the rating of nursing practice is conducting an institute on this subject, and the Committee on Integration of Public Health Nursing with Bedside Teaching is also carrying on plans for an institute in its field. The Committee on Mental Hygiene is active in assisting in the organization of a state mental hygiene association.

The Minnesota League participated in a conference conducted by a Minneapolis newspaper.

MISSOURI

Members: 107

New members in 1938: 26

Local leagues: Kansas City—Lela M. Rahe, President
St. Louis—Lucy Hohltzelle, President

Special committees: Committee on State Board Problems
Committee on Mental Hygiene and Psychiatric Nursing
Committee on the Care of the Child
Activities: The Missouri League held its annual meeting in October at which the main topic was psychiatric nursing. There have been monthly meetings of the local leagues with institutes and demonstrations open to all nurses. The membership drive has been continued and the league has cooperated with the state nurses' association in introducing revisions to the present nurse practice act which will bring the law up to what the schools of nursing in the state are requiring. They have also participated with the state nurses' association in endorsing the establishment of a postgraduate course in orthopedic nursing at the University of Missouri. There is continued interest in the course in psychiatric nursing at City Sanitarium, St. Louis, which is now available for student affiliation.

NEBRASKA

Members: 88
New members in 1938: 27
Local leagues: Omaha—Genevieve Arta, President
Lincoln—Leola Scheips, President
Hastings—in process of formation

Special committees: Committee on State Board Problems
Committee on Mental Hygiene and Psychiatric Nursing
Committee on the Care of the Child

Activities: The Nebraska League collaborated with the Bureau of Education and Registration for Nurses in providing an institute for the registered nurses of the state in the spring of 1938. The State Hospital Assembly, which held its annual meeting at this time, joined the nursing group at the banquet. A day of the state nurses' association meeting held in the fall was devoted to a League program.

The Committee on Curriculum responded to the questionnaire sent from the National League by stimulating discussion in the local leagues after which an all-day meeting was held at the Cornhusker Hotel in Lincoln at which the faculties of all the schools participated. This meeting provided an opportunity for the schools to learn of progress being made and of difficulties encountered in the use of the Curriculum Guide, as well as providing the committee with the information desired by the National Committee on Curriculum.

Three special committees were formed at the November meeting to further the work of the National League. The Committee on the Care of the Child is endeavoring to assist in the work of the National Committee by investigating the state facilities for desirable pediatric affiliation. Nursery schools, convalescent homes, the State Orthopedic Hospital, and other institutions are being visited. Questionnaires have been sent to schools of nursing to determine demand for affiliation.

The Committee on State Board Problems plans to carry forward work suggested by the National Committee and to assist the state examining board. The Committee on Mental Hygiene and Psychiatric Nursing established the school at Ingleside Hospital, Hastings, for affiliation in psychiatric nursing. The first course was given in the fall, 1938. A committee on public health nursing is studying facilities in the state for public health instruction for the student nurse and the graduate. The committee was greatly aided by a visit of Miss Virginia Jones, Educational Director of the National Organization for Public Health Nursing. The new conception of the type of undergraduate instruction gives encouragement to the school faculties.

A special committee has been appointed to compile the history of nursing in Nebraska. A third local league is being formed and special effort is being made to correlate the work of the local leagues with that of the state league, both through local league programs and through the work of the committees.

NEW HAMPSHIRE

Members: 33
New members in 1938: 7
Activities: The New Hampshire League has held four meetings during the past year in different cities and towns throughout the state. The tentative schedules of the Committee of Accrediting were discussed and created much interest at the June meeting. Sociology in the curriculum and recent educational methods were two of the subjects discussed at other meetings.

NEW JERSEY

Members: 301
New members in 1938: 30
Special committees: Committee on State Board Problems
                      Committee on Mental Hygiene and Psychiatric Nursing
                      Committee on the Care of the Child

Activities: There have been regular monthly meetings of the Board of Directors and four league meetings, one with the state nurses’ association and the state organization for public health nursing. A special institute was held in March, 1939. The League has made a study of a family known as the Moore Family to illustrate the social approach to health and disease, to stimulate the use of a curriculum guide, to encourage the exchange of ideas and teaching methods by the nurses working in similar fields, and to facilitate exchange of information between schools of nursing. Conferences, demonstrations, symposiums, etc. will be presented at the institute to illustrate the results of this study.

The Accrediting Committee has conducted individual studies of the national accrediting schedules in 34 schools of nursing with reports submitted for individual schedules. From one to fifteen people in each school have worked on the individual schedules. Editors of studies have summarized comments and recommendations which have been presented by panel discussion at the institute.

The Committee on State Board Problems is studying public relations and considering a public relations program from the standpoint of the individual nurse, nursing schools, and the nursing profession in New Jersey.

NEW YORK

Members: 682
New members in 1938: 153
Local leagues: New York City—Helen Young, President
                      Albany—Marcella Feinauer, President
                      Syracuse—Adele Stahl, President
                      Rochester—Clare Dennison, President
                      Buffalo—Grace Scott, President

Special committees: Committee on State Board Problems
                      Committee on Mental Hygiene and Psychiatric Nursing
                      Committee on the Care of the Child
                      Committee on Lay Participation
                      Committee on Information

Activities: The annual meeting of the New York State League was held in October, 1938. The topics discussed included public health education by affiliation, public health education in the out-patient department, degree programs, psychiatric and tuberculosis nursing, lay participation, postgraduate clinical courses, and instructors’ problems.

In order to better coordinate all state activities, a meeting was held of the state league officers, the chairman of all standing and special committees, and the local league presidents.

The Committee on State Board Problems completed a questionnaire study on comprehensive examinations and studied accrediting schedules. The Committee on Mental
Hygiene and Psychiatric Nursing made a state survey of existing facilities for psychiatric affiliations and conducted institutes on psychiatry. The Committee on Curriculum has been working with the New York State Education Department on the revision of the minimum curriculum.

The Membership Committee is very active and producing excellent results. The Committee on Lay Participation is studying the functions of nursing school committees and the Curriculum Guide. The Committee on the Care of the Child is cooperating with the public health organizations in preparing recommendations for better preparation and supervision of nurses caring for children. The Committee on Graduate Nurse Education has been studying supplementary and advanced postgraduate clinical courses and giving immediate consideration to setting up standards for courses on the advanced level with university affiliation.

**NORTH CAROLINA**

*Members*: 62  
*New members in 1938*: 10  
*Special committees*:  
- Committee on State Board Problems  
- Committee on Mental Hygiene and Psychiatric Nursing  
- Committee on the Care of the Child  
- Committee on Lay Participation  
- Committee on Information  

*Activities*: The programs of the North Carolina League have centered around the head nurse and her preparation and meetings have been held in different districts with local participation. The meeting in Raleigh in March had an excellent program with discussion of local problems, community relationships, textbook review, and emphasis on a loan fund to assist graduate nurses in further study.

A summer course at the University of North Carolina was sponsored by the league and the state nurses' association. Two special meetings were held in Charlotte and in Raleigh when Miss Claribel Wheeler of the National League spoke on the individual responsibility of the nurse and discussed the program of the National League and its relation to state leagues.

**NORTH DAKOTA**

*Members*: 15  
*New members in 1938*: 5  

*Activities*: The North Dakota League has not been very active this past year. Efforts are being made to increase the membership. Plans are being made for an institute early in the fall.

**OHIO**

*Members*: 358  
*New members in 1938*: 72  
*Local leagues*:  
- Cleveland—Edna Newman, President  
- Cincinnati—Beulah Dalton, President  

*Special committees*:  
- Committee on State Board Problems  
- Committee on Mental Hygiene and Psychiatric Nursing  
- Committee on the Care of the Child  

*Activities*: The Ohio League has been in the process of organizing this year. Two local leagues have been formed and the committees have just started their work. A membership campaign has been an important part of the work.

The Cincinnati League has held monthly meetings. Problems relating to the Curriculum Guide, matters of special interest to instructors, supervisors, and head nurses, and the accrediting program of the National League have been discussed. The Cleveland League has also had several meetings. The accreditation program has been their particular interest,
OKLAHOMA

Members: 37
New members in 1938: Reorganized with 38 members
Special committees: Committee on State Board Problems
Committee on Mental Hygiene and Psychiatric Nursing
Committee on the Care of the Child

Activities: The Oklahoma League has held one meeting with a program on education. An institute was also held in Tulsa, with 187 registered.

OREGON

Members: 70
New members in 1938: 13
Special committees: Committee on State Board Problems
Committee on Mental Hygiene and Psychiatric Nursing
Committee on Lay Participation
Committee on Information

Activities: The Joint Committee on Community Nursing Service is making a comprehensive study of the community resources and possibilities for coordinated service. The Committee on Information is working with the same committee of the other two state organizations and is getting valuable information before the public.

Seven meetings have been held or planned for 1938-1939. The following subjects have been discussed: Functions of state league committees, curriculum standards and how they may be improved through lay participation and vocational guidance and counseling in high school, junior college, and college; state board problems. Other programs will be presented on staff nursing, subsidiary workers in home nursing, and public health nursing.

PENNSYLVANIA

Members: 480
New members in 1938: 84
Local leagues: Philadelphia, District 1—Mrs. Ruth Lettinger, President
District 2—Judith Saville, President
District 3—Sister Mary Maritina Coyle, President
Pittsburgh, District 5—Nettie E. Bealer, President
District 6—Mildred Shellenberger, President

Special committees: Committee on State Board Problems
Committee on Mental Hygiene and Psychiatric Nursing
Committee on the Care of the Child
Committee on Lay Participation
Committee on Information

Activities: The Committee on Curriculum is studying certification as to its advantages, feasibility, and methods of procedure. They are also studying postgraduate courses available in Pennsylvania with a view to determining numbers and types of courses, differentiating between true postgraduate courses and added experience or refresher courses. The committee is also working on a study of the attitude of faculty members and officers of nursing schools toward state board examinations with a view to having a state-wide conference on some of the problems. A study is being made of minimum requirements for Pennsylvania Schools of Nursing with a view toward making recommendations relative to a reasonable minimum standard more in keeping with the Curriculum Guide.

The membership campaign has been very successful and has been the means of securing 84 new members.

Membership in the Pennsylvania Federation for the Merit System and the American Society for the Control of Cancer have enabled league members to broaden contacts of a professional nature.
RHODE ISLAND

Members: 137
New members in 1938: 19
Special committees: Committee on Mental Hygiene and Psychiatric Nursing
                  Committee on Lay Participation
                  Committee on Information

Activities: The Rhode Island League held during the past year a two-day institute
on the nurse as a teacher and mental nursing. They have sponsored courses on ward
administration at Brown University and worked jointly with the Education Committee
of the state organization for public health nursing on courses for nurses at the colleges.
A panel discussion by representative laymen on what the community expects of a
nurse was presented as a special program for senior students. One program was in
the form of a play, written by the chairman of the Program Committee and acted by
students from several schools, depicting the teaching of a patient and family about the
care of the eye and general health principles after an accident.

The Committee on Accrediting has been studying the schedules of the National
Committee for the accrediting of schools of nursing and asked a representative from
the Registrar's office and from the state hospital association to assist with this study.

SOUTH DAKOTA

Members: 37
New members in 1938: 11
Special committees: Committee on State Board Problems
                  Committee on Information

Activities: The South Dakota League presented its first program at the state nurses'
association convention as a league. The program served as the educational program
for the state association meeting and was on the present needs for curriculum revision
and accreditation of schools in order that nursing education may meet the challenge
of a changing social order.

The Curriculum Committee, through questionnaires sent to the schools, has attempted
to ascertain the extent to which the Curriculum Guide is being used in the state and
the successes and difficulties encountered in its use. The results of the questionnaires
indicate a need for more adequate interpretation of the Curriculum Guide to faculty
members of the schools, and the committee will recommend to the Board of Directors
that an institute be planned this spring for discussion of the Curriculum Guide.

TENNESSEE

Members: 62
New members in 1938: 19
Local leagues: Memphis—Mrs. Betty Gilmore, President
               Nashville—Mrs. Marguerite Wallace, President
Special committees: Committee on State Board Problems
                   Committee on Mental Hygiene and Psychiatric Nursing
                   Committee on the Care of the Child
                   Committee on Lay Participation
                   Committee on Information

Activities: The Nashville League had a two-day institute on The Care of the Child
with an excellent program and a good attendance. The Memphis League is bringing
Miss Phoebe Kandel, Professor of Nursing at the Colorado State College of Education,
to Memphis for six weeks in the spring. Miss Kandel will teach two courses, one in
curriculum and methods of teaching applied to nursing, and one in ward management
and ward teaching.
The Curriculum Committee of the Tennessee League has conducted a study over the entire state on minimum standards for schools of nursing in Tennessee. Some amendments were secured to the nurse practice act which gives the Committee on Nursing Education and Nursing Practice the power to set up such standards.

The Committee on Mental Hygiene and Psychiatric Nursing has worked very closely with the state advisory committee on mental hygiene and psychiatry of the Department of Institutions and Public Welfare. This committee made some very definite recommendations to the legislature regarding the establishment of psychiatric hospitals which would be available for teaching both doctors and nurses.

The Committee on State Board Problems is making a study in regard to what the nursing school administrators expect of the state board of nurse examiners and how the state board can be of assistance to the individual schools. It is hoped that it will be possible to have a state educational director. This committee also expects to hold a round table discussion at the fall meeting.

TEXAS

Members: 115
New members in 1938: 31
Local leagues: Houston—Mrs. Iva Delle McCoy Spicker, President
Dallas—Mary Price Smith, President
Special committees: Committee on Mental Hygiene and Psychiatric Nursing
Activities: Through its function as the educational department of the Texas Graduate Nurse Association the league continues to sponsor the courses in nursing education at the University of Texas. In the fall and spring semesters these courses are offered as extension courses. In the summer they are given on the campus. This year a correspondence course in history of nursing has been offered through the Extension Division of the University.

UTAH

Members: 40
New members in 1938: 5
Activities: Monthly meetings of the Utah League have been held throughout the last year. The following subjects were discussed: Ward teaching, the National League of Nursing Education and what it offers, supervision, community opportunities for nursing education, the central supply room, communicable disease and isolation technique, mental hygiene and psychiatric nursing, and other topics of general interest to the members.

VIRGINIA

Members: 88
New members in 1938: 54
Special committees: Committee on State Board Problems
Committee on Lay Participation
Activities: The Virginia League has held four regional meetings including a two-day institute at the University of Virginia. The subjects under discussion have dealt with new trends in education and better methods of instruction in schools of nursing. The teaching of the course in nursing arts has been the central theme of the year's program. Lectures, classes, and demonstrations of comparative technique have stimulated interest in the revision of nursing procedures. Encouraging reports of the Curriculum Committee indicate that Virginia schools are making progress in the adaptation of the Curriculum Guide.
WASHINGTON

**Members:** 60
**New members in 1938:** 10
**Local leagues:** Western Section, Seattle—Kathleen Leahy, President
Eastern Section, Spokane—Dorothy H. Daigle, President

**Activities:** The Committee on Legislation has been very busy working on the problem of legislation governing the licensure of the practical nurse. The committee has reported at each meeting and has received help from the discussions of the membership. The education and preparation of the practical nurse has been referred to the Curriculum Committee.

The Accrediting Committee has worked on accreditation, making frequent reports to the general membership.

WEST VIRGINIA

**Members:** 50

**Activities:** During 1938 the instructors' meetings of the Educational Section of the West Virginia State Nurses' Association were organized, meeting six times during the school year. Much was accomplished in curriculum discussion and school of nursing problems from the teaching angle. Two sections were formed, a northern and a southern.

The section recommended that the state nurses' association place in the libraries of every high, junior high, and parochial school in West Virginia a booklet setting forth the necessary educational qualifications of a nurse. This booklet told of the pre-nursing course established by the state nurses' association at the state university at Morgantown, the advantages of college work either before or with the nursing course, and where to apply for information regarding West Virginia and other schools of nursing. In addition to this, a poster stating necessary credits for prospective students in schools of nursing was sent to each instructor in each high school, junior high school, parochial high school, and junior college in the state.

The scholarship fund was enlarged, and by this means, the loans were doubled. Interested nurses were influenced and assisted to take college work in instructing, supervisory work, public health, and other special lines of work. Eleven nurses have loans at present.

Most of the schools of nursing in the state have made membership in district, state, and national associations a requisite for a position on their staffs. This has stimulated interest in nursing affairs as well as increasing our membership.

Activities during the first months of 1939 have centered around the arrangements for forming a league in West Virginia. Application will be presented to the National League at the 1939 convention.

WISCONSIN

**Members:** 135

**New members in 1938:** 36
**Local leagues:** Milwaukee—Esther Olson, President

**Special committees:** Committee on Mental Hygiene and Psychiatric Nursing
Committee on Information

**Activities:** A regional meeting was held in Oshkosh in March at which twelve schools in the state were represented. Accreditation both national and local was discussed and the progress of the National Committee on Accrediting was reviewed. Because of the enthusiastic response, the league plans regional meetings in Eau Claire and Green Bay during the next eight months.

The Committee on Curriculum has undertaken the project of interesting public libraries in the library problems of the local schools of nursing. The Committee on Mental
Hygiene and Psychiatric Nursing is working with a similar committee of the state nurses' association on a special study concerning the number of graduate nurses employed in psychiatric institutions. A committee was formed to study the schedules prepared by the National League of Nursing Education for use in accrediting schools of nursing. A speakers bureau has been organized recently in cooperation with the state bureau of nursing education. Its purposes are to collect material on nursing education, to recommend speakers on request, to prepare topical outlines with reference materials for the speakers, and to publicize this service. A letter was sent by the president to all schools of nursing in the state in order to stimulate interest in the league activities.

The Milwaukee League has held monthly meetings and discussed the following subjects: Morning circle as a means of ward teaching, personality differences of student nurses, collapse therapy, methods of teaching sociology to student nurses, value of efficiency records, possibilities of recreation and education for the general staff nurse, protamine insulin therapy.

REPORTS OF EDUCATIONAL SECTIONS OF STATE NURSES' ASSOCIATIONS

CONNECTICUT

Members: 125

Activities: The annual institute was held as usual and in addition to the main topics on what are the schools of nursing and the hospitals doing to improve the type of nursing care we are giving the patients, the general staff nurse in the hospital, and the place of emotional hygiene in the life of the nurse, a round table was held for graduate staff nurses. It was conducted by a staff nurse who formulated the program from questions sent in from the hospitals. It was evident that many problems involving policies of hospital administration and the relation of the school to the hospital need clarifying with this group.

At the fall meeting the subject of methods of building up professional loyalty and responsibility was discussed. At the annual spring meeting a luncheon was held for members of the educational committees of schools of nursing and the relationship of the lay committee to the school of nursing was discussed. Other subjects discussed were new trends in nutrition and diet therapy and new drugs.

The section participated in studying the accreditation schedules of the National Committee on Accrediting and submitted a report which has been forwarded to Headquarters.

An effort has been made at all meetings to acquaint the members of the section with what is being done in the schools by having principals of schools, instructors, supervisors, and head nurses participate actively in the discussions.

MONTANA—No report

NEW MEXICO—No report

SOUTH CAROLINA

Members: 30

Activities: The Education Section of the South Carolina State Nurses' Association is less than one year old. Prior to October, 1938 when this section was officially recognized there had been an education committee and for one year there had been an unofficial round table discussion group of directors and instructors who were studying methods of teaching, especially clinical teaching.
Membership in the section is open to all members of the South Carolina State Nurses’ Association actively engaged in nursing education, but it is the privilege of all members of the South Carolina State Nurses’ Association to attend and participate in discussions.

Our activities this year have been to spread pertinent National League of Nursing Education literature in the high schools, to sponsor the use of National League of Nursing Education record forms through recommendations from the section to the state board of nurse examiners and to increase individual membership in the National League of Nursing Education.

In October, 1938 the League membership was six. At present it is 15 with at least five applications pending.

Our aims are two:
1. To study and improve nursing education methods in South Carolina
2. To form a state league of nursing education in South Carolina.

INTEGRATING WORK OF STATE LEAGUES AND STATE BOARDS OF NURSE EXAMINERS FOR THE BENEFIT OF SCHOOLS OF NURSING

ELIZABETH S. MORAN, R.N., President, Michigan League of Nursing Education

The work of integrating the state league with the Board of Registration of Nurses in Michigan begins with a committee from the league of nursing education recommending a list to the state association which in turn submits the list to the Governor. Thus, the league makes the original selection of Board members from its own membership. With the present and recently appointed Board we were fortunate to have the Governor choose for members those persons we had indicated as being our first choice.

More than a year ago a committee to study state board problems was created by the Board of Directors of the Michigan League of Nursing Education. Its first work was to consider the problem of selecting applicants to schools of nursing in state hospitals by Civil Service examinations. This committee strongly recommended that such means not be used as a basis for acceptance into schools of nursing. We felt it definitely the province of the director of the school of nursing to select students, with the approval of the Board of Registration, and urged that it be left in their hands. Civil Service has discontinued examinations for applicants to schools of nursing.

This year the committee, which has been divided into subcommittees, has attempted to work toward the goal of benefiting schools of nursing and being more helpful to the Board of Registration. Such questions as the accreditation program of the National League of Nursing Education are under consideration. The subcommittee working on this plan has no report to make at this time but all the directors of schools of nursing throughout the state have been asked to secure schedules for evaluation. These schedules are so complete that many of the schools have no doubt been discouraged, since up to the present no reports have been received from them. It was hoped that this might be accomplished in time for our state meeting in May.
The group working on qualifications of nurses recommended for appointment to membership on the Board of Registration has worked out a very desirable list of qualifications as essential for the proper performance of such duties. It is the feeling of this committee that membership on the Board of Registration should be actually desired and not urged upon its members. A complete application form will soon be available for Board membership.

The third item of study is state board examinations. The members of this group strongly urge making studies available concerning number of failures, in which courses they occur, and the schools from which the failures come with a view to giving educational help and advice. We realize that the plan used in New York state, where a published list of successes and failures is available, enables applicants to schools to choose their schools more intelligently. This group definitely felt that a sampling of examination questions used in schools of nursing throughout the state was a better basis for selection of questions than examinations set by nurses who may or may not be teaching the subjects.

The Committee on State Board Problems is recommending to the Board of Registration that a report be sent to the director of nursing of each school following the receipt of the annual report of its visiting representative. Constructive criticism of the work being done in the school should prove of benefit to it from the standpoint of improving the teaching, supervision, and administration of the school. We feel that these reports should go also to the director of the hospital, the president of the board of trustees, and the chairman of the school of nursing committee.

The league has also recommended through its board of directors that more emphasis be placed on the teaching of public health nursing in schools of nursing and that steps be taken, with the advice of the state organization for public health nursing, to prepare minimum requirements for such a course. In this they anticipated the report of the joint committee of the NOPHN and the National League which appeared in the April Journal and Public Health Nursing, so it may be necessary to reorganize our thinking on the basis of this report.

SECURING LAY INTEREST AND SUPPORT FOR NURSING THROUGH STATE COMMITTEES ON LAY PARTICIPATION

Grace A. Warman, R.N., President,
New York State League of Nursing Education

In the past few years the National League of Nursing Education has sought to establish a cooperative understanding between members of our profession and lay people. Those of us who have been especially interested in the problem found ourselves examining the attitudes of both groups, that we might fairly approach the question of securing and holding lay interest.

1 "The Use of Practice Fields in Public Health Nursing." In American Journal of Nursing, April 1939, p. 419.
Among the members of our profession attitudes ranged all the way from an agreement that the problems and practices of the nursing profession be understood or advanced by men and women outside the profession to enthusiasm without adequate leadership. The lay groups themselves, although interested and willing to act as key citizens in interpreting to their communities the need for modern nursing education, always required intelligent direction from professional members.

Let us look, for a moment, beyond our own group and the lay associates, who are members of committees on lay participation, to members of the great American public whom we should like to reach. Do they realize the importance of good nursing service or the effectiveness of sound programs of nursing education? Perhaps. But they will give it no thought unless they are directed and “educated” towards the idea. A favorable point to note at this time is that we find the public more enlightened, hence more approachable, than it was ten years ago. There is a growing interest in education in general. Parent-teacher groups are working to raise public school standards. Organized citizens have formed consumers’ clubs to examine and inquire into the quality of merchandise so that, if necessary, they may insist upon higher standards of manufacture. In other words, the American public is awakening to an examination of its institutions.

Very well, then, we all realize the need for active lay interest in nursing education. We know that the members of our professional group must act as the leaders in securing lay support, and we have now a glimpse of the possibilities of approach to the interests of the public. How are we going to build lay interest and stimulate an interest in our objectives?

Those of us who have discussed this problem feel that the plans and the leadership should come from women engaged in nursing education. It is our task, first of all, to believe in the necessity for securing lay support. There can be no place for a defeatist or a lukewarm attitude. We all reserve our enthusiastic support for the things we sincerely believe in.

All of these preliminary suggestions form only the foundation for the principal task that concerns us—the establishment of effective state committees on lay participation and better lay conference groups. As we all realize, this is no simple task—only 11 states have thus far accomplished it. We need strong state committees to work with the National Committee in order to interpret to the public the place of the professional nurse in the community and to help promote sound programs in nursing education.

Membership on state committees is, as you know, divided equally between nurses and lay associates (members of nursing school committees or hospital boards) with a nurse as chairman. It is also desirable to form local league committees on lay participation. Representatives from local groups could be invited to discuss possible problems for the basis of forthcoming projects or other group work. Once decided upon, these projects could be carried to the local committees.

Mutual cooperation between the League and lay persons should always be supplemented by lay education. Committees on lay participation should
be encouraged to plan a program of interest to lay groups in connection with state and local League meetings. A program of this kind would be helpful in bringing the groups together, and stimulating interest of our lay friends. It would also be valuable to arrange for the attendance of lay associates at some of the regular sessions of the League. Familiarizing them with nursing publications is also an excellent means of building up lay interest.

Plans for work, however, are not enough. Patience, tact, and talent for organization must be brought into constant play if our task is to be accomplished.

Finally, there is the desirability of financial support. It has been said that a man's heart is where his purse is. True or not, it seems to be pretty well established that lay persons who have given financial support to nursing education have given, in large measure, their time and enthusiasm in carrying on their committee work and in interesting others.

In conclusion, then, may I return to an earlier assertion, that securing and stimulating lay interest in nursing education is the problem of the members of the League—we must be resourceful and untiring in building up understanding in our own group that we may be united in building for the future of our profession by serving and being served by an enlightened American public.

General Session

Tuesday, April 25, 2:00 p.m.

Presiding: Nellie X. Hawkinson, R.N., Chairman, Joint Committee on the Costs of Nursing Service and Nursing Education.

Cost Analysis as an Administrative Tool

C. Rufus Rorem, Ph.D., C.P.A., Director, Commission on Hospital Service of the American Hospital Association

What does it cost? What will it cost? What should it cost? These questions arise frequently in the mind of everyone, including the nursing educator. Everything has its cost, which may be measured in terms of dollars of money value, hours of labor, moments of uncertainty, calories of energy, or gestures of friendliness. We are here interested primarily in costs which may be measured in money, and the costs of two important human processes—nursing service and nursing education.

The determination of the costs of nursing service and nursing education is a difficult task, whether applied to the entire nation, a particular hospital and nursing school, a single day's activities, a single hour of bedside care. The costs of nursing service and nursing education are, by their very nature, integrated with the general processes of hospitalization. Their segregation challenges the ingenuity and intelligence of hospital administrators, nursing administrators, and nursing educators. But the task is worth while, and is fundamental to the intelligent direction of community resources.
Nursing service and nursing education are not the same thing, regardless of how closely they may be related. As an accountant, I must assume that there is a difference between these two fundamental processes, and that in borderline cases expert opinion is able to recognize what activities constitute nursing service and which processes constitute nursing education. The research staff of the Joint Committee on the Costs of Nursing Service and Nursing Education has been working continuously for more than a year to create an intelligent and defensible formula by which the costs of these two activities may be segregated, whether in a hospital, a clinic, a public health agency, a visiting nurse association, or in private duty at the hospital or residence. To be sure, most of the emphasis is placed upon the costs of nursing service and nursing education in the hospital for the simple reason that most of the formal education (and practically all undergraduate education) occurs in connection with hospital nursing schools. But the basic principles for the analysis of cost are the same in any institution or activity.

A few years ago one of your members made the statement that in the discussion of public health nursing there was a great deal said about public health and not very much said about nursing. Very likely that emphasis was necessary at that time, and now the attention has probably returned to nursing, with its own values and procedures. I wish to place the emphasis on cost analysis as an administrative tool for nursing service and nursing education. I want to talk primarily about cost analysis and incidentally about nursing service and nursing education. Cost analysis is merely a less terrifying word for cost accounting.

It is particularly important to determine the cost of nursing education accurately at the present time. The importance arises from certain observable factors in nursing service and nursing education itself. The first is the increasingly professional character of nursing service and education which ultimately will require independent support from the general public and from the students receiving the professional training. With the development of licensing laws, and the recognition that certain procedures may be carried out only by registered or licensed nursing practitioners, the term "registered nurse" carries an economic value and certain stated prerogatives. These privileges are worth money. As the practice of nursing becomes an economic as well as a social privilege, the costs of nursing education become significant social and administrative data.

The second is a corollary of the first, namely the gradually reducing number of nursing schools from nearly 2,200 in 1926 to scarcely 1,350 in 1939. To be sure the total number of nursing students has not diminished, but there have been fluctuations in the enrollment during this period of time. Meanwhile, the average size of the nursing school has increased from approximately 35 students in 1926 to more than 55 in 1938. Nursing schools are small institutions in comparison with other colleges or universities, but many of them approach the size where the economies of coordination can offset the costs of specialization, both in training and in practice.
The third factor is the difficult yet necessary task of measuring the responsibilities of the hospital and the nursing school to the community as a whole. From the business point of view, the graduate nurse has been a by-product of nursing service, rather than the main product of a program of nursing education. It has been possible for a hospital to operate without a nursing school, but it has been impossible for a nursing school to operate without some relation to a hospital. But the relation of nursing students to hospitals appears to have been that of employee to employer, rather than that of student to laboratory.

Hospital administrators and nursing educators alike are desirous of answering correctly the question whether a nursing school is a source of financial income or financial expense. They realize that the answer cannot be stated without qualifications for the country as a whole. The results will be influenced by the standards of hospital service and nursing education which are maintained within each institution. But there appears to be a method for arriving at an intelligent decision for a specific institution. It has been the purpose of the Joint Committee to develop this method, and make it available for general use.

The first step in measuring the costs of nursing education is to disengage the total cost of nursing from the total hospital expenses. The second is to separate the total nursing costs into those incident to nursing service and those incident to nursing education. Such a procedure of cost analysis is both rational and technical. The rational procedures are the apportionment, by expert judgment or common sense, of the specific activities to the particular function. The technical procedure is the recording within the financial account, or on a financial worksheet, of the portions of the expenditure which are attached to nursing service or nursing education.

Let us take an example of the use of expert opinion. Suppose that in the course of a three-year period of nursing instruction a student makes patients' beds 5,000 different times. The question arises: how many of these 5,000 bed-makings are necessary to develop reasonable skill as part of a program of education, and how many are primarily to serve patients who are residents in the hospital during the period of nursing instruction? You may say that no categorical answer can be given, and that the reply depends upon the quality of instruction and the intelligence of the nurse. Moreover, you may add that the general process of nurses training requires that a student serve a certain amount of time at the hospital bedside, and that making beds is an incidental feature of the educational process and of nursing service.

To this explanation I have no rejoinder except to say that your reply has illustrated my point, that cost apportionment is a matter of judgment. In the process of determining the total cost of a program of nursing education it is necessary to make numerous apportionments based upon expert opinion, statistical count, or arbitrary assumption. In every hospital conducting a nursing school some expenses are incurred solely for the education of
nurses, others solely for the nursing of patients, and still others that are incurred jointly for the two purposes.

The research staff has made a classification of the expenses which fall in the various categories. Among the expenses for nursing service they mention the salaries of individuals who devote their full time to administrative or supervisory duties for nursing service, the graduate bedside nursing staff, the subsidiary personnel such as ward helpers and orderlies, and the personal supplies necessary to maintain and equip these individuals. In addition they mention the health service, travel, and miscellaneous expenses connected with this part of the hospital staff.

Among the expenses exclusively for nursing education they list the salaries of all persons who devote their full time to school work, the personnel who are concerned directly with the upkeep of the nursing school equipment, dormitory, etc., classroom expenses, library costs which pertain directly to the school, school office supplies as well as health service, personal items, entertainment and recreation, affiliation expense, etc.

There are also a host of indirect expenses which are incurred partly for nursing service and partly for nursing education. In fact, they are not even incurred exclusively for these two activities combined. They are inextricably woven with the other activities of the hospital and include such expenses as the cost of maintenance of personnel, meals, personal laundry, administration expenses, etc.

Is the problem of cost analysis so difficult and technical as to defy intelligent solution by people who have devoted their lives to the care of the sick rather than the mastery of accounting procedures? I do not think so. Accounting is intelligible to any person who is willing to look beyond the figures to the process. Behind every accounting transaction there is a human activity. The functions of nursing service and nursing education are measurable and definable and capable of expression in financial terms.

The accounting records are, in the final analysis, merely records of human relationships. For example, a nursing supervisor is paid her semi-monthly salary check. To the accountant this is the occasion for a reduction in the bank balance and for charging nursing salaries with the amount of the payment. These entries in the account represent, incompletely to be sure, many hours of professional care and attention to innumerable details affecting the general health and welfare of the hospital patients.

Let us take another illustration. A check is received from the ladies' auxiliary. The bookkeeper records an increase in the bank balance, and gives credit for the money received from voluntary contributions. But the accounting entry merely epitomizes in an incomplete manner the loyalty, anxiety, and labors of a group of women who have spent many hours in conducting a bazaar, soliciting contributions, or otherwise serving the hospital or nursing school. Each of these transactions involves the activity of persons and a shift in human relationships.
I have given this brief and oversimplified description of the nature of the accounting process to illustrate that accounting, and the analysis of the accounts, are not something apart from nursing service and nursing education. Money value is not the only, or even the best, basis for measuring nursing service or education, but it is one basis, and one which must always be used in every nursing school or hospital. Money cannot measure the heartache of a worried mother, the understanding of a sympathetic nurse, or the ability of a nursing instructor to deal with resistance to prescribed standards of behavior on the part of the student body. But money does express the economic value involved in the care of a group of patients or the administration of a nursing education program.

The nursing administrator usually is able to comprehend accounting better than she realizes. Once she takes the position that the accounts are for her use and not for the amusement of the bookkeeper, she has only to ask this question. What economic facts do I need concerning my activities or my institution as the basis for a program of action and a measure of achievement? It then becomes the accountant's task to produce the facts required for the establishment of responsibility and the measurement and comparison of results. There may be cases, of course, in which the determination of the facts will cost more than the facts are worth. But even such a conclusion involves judgment on a matter of accounting and can be reached only by careful analysis of the problem at hand.

For certain purposes the administrator of a public health nursing agency might ask the office to determine the exact value of the time consumed by the nurses in traveling from the home of one patient to another. If the process of determining these costs proves to be very expensive, she might decide to use other considerations than costs in the establishment of a policy. Obviously, there is no value to accounting procedures which cost more than they are worth.

The formula for determining the cost of nursing education suggested by the staff of the Joint Committee will probably make history because of its simplicity. It will probably also cause a great many arguments, for the same reason. As long as a veil of mystery surrounds the calculation of costs and the determination of policies, the accountant and others concerned acquire and retain a certain professional status.

Mr. Rovetta and Miss Pfefferkorn have insisted that a very simple concept be used to typify the costs of nursing education within an institution. They have said that the amount expended for nursing education in any institution is the amount which could be saved if the educational program were discontinued (if it is already in operation) or that would not need to be expended (if it is merely in contemplation). This simple formula would mean, therefore, that no hospital or other institution conducting a nursing school can be said to be expending any amount for nursing education, if it costs less to run the school and hospital combined than to run the hospital without the school.
Administrators of some of the best schools have pointed with pride to the financial savings to the public through their nursing schools. Administrators of some of the best hospitals in the United States have said to me that they could not use a graduate staff for their entire institution because it would be too expensive. If a nursing school costs hospital patients and supporters less than nothing, the credit goes to the students and not to the hospital administration.

The manual for cost analysis being prepared as a part of this study hopes to establish a uniform basis for determining whether or not an institution can save money or must increase expense by the establishment or discontinuance of a nursing school. Money is not the only object or standard to be considered in determining whether a nursing school should be maintained. It is quite possible that a hospital or other medical institutions might maintain a good nursing service and a poor nursing school at a cost which is less than good services of the sick alone. Yet if the nursing education were of a proper quality, the maintenance of the school would probably cost somebody some money.

In my opinion, nursing education which costs less than nothing is probably worth less than nothing. To be sure, at the present time the demand for nursing service by the general public seems to make it possible for the alumnae of apprenticeship schools to obtain and maintain certain prerogatives in the field of health service. In the long run, however, these prerogatives must be the result of actual outlays on the part of the students or the general public, not the accidental benefits of having been employed in a hospital rather than a hotel or restaurant. As we all know, it will probably be a long time before a licensing law will be passed for people who make beds or serve meals for hire in a hotel or restaurant. The public believes, and I believe rightly so, that apprenticeship in nursing has provided skills and attitudes worthy of public recognition.

The cost analysis is not an easy procedure, but a necessary one. It serves, consciously or unconsciously, as the basis for any decision affecting the quality of nursing care and employment of public welfare. Cost analysis, therefore, involves both administration procedures and public policy. It is a tool which must be mastered by those concerned with nursing service and nursing education, and the Joint Committee hopes that its work will have contributed to sharpening this tool in the proper manner and give some suggestions as to its appropriate use.

**Some Findings of the Nursing Service and Nursing Education Cost Study**

**Blanche Pfefferkorn, R.N., Director of the Study**

**Charles A. Rovetta, M.B.A., Associate Director of the Study**

(The content of these papers will be included in the final report which will be published by the Joint Committee on the Costs of Nursing Service and Nursing Education.)
General Session

Wednesday, April 26, 9:00 a.m.

Presiding: Ruth Sleeper, R.N., Chairman, Committee on Curriculum.
Topic: Postgraduate Education.

PRINCIPLES UNDERLYING POSTGRADUATE EDUCATION

ELIZABETH K. PORTER, R.N., Assistant Professor of Nursing Education,
University of Pennsylvania, Philadelphia, Pennsylvania

In approaching this subject of postgraduate nursing education, it is interesting and important to note first that both nurses and consumers of nursing service are becoming increasingly conscious of its value. Also, for the large majority of nurses pursuing advanced study, the interest in achieving the type of professional skill which their field of work requires is deep and personal; the everyday job lies close to their hearts and they dream of a finer service to be accomplished by better preparation.

In this everyday job, the nurse is finding that the practical problems which she meets today are uncommonly difficult. She is finding that she has an increasingly important function to perform for society in the present social movements for health; that her work is being directly and indirectly affected by the steady accumulation of scientific facts relating to prevention and treatment of disease. She is learning that the area in which nurses function has expanded so greatly that specialization in reasonably limited fields has become a necessity, and that opportunities are opening up which require knowledge and ability not possible of achievement without preparation beyond the basic three-year professional course. Although ideas of how to attain professional success may differ, many nurses look upon further education under formal conditions as one important source of power which will help them to make their career more constructive and profitable. Postgraduate education has thereby become an ordinary rather than an extraordinary feature of preparation for certain fields of nursing.

It is not strange that this should be so. One is compelled to recognize that a regard for formal education is one of the deep currents running through all American life, and we need not go far for evidence that the American people as a whole have a faith that education can take them where they wish to go. It is only necessary to look around and notice our vast school plant; the numbers of students attending educational institutions at all levels; the effort to make education serve students and society more effectively by extensive research and investigation into curriculums, methods, preparation of teachers, and so on. The impact of all this is felt in all systems of education, and nowhere more forcibly than in our own field. We, too, faced with an urge to provide a more effective system, have found ourselves in a mood of critical self-examination which has resulted in numerous surveys and studies of the service and the education we offer. These studies have looked backward as they gathered facts in order to determine the
basis of our present difficulties, and forward as they studied possible future trends in nursing and the professional preparation needed to keep abreast of them. In fact, there are so few questions relating to standards of nursing education that have not already been carefully studied that my first reaction to writing this paper reminded me of the boy who was not very responsive to efforts of his teachers to stimulate his ambition. After listening to the story of the achievements of Christopher Columbus, he thoughtfully commented:

Well, mebbe so . . . but you must allow
There ain't any land to discover now.

It may be true that there are few new lands or uncharted seas to explore just now with relation to the topic I have to discuss, but yet there will always be the necessity for looking over the ground again in nursing education with a scrutinizing eye in order to keep our bearings as accurately as possible and to map out the extent and direction of our boundary lines. Changing practices set this task for us. Robert L. Stevenson wrote one time in reference to the shadow of a great oak:

The shadow lies abroad upon the ground at noon, perfect, clear and stable like the earth; but let a man set himself to mark out the boundary with cords and pegs, and were he never so nimble and never so exact, what with the multiplicity of the leaves and the progression of the shadow as it flees before the traveling sun, long ere he has made the circuit, the whole figure will have changed.

Sometime ago I chanced upon an analogy drawn by an educator between this thought and education. "So it is," he stated, "with education. The accurately drawn figure of a given moment may be descriptive of little existent in the next. It is consequently incumbent upon the university from time to time, as frequently as possible, to examine the figure it has drawn of what education is, and often to make revision of its concepts of what its own artistry must portray."1 Such an examination and revision has been going on in the area of undergraduate preparation for nursing, culminating in one of the most important volumes dealing with nursing education that has yet appeared, *A Curriculum Guide for Schools of Nursing*. The excellence of the work needs no exposition here other than to say that it has contributed greatly to our thinking in relation to the postgraduate division as well. It does seem, therefore, that this discussion beginning a re-examination of advanced preparation for nursing is most appropriate and timely.

This paper is limited to a consideration of standards of postgraduate education with particular reference to courses in the clinical branches and to preparation for the positions of head nurse and supervisor. I should like to make it clear that, although I approach this topic with strong personal views, I offer the following simply as a starting point for discussion and not in any sense as conclusions.

Perhaps the first question which requires examination is: What is post-

---

1 *Ernest M. Hopkins, Introduction to Problems of College Education. Ed. by Earl Hudelson, University of Minnesota Press.*
graduate education? There is in existence in nursing education a body of theory and practice which is labelled “postgraduate,” but an analysis of the situation reveals that this word is really used as a blanket term to cover any course taken after graduation from a school of nursing without regard to purpose or standards. Insofar as current practice goes, we find nurses pursuing such courses for the following varied reasons, which indicates an astonishing difference in purpose, scope, and content:

1. As a means of meeting present-day standards of nursing service, by filling in gaps in undergraduate preparation or by supplementing poor preparation
2. As a means of brushing up and keeping abreast of new developments in nursing
3. As preparation for special fields of service and for positions commonly considered to be beyond the teaching level of the basic professional course.

The issue with respect to the first two mentioned types is clearly seen; they are in the nature of service courses, and the need for such I do not question here. Regarding the first, until all schools of nursing are brought to a higher standard it would seem as though some provision should be made at some place in our educational system to give the intelligent, ambitious nurse the help she needs because of inadequate undergraduate preparation. And regarding the second type, I could not question the need of professional people to "brush-up" occasionally, or to seek additional help with their work. The professional life of any nurse must necessarily involve continuous growth and development for maximum success, and opportunities may be afforded through formal courses, professional literature, institutes, observation visits, etc. These service courses (as I am calling them) may represent splendid, constructive efforts in meeting existing needs, but this does not necessarily require that they be on the level implied by the term "advanced study," and I therefore seriously question their right to be classified as postgraduate courses. But basic to everything that follows in this paper is a recognition that the third mentioned type, which is concerned with specialization, is far different in intent and in results and demands a breadth of knowledge and the development of abilities beyond that necessary for the service courses. This type does demand "advanced" study and is the type I refer to when I speak of postgraduate education.

As stated before, the distinction between these various types of courses is not carefully drawn in practice, and herein lies one of our greatest problems. As long as there is no clearly defined area that constitutes postgraduate education, and no generally accepted standards, who knows what a certificate from a postgraduate course means. A certificate presented by a nurse indicating that she has completed a postgraduate course in, let us say, medical nursing, may bear little relationship to her competence for a position which requires advanced preparation in that field. This indicates the need for some uniform terminology representing clearly defined standards.

In order to avoid confusion, it may be that we should invent a new system of descriptive titles for the different types of courses. For the purpose of this discussion, however, I am here considering the term "postgraduate" to represent that distinct division in our nursing education system which pre-
pares nurses for competent professional service in some special field; a division which represents a continuity in nursing education, making some new contribution to the education of the nurse, and on a level above and beyond the present accepted standard for the undergraduate course in a school of nursing. This statement, with all that it implies, gives a definite indication of the fundamental difference, as I see it, between postgraduate courses and all other courses which may be taken after graduation from a school of nursing such as those referred to as service courses.

Now, what does such a definition portend for advanced clinical courses as now set up? Those of us who hold to this definition find much to criticize. In the interest of making a sharper distinction, however, rather than in a spirit of faultfinding, I should like to mention some of the complaints most frequently heard:

1. Undue amount of time spent in familiar activities with respect to both theory and clinical experience. For example, a student may be assigned to care for a group of patients day after day without the type of teaching and supervision which would make such experience have new meaning for her and contribute to her professional growth.
2. Too few good teachers.
3. No contribution to professional preparation which could not be secured through experience in that field.
4. No difference in methods of conducting from that of less advanced courses.
5. The needs of the hospital for service still a dominating factor in provision of educational experience.
6. Admission of students of mediocre ability and indifferent personal traits.

To a large extent, the parallel to the situation in undergraduate nursing education is obvious. One hears these statements of opinion and feelings in listening to students and graduates, as well as to those who are teaching and administering the courses, and their validity in many instances cannot be denied. There is certainly room for doubt as to how far students in such courses can receive the kind of education which will fit them for responsible positions in any field which requires study beyond the basic course. I venture the statement that the revision needed to bring these courses to the level of postgraduate education such as I am now going to describe would approach something like a small revolution.

Referring back to the definition of postgraduate education, I should like to elaborate a little bit on this and suggest in more detail what I conceive to be the direction in which future plans should move. You will recognize that to a considerable extent I am simply applying general principles of education. Education at any level has certain common basic principles, but I have selected those which give to postgraduate education its distinguishing characteristics.

1. The primary and fundamental function of postgraduate education should be to help students to achieve the degree of mastery essential for competent professional service in some special field. This function may prepare students for either one or both of the following two distinct phases:

   A. To meet the existing demands of positions in special fields. The requirements of the positions of head nurse and supervisor, involving as they do both
administrative and teaching functions, and the strategic importance of these positions for the advancement of nursing will determine the breadth of knowledge, the special abilities, and the understandings which the student must master.

B. *To extend the frontiers of knowledge in nursing.* This phase represents a social responsibility of the nursing profession and a great present need. Our continued progress is dependent upon opportunities for research and experimentation; there is so much more to be known and so many problems waiting to be solved in regard to the nursing care of patients and to the education of nurses which require the aid of scientific procedures. There is much experimental work to be done along the line of application of the organized scientific knowledge at our disposal. If a student has an adequate professional and technical background for research and investigative study, and has an opportunity to pursue such study in actual nursing situations under competent direction, the potential value of her contribution to nursing and to society is great. It would seem as though the postgraduate area would be the natural and logical place in our educational system to center learning experiences on problems relating to the work of the head nurse and supervisor which must be solved through investigative and experimental methods. The value of such study justifies a greatly increased emphasis on it, and an extension of present opportunities.

2. *A postgraduate curriculum should represent a continuity in nursing education.* Any total scheme of education should represent a gradual and more or less regular progression from one point to another further advanced, each division articulating with the division immediately below and above. This principle of continuity has been applied in the education of the nurse all along the line up to the postgraduate division; each step which she takes as she progresses through elementary, secondary, and professional school is a step upward, and each requires her to deal with more complex material, to acquire new abilities, to develop more mature habits of study and work. When we reach the point of postgraduate courses in clinical branches the application frequently stops. The place which the student can reach at the completion of the basic professional course has been pretty well agreed upon. Quoting from the Curriculum Guide, the basic course must be considered as *general* rather than *specialized* training; it should supply the foundations on which all additional training and experience should be built; it should be broad and varied enough to serve as a preparation for those fundamental branches of nursing service representing the work of those nurses who are in direct contact with patients and who are practitioners of the fundamental nursing art. This statement defines the scope and the limitations of the education which can be assumed by schools of nursing in the basic program. Postgraduate education, then, should proceed onward from this point of a thoroughly substantial undergraduate education to a new and higher point, making some essential contribution to the building up and enrichment of the student's professional skill.

3. *The entire curriculum in postgraduate education would be considered as an educational unit.* This principle brings us to a most difficult and persistent question: How can subject matter and experience be selected and organized so that education can be made relevant to the professional re-
sponsibilities of the nurse? Certainly instructors in nursing education know that it is not enough to teach students what ought to be done in certain nursing situations; our real problem is to develop the ability to put this knowledge into action. It is on this educational result that the "unit" concept focuses attention. It views the curriculum as a "group of coordinated, correlated activities toward the purpose of developing ability to meet concrete life situations." If we are preparing a student for the position of supervisor of a medical department, this purpose would be in terms of the specific abilities which she needs with respect to planning and directing the nursing care of medical patients, managing effectively the medical department, teaching patients and students. I wish to emphasize again that the knowledge the nurse would need for the above responsibilities, and which might be gained through certain subject matter courses, would constitute only one aspect of the educational program, and that the development of actual ability to carry out such responsibilities would constitute the central, organizing idea of the entire course. Under ideal circumstances, the clinical course given in the hospital situation should be considered as the core of the entire curriculum. Here it is possible to provide the typical situations which the student must learn to meet, and which will sensitize her to her own needs. The specific knowledge, skills, and traits which she will need to function as a head nurse or supervisor in these situations will dictate the content of the curriculum. When all the activities and subject matter courses leading to the development of the required professional competence were grouped together and coordinated we would have an "educational unit."

4. The standard of postgraduate education should be qualitative and not quantitative. This principle is closely allied to the one just preceding, and much of what I stated under the previous principle in relation to the selection and organization of content applies here also. The sole criterion for graduation from an advanced course should be the evidence which the student presents of having attained the necessary degree of proficiency—a proficiency attesting to actual or promised achievement of professional capacity in a chosen field of service. We no longer hold to the idea that the completion of segmented courses of study set up in a certain pattern, or the accumulation of credits, or fulfillment of time requirements, will necessarily predict success. We are saying that the value of a postgraduate course must be tested in terms of the actual educational results attained—whether or not it has prepared students to carry on the responsibilities of the positions for which they are preparing themselves. It is relatively easy to set up standards on a quantitative basis, but at best this gives little indication of desired results, and we are all highly dissatisfied with it. Simply to state that a student has completed a postgraduate course in medical nursing, covering a specified number of hours in theory and in clinical experience, means little unless we know what she is able to do.

This principle is so universally accepted today in all phases of education (although not so universally practiced) that I think I really need say no more here about it, except to call attention to one implication for postgradu-
ate nursing education. Applicants at this level differ even more widely than undergraduate students in nursing with respect to maturity, interests, previous background of experience, and so on. The specific requirements, therefore, as well as the length of time necessary for any individual student to complete a program may be highly variable. A student coming with a wide knowledge and experience in the care of medical patients may need to spend less time in clinical subjects and more in some other area—perhaps in teaching—than may be required of another student with a different background. This suggests that neither now nor in the future can we have any one standard plan for reaching the goals which are set up for the preparation of head nurses and supervisors. The important thing is to have some common agreement as to the desired outcomes, and freedom of schools and instructors to develop the kind of program best suited to the needs of their situation and students.

5. The level of thought and action required in postgraduate study should represent a gradual transition to more mature, independent, creative work in nursing. The entire program of advanced study should be characterized by a professional attitude, seeking to produce not alone a technical specialist, but an independent, thinking individual who is capable of doing a really creative professional job. This is one of the important features of postgraduate study which distinguishes it from all other courses. At this level, we should expect to find a much greater seriousness of purpose, more mature habits of work, and a greater degree of self-direction than might be commonly expected of undergraduate study. These are goals, of course, for education at any level, but in advanced courses they should reach their most complete realization. The following are examples of the type of study activities which might be considered as belonging distinctly to postgraduate levels:

1. More extensive reading in the special and related fields of nursing
2. Experience in analyzing and evaluating current practices in nursing
3. Emphasis on practical applications of scientific discoveries in the special field
4. Some practice in setting up and carrying through original investigations
5. More emphasis on developing student’s ability to work on her own resources
6. Experience in planning of teaching programs for undergraduate students in the department.

6. Admission to postgraduate courses should be based on evidence of interest, the capacity to pursue professional study on this level, and the personal qualifications which give promise of success in the special field. The requirements of the positions for which students are preparing should be the determining factor in setting up standards for admission. An application of this principle would force the issue of two things: (a) a careful selection of students based on a reasonably reliable appraisal of capacity and probable success, and (b) a recognition of individual differences which will make changes in the course of study and length of time required. As mentioned before, students come to postgraduate courses with wide variations in background, and whether or not they should be counselled to enter de-
pends largely on their ability to achieve to a reasonable degree the goals set up for the course. One student may find it necessary to make up certain studies before actually beginning advanced work, or she may be exempt from others, and she may take a longer or shorter time to complete the program than another student. The implication of all this is obviously a program of guidance and selection. The greatest problem with respect to this principle is to ascertain what are the special qualifications which should be asked of students preparing for positions of head nurse and supervisor, and what constitutes fairly reliable criteria of evidence.

Let me attempt to summarize the foregoing very briefly by listing six questions which constitute one set of criteria against which a postgraduate course might be measured:

1. Does it give preparation for professional service in some special field of nursing?
2. Does it represent progressive development beyond the point of the generally accepted standard basic course?
3. Is the entire curriculum planned with a view to giving students real opportunities to develop professional skill in relation to the responsibility they will have to assume in their chosen field?
4. Does it require the type of mature, independent work that should characterize advanced study?
5. Are students admitted on a selective basis which is set up in terms of qualifications and capacity required by the positions for which they are preparing themselves?
6. Are students graduated on the basis of achievement of the required professional competency?

This list makes no pretense of being complete. Because of the limitation in time, it was necessary to restrict this paper to certain principles which would help to clarify the meaning of postgraduate education and to differentiate it from undergraduate and all other courses taken after graduation from a school of nursing. In so doing I have looked at only one part of the picture, and immediately questions arise relating to specific content, faculty preparation, administration and so on. These are all fundamental and are of crucial importance for the success of any course. The topics of the papers to follow suggest that some of these questions will be discussed there, and I at once admit that these speakers have the more difficult problem.

In conclusion, may I say that the standards for postgraduate nursing education have been placed high. This is because the positions of head nurse and supervisor, which I have had in mind throughout, are among the most important leadership positions in the field of nursing, and the responsibilities which they represent call for a high level of professional preparation. It is true that contemporary conditions make it very difficult to carry out our ideals; the character of the control of nursing education makes it difficult to put into practice much of what we know should be done. But every teacher who is sincerely interested in nursing education lives with a faith that conditions will change, and that some day we will be free to develop the kind of program that will enable us to say in truth to a student seeking the way to higher professional education: "Here is the path; walk ye in it."
Not long ago a contemporary of mine said, "Now that I am ready to leave supervision for administration, I am really quite well prepared to be a head nurse. There is nothing I would rather do either. It is the best position in the hospital for real challenge and satisfactions."

More and more as nurses prepare themselves for supervision, administration, science or nursing arts instructors, this same statement is heard. "I would rather be a head nurse than anything else, but . . . ."

Why do we feel this way? What is there inherent in head nursing that does attract mature, well-qualified people? Of what does the "but" consist? Would the preparation that these people have be superfluous if they were head nurses? Let us analyze some expressed opinions on these questions.

One nurse said, "After I had my courses in introduction to public health, sociology, and social case work, I saw the implications of so many ward situations. I realized what people were trying to accomplish. Before, I knew only the arrangements, but now I appreciate the needs and the means of meeting them. The social worker was doing a splendid job on my ward when I was head nursing, but I did not help much. More often I was annoyed when some patient was not discharged as promptly as I thought he should be. I did not see myself in relation to a whole pattern."

Another nurse spoke up. "Isn't it true? And one's relation to the public health and social workers is only one segment of the pattern. I didn't become a head nurse until I had been out of training three years and in that time I had been assistant to the science instructor in a good-sized school of nursing for two years. I had spent a year at college working toward my Bachelor of Science degree. Illness in my family made it necessary for me to be near home for a year so I decided to get one experience that I wanted very much. That was to be a head nurse. The things I learned that year formed the root of my philosophy of nursing and nursing education.

"There were two distinct points of view in relation to my plans for becoming a head nurse. One was held by me and the other by my classmates, former students, and some of the faculty, for I became a head nurse in the school where I had taught and where some of my friends were working."

"For my part I was glad to be back with patients after two years in the classroom. I anticipated keenly being able to work with students on duty and to watch them progress in the art of nursing. I looked forward to teaching and reinforcing the teaching of subject matter in the school's curriculum. I had helped teach anatomy and physiology, microbiology, and elementary and advanced materia medica among other things. I had had the privilege of learning to teach from the example and under the supervision of an excellent teacher. I knew what it meant to be a laboratory assistant. I had the belief that when I was a head nurse I should be a laboratory assistant there also. I should be trying to run the ward efficiently by anticipating
needs and keeping the equipment on hand in sufficient quantity and in working condition. I should try to visit each student as she worked just as we did when the students were using microscopes. The ratio of instructors to students in the laboratory was about one to ten so I felt that the ward situation would not be hopeless. Anyway that is the way in which I analyzed it," said Miss Huntly, who was the nurse telling us this.

"The other side of the picture was different," she continued. "You should have heard the questions I was asked. 'What are you doing back head nursing? Why, I thought you were nearly finished getting your degree! Do you have to be a teacher to be a head nurse now? I guess you will notice some difference in the salary and hours.' (That did make me smile.) 'How are you going to like the supervision? Are you going to live in the nurses' home? I couldn't stand it any longer so I'm living out, but I don't save much. There never are enough nurses and they still have to send relief for classes. The students are in class all the time.'

"Thus encouraged," continued Miss Huntly, "I reported for duty. You know for a while I wondered what I was getting into. Then I remembered how, when I was teaching, we had planned and planned to get everything that must be taught into the schedule of time allowed us. I remembered how the head of the department would go to the director to ask for a few additional hours and when those granted were very few it was always because we had to remember the patients and the head nurses who were trying to plan their care.

"Because I had taught materia medica before, I was to teach it this year and thus lighten the load of the instructors a little."

Miss Grant, another member of the group, spoke up. "I bet you taught it differently. I had the same experience in surgical nursing classes. I used to spend the nursing class hours quizzing the students about the doctor's lecture until after I had been a head nurse. Then, there were so many things I wanted to get across, we applied the theory to real patients and solved many a problem of patient care together."

"I certainly revamped my point of view," rejoined Miss Huntly. "When I was teaching before, I can remember how I watched with displeasure the late comers and emphatically marked them tardy. When I was a head nurse, it was a rare class that I did not arrive at puffing and hot, but usually I had several examples of pertinent things to teach which I had assembled during the course of the day. There never was any trouble finding examples to illustrate topics on the lesson plan. My nurses knew better than to be late to class, but it sometimes taxed my ingenuity to plan and help them plan so we could all arrive on time.

"Another thing that having taught did for me was to acquaint me with the content of the curriculum. I grew to believe that the educational department in every nursing school should send the head nurses copies of the outlines of the courses as they were currently being taught. The outlines would, of course, pertain to the work the head nurse was doing. For instance, the head nurses on the medical wards should have outlines of medical
and surgical nursing, pharmacology and therapeutics, introduction to medical science, diet therapy, and advanced nursing arts. Schedules by dates on which topics within these courses were to be covered should also be sent to the floors so the head nurses could keep pace with the classroom work and attend those classes she wants to or as the supervisor suggests. In this way a refresher course would be in session continually for the head nurses who after all need to be aware of the progress being made within their own situations."

Then Miss Morse who had been listening, up to now, spoke up and said, "Being with patients was what I liked best. For anyone who means what I do by liking nursing, no job which does not include patients is enough. Now that I am doing administration, I am working in a small hospital by preference for two reasons. I can know my students better and do a more individual piece of guidance. In addition, I can visit some patients every day. Why, when things are so that I cannot work at them any longer, I go out on the floors to get perspective and to refresh my memory about why I work and worry and plan. I frequently see things for which more planning is necessary, but it makes sense. Perhaps not all head nurses realize this advantage and, of course, they must be mature and well enough prepared to keep ahead of the bombardment of their tasks. Generally, I think their patients make the chief contribution to their contentment."

"Do you know what I think I needed most when I was a head nurse?" asked Miss Hunkly. "I needed to know more about what they now call personnel management. I had my head nursing a good many years after the Personnel Research Foundation was organized in 1921. Yet even until recently I'd heard very little about the applications of their research to nursing. Their purpose, you know, is the scientific study of people in relation to their work. Even today there isn't any professional school comparable to those for medicine and law for the specialist in industrial personnel work, but schools of engineering, business, and education offer courses. The areas they cover pertain to problems of personnel administration, management, and organization, social legislation, and mental hygiene, for example."

"I picked up that Personnel Journal on your desk while I was waiting for you," replied Miss Grant. "I noticed that Radcliffe College up in Massachusetts started its first course in personnel administration in July, 1937. It is for women on the graduate level. I think that's a field from which we have much to learn. We spent so little time on personnel management in the ward management course. I read everything on the reading list and all that I could find in the library. Ordway Tead's Human Nature and Management and his Art of Leadership are among the best known. In the last few years there have been so many new books on these topics. Jean Shepard of Lord and Taylor, a department store in New York City, has writ-

---

2 Ibid., p. 261.
ten most interestingly in her book, *Human Nature at Work*. Many industrial organizations do a better piece of work in the field of mental hygiene through adjustment of workers to work, to other workers, to customers, and to supervisors than we do in the nursing profession.

"The head nurse," she continued, "who assigns, corrects, and directs the student nurse more than anyone else in the clinical period should certainly have more to go on than the traditional militaristic tactics. Even the United States Army has adopted methods approved by research workers in the personnel field.

"Supervisors must obviously be versed in the proper methods of managing their workers. The character of the supervision received by the head nurse is often one of the causes of her unhappiness."

"I agree heartily," rejoined Miss Huntly. "Anyone connected with the ward situation may not see things just straight sometimes. I was gathering some clinical data for a study I was working on not long ago and the head nurse on the ward, where I was, spent, in one instance, forty minutes away from her floor in the middle of the morning. She was trying to track down an intern and get him to write an order for insulin in such a way that the nurses would be allowed to give it. Those two people whose chief responsibility was the welfare of the patients had nearly arrived at an impasse because of friction. There are many implications in such situations."

"Have we any right to expect a young, inexperienced graduate to meet all her problems wisely?" asked Miss Morse.

"No. Naturally it is a learning situation and it takes time and help for anyone to become successful. However my point is that if the head nurses brought more in the way of maturity, preparation, nursing and teaching experience to the position, many of the problems would never arise. The nurse I just mentioned was a graduate of a five-year course, had her B.S. degree, and had attended a good school. She was twenty-four years old, a good student, and had done some good bedside nursing as a staff nurse."

"That is a good start in the right direction," said Miss Grant laughing. "How long had she been a head nurse?"

"Less than a year and on the whole she was doing a good piece of work. The ward situation offered much. She had a most efficient ward secretary who answered the telephone, delivered messages, hunted up people, directed visitors, made out routine forms, kept account of which patients were in the x-ray department and sent an orderly for them when they were ready to come back. In other words, you can see from these few examples that she relieved the head nurse of a great deal of time-consuming routine and details. She was enjoying her work and had been in the same job for nearly ten years.

"The head nurse's attitude seemed to be, 'I'll run the ward and anyone can do the teaching who wants to.' She was eager to learn, knew a great deal about her patients' conditions. Her interest was in medical findings more than in the refinement of nursing. I wonder how many of the young women who are supposedly logical appointments for head nurses actually have a philosophy of nursing suitable for the greatest growth of the students?"
"What is the typical picture of head nurses if one had a cross-section?" asked Miss Grant.

"It's anyone's guess I suppose. All the specific information I have came from the Grading Committee reports, the League publications like The Nursing School Faculty, Nursing Schools—Today and Tomorrow, Mutual of the Essentials of Good Hospital Nursing Service, A Study of the Incidence and Costs of Illness Among Nurses, articles from the American Journal of Nursing, and Mrs. Wayland's book The Hospital Head Nurse.

"In many instances, the material available consists of recommendations rather than actual findings although facts naturally shaped the recommendations. Before we know specifically how to attract nurses now well prepared to head nursing and before we can definitely continue to outline 'the essentials in the preparation of the head nurse,' it would seem wise to try to find out how far the recommendations have been carried out to date. For as Miss Roberts said in her article Current Events and Trends in Nursing, 'We now know that programs must be based on ascertainable facts rather than on opinions.' I believe that many will agree that there is at present no weaker link in the chain of nursing education than the head nurse.

"You asked what the typical head nurse was like, Miss Grant. A meager sample includes the following:

The median age for a head nurse for the 4,924 nurses who reported in the 1932 Grading Study was twenty-six years. The median time in her present position was two years.

In most institutions, the patient load is not excessive but the hours of the head nurse have been too long.

The Grading Committee reported that the average head nurse was on duty 53 hours weekly.

53 per cent had finished four years of high school; 38 per cent had not; 9 per cent had finished one or more years of college.

'Questions for which I should like the answers are:

In how many cases is there a sliding scale for head nurse salaries and of what does it consist?

How much sick leave do they have with pay?

How does the additional salary allowed for living outside compare with the cost of rent and food in that district?

What are the average savings for the average head nurse?

How much bedside nursing has she done since graduation?

How many have had any public health work as undergraduates or graduates?

Psychiatry?

How many full-time ward instructors (on a head-nurse not a supervisory level) are employed in relation to head nurses?

What per cent of the total so-called head nurse positions conform to the League definition of that position?

What is the ratio of graduate staff nurses to the average head nurse?


5 The Nursing School Faculty. Prepared by the Education Committee, National League of Nursing Education, 1933, p. 39.

6 Ibid., p. 39.


8 The Nursing School Faculty, p. 41.

9 Ibid., p. 39.
What is the ratio of supervisors to head nurses?

How do the conditions of work of the head nurses compare with those of the supervisors?

What are the chief problems experienced by head nurses? Do these problems occur because of the organization, the policies, the equipment, floor plans of their units, personnel, and so forth?

What types of workers does the average head nurse have to whom she may allocate non-nursing duties and the secretarial duties incidental to her position?

What proportion of the head nurse’s time is spent on duties which could be allocated to an assistant, a general staff nurse, a ward secretary?

What academic preparation has the average head nurse had for her work?"

"The conditions of work probably play a great part at present in keeping well-prepared nurses from doing head nursing," said Miss Morse. "On the other hand, some well-prepared head nurses are struggling against lack of organization, lack of equipment, lack of space, and lack of personnel. Students educated in such an environment are handicapped from the start in their preparation to be head nurses."

"Do you know one thing that I believe would be most helpful, economical, and interesting?" asked Miss Grant. "First let us answer a question. What does a good laboratory assistant get out of a year with a well-prepared professor of bacteriology?"

"My answers to that are: the benefits to be obtained from working with a specialist; a chance to see the way in which she works and thinks and plans; greater technical competence; exposure to refined methods of teaching; an opportunity to work under the supervision of the specialist; the time, the chance, and the challenge to do some real thinking and studying; contact with students in a real teaching set-up.

"Now let us translate that to nursing. Suppose among the hospital personnel there is a young woman who, graduated from a good school of nursing, has sound clinical background and a genuine capacity for good nursing. What benefits would she derive from the opportunity to assist a well-prepared nursing arts instructor? Wouldn’t that avail her more than a course in a clinical specialty, for instance, and as much as many formal courses in education until she is truly ready for them? Would not the same benefits exist for her as for the assistant in bacteriology?"

"Could an exchange assistantship exist? One in which the assistants to the nursing arts instructor and to the science instructor could change places with the head nurses for a year or even a semester? This should be planned so a minimum of disturbance should be realized. Only one exchange would be made at a time probably. Given the same supervisor, the organization should function as smoothly as in the event of an entirely new appointee, at least. The assistants would tend thus to avoid becoming divorced from the practice of nursing while the head nurses could polish their theory by preparing to teach it and could bring to the classroom applications from existing ward problems.

"In such a case, both instructors would need to be really qualified people, the kind we are trying to employ anyway. The assistants ought certainly to
qualify for head nursing as things now stand. There is some teaching and
some administration inherent in both types of work. It seems as though
each person would return to her original appointment with valuable ex-
perience added."

"While we are making suggestions, I have something on my mind," said
Miss Grant. "Three years ago I studied the problems of a group of young
graduate nurses.\(^1\) Some of them had been head nurses, some of them wished
to be. They were all doing some postgraduate work in ward management and
teaching. They expressed interest in having some classes which would orient
them better in their profession. It was necessary to find out what their
needs and interests were so after talking with them individually and in class,
a comprehensive test was prepared and given to them. The questions dealt
with such topics as methods of state registration, membership in and activities
of the American Nurses' Association and the National League of Nursing
Education, necessary preparation for first-level positions, technics of writing
letters of application and requests for placement, the functions of placement
services and nursing bureaus, trends in nursing education which affect the
head nurse group, etcetera. That will give you an idea. I was also interested
to learn if they read and what they read in the *American Journal of Nursing.*
It was all most revealing. Those seventy nurses represented nineteen states
and over thirty different schools of nursing. Almost to a person what they
read was exclusively on clinical and nursing material as it had been when
they were students. Some of them said they just looked at a copy but rarely
read unassigned material.

"On the test their information was extremely limited and often incorrect.
While discussing it, some of them said in all fairness to their directors they
had to admit they had had classes, but somehow it had not ever seemed as
though it applied to them personally.

"It might be wise wherever groups of head nurses and their assistants
are participating together in large enough groups to test them similarly,
especially as we are interested to see what differences there are as a result
of the suggestions in the Curriculum Guide.

"Classes for those who are now in first-level positions on professional ac-
tivities, obligations, and possible contributions of their own would make
them more aware of and interested in professional development. There is
much which would not be sufficiently valuable to the undergraduate but which
should be included for the graduate if we wish continuous growth."

"I agree with what you say," said Miss Morse. "In a class in ward teach-
ing recently no one could think of the League even as existing for them, much
less could they think of the Curriculum Guide as existing or useful to them.
Yet we still talk about the head nurse as a faculty member in this profession."

"There are so many things we want to know about in nursing. Some day
I hope we shall see head nurses really making their now potential contribu-

\(^1\) Unpublished study done at Teachers College, Columbia University, in 1938, by the author of
this article.
tions to research in nursing in addition to improving the assistance now given research workers in the medical field," said Miss Huntly.

"What does this all sum up to?"

1. There exist today some people admirably qualified to be head nurses who are not doing so:
   (a) Because of the general attitude that to do so would be to retrogress professionally.
   (b) Because of the salary, living conditions, hours of work, lack of equally well-prepared and mature associates on the head nurse level.
   (c) Hospital groups do not yet feel that they can carry the additional financial load inherent in filling the head nurse positions with qualified people.

2. When certain adjustments in the conditions of work and living and in the attitude toward the head nurse position have changed, qualified nurses will be interested:
   (a) Because of the interest and challenge of the ward situation.
   (b) Because of being one of the laboratory assistants in nursing.

3. In the meantime, two major ways of improving the head nurse's preparation seem to exist:
   (a) Within the hospital
      (1) Exchange assistantships between junior nursing and science instructors and head nurses.
      (2) Assistant head-nurse positions wherever a head nurse is doing a particularly good piece of work.
      (3) Attendance (voluntary or recommended) by head nurses and their assistants at any formal classes of benefit to them, especially those in nursing and science.
      (4) Course outlines and schedules of topics made available so that attendance is facilitated and ward teaching programs can be conducted as laboratory for classes.
      (5) Classes which deal with professional participation, history and problems of nursing education, et cetera, to help head nurses gain a philosophy of nursing.
      (6) Carefully supervised ward management and teaching laboratory preferably in conjunction with the formal courses and supervised at least in part by the instructors of these courses in a hospital situation.
   (b) Outside the hospital
      (1) Specific preparation in personnel management, classes by authorities in the field whenever possible.
      (2) Advanced courses in nursing concerned with the improvement of technics, nursing plans, understanding of patient problems, research in nursing arts, et cetera, in preference to clinical specialization except in the event of deficient undergraduate preparation.
      (3) Courses in ward management and teaching as now recommended with more supervised laboratory practice in the hospital.
      (4) A course in the principles of public health nursing if no public health nursing experience has been obtained and until some can be obtained.
      (5) A course in social case work.
      (6) The gradual acquisition of advanced knowledge in the basic sciences if the head nurse's courses were not college science so she may keep pace with the students she may have from college situations.
What real reason is there that head nursing cannot be made a career instead of a place in which to mark time or a stepping stone? I am convinced that the ward laboratory experience for students will not measure up to its potential value until the preparation and the maturity and the experience of the head nurse have definitely increased. There is a great creative opportunity in the work which warrants whatever plans can be made for the happiness, economic security, and prestige of the head nurse," said Miss Huntly as she left the conference room.

ESSENTIALS IN THE PREPARATION OF THE CLINICAL SUPERVISOR

DORA MATHIS, R.N., Director,
John Sealy College of Nursing, Galveston, Texas

Sir William Osler is credited with the statement that successful teaching consisted of "Reiteration, reiteration, reiteration." He was admonished by a member of his audience to add "without irritation." Since the publication of the Nursing School Faculty in 1933, the preparation of supervisors has been reiterated and reiterated. Now at the risk of irritating you the subject is offered again.

Although six years have elapsed since the supervisor's preparation was set forth in that publication, there are still too few individuals with the background recommended there.

Perhaps it has been believed that as in Genesis the fiat was uttered "Let there be light!" and there was light," similarly by stating the preparation for supervisors there automatically would be well-qualified supervisors.

Abundant evidence is at hand that the demand is far in excess of the supply. Directors of nursing, placement services, and educational secretaries of state boards are constantly aware of the need for more well-prepared supervisors.

Let us consider the essentials of preparation with reference to some outstanding aspects of the supervisor's work. Her personal qualifications will not be discussed here, only her preparation and background of experience.

Certainly she should be technically competent in the type of nursing that she supervises. Ordway Tead states "Confidence in the technical competence of the supervisor by the supervised is of course the first condition of satisfactory relationship." Technical competence implies that she is the good technician and has also mastered the factual knowledge in the field she is preparing to supervise. To attain this it is most important that the basic nursing course shall have been sound because one is always handicapped by a concept of nursing gained during the formative period of her nursing habits.

If there were serious gaps in the fundamental clinical services, graduate work as a staff nurse should be secured to reinforce the basic course. After the requirement of a complete and sound basic course is met postgraduate

1 ORDWAY, TEAD. "How to Improve Personal Supervision." American Journal of Nursing, April 1936, p. 333.
work in her clinical specialty is needed. This is the prospective supervisor's opportunity to gain the knowledge and skills that make her a technical expert in her clinical specialty. This experience should exceed that of the workers whom she supervises. It is not always possible to ascertain that would-be supervisors have met this fundamental requirement. A measurement of the level and scope of the basic course in nursing and the degree to which it was mastered would be useful in advising candidates for supervision about whether to seek preparation for higher level positions. There are in nursing as in general education many essentially ineducable individuals seeking preparation for higher level positions because of the higher salary and perhaps the prestige that goes with the position.

The use of comprehensive examinations to test factual information will come into more general use by state boards, undergraduate schools of nursing, and universities.

"The importance of factual knowledge should not be minimized. Studies have demonstrated that there is a high degree of correlation between knowledge of facts in a given area and the ability to think in that area. One cannot think or reason without facts. The knowledge of facts is fundamental to the ability to observe, to reason, to form accurate judgments—mental processes constantly associated with good nursing." 2

Be she ever so accomplished a technician, possessed of the factual knowledge essential to solving the nursing problems of her service, and understanding thoroughly the biological sciences that underlie the practice of nursing she may be frustrated in using these abilities unless she has some teacher-techniques. These it is conceded, except in a few renegade camps of thought, can best be acquired from the study of education courses such as the principles and methods of teaching and from practice teaching under supervision. It is interesting to note that some individuals in the field of general education offer valid reasons why hospital wards and nursing school classes are not the ideal places to do this practice teaching.

There is food for thought in their implication that the atmosphere is not conducive to liberal thought and the development of initiative.

Recently in discussions with a nursing school committee when methods of teaching and reasons for failure were the topics under consideration it was revealing to note the reaction of medical school instructors toward education courses as preparation for teaching. They are not prone to agree with nurse-faculty members that the method of imparting knowledge is important. Their belief was that if you have a genuine Mark Hopkins sitting on one end of a log and a genuine student on the other, no other formula for education is needed.

In the supervisor's rôle of guiding those who guide, namely the head nurses, how understanding a person she must be! In teaching a young head nurse the technique of conducting a conference with a student reminds in the practice of nursing, what a skillful psychologist she must be if the con-

---

2 Proceedings of the Special Conference of State Boards of Nurse Examiners, held under the auspices of the National League of Nursing Education at the Hotel Roosevelt in New York, June 8, 1935, p. 46.
ference results in the student's quickened belief in herself rather than in bitterness and resentment. We covet for the supervisor the rôle of exemplar of good human relationships. University courses in psychology and mental hygiene give the embryo supervisor insight into the fact that understanding others does not come as a gift of the gods but must be assiduously cultivated. She will seek continuously while on the job to increase her skill in personal relationships by reading such references as *The Art of Leadership* and *Human Nature and Management* by Ordway Tead.

It is thought by many that the social sciences should be a more important part of the nurse's functioning knowledge in the twentieth century than the biological sciences. If the supervisor is to play an important rôle in educating nurses for community service rather than to be remedial agent, she must know how to study a community and function in it. The impetus to become acquainted with the community, to see the patient in his family and community relationships is fostered by the study of sociology.

The supervisor would find a background of community experience in public health very helpful in the organization of patient instruction. Although one can adapt teaching to the comprehension of her patients and devise equipment similar to that in use at home without having had public health nursing experience it is doubtful if the well-rounded care of the patient and his family can be learned in any other way. If the prospective supervisor's basic course did not include an affiliation in public health she should secure this knowledge through actual experience in the public health field or through some university study planned to acquaint graduate students with this field. With the evolution of the basic course in nursing into one that includes emphasis upon prevention and community service throughout the curriculum additional preparation will not be needed.

Since every supervisor is responsible for executing a portion of the school's program of instruction she must be aware of the objectives of present-day nursing education and those of the school in which she functions. She is an important factor in the realization of many of those aims. Weekly faculty conferences enable her to gain some understanding of these but she will be a more helpful faculty member if she has had pre-service university courses that acquaint her with present-day trends in nursing education.

Certainly all are agreed that the supervisor's background of experience should have included head nurse work. The length of time is not so important as the richness of the experience and the organization of the work. Long experience in one position is no indication of growth in the job. Someone has said that twenty years' experience is frequently one year's experience repeated twenty times.

In many schools and hospitals it was not until recent years that the functions of the head nurse were differentiated from those of the clinical supervisor. In *Essentials of a Good School of Nursing* a supervisor is defined as "one who gives the major part of her time to organizing and developing the nursing service and teaching programs of the special clinical division for which she is responsible and who shares in the direction and training of
head nurses. Such divisions usually include two or more wards or floors with a head nurse in charge of each. a If the candidate for supervision has had one year’s experience where the two positions of head nurse and supervisor were clearly defined and if her function as a head nurse approached that set forth in *The Hospital Head Nurse* by Mary Marvin Wayland, it might safely be assumed that she is ready to progress to supervisorship. If her experience as a head nurse was of such uncertain quality that a gap exists in this experience, “cadet supervision” should constitute a part of her background.

It does not seem possible that these essentials of preparation for supervisorship could have been secured without some of it having been received in an organization or school other than the candidate’s own. If such does happen to be the situation, the supervisor is still lacking the broadening experience of having made a successful adjustment in a strange school and hospital.

If the prospective supervisor has already secured her bachelor’s degree without reference to her career as a supervisor, specific professional education is still necessary. Her cultural and academic qualifications render her a welcome asset to the supervisory group but they must be supplemented by the essentials required for supervision.

Although it is stated that the League’s publication *The Nursing School Faculty* is to undergo some revision soon, it is still the authoritative reference on this subject. May I give a résumé of the clinical supervisor’s preparation as it is stated there?

One year’s successful experience as a head nurse
Good teaching and executive command of two major clinical branches
A good background of preparation in the sciences
The bachelor’s degree including:
10-12 points in major technical subjects
4 points in educational psychology—required
8 points in other education courses
12-20 points in biological sciences or clinical teaching specialties
4-6 points in viewpoint subjects.

The number of points recommended in the social sciences is not stated, but considerable study in this area is advised. The remaining courses are liberal arts subjects or electives.

Today many supervisors are not securing preparation for their positions by consecutive study at the university, but it is a patchwork preparation secured at summer sessions. While this is not the ideal way to secure the needed background, it must perforce be resorted to by many splendid students. Pre-service preparation is more desirable.

The organization of the supervisory course for graduate nurses at the University of Washington School of Nursing Education is an interesting plan. "This course is essentially a year’s hospital experience for graduate nurses who have college credits in economics, sociology, psychology, and nutrition.

---
a National League of Nursing Education, 1936. *Essentials of a Good School of Nursing,* p. 15.
It gives the student nine months of practical nursing service on the wards while carrying university classes in principles of supervision, teaching and administration, and 12 weeks' practice in head nurse and supervisor's work while registered for cadet supervision. This course gives good added experience, in lieu of a postgraduate course in the clinical specialty and practice in supervision paralleled with the needed university courses.

To summarize the preparation of a clinical supervisor, the logical headings of general education, professional education, and professional experience have been chosen.

First, a broad general education is necessary in order to provide for continuing interest and awareness of problems of current life with ability to interpret them.

Second, her professional education should include:

a. A sound basic course foundation
b. Orientation of the nurse as a member of her profession
c. Knowledge of the principles and practice of clinical supervision
d. Advanced and extensive knowledge of her clinical field, and
e. Fundamentals of teaching in the clinical field.

Third, in her professional experience, it is essential that she should have had

a. Experience as a head nurse of sufficient duration to guarantee familiarity with the problems of that position, and
b. Some knowledge of the public health field.

Few schools have set up standards of preparation that supervisors must measure up to. If such standards are held, they are tentative. The standard is probably departed from as frequently as it is adhered to.

A few state boards have set up minimum requirements for the faculty of schools of nursing. California has set up such requirements. For supervisors, promoted or appointed to new positions since December 31, 1937, the following minimum preparation is required: She must be a registered nurse with six months' experience as a head nurse or assistant supervisor. She must have had special training of at least four months in the specialty taught. It is recommended that the required eight units in education should have been secured in psychology, sociology, history of education, principles of education, nursing education, elementary statistics, or public health administration. Those appointed to supervisory positions after January 1, 1940 will be required to have the preparation listed above and additional college work to total fifteen units in education.

Why is the field not more plentifully supplied with supervisors with this background? In every medium-sized school and hospital, if all services have a supervisor, eight or ten are required. According to the picture of "The Middle Supervisor," they remain in their positions 2.9 years. It seems reasonable that most schools would graduate eight or ten potential supervisors every three years. These eight supervisors-to-be are students in our schools now. They have read the description of the Middle Supervisor. They

4 "Institutional Nurses." In American Journal of Nursing, December 1938, p. 1341.
learned that after 8.5 years, they might look forward to receiving a salary of $100.00 a month in addition to maintenance. As a day supervisor, they would work a hypothetical 49-hour week with two weeks as a yearly vacation with pay. The picture does not appear very much more enticing than that some of their friends in last years' class are enjoying without the expense of postgraduate work and university study. Unless these young women have an unusually keen desire to do the type of work they see their supervisors doing, they are liable, with a "So What?" attitude, to fail to take up their portion of the slack in the supply of supervisors. This is not the assigned subject for this paper, but it is relevant.

Too many schools have indulged in wishful thinking instead of action in selecting and preparing promising students for leadership. Outstanding young women have not been made keenly aware of our belief in them and their ability to make a contribution worthy of note. A few institutions have been looked to as inexhaustible storehouses from which to requisition leaders. The schools that are looking elsewhere for leadership must produce outstanding people to exchange. Within a few years, this shortage of nurses of greater stature will not be so characteristic. We are on a new frontier in our basic course in nursing. With the growth of the democratic impulse and greater emphasis upon personality enrichment, mental enlargement, community service, and professional growth in our schools, there will be no dearth of leaders.

PROBLEMS RELATED TO POSTGRADUATE EDUCATION

SARA M. GROVES, R.N., Assistant Director of Nursing,
Elizabeth Steel Magee Hospital, Pittsburgh, Pennsylvania

When the chairman of the Committee on Curriculum first asked me to take part in this discussion on postgraduate education, she asked me to present the practical problems from the standpoint of the hospital and school administrators, the instructors, and the students. This I will attempt to do.

The problems we at Elizabeth Steel Magee Hospital have met may be different from those met by the faculties in other schools offering postgraduate courses in nursing. Our plan is comparatively new and somewhat different from most university courses leading to a degree in nursing. Therefore, I will briefly describe it.

The cooperative program is given in conjunction with the University of Pittsburgh. It is offered to graduate nurses, is in the School of Education, and leads to a bachelor of science degree.

The students are admitted through regular university channels except that they are given some advance standing as credits for their work in their nursing schools. All applications for this course are first received in the school of nursing office. The high school and professional records of the applicants are carefully studied by the nursing faculty. The records of those who have been selected as being eligible from the professional angle are then forwarded to the office of the Registrar. Here their high school records
are passed upon and their eligibility for admission to the university is determined. The students are then admitted as any other college student.

In regard to professional requirements we require the student to be registered in the state where her school is located, that her course be of such a nature that thirty hours of credit may be granted, and we ask that she has had at least one year's experience as a graduate registered nurse. We give preference to those who have had some experience as a head nurse, supervisor, or instructor in some field.

The minimum number of credits granted to a student for undergraduate professional work is thirty and the maximum number of credits given is thirty-six hours. This leaves eighty-four to ninety credit hours that a student must earn. In order that she complete these in three years time the student must carry twelve hours of work each semester and an average of six during each summer session. This allows for a vacation between the spring and summer and summer and fall semesters.

In addition to the basic university courses the student must carry a minimum of twenty-two credit hours in nursing. These are as follows: history of nursing and current trends, principles of teaching, supervision, plus any two advanced courses in medical nursing, obstetrical and gynecological nursing, and practice teaching in some school of nursing.

While the student is carrying this part-time program she is working as a staff nurse in the Elizabeth Steel Magee Hospital. She is on duty thirty hours per week. This is over a six-day period of five hours each. Up until the present time she has received full maintenance, tuition, and a small allowance. The student must pay her own registration fees.

We feel that the course offered should prepare the young nurse for a position as teaching supervisor or a science instructor. Our object is to assist and help the graduate nurse eager to prepare herself to meet the higher educational standards of today, and anxious to be of better service to the community.

Our first problem presents itself as we consider the student's credentials. Just how are we to evaluate records when they present so many different patterns with emphasis first on one subject or service and then on the other.

These professional records are evaluated in the University by a committee composed of nurses. The members of this committee are: a representative from the faculty of each of the three schools of the University hospitals. These meet with the chairman of the Committee on Advanced Standing in the University to make the final decision regarding the number of credits granted.

Applications are from many states and the records kept are not uniform. Systems of grading are different, laboratory hours are not separate from lecture or recitation hours. We have attempted to group all subjects under the headings outlined in the records for schools of nursing published by the National League of Nursing Education.

We also made an effort to take into consideration the number of patient
days for the four major services during the student’s undergraduate course. We soon discovered that this was impossible because all too frequently we would receive on the blank the statement “No record kept.”

We use the usual fifteen-hour system, but feel that there should be some way of granting credits for practical experience. True there would be many variations in regard to time spent in major services, clinical material available, and case study and case load carried by students in different hospitals. Transposing these into units of college credits will be well nigh impossible.

On the other side is it not true that time spent in classrooms can be of little educational value? Hours of theory certainly do not always signify well-conducted, well-taught classes. However, the best we can do is grant one credit hour for each fifteen hours of theory or thirty hours of laboratory work. Perhaps some genius will help us decide upon some fair method of evaluating clinical experience.

The second problem is financial. What is it going to cost the hospital?

When this program was first planned, a study was made of what it cost us to staff our hospital with all graduate nurses. Then, consideration was given as to how many hours per week a student should give the hospital in return for maintenance and tuition. The first decision was that in return for thirty hours per week to the hospital, she would receive tuition, maintenance, and a small allowance.

However, very early during the first semester this past year three students withdrew from the course. Since the hospital had paid the tuition in advance, money was lost. In order to prevent this from happening, the following plan was formulated. The student will pay her own tuition and the hospital will reimburse her by giving an increased allowance. If any student withdraws early in a semester, she will be the loser. This protects the hospital from any added expense. We feel that this is fair to the student who continues her course, and feel that those who withdraw are paying for at least part of the added expense to the hospital.

The next problem involves the director of nursing and the student. Just what hours shall these students spend on duty in the hospital?

Here, we must be fair to the student. We must see that she gets as many contacts with the other university students as possible and participates in as many campus affairs as her interests and abilities allow. Campus life is part of her education. To assure her of this, her classes must be in the daytime with the regular university students rather than in night classes with the extension groups.

Like any other self-supporting college student, her time for recreation and study is limited. She must have at least a minimum number of hours for sleep and study.

This has been accomplished by placing the first-year students of this cooperative group on duty in the hospital from 6:00 p.m. until 11:00 p.m. for six days a week. This relieves the number of 2:30 to 11:00 p.m. nurses who were placed on day duty. We were able to reduce the number employed
as staff nurses. We used approximately ten cooperative nurses to replace eight graduate nurses.

The second-year students are on duty from 4:00 until 9:30 p.m. or from 1:30 to 7:00 p.m. They relieve the day nurses and make it possible for many of our staff to work the straight eight hours from 7:00 a.m. to 3:30 p.m. It has been very difficult to fit these student schedules into a busy hospital program. Probably the fact that they nurse in every department in the hospital except the operating room, rather than in a few departments, makes this program operate.

Relief for long days has been planned by rotating one student as relief nurse for six. She relieves a nurse for each of six evenings, and is off the seventh. Relief for illnesses sometimes faces us, but we usually meet this emergency by calling in a private duty nurse.

The students change from one service to another at the beginning of each semester. This gives each student experience in all departments. Changing her at the beginning of each semester is most convenient because her class schedule changes at this time.

Whether or not next year the nursing service program for three groups of students can be organized on somewhat the same schedule, we cannot foretell. We hope that their nursing schedules and class programs can be kept within the same hours.

Problem number four is one met by all college students. It is adjusting themselves to college work and campus life. The cooperative students, however, have more situations to adjust themselves to because of their hospital service.

You will agree that any nurse accepting a position in a large, busy hospital must meet and adjust to many new situations. To help our students make this adjustment, we ask them to report to us a few days before registration. The morning after they report they are taken on a tour through the hospital. Following this they are given demonstrations by our clinical instructors. This program lasts two days. The students not only observe our techniques but have time to look over our procedure books. When they do report for duty the ward situations are not entirely unfamiliar to them.

The adjustment to university life varies with the individual. A few of our students have had one year or more of college work. It is very easy for them to carry twelve credit hours.

However, many of our students are having their initiation into college courses. They are not only facing the problem of mastering university subjects but are earning their way as they study. This makes their task very difficult, but so far we have had very few students discontinue the course because they were unable to carry the work. In fact several of our students have made the honor roll each semester.

It has taken some students almost one semester to find themselves. Others, finding it difficult, have dropped two or three hours of work and continued on this basis. We find that the young woman interested enough to work her way through college is the type nurse who gives good nursing care,
therefore, after she has learned new techniques and hospital routine, we find
that lack of adjustment to hospital situations is a rare occurrence.

The fifth problem is one of health. It is of vital importance to the
student, to the patient, and to the hospital. In the first place, since they
are nurses, we consider them health teachers. They must practice what they
preach, so we expect them to report and have minor ailments treated. This
part is easy to care for but if they are to be kept in bed, the problem is
complicated. They cannot be adequately cared for in their rooms. The only
proper way is by hospitalization. How is this expense to be met? Again
we cannot expect the hospital to grant free hospitalization in private or semi-
private rooms for an unlimited time.

We have solved this problem by asking the students to buy hospital in-
surance. This costs but seventy-five cents per month, and allows the student
twenty-one days of hospital care each year with all expenses paid. Our
doctors have gladly consented to care for these students as they do the other
nurses in the hospital.

The last problem is one which we have not had to meet because our plan
has been in operation only two years. Next year we will begin planning
ways and means of giving our students some experience in their chosen
field of supervision or teaching.

Our first class is a small one and we will probably have little difficulty in
giving the students practice in these fields. But, this problem might be serious
the following year when we must provide this experience for a group of
twenty or more. We must plan to give them proper guidance, be fair to the
hospital in the supervision situation, and to our students in the teaching
situation. This seems rather a formidable undertaking.

We hope that by having these prospective supervisors act as assistant head
nurses and instructors they will get experience in ordering supplies, making
out time schedules, helping plan student assignments, and help in planning
and conducting the ward classes. Here the student will be given the op-
portunity to observe methods of rating the clinical experience of the under-
graduate student. This experience, we believe, will help fit her for positions
as either a teaching supervisor or science instructor.

Those interested in science can be cared for in the laboratories of our
school of nursing. Thus, we hope to prepare our students to meet the re-
quirements necessary to secure positions as teaching supervisors or science
instructors. If we accomplish this, we will not fall far short of our aims.

PROBLEMS RELATED TO POSTGRADUATE EDUCATION FROM THE
HOSPITAL SCHOOL POINT OF VIEW

CHARLOTTE F. LANDY, R.N., Assistant Director in Charge of Nursing Service
at Night, Cook County School of Nursing, Chicago, Illinois

While reviewing available material on the subject of postgraduate edu-
cation for nurses, I wondered whether I might not be attempting to break
into a vicious circle and once finding myself inside of that circle not being able to determine which way to turn or where to begin. Throughout my discussion an effort has been made to avoid overlapping with other papers on this program, but all phases of nursing education appear to be so completely inter-related that a certain amount of trespassing has been unavoidable.

Since time did not permit of communication with those schools offering postgraduate courses, for first-hand information as to the many perplexing problems that arise in connection with postgraduate education, I have chosen as my guide the answers to a question included in a questionnaire that was submitted to the Curriculum Committee. "What are the chief problems that you have met in your efforts to provide postgraduate courses for nurses?" was the question. The answers, which are strangely familiar and may apply to problems associated with basic courses as well as to those experienced in conjunction with postgraduate education, appear in the following order:

1. "Lack of financial aid"
2. "Inability of collegiate or university organizations to use their funds to subsidize nursing courses"
3. "Getting well-prepared people to do the teaching and administrative work"
4. "Convincing nurses that it pays to have additional work in their special fields"
5. "Difficulty in providing facilities for supervised field practice on a sound educational basis in head nursing, teaching, supervision, and public health nursing"
6. "Lack of sound basic education in nursing upon which to build postgraduate education"
7. "Differences in basic preparation of the applicants"
8. "Lack of minimum standards for clinical positions"
9. "Adjusting courses to students' varying needs."

These problems automatically arrange themselves into three groups; those that have to do with resources and facilities, those that are concerned with selection and admission of students; and those that pertain to curricula and selection of teaching staff. The solution to these many problems does not confine itself to what a hospital school may or may not do in arranging its postgraduate program. Some of the answers must be sought and may be found in connection with basic courses that are offered in nursing education. If the basic course is on a junior college level—and an ever increasing demand for the satisfactory completion of an accredited four-year high school course as an admission requirement seemingly places it there—one may infer that all postgraduate study naturally would assume the status of education on a senior college level. That deduction, however, leads one to an erroneous conclusion. In her article Postgraduate Education—Old and New 1 Professor Stewart very convincingly points out the fact that much of our past and present postgraduate education in nursing either is supplementary to the student's basic course or assumes the characteristics of a refresher or reorientation course.

Advanced specialization in many instances is that in name only unless it

---

1 Stewart, Isabel M. "Postgraduate Education—Old and New." In American Journal of Nursing, April 1933, pp. 561-569.
is conducted in conjunction with or under the supervision of a college or university that has the advantages of a specially prepared faculty, ample clinical facilities for supervised field practice on a sound educational basis, and an adequate system of records whereby a student's previous education and experience may be critically evaluated and her postgraduate program planned according to her past level of achievement. However, a college without ample means for supervised clinical practice and experience will fail as utterly in its attempt at advanced specialization, regardless of its well-prepared faculty of experts in teaching, as will the hospital school that possesses the ample clinical facilities but has an inferior teaching staff. There must be a careful correlation between theory and practice. Whether any hospital school ever is justified in conducting an advanced specialization course in postgraduate education for nurses is questionable unless it seeks the cooperation of a nearby college or university that is prepared to assume its share of the responsibility in conducting this type of graduate study.

Staff education programs have a definite place in all hospital schools, but are not to be mistaken for postgraduate education. They do have educational value but are conducted chiefly to improve service within the hospital rather than to prepare nurses for better service elsewhere. They aim to orient new graduate nurses to their new environment, to standardize nursing service within the organization, and wherever the welfare of the graduate staff group is taken into consideration they also provide a means whereby graduate nurses may grow professionally as they serve the hospital.

Postgraduate education in the form of refresher courses also has a distinctly educational value, especially for the nurse on full-time duty who finds it possible to be released only for short periods. Institutes or extension courses may furnish this type of review course, and hospital schools having desirable teaching facilities and well-prepared instructors should cooperate with those organizations that undertake to plan these programs. Eligibility for participation in these refresher courses should be the same as that required for membership in the organizations that conduct these courses. The refresher type of postgraduate education is an excellent means for keeping very busy nurses in touch with new ideas and new methods of treatment. By thus broadening the nurse's interest and knowledge in nursing activities generally as well as in her own special field some of the drifting from one thing to another may be eliminated. These courses should stimulate the graduate's interest and lure her on to further study.

In its final report the Committee on the Grading of Nursing Schools emphasized the need for postgraduate education on several different levels. Because of diversified levels in the undergraduate school many nurses continue to be graduated from schools that provide an inadequate education; therefore postgraduate education must be planned to make up deficiencies in basic courses of all levels; those in the so-called traditional training school as well as deficiencies existing in the strictly professional school. Supple-

---

mental postgraduate education is intended to fill the gaps in the graduate nurses' basic course and is a form of postgraduate education in which the hospital school participates to a large degree. Deficiencies in basic nursing education must be supplemented in some manner if graduate nurses are to be eligible for membership in the American Red Cross Nursing Service or qualified for registration in certain states. Postgraduate education on a supplemental level may be considered well within the scope of the hospital school provided clinical facilities within the hospital are ample both for the basic course in nursing and for postgraduate education. It also is essential that available funds be sufficiently plentiful to maintain these courses for graduate nurses on a strict educational foundation.

Lack of financial aid very aptly was placed at the head of the list of problems related to postgraduate education in hospital schools. It speaks for itself and no doubt rightfully may be considered the culprit that tends to create the many other perplexing difficulties which often become almost insurmountable obstacles in planning not only postgraduate education but the basic course as well. Were ample funds available there would be little difficulty in placing education in nursing where it rightfully belongs in the hospital scheme. Educating the student nurse then would become the sole aim of the hospital school second to no other responsibility which the school may have in its connection with the hospital. In importance educating the student would become co-equal with the care of the patient. When we find the solution to that problem we shall experience little difficulty in solving all others associated with nursing education either on an undergraduate or on a postgraduate basis.

As long as the school of nursing and the hospital continue in their present relationship the care of the patient shall rank first in importance and all other hospital obligations must give way to it. Unless the hospital conducting a school accepts both the care of the patient and educating the student as co-equal responsibilities, the educational needs of the student must yield to nursing needs of the patient.

Why do hospital schools undertake to provide postgraduate courses? Were a careful analysis made of their clinical services when postgraduate education is planned, it would be found in some instances that these clinical resources are barely adequate for the necessary experience of their undergraduate students; then why add postgraduates to their student group? Postgraduates sometimes prove cheaper than general staff nurses even when an honorarium is offered in addition to full maintenance.

On the other hand many graduate nurses have difficulty in accumulating funds that will finance the right kind of postgraduate study and consequently seek the school which charges little or no tuition and offers a small allowance in addition to living expenses. Thus does the vicious circle become complete, and Miss Stewart's prophecy in her article on postgraduate education probably continues to be the rule rather than the exception; the economic advantages of the older system steadfastly have subordinated postgraduate
education to gainful service. With all due respect to those schools that are sincere in their desire to maintain postgraduate education on a sound educational basis, we nevertheless must face the fact that much education of this type is a means for securing nursing service at low cost rather than offering an opportunity for experience which has genuine education as its motive.

The fact that the size of postgraduate classes appears to fluctuate with existing economic conditions tends to prove my point. When work is plentiful graduate nurses no longer are interested in rather uncertain types of postgraduate education. When funds become scarce and the demand for graduate nursing service, either private or institutional, wanes there is a corresponding increase in the size of postgraduate classes.

Let us consider the statement that it is difficult to convince graduate nurses of the need for additional preparation in their special fields. Since this statement has been given as one of the problems related to postgraduate education in the hospital school, it is difficult to refrain from discussing briefly the graduate nurse's dilemma in seeking postgraduate education that is fundamentally sound in its objectives. Lack of financial resources, as previously stated, no doubt is one reason for her difficulty, but there are others. Students, sometimes, find that information on postgraduate courses has been misleading; they expect one thing and find another. Unintentionally perhaps the school has set up its bulletin in such a manner that it becomes easily possible for the graduate to misconstrue what she reads. The bulletin may fail to state clearly all aims and objectives of the school's postgraduate program, there may be but vague reference to admission requirements, and content of courses may not be clearly defined. Any reference to the size and qualifications of teaching staff may have been omitted.

Upon admission to the school these graduate students find themselves in the same classes with undergraduate students; on the wards their practice is no different from what is expected of the undergraduates. They seem to have no more opportunity for supervised practice than do graduate nurses on general staff duty. Care of the patient seemingly supersedes in importance the experience and education for which the course in question has been chosen. To many of these students postgraduate study thus becomes but a repetition of their basic course in nursing education. Disappointment breeds discontent and without completing the postgraduate course these students accept the first positions open to them. At best such postgraduate programs will attract only the underprivileged graduates from inferior schools. They hold no inducement for those nurses who possess the required general and professional qualifications and a keen desire for broader knowledge and skill in some special field. Experiences of this nature are expensive to the student as well as to the school. They not only mean time wasted and funds poorly spent, but they also create a sense of disappointment together with a growing indifference toward further attempts at additional study.

Much of our present system of postgraduate education offers problems that

---

2 Stewart, Isabel M. "Postgraduate Education—Old and New." In American Journal of Nursing, April 1933, p. 363.
affect student and school alike. Due to the heterogeneous group of graduate nurses that enters the hospital school for postgraduate education at irregular intervals, it is extremely difficult—almost impossible—to scale classes according to the varying needs of the student group. Many schools offering basic courses in nursing education are connected with small hospitals where there is a predominance of obstetrical and surgical patients and a noticeable shortage in the other clinical services where supervised practice, carefully correlated with theory, is essential if students are to receive a well-balanced basic education in nursing. Practice in a pediatric department where most of the patients are tonsillectomies, appendectomies, or the general run of accidents so common to children may add to the student’s experience and knowledge of surgical and orthopedic nursing but it does not constitute education in pediatric nursing. Some of these schools arrange to make up for their deficiencies by means of affiliation with hospitals where the desired clinical facilities are more than ample for their own student group, but few of these small schools are willing to relinquish their students for a period that is long enough to cover all the gaps in their own curricula. In some states the minimum requirements set by the state department of nursing education are low enough to enable weak schools to get by without affiliating for deficiencies in their own courses. It is the graduates from these schools, together with those graduates who have had the advantages of a well-balanced course in nursing education but whose native ability has been a handicap in mastering that education, who create the greatest problem in arranging postgraduate courses according to students’ varying needs.

Pre-tests are one means of classifying these students according to levels of achievement, but adjusting courses to students’ varying needs involves more than pre-tests; there is much for the hospital school to undertake before applicants arrive for pre-tests.

What efforts have been made to obtain adequate records of the applicant’s past experience? Have records been available? Was it possible to obtain a comprehensive transcript of the student’s undergraduate course? Did it reveal the level of her academic preparation prior to her admission into the school of nursing? How did she rank in relation to other members of her class in high school? How does the high school from which she graduated compare with other high schools? Was her basic course adequate; did it compare favorably with recommendations set forth by the National League of Nursing Education? What was the applicant’s level of achievement during her basic course? Has her health program been satisfactory? Was information available as to her mental capacity, her personal adjustment, and her degree of adaptability? What has been the nature of her experience since graduation from the basic course in nursing? Has she taken state board examinations? Has she maintained her registration in the state where she took these examinations or has she failed to keep up her registration in any state? Is the school faculty qualified to evaluate these data which have been assembled and compare the level of its own educational program
with the applicant's level of achievement? Is the hospital school free to accept or reject the applicant on the basis of educational qualifications and fitness or is nursing service to the patient at low cost the determining factor in enrolling postgraduate students?

Until such time when there is greater uniformity in nursing education and all basic courses will have reached their rightful status as nursing education on at least a junior college level, postgraduate courses of a supplementary nature and conducted by the hospital school of nursing will continue to be a necessary adjunct to nursing education. Until such time when adequate practice in the nursing care of communicable diseases, medical and surgical specialties, in psychiatric nursing, and in public health nursing is made available to all undergraduate students, and all schools of nursing avail themselves of the opportunity to include this practice in their basic course by means of affiliation, supplemental education in these specialties must be provided for those graduates who have been denied the privilege of acquiring this knowledge in their basic course. It is essential for nurses to have actual practice in these special fields on an undergraduate level before they attempt any advanced specialization in them.

It is to be hoped that supplemental courses, as such, do not become a permanent institution in nursing education, but until they no longer are needed—and that time seems too far distant for us to consider at present—provision must be made for them in such manner that true education becomes their chief aim and not their by-product. Since satisfactory completion of these courses should merit full college credit, schools conducting them should feel obligated to maintain supplemental postgraduate education on no less than a junior college level. Any further postgraduate education that aims toward advanced specialization in special fields of interest naturally should be conducted according to senior college standards.

Assuming that the hospital school, under certain conditions, rightfully may undertake the responsibility of postgraduate education, how should it prepare for these courses to make them educationally sound and attractive to those nurses who acknowledge a need for additional study and recognize the wisdom of following a definite plan for advancement in their special fields?

Financial means here again plays an important rôle. The hospital administrator claims that fees from patients must not be used to offset the expense of nursing education. Be that as it may, nursing care of the patient nevertheless is being furnished to an appreciable degree by those students who are enrolled in the hospital school for the purpose of postgraduate study. Sufficient to say that both student and hospital are deserving of remuneration for what they give and both should feel obligated to pay for what they receive. Supplying ample teaching facilities and a good faculty for the school possibly may be considered sufficient recompense for nursing service rendered by students.

Funds necessary to keep postgraduate education on a sound educational basis must be forthcoming. Scholarships and loan funds are increasing yearly
but are not adequate in covering these costs. Increasing the tuition, where
the educational value of such courses justifies such an increase, and discon-
tinuing the honorarium, providing this money is used to improve the teach-
ing, may be one means of balancing the budget. We must not lose sight
of the fact, however, that unless those funds gained by increasing tuition
and by discontinuing the monthly allowance are used to increase and improve
the teaching staff and teaching facilities, the real purpose for tuition will
have been defeated.

After the Cost Study Committee has compiled the results of its exploration
into the field of nursing service and nursing education, a greater realization
of principles involved will lead, we hope, to better standards of performance
and the ultimate accomplishment of a more satisfactory standardization of
costs. After we are in a better position to speak convincingly of nursing
service costs and the costs of nursing education, we may meet with greater
success in enlisting the financial support of the public for nursing education.
In establishing its postgraduate courses the hospital school must keep com-
munity nursing needs in mind as well as the educational needs of the student.
The aims and objectives of each level in postgraduate education must be de-
termined with great care. After these objectives have been clearly defined,
criteria must be set up that will serve as a measuring rod in evaluating all
clinical services and teaching facilities available in both hospital and school.
Qualifications of the teaching staff must be scrutinized in the same manner.

Minimum requirements for each level of postgraduate education must be
established and a set of criteria developed that will guide the school in
choosing its students. Admission requirements should be determined on
the basis of what the school finds it possible to offer in its postgraduate
courses. For supplemental education students should be graduates from a
full four-year high school course and from an accredited school of nursing.
They also must be registered in the state.

If the hospital school possesses especially good clinical facilities and a
highly trained teaching staff made up of experts in the field of medicine and
nursing, advanced specialization courses possibly may become a part of its
postgraduate program. Applicants for this course must meet rigid admission
requirements. They must have completed an acceptable four-year program in
an accredited high school and a good basic course in nursing education. They
must be registered nurses and be eligible for full college matriculation. They
must show evidence of outstanding promise in their chosen field on the basis
of experience acquired since graduation from their school of nursing. Their
knowledge and skill should be on a distinctly higher level than is expected of
the average graduate.

There should be an improved means for selection of students by using
modern personnel methods for determining the student's physical fitness,
mental capacity, social maturity, professional and general achievement, and
personality adjustment. Since neither head nurse, instructor, or director of
the school is gifted with the necessary insight and ability to size up people
with any degree of accuracy a system of psychological testing should be
developed.

Economic testing programs may be arranged on a state-wide basis either
under the auspices of state nursing bureaus or under the direction of the
education department of state nurses' associations. These tests, rightfully,
should be made on all applicants to a basic course in nursing education, and
their results kept available, upon request, for those schools considering ap-
plicants in postgraduate education or for organizations expecting to engage
nurses for positions within their institutions. Information gained as a
result of uniform testing programs conducted by specialists in this field
would tend to eliminate those potential students who would withdraw from
school before completing the basic course, and automatically the number of
incompetent graduate nurses would decrease. These tests also would aid
in the process of educational and personal adjustment and point the way
to more satisfactory vocational guidance.

A carefully compiled set of records tends to reflect not only student
achievement but also the character of work within the school. For this
reason a dependable record department under the direction of a competent
and well-trained person is vital to the success of the school and to the
future success of its graduates. A complete record of the postgraduate
student's previous achievements should be available from her home school.
These should include a comprehensive transcript of her basic course in nurs-
ing education. They should reveal her academic background prior to her ad-
mission to the school of nursing. A complete health record and information
on the student's family background should be at hand. Whatever data are
unobtainable from the applicant's home school must be compiled during
her postgraduate education. Credentials concerning the nature of all ex-
perience acquired since graduation together with the degree of success at-
tained during this experience should be a matter of record. All information
compiled during the student's postgraduate instruction should become a part
of a permanent record which the school should be willing to safeguard for
all time. A complete transcript of her postgraduate education should be
available to the student upon request.

Schools quite generally are making conscientious efforts toward improving
their programs of postgraduate instruction but are in need of an authoritative
guiding influence in establishing their courses on a more exacting educa-
tional basis. The various levels of postgraduate education should become
more definitely defined in order that students more readily may pursue their
study step by step through each plane of postgraduate education.

Criteria should be established whereby existing courses may be surveyed
and evaluated. Students seeking information on postgraduate education
should find it possible to obtain a list of approved courses in their special
field of interest. As the National League of Nursing Education Accrediting
Committee and the Cost Study Committee proceed with their respective pro-
grams the results of their advice and recommendations will begin to permeate
the ranks of undergraduate education in nursing. It is to be hoped that the
character of postgraduate education will also be improved by having the advantage of more adequately prepared instructors, more ample facilities for teaching programs, and a better informed public that is willing to finance, at least in part, the professional education of those women whose breadth of interest, knowledge, and experience has a direct bearing upon community health and welfare.

Special Luncheon Meeting under the Auspices of the Committee on Mental Hygiene and Psychiatric Nursing

Wednesday, April 26, 12:30 p.m.

Presiding: May Kennedy, R.N., Chairman, Committee on Mental Hygiene and Psychiatric Nursing.

PSYCHIATRY IN NURSING EDUCATION

Theodore A. Watters, M.D., Assistant Professor of Psychiatry, School of Medicine, Tulane University of Louisiana, New Orleans

This is not an attempt to offer a panacea for the present ills of medical and nursing education, nor a formula for successful teaching. It is merely an honest attempt to set forth some personal observations as a teacher and practitioner of medicine and psychiatry, with criticism and suggestions where they are indicated. To some extent, of course, my concern with psychiatry in nursing education is based on selfish reasons—the nurse offers an excellent indirect route for bringing psychiatry to its place in the sun as far as medical teaching is concerned. Unselfishly, however, I want the nurse, for her own sake, to keep abreast of the times and pace with the increasingly important role of this branch of medicine. Its present state of development has been reached only after a hard struggle to shake off the old concepts which have held us back so long. Foremost among these is the doctrine of psychophysical parallelism, which divided man into body and mind. The body was the province of the doctor, and the mind was left to the tender mercies of anyone who chose to claim it as his province, be he "alienist" or jailer. This false dichotomy—a result of philosophical and religious thinking, plus intensive scientific study of man on these false premises—has resulted in the accumulation of a great deal of unsound data, devoid of the most fundamental facts about the human organism. The doctor and the nurse shirked all responsibility, except for "physical" ills, with a clear conscience, and the neurotic was passed up with laughter and ridicule and left to quacks or to the dangers of his own thinking. Nurses had neither patience nor understanding and were not encouraged by their teachers to develop either one. The proverbially "more important" subjects were given all the allotted time on the schedule, on the premise that functional disorders would always be functional disorders and what was the use? The pathologist was given his laboratory, the surgeon his operating room, but the psychiatrist was left out in the cold with the excuse that he could do nothing for his patients anyway. The fatalistic outlook toward this work still so commonly held is
largely due to the doctrine of psychophysical parallelism; and unfortunately much that our students read and think is based upon this outworn and antiquated doctrine.

We must therefore reorient ourselves, considering man not as a matter of parts but as a totally integrated organism—a he or a she responding as a whole both to internal and external stimuli; it is by means of his psychobiological functions and those physiological functions of the central nervous system, autonomic nervous system, and endocrine system on the various organ sets and organs, that he comes to be the complex, highly integrated organism he is. Thus he gets sick as a whole and gets well as a whole, having all the emotional activities that are associated with such processes. Many may be distributive, others contributive. Although the squeaks and rattles that we call symptoms may appear in any one of the organs or organ sets and may appear to be disassociated from the real cause—the adjustment of the person as a whole must always be effected. There are no such things as "mental" patients, nor "mental" and "physical" examinations. We must accept the human being as he is—working, doing, feeling, getting sick—as a whole person. Neither physicians nor nurses, therefore, can close their eyes to the personality factors at work in their patients. The pathologist, working with the corpse, can do so, but he is the only exception. And if the present trends in medicine continue, perhaps even this statement will have to be qualified. Therefore I urge that the nursing course have as its central theme the concept of the total personality, and that the training given foster this concept and the related attitudes and theories of personality function.

Here let me say that psychiatry is not a specialty and should not be taught as such in either the medical or nursing school. Anyone who chooses to specialize in this branch of medicine can perfect himself in it, just as he could in surgery, obstetrics, and other fields. But from the standpoint of teaching it is not a specialty. It deserves a dignified place in the curriculum like any other important subject and an adequate number of hours should be allotted to it. I am aware that "time" is a touchy subject among many teachers and among those who arrange the curriculum. Only too frequently they discuss the matter like a group of children. Those to whom precedent has given a great deal of time are disinclined to give any up, feeling that their subjects are all important, and the rest of us have to suffer. The curriculum should be considered from the standpoint of a "diet," because after all it is nothing more than a mental diet on which the student lives during the years of training. There should be not only the proper carbohydrates, fats, and proteins, but also the essential vitamins. Certainly psychiatry is an important vitamin, if not a carbohydrate. It is regrettable that so many students have to develop mental indigestion as they go along or perhaps later on. The result only too often is a strong organic bias which renders him or her incapable of detecting, understanding, correcting, and treating personality factors and functions where they are at work.

The nurse's contact with psychiatry should begin in her first year and continue throughout the time she is in training. Competent personnel is of the
utmost importance. Any nurse who is willing to learn and who has perseverance and emotional equanimity can teach it; in fact she can often do a better job than someone outside of the field of medicine. She has her sleeves rolled up and her hands and arms in nursing. She is in actual contact with sick people, and so is often better equipped for the work than someone who is up in the clouds and who tries to make it a course in philosophy rather than practical, sound psychiatry.

Not so long ago I looked up the first-year courses in psychiatry in various medical schools, and found at least thirty-four different names. Undoubtedly there is every bit as much difference in content. The same state of affairs probably exists in the nursing schools throughout the country, and it would be to the advantage of us all if some central agency interested in nursing education would bring about some agreement and unity. Orientation courses are frequently given, but these should be changed into something more solid and better constructed if they are to do real good. It seems to me that the first year should be devoted to a course in "normal" personality functions. Under the guidance of a competent instructor, the student can be encouraged to work out her own problems in a concrete, commonsense way, thus enabling her to avoid many pitfalls in later life. We learn psychiatry to a great extent by a systematic study of our own personality functions, and then by contrasting and comparing ourselves to others we learn our healthy and unhealthy similarities and dissimilarities, being guided by the consensus of well-informed thinkers as to what is "normal," what best, and how to develop ourselves towards those ends. Therefore by careful study of the variations in all human beings, with our feet on the ground, we learn to be objective about these problems. Most certainly the nurse and physician should know themselves before they are entrusted with another's problems of health and happiness.

In the second year the nurse should begin her contacts with "abnormal" personality functions as seen in patients with psychoses, psychoneuroses, and personality problems. My own work with medical students has convinced me that this course should be taught with demonstrations. Otherwise the points will not be driven home. Bring patients before them, give them first-hand knowledge, talk less, and show more. The students should be reminded that this is a class, not a vaudeville show or a one-ring circus. They should be warned beforehand to control themselves and not make patients worse for having been shown. It is also wise to have these case demonstrations written up, as this necessitates much more careful observation and thought on their part.

The third year would be well spent in the study of fundamentals of psychiatric nursing and specialized techniques, each student being closely observed for her manner, methods, and success in handling patients. The desirability of the first two is obvious. As for the third, there is only too often a neglect of this extremely important part of all therapy—namely, the nurse's personality itself, which after all is medicine—both preventive and curative.
Throughout this teaching one should be neither a leftist nor a rightist, but keep to the middle of the road. Teach American psychiatry for American people, based on concepts of the American way of living, and on customs and conventions to which we must adapt ourselves. The concept of the total personality should be emphasized on all wards, and all services, in-patient and out-patient, intramural and extramural, and not just while the student is in psychiatry. This mistake is frequently made. When the nurse finishes her course in psychiatry, or leaves the psychiatric ward she loses sight of the fact that where there is sickness, there is a human organism, and that personality functions may play important roles both in the illness and the convalescence.

I cannot leave the subject of psychiatry in nursing education without saying a few words in regard to the matter of personal adjustment. First "Know thyself," then "Know thy work." No one could fail to be a better nurse for a knowledge of normal and abnormal personality functions. This knowledge which psychiatry gives her teaches poise, equanimity, patience, self-control, and tact—and goodness knows we need tact. It equips the nurse to meet life situations, to accept sick people with insight, and without either amusement or irritation. She cannot do justice to any patient unless she has a thorough understanding of herself and her own biases, prejudices, aversions, and pet notions. Illness makes us all more introspective and self-analytical, and the nurse with a sound point of view can prevent many a crash in later life by her counsel and advice. As Menninger says, the nurse can and should be more than the handmaiden of the physician—she is medicine herself. But she must accept the challenge of the disturbed personality and approach each patient as an individual, not as an automaton or just a sick organ. She must also do her part in removing the stigma of mental disease. I once heard a lecturer declare that we all had a "moral obligation to be intelligent." The nurse should keep this idea constantly in mind. For to be an intelligent, well-informed nurse she must know psychiatry and derive from the psychiatric part of her training at least some of the great contribution it has to offer.

General Session

Thursday, April 27, 9:00 a.m.

Presiding: C. Ruth Bower, R.N., Vice President.

Symposium—The Extra-Professional Program in the School of Nursing.
Chairman: Sister Mathilde, M.A., Case Supervisor, Social Service Department, Charity Hospital, New Orleans, Louisiana.

Leadership

Anna E. Many, M.A., Counselor to Women, The H. Sophie Newcomb Memorial College for Women, New Orleans, Louisiana

A sight common to all of us is a small boy in an empty lot organizing a group of boys of his own size and age to play a game, or more likely to raid
a neighboring fig or apple tree. Such a boy has in his make-up the quality called leadership.

I have read frequently that this characteristic is one with which persons are born and which cannot be acquired, but I do not fully agree with this point of view. In college where I have had an opportunity to observe the development of students for many years, I find that students who mature early often have a temporary power of leadership which they lose as the slower maturing students develop and become more secure and purposeful. The leaders of the freshman class, for instance, are rarely after four years, the leaders of the senior class.

Statistics indicate that about ten per cent of a student group are leaders of some ability. A few of the qualities which go to make up this executive power in a person are: intelligence, a sense of security, aggressiveness, initiative, purpose and determination, and perhaps most important of all, an understanding of people. Many intelligent persons, of course, have no interest in the problem of administration, as for instance, the research worker who rarely mixes with his fellows. Not always is a purposeful or aggressive person a leader, but the reverse is usually true, that these traits of character and ability are found in a forceful leader. I am reasonably confident that a person who has most of these qualities can be developed into a leader.

I heard a speaker not long ago say that a follow-up was made of a large number of eagle scouts who had passed the scout age and were in college. With few exceptions they were found to have made excellent records and a very large proportion to have shown marked ability as leaders. The speaker's explanation was that because of the many tests that must be passed before becoming an eagle scout, the boy became purposeful and resourceful. I am hoping to make the point that in choosing leaders—if that task happens to fall to one of you—look for at least some of these characteristics.

In colleges it has been found that students work from forty-two to forty-eight hours a week or, omitting Sunday, seven or eight hours a day. This includes the time given to both classroom work and to study. Add to this figure seven or eight hours a day, ten hours for sleep and meals, and we have left six or seven hours a day for recreation, using the word recreation in its broadest sense.

It is about this extra time that we are particularly interested. The homesick or discouraged student has difficulty in getting through those hours each day, the unresourceful student must be entertained and often becomes an inveterate movie fan. How much wiser it would be if that "extra time" could be used to some good purpose, to develop the inner resources of the student, to give her healthful exercise, a wholesome social life; in other words, to make her an active and constructive manager of her time and not a passive agent to let the hours flow purposelessly by.

This leads up to the question that we are particularly desirous of discussing: the type of leadership necessary to initiate and maintain a program of extra-curricular activities in a school of nursing.
First of all, these activities must be of interest to the student; the clubs and organizations should be chosen primarily for that purpose. These activities naturally fall into three groups.

1. Social organizations, dances, teas, evenings of games, etc.
2. Athletics, basketball, ping pong, tennis, badminton, swimming, etc.
3. General organizations, such as glee clubs, debating, dramatics, musical clubs, and international relations clubs.

A simple program is rather easy to initiate. Dance clubs are usually the most popular of the social organizations. A psychologist once told me that all girls between the ages of 16 and 22 were keenly interested in men and should have wholesome and adequate opportunity to meet and see them. On the whole I agree with this point of view, although it often produces many problems. There is never the slightest difficulty in finding a committee of girls to arrange a dance, if the faculty sponsors will give them the place, the opportunity, the time, and find a method to finance the affair.

Athletics are somewhat harder to arrange since many of these sports need a trained person in charge. Most physical education directors have found it sensible to develop, in such groups as student nurses, games which will be suitable to play all through life, as tennis, ping pong, badminton, swimming, and the like.

The other type of organization is more difficult to plan and operate. From the group listed above—debating, glee club, dramatics, etc.—in most colleges at the present time, the International Relations Club creates the most interest. The students feel the present unrest and are keenly alive to the fact that they should know what is going on in their own and other countries. Reports from all colleges indicate that the student discussions on national and international questions are vigorous and lively; occasionally outside speakers are obtained, but often the meetings are led by the students themselves.

I do not think there is ever any difficulty in finding student leaders from school groups; the students themselves usually know their fellows better than those in charge and can elect more satisfactory and efficient officers and workers than those appointed by faculty members.

The unobtrusive direction of these organizations by the faculty adviser is the delicate matter. It is of more value to the students to manage their own affairs, even though they make many mistakes. The plan of the organization should be such that the sponsors advise and encourage and furnish opportunities for development but do not dictate the policies. It is only by this method that student leaders can develop.

A word to the faculty—Leadership and the direction of the student leaders in their extra-curricular activities is not an easy matter. It requires tact and a great deal of patience to cope with the numerous difficulties and emergencies, but it is well worth while for it gives the student many things that cannot be learned from books or lectures. She gets an insight into the problem of how to use recreational time helpfully, she finds herself taking an
active part in her own pleasures rather than being a passive recipient, and she learns to enjoy and appreciate friendly and pleasant relations with various types of people.

THE SOCIAL AND CULTURAL ASPECTS OF THE EXTRA-PROFESSIONAL PROGRAM

LUCILE PETRY, R.N., Assistant Professor of Nursing, University of Minnesota School of Nursing, Minneapolis, Minnesota

The aims of the extra-professional program are very similar to those of the professional program of nursing education; perhaps you will permit me to say that they are identical. The philosophy upon which a curriculum is founded serves also as foundation for extra-curricular plans. I once heard Harry Emerson Fosdick remark that a patient was nursed as much by what his nurse was as he was nursed by what his nurse did, a remark which expressed aptly our belief that we cannot separate in a nurse's experience those activities which make her a fine woman from those which make her a fine nurse. Lest, in our zeal to attack the problem of the technical and scientific preparation of the nurse, we underemphasize the cultural and social aspects of the student nurses' experience it behooves us to give the subject special consideration. Much could be said, of course, for the cultural values accruing from the professional learning activities of students in schools of nursing. But our task here is to discuss the cultural and social aspects of the so-called extra-professional program of activities.

May I state briefly, or rather only name some of the general aims of education of the nurse, aims which I believe give focus and direction to the extra-professional as well as to the professional program?

First would come the adjustment aim, a concept which in our minds is bigger than we have been able to formulate in sentences. Next comes the aim of integration of experience, which includes integration from many subject-matter fields, integration of principles and practice, integration of learning activities around focal problems, and—important to our consideration today—integration of the personality. Another aim is that of inclusiveness of experience producing a well rounded out nurse and individual, which aim also provides for preparation of the nurse to meet individual and community needs in the way of physical, social, and emotional health. Implied in the educational philosophy upon which our curriculum is based is the need for establishing abiding centers of interest which will be nuclei for continuous personal development. Still another goal of nursing education is preparation for participating as a citizen and health worker in a democratic dynamic society.

From these aims of nursing education let us derive principles which govern an effective program of extra-curricular activities consonant with our educational philosophy. Each and all of the aims just listed justify the principle that to give practice and build skill in leading and following most extra-curricular activities should be initiated by participants in the activity. This
statement does not mean to carry with it the idea that in a school where no organized extra-professional program exists, none should be begun until students make first steps themselves, though I cannot imagine a group of students where some wish for organized activity cannot be capitalized upon. Nor does this principle of participant initiation rule out the organizing of activities by faculty, for faculty and students should mingle naturally in any activity which interests them. I believe we have discarded with considerable finality the notion that student-faculty shared social activities are to be frowned upon. This sharing becomes a vital part of the instructor’s planning her teaching to fit student needs and capacities.

A group of students will show definite improvement in the workability of the plans they originate and will increase in their judgment of comparative values, a skill which they would not develop if a social director or faculty adviser always designated which activities were to be undertaken. The occasional false start or abandoned plan is evidence of evaluational activity on the part of students and gives practice in choosing leadership and setting goals. A social director with whom a friend was commiserating upon what she called the boredom with blundering of students in a certain organized activity which happened to be repeated annually replied that she never thought of the event as repetitious, that the important element was the student-in-the-situation not the situation alone, that she distinguished between the experience she accumulated through repetition and the inexperience of each new group of students. And when I speak of participants learning through blundering I do not mean to sanction such things as inflicting a badly rehearsed chorus or play on the public. A good director of play or chorus, whether she be one of the students or a paid director, will bring the participants to desire performance meeting high standards for its own sake as well as for the sake of a possible public. Our principle of participant initiation should then be expanded to include participant evaluation of activities.

Another principle is that any plan for activity must begin where the student is—figuratively speaking there is no use expecting her to tackle water too deep for her or to be interested in wading if she is ready to dive. An article in a current periodical states the idea in this fashion—the culture a man is able to assimilate, which nourishes him, depends upon his present life interest, his status, his needs, his concerns. We must begin where the student is else she will not want or know how to begin. Selection of students for admission to the school, of course, includes making certain that applicants have reached an acceptable cultural and social level at which an extra-professional program can begin.

Perhaps we are only restating the principle in another form when we say that extra-professional activities should be natural. In his book Power, Bertrand Russell makes an application of the maturation hypothesis when he says that we should give youth an opportunity by removing inhibitory obstacles in his own make-up such as bashfulness, indecision, and doubt and place him in an environment which offers the stimuli which are most conducive to the unfolding process. Even though we see in nursing schools
a tendency to attract young women of a higher stage of maturation than formerly we shall not be able to neglect this principle. We hope that even the oldest of us is not completely mature; each of us has expectation of further growth and development. The principle of naturalness rules out activities whose object is pure reform; it does not rule out, however, the constant upgrading of activities in worthwhileness. The theory of maturation puts a premium on activities which are high in leading-on values.

If are to begin where the student is, and every student is at a different state in interest, need, and concern, another principle presents itself for consideration. The extra-professional program must be varied. Variety means that the program includes plans for group and individual activity; for casual, impromptu, and for scheduled activity; for activity with men and women; for activity with other nursing students, other types of students, with others who have family and home life and other types of dormitory life; for physical activity, intellectual activity. Nor can we omit emotional activity. Quoting again from Russell’s Power:

Wisdom is not merely intellectual; intellect may guide and direct, but does not generate the force that leads to action. The force must be derived from the emotions. Emotions that have desirable social consequences are not so easily generated as hate, rage or fear. Something however can be done in the course of ordinary education to provide nourishment upon which the better emotions can grow and to bring about the realization of what may give value to human life. Some find what they need in music, some in poetry. For some, astronomy serves the same purpose. When we reflect upon the size and antiquity of the stellar universe, the controversies on this rather insignificant planet lose some of their importance and the acerbity of our disputes seems a trifle ridiculous. And when we are liberated by this negative emotion we are able to realize more fully, through music or poetry, through history or science, through beauty or through pain that the really valuable things in life are individual, that we reach our best in different ways and that the emotional unity of a crowd can only be achieved on a lower level.

A varied program provides both planned and casual activities. A certain number of annual events are usually set in advance. An abbreviated sample calendar might include: a welcoming tea for new students, at which the big sister idea might be used; an autumn picnic or hike; one or more formal parties during the year; an all-staff Christmas party; a carnival which may be a money-making device; celebration of home coming, or charter day, or founder’s day, or alumnae day; and a graduation reception. Dates are set and facilities reserved for them at the beginning of the year. Other planned activities for smaller groups such as class or club or sorority dinners and dances, the annual presentation of the little theater group or the verse speaking choir, or the choral club, or the modern dance group, the exhibit of the camera club or of the garden club, and the tennis or archery tournament are tentatively scheduled also. Incidentally, scheduling should include planning for proper publicity for the activities which are news worthy. The calendar will probably also include weekly teas for the large school and perhaps monthly teas for the small school. Classes, clubs, and less formally organized groups of students in rotation may be given responsibility for planning
such teas including deciding on the color scheme for the table, appointing hostesses, and inviting honor guests. Around these scheduled events all kinds of smaller events, such as language study groups and travel clubs, are arranged as the year passes. Care must be taken that the fixed dates do not appear to crowd out the spontaneous activities that spring up continually. In a large school many such activities are carried on simultaneously and real generalship is required to make the whole run smoothly. The plan should of course extend to include activities going on in the city and university campus of any town. Announcements of offerings can be posted weekly or oftener on a regulation bulletin board, advantageously placed on or near an elevator or near mail boxes.

Certainly as important as these group activities in cultural value are the more casual and individual contacts which students make with people, particularly with one another, books, music, crafts, art forms of all kinds. Incidental exposure to good magazines and books and pictures stimulate interests and tastes. Surroundings which provide comfort, attractiveness, informality, and easy accessibility for reading, for listening to radio or recorded music facilitate assimilation and provide a place to practice the art of conversation. Small secluded living rooms where students may go in house clothes increase the amount of use made of such facilities. Naturalness and resemblance to home life should pervade the nurses' residence. A single room is more nearly a necessity for the student nurse than for other students since she constantly gives of herself in continuous personal contacts. Some time must be allowed for building reserves from which to continue that giving. I believe that nursing brings with it so continuous an adjusting to other people that nurses become addicted to human companionship. A character in Edna St. Vincent Millay's *Conversation at Midnight* says of another, "you couldn't stand to be alone for a minute. You read books about Solitude but with your door wide open and guest after guest grinning in." That addiction to constant companionship along with over-valuation of modern plumbing and hospital equipment may be determinants of the unwillingness of the graduate nurse to set her teeth in the challenge of rural practice. The substantial stuff of personality, courage, and resources for enjoying being alone at times might be outcomes of a good extra-professional program.

The principle calling for variety in extra-professional programs demands that activities be carried on at different levels of expertness, levels appropriate to the student's capacity. Some of the levels at which an activity may be carried on are spectator, participant, director, creator, and if you wish, you might add the level of critic. All students should be encouraged to pass beyond the spectator level in many of the activities they undertake and to choose one or two forms in which they may create.

Among the aims of the curricular and extra-curricular programs was one concerning democratic citizenship which would lead to formulation of this principle for extra-professional programs: Working together for common goals promotes the development of an attitude of tolerance, cooperation, respect for the motives of others, appreciation of social consequences of our
acts. Whitehead defines tolerance as the basis upon which that structure of human thinking can be erected which will make for mutual appreciation and understanding as will cement human relationships in a way consonant with that further progress in culture which is our main social objective. He adds that only by participating in the common intelligence and sharing in the common purpose as it works for the common good can individual human beings realize their true individualities and become truly free. Democracy is committed to the use of freed intelligence as a method of directing change. A specific example of a technique of directing change is the current use of propaganda for everything from liver pills to dictatorship. A freed intelligence will develop immunity to eloquence, will learn that eloquence is often inversely proportional to sound reason; a freed intelligence will apply sound social, economic, and scientific principles to the solution of living problems. Who better than nurses can envision the practical uses of scientific theory? The extra-curricular program should give experience in the kind of living which is characterized by Stuart Chase when he speaks of progress which he says depends not upon revealed authority, not on ethics and morals which shift with folkways, but on using the scientific attitude in social as well as in physical affairs. Here again we see the unity that exists in the professional and extra-professional programs.

Among the principles which govern the extra-professional activities we find one which concerns the direction of such a program. Obviously one person working full time could not meet with all student committees, make all the necessary outside contacts, interest outside groups in sponsoring activities, and then perform all the countless details involved. It is essential that the persons responsible not be hurried and so busy as to preclude availability for the casual conversation and exchange of confidences which students have a right to expect from them. One person must serve as coordinator of plans, of course (this may be a member of faculty in a small school), but the whole faculty and as many interested persons as can be brought into the picture should participate in guiding the activities. More important than efficiency in managing a program is the stimulating friendly atmosphere engendered by genuine interest of all who work together for a common end.

I should like to mention one more principle. It should be written in large letters and underscored—the extra-professional program should in large portion be fun. Eagerness and zest and humor are often the prime components of the program and I think one is safe to say that whenever they are elements in the reaction, they are invaluable catalytic agents.

May I summarize the thesis of this discussion—the philosophies of the curricular and extra-curricular activities for student nurses must be identical. The aims of the professional programs are determinants of the extra-professional program and lead to the formulation of certain principles which govern an effective program. The following principles have been discussed:

1. That of participant initiation of activity including participant evaluation of the activity
2. That of beginning where the student is
3. That of naturalness (these three overlapping in many respects)
4. That of variety which was classified into variety as to size of group, as to type
   of activity—whether intellectual, physical, and emotional, as to whether it was
   scheduled or spontaneous; and variety of contacts with people; and variety
   of level of activity, whether spectator, participant, or creator
5. The principle of democratic action and the attitude of tolerance
6. The exhilarating effect of fun.

May I repeat once more that the extra-professional and professional pro-
grams are not two entities but are a unity. One more paragraph of Bertrand
Russell's epitomizes the goal of this unified experience as we wish it to be
for our students:

We should seek to produce independence of mind, somewhat skeptical and
wholly scientific and to preserve as far as possible the instinctive joy of life that
is natural to healthy children. The task of liberal education is to give a sense of
value of things other than domination, to help create wise citizens of a free com-
community where individual creativeness enables men to give to human life that
splendor which some few have shown that it can achieve.

**STUDENT GOVERNMENT**

**RUTH INGRAM, R.N., Director, Touro Infirmary School of Nursing,**
**New Orleans, Louisiana**

The advantages and difficulties of faculty-student cooperation in the con-
trol of schools of nursing have been discussed quite thoroughly in articles
published in the *American Journal of Nursing* and in papers presented at
previous conventions of this organization. In this paper we shall not attempt
to cover those arguments again. Instead, we shall consider certain oppor-
tunities and problems that present themselves when students do participate
in the government of the school, especially in schools where many of the
students enter directly upon the completion of the high school course. We
realize that methods which are effective in one school may not produce the
same results in another. But an exchange of ideas and a pooling of expe-
rience should be stimulating to us. Out of this discussion which will follow,
let us hope that better methods will evolve.

One of our nursing leaders is quoted as saying that in student govern-
ment, the students govern themselves, but the faculty governs the students.
In other words, the faculty makes the policies, and the students carry out
those policies which concern student life in the dormitory and in public.
Student government has not been applied to the students' work in the wards
or in the divisions of the hospital proper. The patient-doctor-hospital ad-
ministration situation is too complex and too serious to permit student par-
ticipation.

If student council is to function effectively, it must be given definite areas
of responsibility and must have freedom to work out the problems that arise
in those areas. Too much surveillance on the part of the faculty is discour-

---

aging to the council members. If they are made to feel that the faculty does not trust them or their judgment and may overrule their decisions, they cannot be expected to take much interest in student government. If the faculty does not approve of the council's decisions, it should not arbitrarily reverse them, but should send them back for reconsideration with a review of the evidence. All problems that fall within the scope of the student dormitory can be turned over to a well-established council. Even in cases where serious discipline is required, they should be told the facts and given an opportunity to express their opinion about suitable punishment. (This has been proven at such institutions as the University of Virginia and the Virginia Military Institute.) They will not wish to take the responsibility for the decision to dismiss a fellow student, and it would be unfair to let them take that responsibility. But, nevertheless, they should be consulted for two reasons. In the first place, they can quash false rumors and misstatements that circulate through the student group; in the second place, if their opinion is requested, they will be more apt to use their influence to keep students from breaking regulations. To have even a passive part in disciplining a fellow student is unpleasant. The fewer violations of rules with which the council has to deal, the better satisfied are the council members. The best way to avoid infraction of regulations is to build up a feeling of pride in student government. That feeling of pride in and responsibility for the good name of the school is greater if the student council members are fully acquainted with all discipline connected with the student dormitory and student conduct in public. In fact, it can certainly do no harm and probably is wise to let them know the basis for the faculty's action when a student is dismissed or suspended for an offense on the wards. The more dignity and consideration given to student council by the faculty, the more prestige and influence will the council have with the student body.

There is little danger that the student council will assume too much responsibility and overstep the boundaries within which it is to control. It is more apt to shrink from exercising the full extent of its authority. A student council functions best when it has considerable activity to sponsor—the social and recreational program of the school. The judiciary aspect of their duties frequently overshadows their other roles as leaders of student opinion, as good students, and as socially minded young citizens. The student body and the faculty have a right to expect council members to act as examples in conduct and attitude.

Two faculty advisers are usually sufficient for a student council. One should be the director of the school, the other the director of social activities—if the school is fortunate enough to have such a person—or an instructor whom the students consult on personal as well as class problems. We attend council meetings only when invited or when we have suggestions to bring to it. The students take more interest and responsibility if they are left to themselves. This is especially true when students are appearing before council for misdemeanors. Faculty represents authority, and try as we may not to influence the decision, nevertheless, neither culprits nor council mem-
bers are as free if we are present. (This may not be true where the students as a whole are mature.)

Frequent conferences between the president of the council and the faculty advisers gives the chance for cooperation. If they have problems, they will seek the sponsors’ advice. But let them ask for it, do not force counsel upon them. In our experience, the more we have consulted them, the more they turn to us. The whole system is built upon strong mutual respect and confidence between the student body and the faculty. That feeling must be cultivated before this form of government can function effectively.

How are we to get a strong council? The students must be free to elect their own officers, yet those officers also must be highly regarded by the faculty. This is one way in which it can be managed. The by-laws of the student association usually stipulate that a nominating committee shall be appointed by either the council as a whole, or by the president. The personnel of the nominating committee is important. If the strongest students are put on that committee, they naturally cannot make up a ticket composed largely of their own members. The sponsors can suggest that the majority of the committee be chosen from the highest class in the school, the class that is about to graduate, whose members are therefore ineligible for office. In choosing representatives of the lower classes on the committee, care should be taken to select students who are not likely to be put on the ticket. So much for the personnel of the nominating committee.

When the committee has made up its report (which is really the ballot), it is submitted to the faculty advisers for approval or criticism. They may veto any candidate whom they think would be an unsuitable council member, but they should not suggest names to be placed on the ballot. Let the choice of candidates rest entirely with the committee, so that the student body may feel that the candidates are their own selection, not a group picked by the school authorities. On the other hand, students want their council members to have the confidence and support of the faculty, and are quite willing to drop any person who does not meet with the sponsor’s approval.

The president and vice president are usually elected from the senior class. If this class is small, it may be difficult to find two good candidates for both of these offices. The nominating committee may arrange the ballot with one strong and one weak candidate for each office and hope that the students will elect the strong ones to both positions. But that is risky. Sometimes students, as other voters, do not mark their ballots as intelligently as we might wish. The best leaders of the class might be utilized more successfully by employing the bloc vote. Let the nominating committee place the names of three seniors on the ballot, the one who receives the highest number of votes will be president, the second highest, vice president.

Class president should be included in the council, so that the class organization may function smoothly with the student association. It also gives the students more representation, and therefore makes for better feeling.

Student government is an ever-changing organization. It is like a garden. The flowers change with the season. Each set makes its contribution of
beauty, then gives way to another variety. The colors change, the forms vary, but it is the same garden and increases in charm and beauty from year to year.

Each group of council members differs from the other. This year they stress one phase of activity, next year another. But every group tends to typify the best the student body can yield in attitudes, in character, and in leadership. Each succeeding group benefits by the experience of its predecessors.

THE EXTRA-PROFESSIONAL PROGRAM IN THE SCHOOL OF NURSING

Its Relationship to the Professional Curriculum

SISTER M. BERENICE BECK, R.N., Dean, Marquette University
College of Nursing, Milwaukee, Wisconsin

Why an extra-professional program? The most ambitious of us would respond—for the religious, moral, intellectual, emotional, and physical development of the girl through a combination of activities, organized and unorganized, work and play, integrated into her everyday life. A fine ideal, but we have only three, four, or five years to work and the twig that is the girl is bent into definite shape by some eighteen years of life before it is laid into our gently moulding hands.

Why an extra-professional program? Because there is a close relationship between the professional and the non-professional. The professional is our particular job and must occupy the center of the stage, with rather rigid essentials and carefully planned sequence. The extra-professional is fitted around the main program. The professional makes the nurse—gives her skills, techniques, definite, specific nursing knowledge. Fortunately, we usually get the young lady in a state of comparative ignorance so that she does not have quantities to unlearn, as well as to learn. She has been indulging all her life, however, in an extra-professional program and so may have much to unlearn—habits, ideals, attitudes, and interests.

For instance, this may happen when you launch a reading club and see that it is fed "good literature." Sally, who has been skillfully maneuvered into the club, conscientiously, if not joyously, does her part. You are immensely pleased until one day you learn that after completing her literary work in your club, she seeks her literary pleasure by slipping into a corner with one of the lesser magazines or books hugged to her breast. Unfolding it, she enjoys Sonja, the heroine, with her cheap and thrilling escapades better than all the glittering personages who glide off the pens of best writers. Sally has been dutifully led to the fountain and has dutifully taken dainty sips, but her real thirst is quenched elsewhere. For, after all, there is a difference between extra-professional activities and an extra-professional program. The activities are what our girls actually do during "time off"; the programs are what we fondly plan to have them do and still more fondly imagine they do do and like to do.
The professional program is for the nurse; the extra-professional for the woman. But both beings dwell in one person; each carries the other to professional as well as to non-professional activities. It is a case of united they stand, divided they fall! So there can be no sharp line of demarcation between professional and extra-professional programs. The professional, for example, teaches the nurse she must serve to save life, but does it always convince her of the sacredness of life? When the battle for life is lost, it teaches her how to meet death, professionally, at the bedside of her patient; but does it teach her how, as a woman, to face her own death? It teaches her how to control and direct her emotions in moments of professional crises, but when other than professional crises occur, does she know what to do? And how to express, as well as suppress, her emotions at appropriate times? It teaches her the fine things of her profession, but what about the fine things of life?

If we believe that the extra-professional program includes the religious, moral, intellectual, emotional, and physical development of the girl, we have definite problems to face. If to us religion is a dull, uninteresting fact, a vague, confused fancy, or merely an unwelcome responsibility, how make it the center of existence for our girls? If we do not acknowledge unchanging principles of right and wrong, but only expediency and utility, how offer a foundation that will withstand the waves of temptation that from time to time will dash against it? If, intellectually and emotionally, we ourselves are in a state of arrested development, how bring our girls to maturity? If we fail to appreciate physical perfection, how encourage it in others?

Girls sense these things in us and are affected by them. They also sense the situation when the director has an extra-professional program merely because it is "the thing," when she has a vague idea she ought to fill up every crack of leisure time with "uplifting influences" and feels vaguely guilty if she does not live up to this impossible ideal; when she makes a goddess of the body, worshipping it in sun and rain and long, fatiguing hikes; when she spends her extra-professional time in hot pursuit of nurses and internes who exchange lingering glances, overlooking the fact that unless nice boys are made available in acceptable social situations, there will be undesirable contacts with those not so nice; when she worships science with a big S and accepts solemnly even such a quatrains as this:

"Life is a veil, its paths are dark and rough
Only because we do not know enough:
When Science has discovered something more
We shall be happier than before."  1

Girls also sense it when she is a firm believer in the Machine Age (capital M and capital A) and does not see the pathos in:

"I am too fat to climb a tree
There are no trees to climb.
Instead the factory chimneys rise
Unscalable, sublime!"  2

---

1 Hilaire Belloc.
2 Gilbert Chesterton.
When, in short, she never achieves a faint chuckle, let alone a hearty laugh, at the funny side of human beings, including herself. Without humor, extra-professional and even professional life is almost unbearable. It is the leaven needed to lighten even the most symmetrical, well-developed, and orderly of human beings, the ballast in our ship while sailing the stormy seas of life.

Why an extra-professional program? Because, since there will be and must be extra-professional activities, they should be made as safe and profitable as possible. We may not be able to graduate paragons of perfection, but if we send forth nurses who have caught not only the essence of fine nursing but the essence of fine living, we will have achieved that which justifies an extra-professional program and proves that professional and extra-professional programs are the better because of each other.

General Session

Thursday, April 27, 10:45 a.m.

Presiding: Isabel M. Stewart, R.N., Chairman, Joint Committee on Nursing Tests.

Recent Developments in the Measurement of Subject Matter Achievement at High School and College Levels

Ben Wood, Ph.D., Director of Cooperative Test Service, American Council on Education, Washington, D.C.

(Dr. Wood spoke extemporaneously)

How Can We Develop Objective Techniques for Measuring the Professional Achievement of Student and Graduate Nurses?

R. Louise McManus, R.N., Research Assistant, Division of Nursing Education, Teachers College, Columbia University, New York

I am sure that every member of this group drawn together because of an interest in nursing education, and whose very presence here indicates a desire to find better means of evaluating the educational program in schools of nursing, could not but have a few twinges of the emotion called envy on hearing Dr. Wood’s paper—envy of the ability of high schools and colleges to measure so accurately the objectives of instruction, envy of their ability to improve their curriculum and their methods of teaching in light of the results of their tests. This envy we feel is not covetousness for our own individual use, but, we hope, is a great desire for these same advantages for the nursing profession.

I would like to call attention to at least three significant factors that have very largely determined the usefulness of the tests which have been developed by the Cooperative Test Service for high schools and colleges—
namely the satisfactory content of the tests, the comparability of test results, and the cooperation that existed between the schools.

In each test, important achievements of subject matter were measured because the specifications for the test were set by groups of specialists in the subject or area measured, because these specialists outlined the objectives of instruction to be measured rather than pure subject matter attainment objectives and expressed them in terms of student activity, and because test items were planned to measure each important objective.

The tests were comparable because objectively scorable test items were used, many of them designed for machine-scoring in the Test Service office, which permitted an accumulation of information about test results. In this way, test norms could be established and each school could learn of the success of each student in comparison with his group and of the entire class in comparison with the established norms.

The cooperation of the schools interested in the project made it possible to try out the tentative forms of the test so that the items could be validated and helped create a market for the tests when completed.

If we are willing to transform our emotion of envy into cooperative activity in the construction of objective tests of nursing, we can attain great benefits to nursing education, and hence to the nursing care of the sick, benefits that will be fully as far-reaching and perhaps, because nursing holds that vital spark called life so in the hollow of its hand, even more far-reaching. We have already laid a firm foundation for such a project. There are few professions which have made such an exhaustive study, as has nursing, of the curriculum needs of the profession, that have so clearly outlined the philosophy and aims, standards and specifications for the curriculum, and so soundly planned a program of education and curriculum content.

The curriculum construction project, in which so many of you participated, clarified in our minds more clearly than ever before the objectives of nursing. These objectives are already expressed in the Curriculum Guide in terms of activity of students in meeting typical important nursing situations involving the care of patients with diseases that are outlined in the Master List of Disease Conditions.1 They include the twelve aspects of nursing suggested by An Activity Analysis of Nursing.2 The objectives of each subject-matter course and clinical course of instruction are defined in terms of student activities, such as acquiring functional knowledge, habits of conduct, useful skills; developing attitudes, interests, ideals, appreciations, mental techniques of memory, judgment, reasoning, techniques of work and study, etc.

But our knowledge of the objectives of nursing education does not guarantee their attainment by each student. A principal of a school of nursing may be entirely familiar with the objectives, may endeavor to organize the faculty to build an educational program for the school that will make the attainment of all the objectives possible for each student, but she cannot at

all be assured that each student does attain the objectives unless she has at hand and uses some means of evaluating the attainment of each objective by the student.

Likewise, the instructor in a course in microbiology may know the objectives of the course, one of which is "to secure a sound practical grasp of the principles and procedures involved in disinfection and sterilization as they relate to nursing care." Yet, she cannot be assured that each student has attained the objective—in other words, that each student has a grasp of and does apply the principles of disinfection and sterilization in the procedures involved in the nursing care of a patient unless she measures the ability of the student to make actual application in some procedure, such as the care of the equipment used in giving morning care to a patient suffering with an infectious disease.

However, a good performance does not necessarily imply a real understanding of the underlying principles. Many procedures can be learned perfectly and performed step by step in an unvarying situation without any real knowledge of the principles involved. But the objective is for the student to understand and to be able to apply these principles, and measurement must determine both her understanding of them and her ability to apply them. It is this understanding and application of principles that differentiates the practical nurse trained merely to do without knowing why from the skilled professional nurse.

The student's understanding of and preparedness to make application can be determined by her achievement in a parallel paper and pencil test composed of objective test items designed to reveal the nurse's knowledge of what to do and the principles that explain the why. Of course the observation of practice is vitally important in nursing, for in this way only can we measure the actual performance. However, observational measurement is very largely subjective and therefore the results cannot be compared accurately from student to student or from school to school. Anecdotal and observational records, rating scales, and check lists aid in making the measurement of practice more objective but their validity varies from person to person with the ability of each observer to make the necessary subjective evaluations, and even varies from day to day in the same person. The value of such scales is limited to use within a small group of observers who can get together and come to some common understanding as to standards of goodness, the meanings of terms used in the evaluation, etc. Only by the use of objective techniques can comparability of results be assured, and certainly the nursing profession needs tests that will permit comparison of one student and one school with norms established for many students and many schools. Such comparisons should enable the faculty of the nursing school to determine the areas of weakness and strength of the student and to determine her special fitness for nursing practice in certain clinical areas, both on the undergraduate and graduate level. The comparison of test results in the whole school with established norms for other schools would point to inadequacies of content of instruction and method so that instruc-
tion can be improved, and should point to the superiority of certain experiences and methods of instruction and thus aid experimentation in teaching. Therefore, if we desire real comparability we must rely upon objective type test items but we must develop them in such a way that they do really reveal the student's attainment of objectives as indicated by her preparedness for appropriate action and her understanding of the principles involved and we must develop such objective tests to measure the attainment of the objectives of the individual courses. Cumulative records of the student's standing in standardized tests in each major subject throughout the course of training would enable the school faculty to follow the student's progress very carefully and to guide her more successfully. It is perhaps even more important that we measure the objectives of the total program, cross-sectioning all subject matter and clinical courses to determine the student's ability to integrate the materials from all these areas at various periods of the training period, particularly at the end of the pre-clinical period, after the general basic medical and surgical nursing experience, and certainly near or at the end of the total program. The measurement of achievement at the time of graduation would be a measure of the product of the school, the culmination of the total educational program and should reveal the student's preparedness for the practice of nursing.

It has been interesting to note that the need of a measure of attainment of the nurse at the completion of the basic course has been mentioned in several of the papers and discussions during this week. The State Board of Nurse Examiners' group are struggling with problems of reciprocity between states of unequal registration requirements, problems of inaccurate or incomplete records of student experience, etc., problems which could be solved more readily if a standardized test of the basic course in nursing were available. In the meeting at which postgraduate education was discussed, the desirability of pre-testing the student in relation to the basic clinical course was implied, so as to plan the postgraduate program in relation to the needs of the student, and again, it was suggested that completion of the postgraduate course should be, not in terms of days or weeks of experience or hours of class work, but in terms of achievement of the objectives of the graduate course. Yet how can that achievement be determined unless we have some device prepared by which to measure that achievement?

Nursing tests that will measure beyond the basic training are also needed. Tests could be developed for other purposes that would identify the nurses who have attained wider knowledge and developed superior ability, who can qualify as specialists in the various types and areas of professional nursing. Such tests would probably stimulate nurses to obtain advanced preparation in clinical fields and in special types of nursing for they would be rewarded with professional recognition of their status of a nurse-specialist in that field. Tests of this nature would certainly be of great help to schools of nursing, public health nursing, and other organizations in their selection of nurses as staff members and executives for various types of positions. There is already a demand for such tests from city, state, and other organiza-
tions including some now using Civil Service examinations. These objective tests of subject-matter achievement to be used throughout the program of education and the comprehensive integrating tests to be used at various periods and levels of progress in undergraduate and graduate nursing would make possible a program of individual and vocational guidance that is sorely needed in nursing schools and for the graduate nurse. Dr. Wood ¹ once wrote that "learning the individual pupils and their achievement is prerequisite to guiding and teaching them in accordance with their individual needs." The lack of such understanding and guidance is serious enough to the individual nurse, but it may be even more serious if inadequately prepared nurses are graduated from the school of nursing and enter the practice of nursing. The nursing school, our nursing organizations, and the state licensing bodies have a responsibility to the public to protect it from incompetent and maladjusted nurses, nurses who have not attained the objectives of the essential instruction in the school of nursing. Yet how can we ascertain the achievement of the nurse graduating unless we develop accurate means of measuring that achievement?

Our problem today, however, is not as much what objective tests could do for nursing education, as how can we develop objective techniques that will measure the professional achievement of nursing. Here we are fortunate to have to guide us the policies and methods of the Cooperative Test Service, which has been working for a number of years under the Committee on Measurement and Guidance of the American Council on Education. Of all the possible plans considered by the Joint Committee on Tests, theirs seems to be the most suitable for our profession and for our needs. The pattern of work in test construction which this Test Service organization has evolved contains the following steps:

1. Volunteer committees of experts are asked to outline all the objectives of instruction in their special field, expressing the objectives specifically in terms of the kind of behavior that the instruction should help to develop in the student—what she understands, what she can do, and what she feels and is, classifying the objectives under appropriate general headings
2. Determine and indicate the relative importance or value of these objectives
3. Select a sampling of the specific objectives under each general heading to be measured together in one test form
4. Develop test items that will measure the attainment of each objective selected
5. Edit the tentative form of the test, and try it out by giving it to about 500 students
6. Determine the difficulty of each test item by calculating the percentage of students who answered the question correctly in the tryout, and the discriminating capacity of the item by determining the tendency of the better students to answer each question correctly and the poorer students to fail it
7. Eliminate the items that are too easy, those too difficult, and those that do not discriminate between the better students and poorer students
8. Remake the test, publish it, and distribute it in proper channels in such a way that its usefulness will be enhanced and at a price that will eventually meet the expenses of construction and publication. The cooperation of users is important.

¹ Wood, Ben. Criteria for Individualized Education.
This plan of operation would seem to lend itself admirably to the construction of objective tests in the nursing fields. The ability of nurses to cooperate for professional purposes has already been proven for it was only by such cooperation that it was possible to carry out the Curriculum construction project. In the same way, instruments to measure the attainment of nurses should be constructed by the cooperative efforts of many nurses in the actual nursing situation, banded together in groups to pool their judgments and abilities for this purpose. Many such volunteer groups would be needed in different parts of the country. Their members should represent all the various types and levels of nursing so that the objectives of nursing can be defined in terms of behavior that is desirable for nurses in all types of nursing and therefore so that measurement of all aspects of nursing can be incorporated in the tests. Certainly, by the cooperation of many groups that represent varied nursing experiences, a more accurate enumeration of the specific objectives of nursing instruction in terms of actual nursing activity can be made than would be possible by any one individual or any one group.

The function of these committees should be to set the specifications for the given test as a whole by determining the objectives to be measured, and to help prepare test items to measure the objectives outlined. Later, these groups should help evaluate and try out the trial test forms and finally pass upon and accept the final form of the test.

This plan would necessitate a central joint committee that would assume responsibility for planning and directing the project as a whole, assisting in organizing, preparing, and directing the many branch volunteer committees and coordinating their activities in such a way as to avoid too much duplication between committees and too many unexplored gaps. Theirs would be the responsibility for editing, validation, revision, final publication, and controlled distribution of the finished tests, as well as providing for the accumulation of test results and the preparation of norms for a basis of comparison.

A year ago, at the meeting of the National League of Nursing Education in Kansas City, representatives were appointed from this organization to join with representatives of the Association of Collegiate Schools of Nursing and the Division of Nursing Education of Teachers College to form a Joint Committee on Nursing Tests to consider the possibility of developing objective techniques of measuring nursing on a cooperative basis, to take steps to initiate such a cooperative project, and to seek funds for its support.

This committee has been exceedingly active during the past year. This meeting today is being conducted by the chairman of this joint committee to bring to your attention the possibilities and urgent need in nursing education for such a project and to indicate a possible plan of operation. The plan as outlined will require a great deal of time and effort on the part of the volunteer branch committees but even more on the central or joint committee directing and coordinating the work. Part of the work will be expensive—the typing, mimeographing, and printing, and the statistical evaluation
of the test items. The problem of financing the project has not yet been solved, though the committee has made strenuous efforts to obtain financial support for the project and still has active hopes of obtaining it sometime. If and when funds are obtained for the project, the work can progress much more rapidly, for it is then hoped that the test project will be enlarged a bit and taken under the wing of the Cooperative Test Service and established as a special Nursing Division of that Service. The plan for this more comprehensive cooperative test project was developed with the advice of the Cooperative Test Service and members of the Committee on Measurement and Guidance of the American Council on Education, and has been carefully considered and approved by them. But the plan must await financial support before it can be put into operation.

However, the lack of funds for the complete project need not deter us at this point from taking the first steps toward the project. The launching of the project is within our own power, and requires little but the will to succeed and willingness to contribute our share of time, interest, and effort. "Where there's a will, there's a way" the saying goes, and perhaps if we have faith in the plan and transform our faith into cooperative efforts, we can carry the project forward to that point where financial support is inevitable. It's a lot easier to convince those who hold the purse strings of the value of a project that is already well launched and under way than to sell the idea alone.

Round Table on Advanced Programs in Pediatric Nursing, Including Orthopedic Nursing

Thursday, April 27, 2:00 p.m.

Presiding: Grace L. Laurence Hansome, R.N., Member of the Committee on the Care of the Child.

Progress Reports of Studies on the Content in Advanced Programs in Pediatric Nursing and in Orthopedic Nursing were the two phases of the round table discussion. A message of greeting and good wishes from Minnie E. Howe, Chairman of the committee, who was unable to preside due to ill health, was read.

Virginia A. Jones, Assistant Director, National Organization for Public Health Nursing, New York, outlined the kind of preparation necessary for effective functioning of public health nurses in the services to be rendered to crippled children as the result of studies and recommendations formulated by the joint cooperation of the Committee of National League of Nursing Education on the Care of the Child and the Orthopedic Council of the National Organization for Public Health Nursing.

Elgie M. Wallinger, Assistant Director of Nursing Education, The Children's Hospital, Cincinnati, Ohio, described in detail the course in advanced pediatric nursing designed for nurses who wish to become head nurses, supervisors, and teachers in hospitals and clinics, or for nurses who wish to
enrich their comprehensive background in the clinical, preventive, and health aspects of the nursing of children preparatory to entering the public health field.

The Need for Advanced Programs in Pediatric and Orthopedic Nursing was to have been presented by Naomi Deutsch, Director of Public Health Nursing, Children's Bureau, Department of Labor, Washington, D. C. Due to unavoidable circumstances she was unable to be present at the meeting. Leah Blaisdell, Director of Personnel and Educational Workers, Henry Street Settlement, New York, spoke on the subject from her experience in relation to the introduction of new nurses to Henry Street. She pointed out that the trend toward better preparation of applicants in the knowledge of the whole child is apparent and basically necessary. The pressure for orthopedic nurses at this time, due to the national program, creates a demand for consultants in public health nursing who are sensitive to orthopedic needs, preventive possibilities, and rehabilitation. In order to meet this need advanced courses in pediatric nursing should be provided for the instruction of nurses in the guidance of parents in the health of the whole child and in helping to influence medical officers, public health agencies, and lay people in the community. The ability to arouse public opinion to the extent that people will contribute funds for the care of the crippled child is also a part of the nurses' responsibility.

In the discussion which followed this round table, attention was drawn to the need for the cooperative endeavor of all allied organizations in working toward the provision of better service for the crippled child.

**Course in Advanced Pediatric Nursing**

Elgie M. Wallinger, R.N., Assistant Director of Nursing Education, The Children's Hospital, Cincinnati, Ohio

The Children's Hospital of Cincinnati offers a twelve-month course in Advanced Pediatric Nursing. The program is designed for:

1. Nurses who wish to become head nurses, supervisors, and teachers in hospitals or clinics
2. Nurses who wish to enrich their comprehensive background in the clinical, preventive, and health aspects of the nursing of children preparatory to entering the public health field.

The objectives of the program are:

1. To help the student increase her knowledge of growth, development, and care of the average child
2. To enlarge her concept of the nursing care of children and increase her ability to evaluate the nursing arts and perfect her skill in nursing care
3. To acquaint her with:
   a. Studies and research related to growth and development and the effect of illness upon the child
   b. The development in the curative and preventive aspects of pediatrics
4. To help her to appreciate the interdependence of the home, the school, the hos-
pital, the out-patient department, and other community agencies for promoting child welfare and education.

5. To study the principles of administration and teaching. To give her opportunity to help maintain a suitable environment for the child and to teach the care of the child.

The program is planned to carry out these objectives and, at the same time, to partly fulfill the requirements for a bachelor's degree. Therefore, the courses in clinical subjects are set up to be accredited both in theory and practice upon the same basis as related college courses which the student takes in the university. At the completion of the course, the student can receive as many as twenty-four credits toward the degree of bachelor of science and a certificate in advanced pediatric nursing issued by The Children's Hospital.

In setting up the course we have followed the general recommendations outlined in the two introductory articles on postgraduate education, in relation to organization of the program, requirements for admission, clinical and teaching facilities, and the teaching staff.1

Tuition fees are on the basis of $10 per credit point with a registration fee of $15. Scholarships to cover tuition are offered by the University of Cincinnati to a limited number of students whose qualifications meet with the approval of the Scholarship Committee of the University of Cincinnati.

Living accommodations can be had in the neighborhood for $20 to $25 per month; and a limited number of students may receive board and laundry of uniforms in return for 15 hours of nursing service per week to the hospital.

Maintenance, which includes room, board, and laundry will be provided by The Children's Hospital to a very limited number of students in return for 28 hours of nursing service per week in the hospital. In either plan, an effort is made to have nursing service, or, as we prefer to term it, clinical experience, relate as closely as possible to the student's academic program.

The student will need to provide additional funds, at least $125, to cover her personal expenses including textbooks, transportation, and recreation.

The outline of the program presented here is based upon the plan wherein the student is on duty in the hospital for 15 hours per week.

**TIME AND METHOD OF PRESENTATION**

The total time planned for the program in Advanced Courses in the Care of Children is twelve months including a two weeks' vacation. It is divided as follows:

- Orientation to the program .................. 2 weeks
- First semester .................................. 18 weeks
- Second semester .............................. 18 weeks
- Summer session .............................. 12 weeks
- Vacation ................................... 2 weeks

Total ........................................ 52 weeks

---

The courses included are:

**First Semester**
1. Growth, development and care of average child
2. Clinical pediatrics and nursing care
3. Child psychology (emphasizing young children)
4. Nursery school procedures
5. Behavior problems
   Clinical experience
6. Seminar

36 hours per week is the total time for this program, which includes the student's clinical experience or the 15 hours of nursing service.

**Second Semester**
1. Principles of teaching in schools of nursing
2. Ward administration and teaching
3. Child psychology (older child and adolescence)
4. Parent education
5. Nutrition
   Clinical experience
6. Seminar

33 hours per week—total time.

**Summer Session**
1. Practice in ward administration and teaching
2. Clinical experience at Children's Convalescent Home
3. Clinical experience at The Children's Hospital
4. Seminar

48 hours per week—total time.

The following methods are used: the lecture, conference, observations, excursion, attendance at ward rounds, at medical and nursing clinics, the project method, the nursing care study, and participation. At any time, the student may, if she wishes, attend undergraduate nursing clinics, demonstrations, or discussions. The seminar is used throughout the entire course to emphasize the educational value the student receives from her clinical experience.

All courses are related and have been selected because they round out and contribute to the objectives of the program. Courses given in the first semester are prerequisites to courses given in the second semester and to the student's participation in the summer session.

**Orientation to the Program**

The time planned for the orientation period is two weeks of forty hours each. The time is divided into:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conferences</td>
<td>6</td>
</tr>
<tr>
<td>Classes, demonstrations, and clinics</td>
<td>22</td>
</tr>
<tr>
<td>Excursions</td>
<td>4</td>
</tr>
<tr>
<td>Practice</td>
<td>48</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
</tr>
</tbody>
</table>
A pretest is given to determine the student’s understanding of the field, her knowledge of the general nursing care of children, nursing in relation to specific diseases, and her ability to use the principles of the basic sciences. From the results of the test, the content of classes and demonstrations in nursing arts is planned. Practice during this period is limited to the amount necessary to give the student opportunity to learn the methods of procedures used in The Children’s Hospital.

In addition, conferences and excursions are used:

1. To acquaint the student with the purpose and content of the program and to plan with her the registration at the university
2. To initiate her into the effective use of the library of the school and other sources of information
3. To help her to plan for the tabulation and indexing of pertinent material
4. To help the student to make good professional and social adjustment.

GROWTH, DEVELOPMENT, AND CARE OF CHILDREN

The time is 15 weeks:

Lectures and discussions .......................... 15 hours
Laboratory ........................................ 45 hours

The objectives are:

1. To help the student to understand the average child as a growing and changing individual
2. To appreciate the kind of care he requires in relation to his changing needs
3. To help her to become acquainted with the problems met by parents in giving care and the provision made by the community for health protection.

The course is divided into three units:

I. Infancy
II. Young Child
III. Older Child 5 weeks

Each of the units provides for 5 hours of class discussion and 15 hours for excursions and observations.

The outline for one of the units—INFANCY—is as follows:

1 hour—Discussion of the characteristics of growth and development during infancy. (Prenatal period to two years.)
2 hours—Discussion of the nutritional requirements, the means of fulfilling these requirements, the problems that are met, and the attempts made to overcome difficulties.

The discussion is led by a pediatrician. Participating in the discussion are a Public Health Nurse Instructor, the Head Nurse of the Infant Department in the hospital, and the Supervisor of the Out-patient Department.

1 hour—Discussion of the causes of illness during infancy, study of the morbidity and mortality rates, and a discussion of prenatal and infant hygiene programs.
1 hour—Discussion of care in relation to growth.

In connection with this discussion an exhibit of equipment and supplies for care during infancy is set up for 1 week. It represents the types of equipment that could be provided by the average family. We have tried to
show how, with care in planning, equipment can be provided and, with few additions, will satisfy needs throughout childhood. It includes types of clothes, bedding, toys, etc. The student has opportunity to study costs, compare the relative value of equipment, and discuss new gadgets parents are often tempted to buy.

The laboratory period includes visits to a prenatal class, well-baby clinic, nursery school and day nursery, and three schools, each representing children from different social and economic groups. A comparison is made of the background of the children, the variation in the physical and mental development, the health program of the schools, and the activities of the children, and parent-education. We have had splendid cooperation from the director of the clinic and principals of the schools. In each instance, a plan for the visit is made which includes a short discussion.

**ADVANCED CLINICAL PEDIATRIC NURSING**

The time for the course is 15 weeks:

| Discussion | 15 hours |
| Laboratory | 90 hours |

The objectives are:

To give the student opportunity to study the recent investigations and current theories of health protection, medical treatment, and nursing care in relation to the diseases of childhood.

The selection of conditions to be studied is made upon the basis of their prevalence during childhood. The plan for study may be as follows:

- **Diseases of the Respiratory System**—4 weeks
  - 4 hours—discussion
  - 24 hours—laboratory
- **Diseases of the Circulatory System**—3 weeks
  - 3 hours—discussion
  - 18 hours—laboratory
- **Diseases of the Gastro-enteric System**—4 weeks
  - 4 hours—discussion
  - 24 hours—laboratory
- **Orthopedic conditions**—4 weeks
  - 4 hours—discussion
  - 24 hours—laboratory

Each unit of study is arranged in a similar manner:

- 2 hours—are given to discussion of the recent development, research, and studies of preventive and curative medical care.
- 1 hour—is given to the public health aspect of the disease, education in prevention, the community facilities for treatment and subsequent care.
- 1 hour—discussion of principles of nursing care involved in these discussions.

During each unit, the student writes a nursing care report, and, in addition, she selects one project to develop during the course. Laboratory hours are used to attend classes, clinics, demonstrations, ward rounds, or for the observation of any phase of nursing care she wishes to study. She is directed in her laboratory work through conferences with her adviser.
In conjunction with the above courses, the student enriches her knowledge of the child through courses in child psychology, nursery school procedures, and a study of the behavior problems of children. For three hours each week she participates in the care of well children in the nursery school.

During the second semester, a course in the principles of teaching in schools of nursing is attended at the same time the student is studying ward administration and teaching in relation to children.

WARD ADMINISTRATION AND TEACHING

Time for the course is 4 months:

<table>
<thead>
<tr>
<th>Lecture</th>
<th>30 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory</td>
<td>45 hours</td>
</tr>
</tbody>
</table>

A short historical survey of the development of hospitals for children as a basis for understanding the modern hospital. A study of the departments of nursing in the hospital organization and the functions of the head nurse as a member of the organization. The control of environmental factors, supplies, and equipment. A study of the special problems encountered in a pediatric ward. Discussion of the head nurse in the teaching program of the school as related to the student, the parent, and the child.

The course is divided into 5 units of study:

Unit I—3 hours—Function and organization of the nursing department and ward units.

Unit II—4 hours—Factors which influence the administration of a ward.

Unit III—4 hours—Problems which are peculiar to the administration of a pediatric ward.

Unit IV—15 hours—The head nurse as a teacher.

Unit V—4 hours—Evaluating of ward personnel in relation to their ability to care for children.

Laboratory Period:

During this period the student is given opportunity to use the principles of teaching in organizing various methods of instruction and in teaching under supervision.

During the semester, she continues her study of psychology; however, the laboratory period is devoted to her observation, study, and care of the convalescent child in The Children's Hospital. The course in parent education includes methods and materials for parent education, discussions of teaching which the student can use in her contacts with parents. In the nutrition course, she studies adequate, low-cost diets for families of one or more children.

During the summer session, the student spends four weeks in the practice of ward management and teaching. She is guided in this practice by the head nurse and the instructor. The four weeks at the Convalescent Home give the student opportunity to participate in the care of the convalescent child who is living under almost normal home conditions.

The four weeks' clinical experience at The Children's Hospital comes at the end of the year's course. This gives the student opportunity to practice the principles she has learned and to summarize, with the aid of the instructors, the knowledge she has gained.
PROGRESS REPORT OF COMMITTEE ON THE CARE OF THE CHILD AND
THE ORTHOPEDIC COUNCIL OF THE NATIONAL ORGANI-
ZATION FOR PUBLIC HEALTH NURSING

VIRGINIA A. JONES, R.N., Assistant Director, National Organization for
Public Health Nursing, New York

"A review of the first plans for services to crippled children under the
Social Security Act indicated that although fairly large numbers of public
health nurses were expected to participate in the state programs there were
no clearly defined ideas of the kind of preparation necessary to enable the
nurses to function effectively." 1

Realizing the value and importance of qualifications recommended by a
national professional agency as a guide to those charged with planning and
carrying out field services for crippled children, much consideration was
given the problem by several groups; namely, the Public Health Nursing
Unit of the Children's Bureau, and its advisory committee, the newly formed
Orthopedic Nursing Council of the NOPHN, the Collegiate Council on
Public Health Nursing Education, and the Education Committee of the
NOPHN.

Among the first activities was the formulation of the following recom-
ended qualifications by the Orthopedic Council of the NOPHN and ap-
proved by the Education Committee of the NOPHN, the Collegiate Council
on Public Health Nursing Education, the Public Health Nursing Advisory
Committee of the Children's Bureau, and the National League of Nursing
Education's Committee on the Care of the Child:

1. That every public health nurse engaged in the crippled children's program
should:
   a. Have the minimum basic preparation set forth in the revised Curriculum
      Guide for Nursing Schools
   b. Be a well-qualified public health nurse, according to NOPHN minimum
      requirements

2. That public health nurses engaged in supervisory or consultant capacity should
have advanced preparation in orthopedic nursing. These consultants or super-
visors should not function as physical therapy technicians unless they have com-
pleted an approved course

3. That the approved public health nursing courses should put more emphasis on
orthopedic service in their general programs and encourage in centers where
there are adequate facilities in the university and community agencies, the de-
velopment of opportunities for basic preparation in relationship to the public
health nursing course.

A survey made by the Public Health Nursing Unit of the Children's Bureau,
assisted by the National League of Nursing Education, indicated not only
that few nurses with these qualifications were available in most of the states,
but that there was a concomitant lack of facilities for preparation of nurses
for service in programs for crippled children. Eight states had both grad-

1 HEINZELMAN, RUTH A., Preparation for Orthopedic Nursing, Public Health Nursing, May,
1938, p. 302.
uate and affiliate orthopedic nursing courses, seven states had affiliate courses but no graduate courses, twenty-one states had no graduate or affiliate orthopedic nursing courses, and one state stated that no program of study in orthopedic nursing was offered in any hospital of the state.

Requests were coming from state departments of health and individuals asking where such preparation was available and hospital and universities were requesting advice on what the content of such a course should be.

It was quite obvious that courses now planned must be to a considerable extent supplementary courses to round out deficiencies in nursing school preparation in this field. This, however, should be thought of as a temporary expedient which will not be required when the basic education in nursing schools more generally includes the subject of orthopedics.

It seemed advisable that in an endeavor to improve the general quality of orthopedic nursing first attention should be directed to the better preparation of teachers and supervisors in institutional and public health nursing. Such a plan should result (1) in better basic preparation for the student and the graduate nurse and consequently in improved quality of service to the patient and (2) in the development of enriched facilities for teaching.

When notes were compared with the National League of Nursing Education, it was discovered that its Committee on the Child was equally concerned about the preparation of teachers in orthopedic nursing as was the NOPHN regarding preparation of public health nurses for the field.

Therefore, a history-making meeting was held of the League Committee on the Child and representatives from the NOPHN Council on Orthopedic Nursing and from the directors of Programs of Study in public health nursing in universities. The League Committee reported that it would be interested in working out with the NOPHN an outline for clinical experience in orthopedic nursing on an advanced level; i.e., the level of the consultant in the public health field and the teacher of orthopedic nursing in the field of nursing education. The three public health nursing course directors present outlined briefly the content and aims of the courses in orthopedic nursing being carried on in their schools: Simmons College, Boston; Teachers College, Columbia; and Western Reserve University. A proposed plan which has not been executed was reported by the University of Pennsylvania.

After considerable discussion it was decided that the League Committee on the Child and the NOPHN Council would work together on formulating recommendations for joint postgraduate courses in orthopedic nursing in connection with a university or college. Such courses would be on the level of the teacher in schools of nursing and the consultant in orthopedic nursing in the public health field. Each group would be expected to bring to the course knowledge and experience in the field of child health and development and experience in care of the sick. The public health nurse should have had recent actual experience in caring for the sick patients in the public health field and the institutional nurse should have received recently some interpretation of, and at least observation of, if not participation in, community work.
It is very significant when public health nurses and supervisors in hospitals can bring a sufficiently rich and similar background to a postgraduate course so that the same course can be expected to fit each of them for their specialized functions in the field of orthopedic nursing.

At that first meeting certain general guiding principles were decided upon as follows:

Prerequisites for admittance of students

The nurses who are admitted to the course should each be ready for supervision in her own field; i.e., the nurse from the institutional field should have had preparation and experience in ward management and instruction. The public health nurse should have completed an approved program of study in public health nursing in a university or college and have had experience in public health nursing which included caring for the sick patient in the home.

Institutions used as practice field

The committee adopted for its purpose the recommendations of the Education Committee of the National League of Nursing Education as outlined in an article by Isabel Stewart in the American Journal of Nursing, June 1933, called Advanced Courses in Clinical Subjects. It was recommended that the courses be set up only in medical centers:

1. Which are connected with universities and which have exceptional clinical facilities
2. Where services are segregated for clinical specialization and where there is a number and variety of patients sufficient to insure a broad and varied experience
3. Where clinical facilities include modern dietary, out-patient, and social services and services in orthopedics, physiotherapy, and occupational therapy
4. Where there is close relationship with community public health and social agencies.

Direction and instruction

“The general planning and direction of advanced clinical courses will usually be in the hands of the dean or director of the nursing school or college department of nursing. If there is a sufficiently large group to warrant it, a director of advanced clinical courses should be appointed to give special attention to this group. The various clinical supervisors will be directly responsible for the guidance and supervision of the students in their different divisions and will also do much of the teaching. At least one teaching physician, who is also a specialist, should be closely associated with each clinical group and should share in the teaching and conference work with students. It is desirable that hospital and nursing school administrators, dietitians, social workers, and associated professional groups should also have a definite share in this teaching.”

2 Stewart, Isabel M., Advanced Courses in Clinical Subjects. Reprint from the American Journal of Nursing, June, 1933.
Time requirement

The minimum time generally accepted for such a course is four to eight months, preferably six to eight months.

It was agreed by the committee that further study must be given before recommendations could be given in regard to content of the course.

An executive committee was appointed to direct the work of subcommittees or study groups which were to be appointed in areas where educational work in orthopedic nursing was being done.

While reports have not been received from all of these subcommittees, there are some suggestions which seem commonly acceptable:

1. The course can be built only on a sound basic course in nursing including adequate preparation in anatomy and physiology, but temporarily the course must be planned to a considerable extent to round out nursing school deficiencies
2. That an advanced course in orthopedic nursing can be planned to meet the present needs of both teachers of orthopedic nursing in schools of nursing and public health nursing consultants in the crippled children's program
3. That only students should be admitted from each group who are ready for supervision in their fields and have had experience in child care and development and care of the sick and at least observation in community work
4. The course should require both theory and correlated practice or observation in the hospital and clinic and in the home and community agencies covering the following fields:
   - Advanced applied anatomy and physiology
   - Body mechanics and posture
   - Orthopedic conditions
   - Programs for the care of the handicapped
   - Psychology of the handicapped
5. Emphasis throughout the course shall be on psychological, social, and economic aspects involved
6. The course should include the rationale and observation of physical therapy technique rather than practice in techniques. If the nurse is required to assume responsibility for home instruction and treatment in physical therapy, she should secure preparation through an approved course in physical therapy.

Round Table on Vocational Guidance in the School of Nursing
Thursday, April 27, 2:00 p.m.

Presiding: Marian Durell, R.N., Director, National League of Nursing Education.

The Need for Vocational Guidance as Seen in a Placement Service

Anna L. Tittman, R.N., Executive Director, Nurse Placement Service, Chicago, Illinois

Others speaking at this session will undoubtedly discuss underlying principles of vocational guidance and will present valuable information on method. One speaker, at least, who has done substantial research in this field, will present authoritative deductions from her own studies as well as
from other recognized educators, who have devoted themselves unstintingly
to the problem of the adjustment of human individuals, particularly the youth
of today, to the work of the world, not only that these individuals may serve
well in their appointed tasks, but that they may show themselves to be
adaptable to the demands and the environment in their work, that they may
gain the human satisfactions and contentment that come from the doing and
obtain measurable results of effort as interpreted in achievements and at the
same time have economic security. It is my responsibility to give you the
angle of the problem as seen, not from a theoretical point of view, basically
important as that is in the placement of graduate nurses, but from the very
practical aspect of a placement service which is expected to solve the prob-
lem of thousands of nurses making application to it each year for the right
work for them as individuals and as nurses. These nurses individually and
collectively are the product of our schools of nursing, not only of today but
of all the yesterdays in the past up to as many as two, three, and even occa-
sionally four decades ago. And it must be borne in mind that a placement
and counseling service not only has the problem of the nurse, but that of the
employer who rightfully wants skill, wisdom, and the right personality for
each job to be done.

The need for comprehensive and skilful guidance is a foregone conclusion.
You have very often been told, yet it would seem it cannot be said too often,
that there are too many nurses, yet not enough, and too many jobs, yet not
enough. Yes! Jobs are going begging for lack of properly qualified
nurses. In the article of my authorship appearing in the American Journal
of Nursing, January 1939, entitled Employment in Nursing Today, the spe-
cial points at which demand and supply are least well equalized were given
in considerable detail. Also this article presented, rather courageously I
thought, the favorable and unfavorable elements that affect the happy ad-
justment of the individual to the field of nursing. The conclusions show
that not all of the responsibility lies at the doors of nurse educators, but it is
hoped that they and the administrators of nursing schools were impressed
with the fact that the product still includes many unplaceables. If not un-
placeable, there is still for many a struggle and a difficult and prolonged
search. For example, at the first of this year there were in our Nurse Plac-
ement Service files 59 candidates classified for supervisory and executive work
in public health nursing. Also there were 59 jobs in these levels. The in-
terest and equipment of the individuals did not fit in every particular the
need as presented by the employer and as we evaluated the requirements of
the jobs. Prediction has proved that not even 10 per cent of these was
sealed with placement. The problem of placement assumes ever-growing
proportions of serious magnitude—enough to cause those engaged in nurs-
ing education as well as those in placement and counseling work many sleep-
less nights. But sleepless nights only enhance the futility of solution. It is
therefore high time that those who make the bricks and those who lay them
in the effort to erect a beautiful and substantial building shall get together
as we are doing in this session for the exchange of ideas and experiences.
Moreover, it is a source of great encouragement that the subject of guidance is being more and more emphasized in the state nurses' association programs under the stimulation of our national association which considers it has a real responsibility in regard to it. A placement service organized under professional auspices advertises and believes its function includes both counseling and placement service to the nurse candidate. Those of us engaged in this work as specialists have the firm conviction that placement and guidance go hand in hand, that they cannot be and should not be wholly separated, either from the standpoint of opportunity or need. Experience has proved to us that guidance (counseling), moreover, must be a continuous process given at all stages of professional development according to what the ever-changing field has to offer in position and according to individual successes or failures in the proving ground, as well as changes of attitudes and personality equations of the nurses.

Can professionally sponsored placement services do the job of guidance adequately and in its entirety? It may surprise you that a vocational specialist in nursing long engaged in placement and counseling and one naturally very zealous for a full appreciation of her organization and its functions should admit that she believes that the answer is an unqualified NO! I present three reasons for this deduction as follows:

1. Guidance that begins, when, as a graduate, the nurse seeks help, is a little late. By this time she is less impressionable and has already formed rather definite attitudes and built up a body of information that can as easily be wrong as right. Guidance cannot begin too early. To repeat, it is a continuous process.

2. The pressures involved in doing as refined a job as possible in a self-supporting service, the expensive processes of which are an open book, are apt to be too great to permit as careful analysis, diagnosis, and prescription as counseling on a case basis, which is the only correct method, may and usually does require. Guidance is a very time-consuming process and must not be done in an atmosphere of tension. I am, of course, not speaking of the giving of vocational information (which is quite distinct from guidance though may be included in the process) which is merely the giving out of data on where this or that course may be obtained or the demand as related to supply, but vocational guidance which delves deeply into the very core of interests, abilities, and potentialities. Placement only, not the guidance, is at present a chargeable service. At Joint Vocational Service we once made a time study of placement and counseling functions and found that 50 per cent of staff time was devoted to counseling for which no fee could be asked. Is this a cost the candidate could bear, if laws permitted a fee? In most cases, NO! Can it be supported by special foundational grants or contributions? Any one who has tried in recent years to secure such subsidy knows the futility of effort to secure such funds. Shall income from one part of a service pay for another part? I believe this is not sound in a nonprofit service that attempts to keep chargeable placement service at a minimum fee to be paid by the worker.
3. The facilities of a placement service and sometimes the preparation and experience of the staff is not adequate for an all-round scientific job, though, all due credit is given to accomplishments that have been possible with the means at our disposal. A placement service with adequate funds could become a laboratory for testing and recording the registrant's individual equipment in all of her assets and liabilities of body, intelligence, aptitudes, and emotional reactions. Then perhaps if an ideal situation prevailed in the matter of availability and numbers of jobs in the many varieties of nursing work (and nursing offers more diversity in types of positions to fit personal interest than almost any other vocation), we could hope for a millennium of every nurse in the right work.

The rather typical picture presented by the average graduate who applies to a placement service shows considerable floundering in the first years after graduation with, as a rule, many changes in job. This has been augmented by the difficult economic situation in recent years when many jobs in the lower levels are temporary in nature. For some of these nurses “instability” in work is due to a variety of reasons tied up with the psychological picture of which I mention a few—their disillusionments, poor working conditions, the characteristic tendency of all youth of today to feel they must fight for their rights and recognition, the love for adventure on the part of some, the reaction of sudden freedom after close confinement, and with all serious consideration I mention their normal interests in companionship of their close friends—including the opposite sex. However, much of this waste of effort and of years toward a direct line could be prevented through vocational guidance in the schools, but most of all through personality guidance. Placement services find personality difficulties their greatest problem. We plead with you therefore to send us young women who are objective, tolerant, and adaptable. Courses such as Doctor Watters mentioned in normal and abnormal personality functions will help tremendously.

While on the whole there is seen to be much less tendency to over-evaluate their own potentialities than formerly, many a recent graduate comes to us believing herself fully capable of assuming positions as instructors, head nurses, supervisors, without graduate experience of a progressive nature or special courses which employers and often state regulations demand. Since the graduate group must now depend upon professional placement and counseling service, we ask that you make our load the lighter by advising postgraduate preparation.

If you have agreed with what I have said thus far, then you know that it is felt that guidance is a responsibility which schools of nursing and professional placement service must share as best they can. Many schools of nursing, in fact most of them, face at present the same obstacles as placement services in doing a good job.

Taking these points ad seratim.

1. The school is in a strategic position to begin guidance the day of entrance of the student to the school, but is seldom able to follow a guidance
program through for many of its graduates, except perhaps the most recent ones, who remain in the locality of their nursing school.

2. The added cost to the school in salaries of advisers and necessary machinery is bound to enter into the picture.

3. Schools of nursing on the whole do not have the scientific facilities or the satisfactorily equipped faculty or school staff members to do this work thoroughly. In fact, the question of guidance in the schools, the pressures of the hospital and school régimes get in the way of providing either atmosphere or time for a careful job. Mrs. Spalding will mention qualifications needed in the adviser. Our colleges can help by making special guidance courses available and required, but above all the adviser must be a well-adjusted objective individual herself, regardless of her breadth of knowledge; and she must have respect for other personalities. She must avoid the temptation to project her ideas upon the student. After all, it must be the student’s own decision. Vocational guidance can be dangerous if placed in the wrong hands.

I have brought out some of the practical difficulties on one hand and have intimated that a thorough-going job cannot be done without elaborate scientific method and facilities. However, I am still convinced of the great desirability of guidance programs in schools of nursing as in placement services even though these may only be done on an elementary level. We will grow in our skill in meeting this responsibility as we have in other aspects of our emerging profession. We can count on the nationals to increase their leadership and their publications and circulation of helpful materials. We can count on our advanced nursing education divisions in universities to provide courses. We must count on our own good judgment in selection of properly equipped people, personally and professionally, to do the work.

May I close with some suggestions to you who are head nurses, supervisors, educators, and nursing school administrators. These suggestions are given with full understanding that you already carry a heavy load. I believe that if you are able to carry out these suggestions in this tide-over period until vocational guidance is on a truly scientific basis, both in schools of nursing and professional placement services, we will more nearly than now fulfill our aim of every nurse in a job suited to her equipment and the patient well cared for.

1. Send us a product that is well-informed, skilled, objective—women who above all have adjusted personalities

2. Answer our requests for references frankly as to strengths and weaknesses—references that are group opinions and that carry some narrative in explanation of the traits you check to help us in our diagnosis. Write them in terms that the rank and file of employer can understand, do not couch them in involved terms nor make them too brief or too lengthy

3. Help the student to understand that her fundamental course and each job she may hold as a graduate is part of her progressive development for future goals—contentment in work and usefulness

4. Point out to the student that a good generalized foundation is necessary and that one and even two specializations will help her find suitable employment in periods of economic depression
5. Inform the student that specializations and promotion are based largely upon advanced postgraduate preparation.

6. Remember that we already have a large residue of graduate nurses who perhaps should be diverted into non-nursing or semi-nursing activities because their equipment does not meet advancing standards and that the chance for referring a very large number of them to opportunities in nursing comes only occasionally and then only for marginal or semi-nursing jobs or jobs prevailing in times of epidemics when standards are more flexible. We need a program of guidance for this group which grows larger every year and we still need vigilance in selection of students.

Finally, I address you as employers of nurses:

1. Keep your standards of selection for positions up to as high a level as possible, but remember that the profession has not yet produced the quality and quantity that employers demand, hence show as much flexibility as possible in your choice.

2. Get your salaries for graduates, as well as standards of working conditions for nurses, up to the point where nurses will be inspired to make the investment of added preparation.

3. In rather terse terms I am saying—be willing to employ the type of nurse you are turning out of your schools.

I know of no better illustration to offer you than that of how our attitudes change in present-day automobile traffic. When we are driving the car, we are annoyed with the risks pedestrians take and for getting in our way. When we are pedestrians, all drivers of cars are to us inconsiderate speed demons, willing to risk our necks and their own to get where they are going.

The placement service in this traffic problem is the cop that stands on the corner trying to keep the traffic running smoothly and to give everybody what he wants.

Outline for a Suggested Vocational Guidance Program for Schools of Nursing Offering Basic Curricula

EUGENIA K. SPALDING, R.N., Instructor in Nursing Education,
The Catholic University of America, Washington, D. C.

I. Need

II. Development and administration of the program
   A. Definition and aim
   B. Basic principles
   C. Administrative organization
   D. Qualities and preparation of the faculty

III. Aids in vocational adjustment
   A. Study of the individual student
   B. Vocational analysis
   C. Counseling
   D. Try-out experience
   E. Placement and follow-up

8
IV. Summary and conclusions

**NEED**

A few studies have been made that show the types of vocational problems experienced by nurse students for which they feel the need of guidance. Four that are important are the following:


To show the evident need of vocational guidance in the basic curriculum in schools of nursing, I am taking the liberty to quote the following from the studies referred to above:

Miss Bartholf says:

"It is quite apparent that there is a lack of organization for guidance in both educational and personal problems in schools of nursing, and the position of counselor and adviser does not appear to be clearly defined." 3

In defining the use of terms Miss Bartholf writes:

"In considering this phase of personnel work, educational guidance is taken to be guidance on any problems related to the educational offerings of the school. This includes individual problems arising either from the classroom or ward experiences as well as vocational guidance within the profession." 3

Miss Torrop in the summary of her study on guidance programs in schools of nursing found that the "degree of vocational interest is low . . ." and she concludes also that "lack of directed thinking is evident." 4

Miss Torrop’s study of the vocational problems of 99 seniors from 100 schools of nursing showed 159 occurrences including these types:

"Shifting of finishing date; planning for graduation; what to do upon graduation; cost of postgraduate courses or of college; advisability of doing general duty; where to take postgraduate courses; [and] questionings as to personal fitness for various graduate fields." 5

Among the significant and interesting comments made by Miss Torrop are these:

"Postgraduate study seems advisable to most students, but their reasons for

---

1 While this is not the report of an organized investigation, it is a summary of the daily study of employment conditions in nursing.
3 Ibid.
5 Ibid.
choice of course and school hold little relationship to their backgrounds, interests, or capabilities." 6

"For a variety of reasons eleven students questioned the advisability of entering the graduate professional field for which they had been prepared. One reason was the felt inadequacy of the preparation; another pressure brought by family which had made continuation in the school necessary; and still another that graduate nurses made them feel that the nursing life was unhappy and unremunerative." 7

"... no student mentioned interest in any long-range plan which she had made with the aid of her school of nursing adviser." 8

"A general uncertainty seems to exist in the vocational area as to what to do upon graduation, whether postgraduate work is needful and whether, after all, they are fitted for nursing!" 9

"... few students had consulted members of the nursing faculty on the subject. The medical staff and members of the immediate family are the advisers of choice." 10

"When the finishing date has to be changed, the reasons, to judge by the comments, are not always fully understood by the student. Emotional responses, such as lack of sleep, lack of appetite, inability to concentrate, were mentioned in several instances as being tied up with feelings of insecurity regarding the date of graduation." 11

Miss Tittman, the Executive Director of Nurse Placement Service, Chicago, makes this comment:

"The supply of nurses for positions demanding special technical and personal equipment still falls far short of the need. Either enough nurses are not fully aware of the points where the demand is urgent, enough do not have the native qualities to ensure success, or there is a lack of sufficient interest to prepare for these. The shortages are serious!" 12

Helen Fox, a graduate student at George Washington University, Washington, D. C., who has just completed an investigation on the selection and guidance of nurse students throughout the United States found the following in her study of 275 situations:

"Aids in Future Vocational Adjustment

<table>
<thead>
<tr>
<th>Aids in Future Vocational Adjustment</th>
<th>Hospitals</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Classes to give vocational information</td>
<td>134</td>
<td>70.5</td>
</tr>
<tr>
<td>(b) Conferences for vocational choice</td>
<td>107</td>
<td>56.3</td>
</tr>
<tr>
<td>(c) Use of tests in aiding nurse to make vocational choice</td>
<td>5</td>
<td>2.6</td>
</tr>
<tr>
<td>(d) Try-out experiences</td>
<td>29</td>
<td>15.5</td>
</tr>
</tbody>
</table>

Follow-up Work

<table>
<thead>
<tr>
<th>Follow-up Work</th>
<th>Hospitals</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Reports from registry to hospital</td>
<td>54</td>
<td>28.4</td>
</tr>
</tbody>
</table>
| (b) Faculty advisers consult with graduate nurses concerning adjustment | 70 | 36.8." 13

---

7 Ibid.
8 Ibid.
9 Ibid.
10 Ibid.
11 Ibid.
13 Data from an unpublished master's thesis: A survey of methods used in selection and guidance of student nurses, by Helen Fox; prepared under the direction of Dr. Mitchell Dreese, Department of Psychology, George Washington University, Washington, D. C., 1939.
With these findings and the comments of the other discussants on this program before us, we have sufficient evidence, do you not think, to conclude that planned vocational guidance programs are very essential in our schools of nursing. Too, a consideration of the findings of these studies gives us a clue to what should be considered in planning such programs.

Development and Administration of the Program

If it is admitted that a vocational guidance program is needed in the basic curricula of schools of nursing, what can the faculties do?

The same questions or issues arise for faculty consideration in this case as in the development of any other program in the curriculum. Thinking in terms of vocational guidance some of the most important questions are:

- How shall we define vocational guidance?
- What shall be the general and specific aims of the program?
- What are the basic principles upon which the program shall be built? Or what philosophy shall guide the planning and administration of it?
- How shall the administrative organization be set up?
- What qualities and preparation should the faculty members have?
- What are useful aids in vocational adjustment?
- How can the effectiveness of the program be measured?

Definition and Aim

Naturally, the first thing to do in planning a vocational guidance program is to get a workable definition which can be used as a basis for developing a wise aim. The definition and aim, of course, vary in different situations depending upon the dominant philosophy and other factors. For purposes of discussion, the following definition and aim are presented:

Vocational guidance in the school of nursing is the necessary assistance given to the individual student to enable her to obtain experience, information, and counsel which will best aid her in choosing, preparing for, entering upon, and progressing in one or more occupational fields in nursing.14

Therefore, it is the aim of the school of nursing, through carefully selected experiences to stimulate, modify, and direct the growth of each [student], physically, mentally, professionally, morally, and socially so that . . . enrichment of the individual student's life will result while [she is preparing for the future and rendering service to society].15

After the vocational guidance program is initiated and experimented with for a time, more definite and specific aims can be formulated.

Basic Principles

A second important consideration in the development of a vocational guidance program is the formulation of the underlying principles which should govern the selection of activities and the general administration of the program. No attempt will be made to list these here. They should grow out of

---

14 Spalding, Eugenia Kennedy, A Suggested Vocational Guidance Program for Schools of Nursing, p. 17.
15 Ibid.
the philosophy behind the curriculum of each school and should be practical. Helpful materials can be secured from the National Vocational Guidance Association through the Executive Secretary, Dean Fred C. Smith, University of Tennessee, Knoxville, Tennessee.

**Administrative Organization**

This brings us to the discussion of the administrative organization for the vocational guidance program. Obviously no single type of plan can or will fit all situations. Each school needs to work out its own system after a careful survey of its problems and resources for meeting them.

There seems to be some difference of opinion on where the program should be centered in our schools of nursing. Some say that there should be a general guidance counselor or adviser on the faculty who should have complete direction and control of the whole guidance program. As I see it, under the present circumstances in many of our schools of nursing, we first of all need to have a better understanding among our faculty members on the meaning of guidance, in general, and vocational guidance in particular. For that reason, I am inclined to suggest, at least for the present, that the director of each school secure some preparation in the field of guidance and that the program be directly under her administration, just as any other phase of the curriculum needs to be if she is really the head of the school. I can see no objection then to a guidance counselor becoming a member of the faculty, and advisers from among other faculty members could be appointed or selected for the individual students according to the policy agreed upon through faculty conference. To gain a unity of philosophy and action in the vocational guidance program, faculty conferences are indispensable.

**Qualities and Preparation of the Faculty**

A wise selection of faculty members and nursing department personnel is a vital factor in the success or failure of any guidance program. Selection of this group on the basis of their individual powers of motivation, inspiration, and personal influence is very important.

The personal qualities of the special guidance worker, if there is one, ought to include a genuine interest in the nurse students and in understanding their problems. Tact, patience, a regard for scientific accuracy, and an appreciation of research methods are also essential.

A good general education including the study of economics, sociology, psychology, statistics, guidance methods, and religion is strongly advised for the guidance counselor.

It would be highly desirable to have a nurse as the special guidance counselor granted, of course, that she has the necessary preparation and qualifications.

Results show that trained personnel with skill do better work, as a rule, than the so-called natural worker. Knowledge of human drives as well as knowledge and practice of useful guidance technique is necessary.
AIDS IN VOCATIONAL ADJUSTMENT

The strength of any vocational guidance program lies in the provision for:

1. The study of the individual student
2. Vocational analysis
3. Counseling
4. Participation and try-out experience and
5. Placement and follow up.

STUDY OF THE INDIVIDUAL STUDENT

It is being realized more and more that a person cannot be guided unless that person is known. Therefore, all available information about the student should be assembled before an attempt is made to give vocational advice.

The procedures that are helpful in studying the individual are based upon the intelligent and sane use of:

a. The cumulative school record
b. Certain validated tests including those that will aid the student in making a vocational choice
c. Well-directed interviews
d. Observation
e. The daily schedule and
f. The case study.

VOCATIONAL ANALYSIS

To appreciate the problems involved in vocational guidance in nursing and to be able to do individual and group vocational counseling intelligently, a knowledge of the nature of the nursing occupation and the opportunities it offers must be secured. Vocational analysis is extremely important. Some studies of a general nature have been made, as for example, An Activity Analysis of Nursing, by Ethel Johns and Blanche Pfefferkorn.\(^\text{16}\) But we need many more of these studies on specific opportunities in nursing.

COUNSELING

Vocational counseling may be of two types: group and individual.

The group counseling can be carried on through organized vocational information classes or units. Some of the content such as getting an idea of the range of opportunities might be best included in the first year and that on making a choice, in the last year.

Group counseling should be parallel or follow individual counseling through conferences in which the student is assisted in making a vocational choice. Great care should be taken to see that the student is guided to make her own choice and that she is not completely dominated by the adviser.

To assist the student in making a long-range vocational plan it is suggested that each student be required to make a vocational study of one or more opportunities available for the professional nurse.

\(^{16}\) Ethel Johns and Blanche Pfefferkorn, An Activity Analysis of Nursing, National League of Nursing Education, New York, 1934.
This presupposes that vocational literature and other resources are at the disposal of the student.

**Try-out Experience**

It is highly recommended that the nurse student have an opportunity during her last year in the school to explore and try out some activities in at least one type of nursing work in which she thinks she would be interested. The length of time for this experience could depend upon the general rotation plan of the curriculum. Where state board regulations limit the possibilities of such experience, it may be necessary to change these regulations for more flexibility.

The selection could be made by the student through consultation with the director of the school, the special guidance worker on the faculty, and the student's adviser. The choice should be determined by the proved ability of the student, her apparent interest, personality, and her degree of preparedness for the particular type of work. It is important for the young graduate to realize her limitations as well as her abilities and potentialities. This will prevent her from attempting to enter fields for which she is not sufficiently prepared to carry on the required functions. On the other hand, it will stimulate her to take up the type of work for which her abilities are commensurate with the activities involved or for which she has the potential powers that will lead to success in the particular field.

**Placement and Follow Up**

It is rather well agreed that the school of nursing which offers the basic curriculum has no special responsibility for actually placing students. Vocationally it should, however, provide the needed information on securing, filling, and resigning from positions or jobs and on supplementary and advanced preparation required in the various fields within the profession of nursing.

It is recommended that follow-up records be kept on all graduates of schools of nursing. To be fair this record should be cumulative. It should include notes on successful achievement as well as failures. Because no decision should be made on the strengths and weaknesses of any person on what she has been in the past. What she is now and is likely to be in the future should be the criterion for judging her.

**Summary and Conclusions**

In summarizing and concluding these few remarks on vocational guidance programs in schools of nursing, I wish to leave only these few comments with you:

There is a need for the development of better planned vocational guidance programs in schools of nursing.

In the development of such programs consideration of the following is
paramount: definition and aims, basic principles, administrative organization, and essential qualities and preparation of the faculty.

Some of the fundamental aids in vocational adjustment are: study of the individual, vocational analysis, counseling, try-out experience, and placement and follow-up techniques.

If due attention is given to basic vocational principles and practices, we could overcome to a great degree the present lacks in the vocational guidance programs in our schools of nursing. Consequently, our nurse students would be securing the necessary assistance in gaining the experience, information, and counsel which will aid them in choosing, preparing for, entering upon, and progressing in their chosen vocation—nursing.

Round Table on Measurements in Nursing Education
Thursday, April 27, 2:00 p.m.

Presiding: R. Louise McManus, R.N., Research Assistant, Division of Nursing Education, Teachers College, Columbia University, New York.

Discussion Group: How Can We Develop Objective Techniques for Measuring the Professional Achievement of Student and Graduate Nurses?

It was suggested that the responsibility for starting the development of nursing tests be assumed by a special Committee on Tests of the League and that they work with volunteer committees of nurses, specialists, and consultants in outlining the specifications for the tests. When funds become available for test technicians, the actual test questions can be set up, experimented with, and the discriminating value of each item determined.

The specific plan for the operation of the volunteer committees was distributed in mimeographed form for consideration, as follows:

Suggestions for Volunteer Groups Cooperating in the Preparation of Objective Techniques for Measuring the Attainment of Nurses

Proposal: That a Central Committee on Tests be established with representatives from the National League of Nursing Education, the Association of Collegiate Schools of Nursing, and other nursing education agencies, to direct and coordinate the work of various volunteer branch committees of nurses in the construction of reliable and valid objective nursing tests as follows:

1. A Test of Nursing Achievement in the Preclinical Part of the Basic Nursing Curriculum.

This should be a comprehensive, standardized test integrating materials from such subject-matter areas as nursing arts, anatomy and physiology, microbiology, chemistry, medical science, hygiene, sanitation, nutrition and cookery,
psychology, sociology, history and ethics of nursing. This test should measure the student's understanding of the relationship of the facts and techniques learned in all the preclinical courses completed, also her ability to apply these in adjusting to selected nursing situations suitable for beginners. It should help determine the student's fitness to proceed with the more difficult and responsible work of the clinical period and should help to identify students who do not possess the fundamental requirements for success in the nursing field.

II. A Test of Nursing Achievement in the Basic Nursing Curriculum As a Whole.

This should be a comprehensive, standardized test designed to measure the degrees to which the student has achieved the objectives of the entire basic program, her ability to integrate her knowledge and apply it in the more common and important nursing situations, which would be selected from the many clinical areas: medical, surgical, obstetrical, pediatric, and psychiatric. These situations should permit the measurement of attainment in all aspects of nursing, including understanding of the inter-relationship of facts and the functioning of learnings from all the basic sciences and nursing arts courses in the undergraduate program.

A. Suggestions relating to the promotion of volunteer study groups.

1. Invite to meet together and to become members of a volunteer committee to work with the Joint Committee on Tests those in your community:

   a. Who are interested in developing better means of evaluating the achievement of nurses as a means of improving the education of nurses and hence of graduating better prepared nurses
   b. Who are familiar with the aims and objectives of the nursing curriculum
   c. Who have some knowledge of and experience in making test questions or are willing to learn approved methods of test construction.

It is recommended that nurses in various types of nursing work be included, if possible: private duty nurses, staff nurses, head nurses and supervisors, instructors and administrators, and nurses in various types of public health nursing.

2. Organize the committee with a chairman-secretary, whose duty it should be to keep records of the work of the committee and keep the Joint Committee informed of the progress of the committee.

3. In light of the interests and abilities of the group, determine in which area or areas the group desires to concentrate their study, selected from the basic physical, biologic, or social sciences, or from any of the clinical fields.

B. Suggestions relating to the preparation of the outline of specifications for the test.

   Group Discussion

1. Determine the main general objectives or goals of instruction and describe them in terms of behavior which it is

   Function of Chairman-Secretary of Group

Write each objective on a library card, number in sequence and file under guide cards numbered Objective 1, 2, 3, etc.
thought desirable for the student to develop. Each general objective should be a complete unit

2. Subdivide each main general objective into lesser objectives, again expressed in terms of student activities or abilities, each sub-objective a unit within itself, and all the sub-objectives together totalling the general objective

3. Subdivide each sub-objective again—and again if necessary—to enumerate the various specific objectives under each main and each sub-objective

4. Cross check the main and sub-objectives to make sure that all aspects of nursing are included (See Activity Analysis)

5. Cross check the main and sub-objectives to make sure that important nursing situations involving the care of patients with disease condition essential to practice are included

6. Cross check the main and sub-objectives to make sure that all levels and types of abilities are included, such as knowledge of and ability to use vocabulary, concepts, interests, attitudes, appreciation, values; skill in and ability to sense problems, reason, summarize, generalize, apply principles, and to integrate materials from many sources in the solving of nursing problems

7. Determine the objectives which are essential to be tested in each test form and those which can be tested by objective techniques, and those which can only be measured by the actual observation of practice and for which observational rating scales should be prepared

8. Determine relative emphasis or value to be allotted to each of various objectives to be tested objectively in each test, so that the most important objectives can be weighted in the final test

9. Send the outline of the test specifications to the Secretary of the Committee on Tests for distribution and evaluation by other groups and final approval.

Write each main sub-objective on a library card, numbering each as a decimal of the corresponding main objective, and file under guide cards numbered to correspond with the main objectives (1.1, 1.2, 1.3, etc.)

Write each specific objective on a separate library card, numbering each a decimal of the corresponding sub-objective (1.11, 1.21, 1.31, etc.)

Add statements of objectives to the file where necessary

Add statements of objectives to the file where necessary

Withhold from the main file cards with objectives that can only be measured by actual observation of practice and file in a separate section of the file under guide cards numbered to correspond to the main and sub-objectives

Prepare an outline of the test, indicating the main objectives to be measured and the ratio of values assigned to each main objective

Prepare three copies of the specifications, sending two copies and retaining one for the committee's files.
C. Suggestions relating to the study of construction of objective test items.
   (This study may go along parallel to the preparation of the specifications of the test or it may follow that study.)


Group Discussion
Discuss the suggestions for the construction of various types of objective test exercises, considering their advantages and limitations, summarizing the rules and suggestions pertinent for each type, and prepare sample nursing test items of each type to be used as a guide. Objective test exercises considered should include, among others:

1. Simple recall exercises—direct questions with a single answer, word completion, etc.
2. Sentence or paragraph completion exercises
3. Multiple-choice exercises, with one best answer, or multiple responses. Check lists and tabular forms. Identification of common principles, of cause and effect or result and explanation; identification of errors.
4. Matching exercises, as structure and function, procedure, and desired results
5. Rank order exercises
6. Analogies
7. Alternate responses; true-false, yes-no, agree-disagree, etc.

D. Suggestions relating to the preparation of test items.

Function of Chairman-Secretary of Group
If the book Construction and Use of Achievement Examinations is not available to all members of the committee, prepare an outline summarizing the rules and suggestions for each objective test exercise with sample nursing test items of each

Group Discussion
1. With each specific objective to be measured, determine what technique of testing is best suited to the objective. Several techniques may be equally satisfactory
2. Have members of the group devise and bring in for discussion several test items that measure each objective using appropriate forms. One test item may measure simultaneously several sub-objectives
3. Evaluate the test questions by reading to the group, checking each test item to eliminate ambiguity, clues to correct responses, non-functioning words or
phrases, etc., rewording or reforming where necessary

4. Submit the completed file to the Joint Committee on Tests for assembling with other test items into several forms of the complete test which will be edited and tried out before distribution.

In the discussion which followed, Dr. Wood stressed the importance of volunteer committees of experts in telling what should be tested. He felt that professional tests should include a measure of the breadth of professional information as well as a measure of the ability to apply that knowledge in practical situations about in equal proportions, and this content the professional experts must specify. But the actual test item must be constructed with care, tried out, and the results studied, the test item then re-edited, abandoned, or finally accepted. The editing and statistical analysis of each test item would be the test-technician’s responsibility.

Round Table on Lay Participation
Thursday, April 27, 3:30 p.m.

Presiding: Grace A. Warman, R.N., Chairman, Committee on Lay Participation.

Why Hospital Authorities Want Lay Committees Interested in Schools of Nursing

Rabbi Emil Leipziger, Member, School of Nursing Committee, Touro Infirmary, New Orleans, Louisiana

(Rabbi Leipziger spoke extemporaneously)

The Importance of the Lay Point of View

Mrs. John Pratt, B.A., Past member of National Volunteers in Social Work, New Orleans, Louisiana

As professional standards and techniques are developed, there is evidenced an increasing need of lay understanding and support. The very growth which involves specialization leads further and further away from lay comprehension, and all too frequently develops suspicions, prejudice, and antagonism where there should be the fullest sympathy. This seems especially true in two professions which have so recently evolved from "amateur status"—social work and nursing. Many of us are fortunate enough to view social work only in an impersonal sense, but there is no family which at some time does not need expert nursing service. The very fact that through the years nursing has been done by the women of the family makes the layman unable or unwilling to recognize its present professional status.
For our own sakes it is important that nursing should keep pace with the developments in medicine; that nursing schools should admit only qualified candidates; that a liberal education precede specialization; and that hospital training be a part of the educational process, not merely a means of paying one's way. We all realize that in many cases the educational experience is merely a gesture, and that the student nurse spends most of her training period doing routine hospital jobs so that the hospital can make expenses. To remedy this there must be of course adequate financial support so that the student of nursing, like students in our colleges and professional schools, need carry only a part of the overhead. Financial support is necessary also if nursing schools are to have adequate staffs and if the profession is to appeal to candidates of high calibre.

We have spoken of the cleavage which develops between professional and lay groups. The layman seems blind, stupid, unappreciative—the professional, smug and overbearing. In the nursing profession, especially, it is important that this cleavage be healed, that nurses and laymen see "eye to eye." In hospitals and homes friction develops when there should be confidence and sympathy. If we can develop lay understanding, if laymen will look behind the scenes, there will come the rapport so necessary to the continued growth of the nursing profession.

Through lay members of boards of nursing schools lay needs and criticisms can be known. Understanding laymen can be those necessary interpreters to the community at large and through them community approval will give the faith, the encouragement, and the support through which the profession will increase its stature.

**Nursing School Advisory Committee**

**SALLY JOHNSON, R.N., Principal, School of Nursing, Massachusetts General Hospital, Boston, Massachusetts**

A study of the Board Members' Manual of the National Organization for Public Health Nursing will help advisory committees to schools of nursing to function. An advisory committee must have a sound organization if it is to function effectively. Constitution and by-laws may not be needed, but there should be rules which state objectives, requirements for membership, duties of members, method of election, term of office, time of meetings, number necessary for a quorum, and the method of amendment. The committee is usually large enough to make subcommittees a necessity. Their duties should be specified and a definite time set for reporting progress. Even if the committee with which you are familiar is well organized, I still suggest that you read Appendix B in the Manual.

The first chapter in that book answers the question, "What is Public Health Nursing?" The functions of the nurses who work in the various

---

*Read by Ruth Sleeper, R.N., Associate Principal, School of Nursing, Massachusetts General Hospital, Boston, Massachusetts.*
fields of public health nursing are defined. Logically, the second chapter outlines the preparation that will enable the nurses to carry out these functions. The committee need concern themselves only with those paragraphs which relate to the fundamental curriculum; that which is given during the undergraduate years. As members of the community, knowing something of the work of the nurses, they should ask themselves whether or not they believe these to be the functions of public health nurses, and whether or not the basic preparation indicated is sound. If sound, is it provided in their school? If not, should it be? If it should be, what can they do to help provide it?

It has taken the principals of schools who had their own preparation in the days when the care of the sick was 99 per cent of the work of the nurse, a long time to realize the shortages in the curricula. Now having realized these shortages they themselves are meeting great difficulty in explaining these lacks to trustees, hospital directors, and advisory committees. These principals have been quick to prepare their students for the hospital nursing needs, but slow to prepare them for the community nursing needs. There are far too many persons who appear to believe that certain additions to the curricula are for the aggrandizement of nurses and nursing rather than for the better care of the patients. An advisory committee is in a strategic position to correct this belief. A careful reading of the first thirty pages of the Manual will do much to help the committee members to understand the reasons why the school's curriculum needs enrichment.

"Organizing a New Service" is the title of the fourth chapter. In it appears the following sentence: "Usually the backing of a representative lay group is included in the organization plan." "Backing" is just the word. To give this "backing," the committee members must represent the very best in the community. They must be respected personally. They must be persons who are believed to have sound judgment. There should be no difficulty in securing this membership, for it should be just as much of an honor as an appointment to the advisory committee of any other educational institution. Nor should the responsibility of the office be accepted lightly. Members must be willing to give time and effort and to work at the cost of personal sacrifice. Attending the monthly meeting, listening to the progress report of the principal, or dropping into the institution once or twice between meetings does not discharge the full responsibilities. This may be as good a place as any to say that there must be a keen sense of ethical responsibility. I have been told of a situation where the hospital trustees disbanded their advisory committee to the school because of the petty and sometimes vicious gossip of its members. An extreme case, but a word of warning is not amiss.

Now this group, like all other similar groups, works through subcommittees. Each one must have a chairman who knows how to make the members work, and all must know to what end they are working. Subcommittees are formed according to needs. The needs of one group have
been met quite satisfactorily by four subcommittees: housing and social activities, nursing education, nursing service, and one on library and committee education. The principal is ex officio a member of all. The chairmen of these subcommittees report at the monthly meetings of the entire group. A development of this year is the beginning of a plan for bi-yearly meetings of each subcommittee, meetings attended by representatives from the nursing staff. The supervisor of residences and the physical-social director meet with the committee on residences and social activities, those responsible for the curriculum with the committee on nursing education, the assistant superintendent of nurses and certain supervisors with the committee on nursing service, and the school librarian and certain other members of the teaching staff with the subcommittee on library and on committee education.

A short paper does not allow time to discuss the functions of each committee, but I do wish to stress the importance of the work of that subcommittee which has the job of educating the entire membership. A list of required reading, easily available, will be helpful. It may include articles from current nursing literature, the history of the hospital and of the school, the alumnae bulletin and the school circular, and the annual reports. It goes without saying that the members of the committee should be familiar with the American Journal of Nursing and Public Health Nursing. The committee members, under the guidance of the nursing staff, must do most of this work of educating themselves. They cannot merely be informed by the nursing staff. Listening to the progress report of the principal alone, builds a weak framework of understanding unless there is a firm foundation of knowledge underneath it. The Manual has a chapter, "Informing the Board Member."

Just a few additional remarks relative to the subcommittee on nursing service. If they visit the hospital only between the hours of 11:30 a.m. and 12:30 p.m., this committee will fail to get a typical picture of the kind of care patients receive. This is practically the only hour of the day when the majority of the patients are lying quietly in bed, having the least amount of nursing care of any time of the day. The periods to visit are between 8:00 and 10:00 a.m. and between 3:00 and 7:00 p.m. The period between 3:00 and 5:00 demonstrates the conflict between nursing education and nursing service, and this is the very time when patients are tired and need special care. This is also the time when the majority of classes are held, because night nurses can now be called, the out-patient rush is over, and the operating room schedule is lowest. These are the hours when the need for a graduate staff and for supplementary workers is most apparent.

Members of this subcommittee on nursing service can be very useful in another way, by analyzing the complaints made against nurses who are working in the homes. These complaints may be justified or unjustified. Sometimes the patient's point of view needs to be changed. In the majority of instances, however, the nurses are probably at fault. If graduates knew that reports of poor work or of poor judgment were now and then getting
back to the principals of their schools, they would often improve both work and judgment. Reports of work, good or poor, would often give suggestions for class content and perhaps provide the ounce of prevention. These subcommittees can also collect suggestions for the course on nursing in the home, a course which is taught toward the end of the senior year.

I shall mention, by title only, two other chapters in the Manual. These are, "Relationship of Board to Professional Staff" and "Personnel Policies." Much of this material is not applicable to the nursing school situation, but it is suggestive.

Assuming that a school has an intelligent, well-informed conscientious, hard-working group of members in this advisory committee, what are their functions? What are their objectives? First, to aid, in their own particular way, the nursing staff to see the nursing needs of the hospital, of the home, and of the community; second, to aid, in their own particular way, the nursing staff in setting up a curriculum that will meet these needs. An advisory committee to a school of nursing may have little actual authority, but it does have great influence.

I think it may be helpful to tell you something of the personnel and of the accomplishments of an advisory committee which has functioned for over forty years without actual authority, but with great influence. There are three trustees, known as the Trustees’ Committee on the School of Nursing, of which the chairman is an alumna of the school. There are three physicians who are chiefs of services, two deans of local women’s colleges, and fourteen other women from the community, of whom two are married alumnae living in nearby towns. The director of the hospital, his assistant, and the principal of the school, who is also the superintendent of nurses, are ex officio members. The entire committee meets twice a year and the women of the committee nine times a year. A member who has long served on this committee, but not the alumna trustee, is the chairman of this latter group. These women are the working group, working through subcommittees as previously indicated.

And where has their influence been of value? In every major development of the school. It is sometimes needed in minor matters as well as in major. This committee has been known to produce results after all other groups have failed; one illustration has its amusing side. Many years ago the hospital built a nurses’ residence. The surrounding streets were of cobble stones; nearby was a fire station which sent out horse-drawn fire engines, and also nearby was a city sanitary department which sent out horse-drawn dump carts. The difficulties of sleeping, either day or night, can be imagined. Without avail, hospital trustees had petitioned the city to pave the streets. Soon after the residence was opened, the women of the advisory committee had a meeting in the large social room which has windows opening just above the street level. The horse-drawn fire engines and horse-drawn dump carts put on their best acts and there were double encores. A delegation from the advisory committee waited upon the city fathers. In due time the streets were paved!
But to speak of more recent contributions. The subcommittee on housing has selected furnishings for new social rooms and old ones, and supported the policy of increasing the number of social rooms. They visit the dining rooms and offer suggestions as to menus and service; they are interested in planning for a new dining room.

A former chairman of the Trustees' Committee had more to do with bringing about the appointment of the first physical-social director than any other one person. The very special mission of one member of this housing and social activity committee is to guard the tennis court against being engulfed by the parking yard.

The principal of the school turns to the educators, the college deans on the committee, for support of the educational policies and practices. These women know the need for prepared teachers, for mature and prepared students, and for controlled situations in which both can work effectively. The nursing service committee, visiting the wards, sees the need for general staff nurses and ward helpers, for shorter working days and weeks, and for affiliations to supplement the field experience of the wards in the home hospital. The eight-hour day for special nurses would long have been delayed without the whole-hearted support of this advisory committee.

At the moment the banner for accomplishment is being held by the subcommittee on the library and on committee education. The chairman visited the school of library science in a local college, found there a senior who was especially interested in nursing school libraries, and whose field work was in the library of the Bellevue nursing school. After graduation this young woman worked in the school library as a volunteer for a few weeks, and then was paid a small salary for about four months by the advisory committee. Later the hospital paid the entire salary of this young woman as a full-time worker in the nursing school. Library hours being longer than the hours of a librarian, college students, financed by the National Youth Administration and Student Aid Fund, have been secured as assistants. Now, this subcommittee is not resting on its laurels, for it believes that some hard work needs to be done in order that the committee as a whole may become even better educated.

In all this work, both the advisory committee and the school principal must remember that the lines of loyalty are never to become crossed. In the most common form of hospital school organization, the director of the hospital must be the first to consent to changes of important policies, especially those that call for money expenditures. In a very large majority of the situations, he will welcome the recommendations of the advisory committee for they often strengthen his own to the hospital's board of trustees.

In closing may I say that if those of you who are interested in lay participation in schools of nursing will study the Board Members' Manual of the NOPHN, you will find there suggestions for enough work to keep you busy until the National League of Nursing Education meets again in 1940.
General Session

Thursday, April 27, 8:15 p.m.

Presiding: Nellie X. Hawkinson, R.N., President.

THE NATIONAL HEALTH PROGRAM AND THE NURSE

WARREN F. DRAPER, M.D., Medical Director, United States Public Health Service, Washington, D. C.

On January 23, 1939, President Roosevelt presented to the Congress a summary of the National Health Program and asked for its serious consideration. Such a message from the President of the United States also invites the enlightened study of all citizens and especially of those in the professions concerned. What, for example, will the national health program mean to the profession of nursing?

I think we shall find that the pervading purpose is to bring into effective relationship all the resources of the community that can aid the individual family in the solution of its health and sickness problems. This requires the cooperation of many persons and agencies, for the promotion of health and the prevention and cure of sickness do not depend upon any one profession or agency, nor any single source of revenue.

The mere existence of a family implies the need for a variety of health and medical services. Husband and wife—the birth of children—the processes of growth, development, and aging—sickness and death—these are the common experiences of mankind. The presence in the home of aged persons is, and will continue to be an increasing factor in American family life. To whom, to what agencies can the family turn for the preservation and restoration of its health? First and foremost to the doctor—the general practitioner, the public health physician, the specialist. Through them the family may also make use of hospitals, clinics, health centers, and laboratories. And where there are doctors, there are nurses. Where there is a health department worthy of the name, there also are nurses. There would be no hospitals without the nurses.

These, then, are the major resources which the National Health Program proposes to bring together in a united effort to improve community health throughout the country. The emphasis is definitely upon the community—the rural county, the small city, the great metropolis, the state. There are the needs that must be met; there are (or there must be provided) the means with which to meet them; and from there must spring the initiative and the will-to-do upon which the success of the program will depend.

Today, the science and art of medicine in the United States have attained a standard as high as anywhere in the civilized world. American skill and administrative ability have placed our hospitals in the first rank. We may feel just pride that in a country covering one-sixth of the habitable land of the globe, and with a population of 130,000,000 there is not a single state
and no territorial possession which does not have a governmental health organization with professional leadership. But here is the fact that faces us today—the very complexities of size, the course of history, of social, industrial, and economic development have made our national effort to repel disease and death a piecemeal attack. The development of health services and the provision of medical, nursing, and hospital care have been uneven. It is to the inequalities of our effort that the attention of our citizens and communities should be directed.

The National Health Program proposes to extend and intensify our existing systems of health and medical care in five established directions:

First, to implement our official health agencies—state and local—so that they may render adequate health services to their communities; to enable them to intensify greatly their efforts against preventable disease and premature death and to act as the coordinating agency for all of the health resources of the community. The method is well established; namely, federal financial and technical assistance to the sovereign states in the expansion of their self-originated public health programs. Special emphasis is placed on the health of mothers, infants, and children; on the rehabilitation of handicapped children; on tuberculosis control, venereal diseases, pneumonia, and cancer; on industrial hygiene; and on the prevention of mental disease. These are all accepted public health functions. There is no question as to the advisability of expanding the work of community health agencies in all sections of the country to deal with these causes of avoidable disease, disability, and death.

Second, there is the need for additional physical facilities for good health—hospitals, tuberculosis sanatoria, mental hospitals, diagnostic centers, and laboratories. In many sections of the country, the problems of medical care are primarily the absence or inadequacy of physical facilities. Many people who would be able to buy and pay for medical and nursing care are not able to do so because there is no hospital within reasonable distance. As a result, doctors have moved to the cities where they have the facilities to practice scientific medicine. And with the doctors, go the nurses. One major objective of the National Health Program, then, is to provide hospitals—especially rural hospitals where they are urgently needed—to make scientific medicine and skilled nursing available to the people.

This does not mean that state and federal governments will build a new hospital in every county. The whole purpose of the program is to use more effectively the facilities already at hand, and to supplement where necessary. Many good hospitals have been unable to render the continuous community service they should give because of financial difficulties. The National Health Program, through the provision of hospital care for those unable to pay, and through increasing and implementing existing hospital facilities, proposes to revitalize this community service.

Moreover, the expansion of public health services will increase the use of hospital facilities and personnel. Tuberculosis control, the nursing care of
mothers, infants, and children, nursing care in pneumonia and cancer will
require the full use of all existing hospital facilities and personnel—and of
more than are now in existence.

Third is the very large task of providing medical service for those unable
to purchase it for themselves. The best estimate shows that there are ap-
proximately 40,000,000 people in the United States not able to pay for med-
ical care out of their own pockets. The depression beginning in 1929
quickly taught a number of communities that medical care for these people
must be provided at public expense. I am reminded of one small urban
township which in 1932 spent over $50,000 for public medical relief—a sum
two and one-half times the total expenditure of the township in 1928 for all
kinds of poor relief!

There is nothing new about medical care for the poor being paid from
public funds. What the National Health Program proposes is to aid the
state and local governments in carrying this inescapable burden—both
through financial help and technical leadership to assist the community in
providing a high standard of service on a sound economic basis.

Fourth is the proposal to provide some cash compensation in lieu of wages
to employed persons who are disabled, either permanently or temporarily on
account of illness or injury. You will recall that under the Social Security
Act, if the factory shuts down or the office force is reduced, the unemployed
person is entitled to compensation. Social legislation also provides for pen-
sions to the aged. However, if a person is sick—breaks a leg, has pneu-
monia—he is not entitled to such benefits. Nor if he becomes permanently
disabled, is there provision for invalidity pensions. So it seems reasonable
to extend our present social insurance laws to provide partial payment on
account of loss of income because of sickness.

The fifth consideration is concerned with the medical care of the self-
supporting group of the population. The National Health Program pro-
poses no one solution for this problem, but rather opens the door for com-
unities to take stock of their needs and to devise a sound plan for sharing
the costs of sickness on the basis of federal financial and advisory assistance.

Broadly speaking, "health insurance" or tax-supported medical services
represent the major choices at our disposal for spreading the costs of medical
care. There are various combinations of the two, and any number of ways
to apply the insurance principle. The choice remains with the community.
It may be said that the American people are insurance minded. Hospital
insurance has had a phenomenal success in this country. We have seen,
recently, various plans for health insurance being developed by groups of
citizens in a few communities, and in some instances by medical societies.
Whether or not we shall have compulsory health insurance in one or more
states, we are certain to see a vast development of voluntary forms of insur-
ance. Plans that will, at least to some extent, cushion the family resources
against the shock of sudden and costly illness are sure to grow and develop.
It is to aid the states in the sound development of such plans that the national
health program proposes the participation of the federal government—not as
a regulatory or controlling agency, but in the rôle of leadership and financial support.

These then are the several directions in which the National Health Program proposes to close up the gaps that exist today between the knowledge and skill of modern medicine and the "ultimate consumer"—the family—in sickness and in health.

The National Health Program in actual operation would present a picture of greatly increased activity, and greatly expanded fields of responsibility for official health agencies, voluntary agencies, private physicians, hospitals, and nurses. What we are especially interested in, of course, is what all this implies for the nursing profession.

The objectives of the program call for a sharing of experience and responsibility throughout the special areas of nursing service. Until recent years, the public health nurse looked upon her job as being that of education and prevention; the private duty and the hospital nurse looked upon theirs as being that of bedside care of the sick and convalescent. Through the development of our voluntary health agencies and visiting nurse associations which give bedside nursing care to patients unable to pay anything, or only a small fee, we have learned to discard the separation of functions between "public health" and "visiting" nurse. The emergence of a combined function of nursing—education, case-finding, and follow-up on the one hand, actual aid and care during sickness on the other—has produced the "community nurse"—a trained and experienced public servant who is at once educator, case-finder, follow-up worker, and nurse at the bedside.

Despite general acceptance of the effectiveness of a coordinated nursing service, many of our communities still have three, four, or even half a dozen agencies each administering a public nursing program. When such situations exist, it is difficult to avoid duplication of effort and gaps in the service even with the best will in the world on the part of all agencies concerned.

Non-official or voluntary agencies have made an invaluable contribution to national health through educating the public as to the necessity for a comprehensive health service. When voluntary agencies provide an effective service, it very often happens that the service rendered is converted into a public service. This does not mean, however, that the voluntary agency has "worked itself out of a job." Rather it has stimulated demand for more and more service of the order it has given. Through initiating experiments in the development of new plans and methods, voluntary agencies have an important place in the National Health Program. Beginning with the first proposals and continuing through several months of conference and discussion, the Interdepartmental Committee and its technical advisers have held to the objective of making more intensive use of existing community facilities. It is believed that this can be done more effectively through a combination of services under the leadership of the health department.

So much then for the opportunities offered to the nursing profession by the National Health Program through the coordination of functions in the public health and bedside nursing services.
The hospital nurse will, I believe, find an equally vital broadening of her experience and responsibilities. Under a program to increase our hospital facilities, to bring about the prompt hospitalization of tuberculosis patients and the mentally ill, to provide home nursing or hospital care of mothers, infants, and other groups of the population, it is clear that we shall need all the nurses available—and many more than we now have.

If the National Health Program proposed nothing more than an increase in our general hospital facilities in the rural areas and small cities, with medical care of the medically needy, there would be increased opportunities for the nurse. It is difficult to tell just what the coming of a hospital means to a community. I am reminded of an observation made by Robert S. Lynd in his study of *Middletown in Transition*. During the decade 1920 to 1930, a new 213 bed hospital costing a million and a half dollars was added to the city; during that decade, the number of trained nurses in the community increased six times as rapidly as the general population. The proportion of hospital deliveries to all live births in Middletown increased from about 15 per cent in 1928 to 25 per cent in 1930, and to almost 40 per cent in 1935. This provides some indication of the rapidity with which an American community may accept the facilities of modern medical and nursing care when they are available.

**NEW OPPORTUNITIES IN NURSING**

The National Health Program proposes special effort in certain phases of public health which in turn calls for special nursing abilities. The profession of nursing will be called upon to render much more service in these areas than it is now able to give. *The special fields in which increased effort will be made and which will require additional nursing service include tuberculosis control, pneumonia, maternal and infant care, syphilis, cancer, industrial hygiene, orthopedic nursing, and mental health.*

For a number of years we have realized the primary importance of the nurse's work in the control of tuberculosis. The National Health Program proposes to put to work all those forces which will make tuberculosis in a single generation as rare a disease as typhoid fever. If that goal is to be won, we need a great increase throughout the country in our efforts to find cases of tuberculosis, to give proper instruction to the contacts of open cases in order to bring all known cases under treatment and to keep them under treatment. This is primarily the nurse's job—as is also the supervision and rehabilitation of arrested cases.

In pneumonia, I am certain that nursing care is almost as important, in some cases of more importance than the administration of serum. Doctors know that "a good pneumonia nurse" is rare. Here again we need a great increase in the number of skilled nurses and in the amount of the nursing attention which the patient receives.

The need for expert nursing care of mothers during confinement, the prenatal and postnatal periods is clear enough to all of you. Nursing care of the newborn, particularly the premature infant, is another area of profes-
sional service which requires a great deal more attention than we have given it in the past.

In the control of syphilis we also need an army of nurses with special training to do the same type of work that has been done in tuberculosis control. Nurses are needed to care for cancer patients, to educate people of cancer age for examination, to follow up patients who have been treated, give them the care they need, and see that they return for treatment as necessary. Every survey made by the Public Health Service in industrial hygiene has pointed to the great need for health supervision of the workers, especially those in industrial occupations. In smaller plants, there is virtually no health supervision. The National Health Program here opens another field of opportunity in its proposals for medical care and for the expansion of industrial hygiene services.

**WHY INCREASED NURSING SERVICE?**

The need for increased nursing service is reflected to some extent in the findings of the National Health Survey, a study made by the United States Public Health Service in 1935-36. In this study of the disabling sickness experience of some three million persons in a representative group of eighty-three cities varying in size from one or two thousands of population to the great metropolitan center of New York City, it was found that the receipt of nursing care, like the receipt of medical and hospital care, is significantly influenced by the economic situation of the patient and by the adequacy of medical and nursing personnel and facilities in the community in which he lives.

How well nursed, how well hospitalized is the American community? This question comes up frequently. I can answer it in one word: unevenly. This may be illustrated by certain facts taken from forthcoming publications on the survey.

The results of the survey indicate that the largest amount of hospital care is received in the large cities in which hospital facilities are most abundant; and the rate of hospitalization declines with the decreasing facilities which accompany decreasing urbanization. Thus, 31 per cent of the ill people in the large cities of 100,000 population and over were hospitalized; in the small cities (under 25,000), 19 per cent; but in the rural areas, only 10 per cent of the cases received hospital care. The rural areas canvassed in the survey included only twenty-three counties in three states, and the results in relation to rural hospital care are therefore not as representative as those for the canvassed urban population, drawn from eighteen states. However, they illustrate a trend supported by statistics on the distribution of hospital beds which show marked inadequacy of hospital facilities in rural areas.

When the amount of hospital care of illness in a community is low, a compensating increase in the proportion of cases receiving bedside nursing care in the home is necessary if serious illnesses are to receive essential nursing care; but the results of the survey fail to show this relation. In the large cities, in which the proportion of hospitalized cases was highest (31 per
cent), 1.6 per cent of all illnesses received private duty nursing care in the home; in the rural areas, with only 10 per cent of the cases hospitalized, approximately the same proportion of cases received home private duty nursing care. In the large cities, visiting nurses provided bedside nursing care for 7.7 per cent of all illnesses; in the rural areas, only 1.5 per cent received visiting nursing care.

When we consider the economic situation of the patient, the variations in the receipt of hospital and nursing care are more significant. In the larger cities in which the supply and support of hospital facilities is relatively adequate, illnesses in relief families were hospitalized as frequently as those among well-to-do families with incomes of $5,000 and over. In the smaller cities, the proportion of illnesses which were hospitalized among relief and self-sustaining marginal income families was less than that for families in the higher income groups. In these cities, the poor suffer most seriously from the effect of limited hospital beds and inadequate funds for hospital care of the needy.

Bedside nursing care from a private duty nurse in the home is a service which is not used to a significant extent by any except the higher income groups. This was true in all classes of surveyed cities. The proportion of illnesses attended by a private duty nurse in the homes of the well-to-do was between 7 and 8 per cent compared with between 1 and 2 per cent for relief and marginal income families.

The small proportion of disabling illnesses attended by a private duty nurse in the home opens the question as to whether the National Health Program will stimulate the use of this type of service. I do not know. The trend in sickness care today is strongly toward more and more use of the hospital. People have learned to accept the hospital as the best place to get well; the small urban home, with resulting crowding, even among families in the comfortable class, is an influence against the use of the private duty nurse in the home. I think we shall see more home nursing; I think we shall see an increased use of housekeeping aids in both urban and rural families. Perhaps we shall witness the development of more private duty nursing in the hospitals, and more visiting nursing service in the home, but not on a twelve- or twenty-four-hour basis.

The findings of the survey indicate that visiting nurse service is almost exclusively used by relief and other low-income families, but the relief group receives a relatively larger proportion of visiting nursing care. Illnesses among the relief group were about twice as frequently attended by a visiting nurse as patients in self-sustaining, low-income families in all classes of cities. Thereafter, the proportion of patients attended by visiting nurses declines as income rises.

A comprehensive health service designed to function in an aging population must inevitably shift its emphasis somewhat to a more intensive study and care of the aged. The National Health Program with its provisions for medical care of all the people and for special effort against such conditions as cancer, pneumonia, venereal diseases in all their manifestations, tubercu-
losis, and mental disease, will undoubtedly stimulate research and service in a field hitherto neglected. Health care of the aging organism has been, on the whole, palliative in character.

The factor of aging alone, it is estimated, will effect, by 1960, a 50 per cent increase in the death rates from the cardiovascular-renal diseases, cancer, and diabetes over those prevailing in 1930. An increasing proportion of health services and expenditures will be absorbed by persons in the older age groups, in which the need for medical and nursing care is greatest. New York City has already given consideration to the changing age composition of its population and has pioneered in hospital planning for the care of the chronic diseases. Constructive national planning requires recognition of the implications of an aging population in relation to the health personnel and facilities—hospitals, physicians, nurses, and clinics.

In connection with this problem of diseases of the older age groups, I would remind you of a significant field of research which is beginning to stir the interest of scientists—that is the study of the emotional component in physical disorders. There is no more fruitful soil for research and service of this type than in the functional disorders of the middle-aged and the aged. The provisions of the National Health Program for an expansion of psychiatric services in the community will create demands for specialized nursing service in this field. Moreover, the nurse in other areas of activity who must deal with many personalities will find assistance in the solution of her professional problems if she informs herself as to the modern concepts of mental hygiene.

The nurse of the future has spread before her a vastly broadened horizon of service and responsibility. How shall she be prepared to meet the challenges? Dr. Milton Rosenau once stated that health services of high quality cannot be supplied without well-qualified public health servants. This principle was written into the social security legislation of the United States in its provisions for the training of public health personnel. No provision of the Social Security Act has been more important in the development of sound state and local public health programs than that directing the federal agencies to allot funds to the states for training. The Interdepartmental Committee reaffirms the truth of that statement in its proposals for national health. Provision is made for postgraduate training of physicians, nurses, and other personnel in the several phases of the program.

The training program for public health nurses under the Social Security Act is a good example of the soundness of the plan and of the effectiveness of the method of cooperation between the states and the federal government. In 1934, only 7 per cent of the public health nurses who were then employed had completed an approved course of study in public health nursing at one of the accredited institutions in the United States, although many of the courses of study at these institutions had been in existence for ten to twenty years. During the short period of about two years immediately following the functioning of the Social Security Act, 2,304 nurses (or about 10 per cent of all public health nurses in the United States) received some postgraduate
training at approved schools on training stipends. Almost 15 per cent of those receiving training stipends attended school for a full academic year or more.

The provisions of the National Health Program clearly indicate that we shall need more training of this order. We shall need more nurses. We shall need improved facilities to train nurses in general and specialized fields.

There are problems connected with the recruitment and training of nurses which challenge not only the nursing profession but the agencies and institutions which depend largely upon the services of the professional nurse for their functioning. I think it should be said that the significant advances made in the solution of these problems are largely the result of the efforts of professional nursing organizations. The National League of Nursing Education has pioneered in defining the major problems confronting the profession and in promoting sound programs for their solution. What the National League has done for the improvement of undergraduate nursing education, the National Organization for Public Health Nursing has done in the postgraduate field. Other professional organizations have, in recent years, made valuable contributions to the study of nursing education.

I have been very much impressed with the continued improvement in the academic and personal qualifications of student nurses coming into the nursing schools, and with the tremendous amount of time and study which the nursing profession is devoting to these questions.

Another significant advance is recorded in the emphasis upon a broader concept of nursing as expressed in the Curriculum Guide published by the National League of Nursing Education in 1937, in cooperation with other organizations. The nurse of today must be made early aware of the goals and technics of preventive medicine and public health. She must study sickness not only in the hospital, but in its social and economic setting. On the foundations of these acquired skills and learning, rises the "community nurse," alert to social needs, sensitive to the meaning of service, and efficient in the practical application of scientific knowledge.

This young woman—this community nurse-to-be—with the necessary academic and personal qualifications, let us say, presents herself each year at the doors of our nursing schools. It is your task to provide her with an education for the future. The matriculant conceives the school of nursing to be an institution of higher education. Sometimes she finds this not to be so. In this situation, we find one of the most vital problems of personnel training (and one in which the National League has taken leadership)—that is, the establishment of schools of nursing on a sound educational basis.

I believe that the National Health Program in operation would have a significant effect upon the improvement of nursing education. In the proposed programs for the expansion of public health and maternal and child health services, special provisions are made for the postgraduate training of professional persons participating in the several services. Moreover, state and local agencies which are given the responsibility of administering the programs for public health, medical, and hospital care, would also have the duty of
setting and maintaining high standards of efficiency and quality of service. These responsibilities, I believe, should result in focusing the attention of state and local governments upon the needs and objectives of institutions engaged in the training of all types of health personnel.

The national health program proposes to build upon what we have: to pursue the long-established line of cooperation between state and federal services to the end that the best of medical care and nursing skill which the United States can offer be brought to each member of the American family in sickness and in health.

It is impossible to contemplate the full range of the National Health Program without experiencing at once a sobering and an enthusiastic response to the challenge which lies before the professions, before lay organizations, before state and local authorities, before all citizens. The responsibilities entailed arouse sober thought; the opportunities for service and accomplishment inspire enthusiasm. I do not for a moment believe that our nurses and physicians, our public officials, and our citizens will be found wanting in eager, single-minded, and wholehearted acceptance of that challenge.

PLANS AND PROPOSALS OF THE INTERDEPARTMENTAL COMMITTEE TO COORDINATE HEALTH AND WELFARE ACTIVITIES FROM THE POINT OF VIEW OF THE MEDICAL PROFESSION

Edward H. Cary, M.D., Professor of Ophthalmology and Otolaryngology, Baylor University College of Medicine, Dallas, Texas

It would be difficult to present the attitude of the members of the American Medical Association to the Interdepartmental report understandingly unless we review briefly the earlier agitation of the cost of medical care, and the profession's reaction during the five-year study, and the majority report of 1932, which became throughout that period a source of propaganda. The purpose of this propaganda was to arouse the people of this country by raising the question of medical efficiency, medical cost, and suggesting a new kind of medical service, through the grouping of medical effort—all of which, to the medical mind, was leading to the adoption of a new scheme of medical practice which medical men believed would lead to socialized medicine.

The minority report, which was largely an expression of a sentiment founded upon experience in the active practice of medicine, became a basis of opposition to the suggested change in practice and was largely fought out in the medical societies, medical journals, and lay press.

Medical leaders understood the situation in which medicine as a whole found itself, as a result of the inspiration and active direction of a handful of men who at the time were in possession of the resources of two or more Foundations. It is an interesting thing that when three of my committee on Legislative Activities of the American Medical Association decided to visit
the gentleman who is the head of the largest Foundation, the resources of which had been used so liberally to further the propaganda of that period, this gentleman explained that his board had not, as trustees, outlined the policy nor directed the activity of their employee who was the most potent force back of all the propaganda regarding the majority report of the cost of medical care which stirred the profession and press of the country.

This brings to the surface how frequently it happens that the whole country becomes interested in a subject, when upon investigation it may have and frequently does have only the zeal of some man or small group engineering a campaign of publicity.

With a preconceived notion of what should be done to develop a theory which concerns the welfare of man, we found a great profession caught in the maelstrom of propaganda and flayed from many angles—seemingly an effort being made to drive the profession along, oftentimes destroying the confidence of the people in its true benefactors. Propaganda, when it is once projected with plenty of money to support it, never stops until the idea has won or lost in the open forum into which it has been precipitated.

Professional opinion and people generally agreed with the minority report of the Committee on the Cost of Medical Care. This agitation, however, was finally diverted from this particular report of 1932, which had a five-year background of study, into a periodic assault upon the methods of the present mode of the practice of medicine.

A continued depression with a vast number of persons on relief, PWA and WPA employment in full blast, with the social security legislation, have brought to the forefront in Washington the continued activity of a number of highly trained theorists, who have planned to more definitely Federalize the social efforts of the government. At this point it seemed necessary to them that there should be a National Health Survey, which would support the idea that there were millions in this nation without proper medical care. Supposedly the health and happiness of the people can be made more certain through centralization of effort and with power to initiate and direct from Washington. The end sought by them seems so important that the subjugation of many of the rights of the states and the independence of the people can be set aside, if that is needed, to further the program mapped out by a group, the members of which are to dispense these blessings from a centralized government—hence the National Health Survey and the use of WPA workers for the purpose of furnishing fuel for the fire.

We believe the program projected is based upon faulty data, from information gained through inexact methods, from information gleaned by WPA workers who were diverted from their so-called labors and sent to the homes of the people gathering information and misinformation. We also believe that such inquiries lacked scientific merit. How can you evaluate statements which were largely a self-diagnosis interpreted by the WPA worker? You see the worker had to deal with the individual's own diagnosis—and where is there a family without some kind of a pain somewhere? In districts where undernourishment and poor housing prevail, this is found to be true.
Dr. Leland and many of us have drawn attention to much of this background. Dr. Leland has said: "The National Health Conference held in July of last year was called by Miss Josephine Roche as Chairman of the Interdepartmental Committee on the Coordination of Health Activities of the Federal Government to consider the National Health program prepared by the Technical Committee, with the doubtful privilege of comments, but no opportunity for collective consideration or adoption of the slightest change in the ready-made program which they were assembled to indorse."

"The National Health program was largely based on the National Health Survey, which was again nothing of the sort but merely a WPA dragnet hunt for chronic sickness, which was found in great abundance, as was to be expected. They found that 4.5 per cent of the people surveyed were sick. On that basis, which was about twice the amount usually considered to exist from previous surveys made, the conclusion was drawn that one and a half million people in the United States are suffering from acute respiratory diseases, two and a half million people are suffering from disabling chronic diseases, about one and a half million people are suffering from injuries due to accidents, two hundred and fifty thousand are suffering from acute infectious diseases, two hundred and fifty thousand are suffering from acute diseases such as acute conditions of the stomach, liver, appendix, etc.

"There was no separation of the chronic diseases which were disabling from other chronic diseases, and although the United States Public Health Service which really directed this report and prepared and distributed the analysis and statistical tables may not have made definite statements to this effect, Miss Roche and others have given the definite impression to the public that all these chronic diseases or diseased conditions needed treatment."

Following the July 1938 National Health Conference, the House of Delegates of the American Medical Association was called in special session September 15, 1938. You may be familiar with the action of the House. Certain policies were outlined and a committee of seven men was appointed to represent the members of the American Medical Association, now 112,000 strong.

In general, then, the objectives of the National Health Program recommended care of the indigent sick, care of the near indigent, expansion of hospital facilities where needed, expansion of health department facilities, a more liberal provision for care of the general population, a provision for insurance against loss of wages during sickness. All are commendable objectives. They are in many respects entirely consistent with the objectives toward which the American Medical Association has always worked. The chief difference is the recommendation for compulsory sickness insurance and the methods to be employed in carrying out the other objectives of the Interdepartmental Committee.

As a member of the Committee of Seven representing the American Medical Association, we met with the Interdepartmental Committee in October of 1938 and in January of this year. The Interdepartmental Committee report recommended the appropriation of large sums of money in the interest
of public health, indigency, hospitalization, compulsory sickness insurance, and compensation for temporary disability.

We readily agreed to four of the objectives of the committee, but felt, as experienced physicians, we could be helpful in suggesting methods of action at variance with the Interdepartmental Committee in carrying to a successful conclusion the objectives presented in its report. In our discussions the medical profession definitely opposed the compulsory sickness insurance. The opposition of the medical profession to this was based upon the knowledge we possess about the operation of compulsory sickness insurance in other countries and the baneful influence it has had upon the profession and the harm which has come from it in slowing down the progress of the science. We have believed firmly that the American people would not be satisfied with the type of medical service which the people get in countries where compulsory sickness insurance is being used.

The American medical profession has tenaciously supported the theory that a system of free and independent medicine, as practiced in the United States and Canada, is of the greatest benefit to the public. There is no way of getting something for nothing indefinitely, and this trite statement carries the implication that it is in the interest of the people for a profession to retain all of its present values and every incentive to further the science of medicine. The cost of medical care can be distributed so that it safeguards the interest of all. Whatever this cost may be, none of it should be diverted to any intermediary, whether he be a part of the Government or an interloper attempting to distribute medical service.

We realize that the economic situation in this country differs from that in other countries and the attitude of the medical profession towards their obligations to their patients is quite different here from what it is elsewhere. We know from observation and experience that American people want a more intimate and more accurate service than is rendered anywhere where the individual responsibility of the doctor to his patients is lessened.

From this study on the part of the medical profession in conjunction with the Interdepartmental Committee, I again repeat we found no fault with the objectives of four of the sections but we opposed the section involving compulsory sickness insurance and we feel that the medical profession could be helpful in pointing out the best method of handling the appropriation for public health, for indigency, and certainly the best method of using the hospitals of the country.

For instance, the Interdepartmental Committee reports the need of 360,000 new hospital beds. We point out that of the more than one million hospital beds in this country there is an average vacancy of approximately 33½ per cent.

Before new hospitals are built, we would like to see the hospitals that are laboring in their service to the public have their financial status relieved, see them more widely used and made more efficient before more new hospitals are built. We must remember that a hospital without a well-organized staff and all modern laboratory facilities is not much more than a hotel.
Due to economic reasons which prevail in certain sections of this country, the people should have a hospital and this hospital should be provided whenever there is an intelligent medical and nursing profession at hand to use it.

The Interdepartmental Committee stated that there were seventeen million people without hospital service. In our knowledge of the distribution of hospitals, we know that there are only approximately two million people who live beyond thirty miles on good roads to a hospital. The medical profession is anxious to cooperate to see that the people have the best hospital care possible and we want to see hospitals built where they are needed but is against a duplication of service with an increased economic loss to all.

We are deeply interested in the question of indigency and will work with the proper local authorities in every place where this question of indigency occurs to see that any money appropriated by the national government will more completely solve this problem of medical care for the indigent. Let me say here, however, that the poor people of this country have never been turned down by the medical profession. A true doctor has always served the poor man regardless of his financial status.

While there is no emergency in the health status of the nation, Dr. Haven Emerson has pointed out with increased funds we believe much could be done to advance the control of preventable diseases. More well-trained doctors in this specialty could be employed, more trained nurses could be put in the field to help educate the people, who themselves are largely at fault for they do not now take advantage of the medical services available. A clear distinction should be made and accepted between the function of public health to be carried out under officers trained and experienced in this specialty of applied science and the care of the sick, which with very rare exceptions, state, city, and county health officers are unqualified to undertake or direct. Health officers are chosen where they are appointed on the basis of professional qualifications, not because they are highly skilled in diagnosis and treatment of general illness, medical, surgical, and the clinical specialties, but because they have trained themselves in the administrative application of preventive measures of sanitation, communicable disease control, and in the fields of maternity and child hygiene and in industrial hygiene. One would as well call on the cobbler to attend to the radio set as to expect the health officer to be a leader in management of general disease in the community.

"It is not now and should not be allowed to become the function of a local or state department of health to engage in the practice of general curative medicine, which should be always as it is now, a function of the medical profession and of the medical institutions and agencies created by society and local government by voluntary and official resources for the purpose of affording good care for the sick.

"Health departments should not be expected to engage in the practice of obstetrics or pediatrics. These are functions of the medical profession and medical institutions, and only under rare and backward conditions of social and economic development will the health authorities find it necessary to
administer, by physicians and nurses under their direction, medical services for women and children which in the usual standards of life in the United States are carried out by the private relationship between family and family physician, and wherever available with the assistance of the visiting nurse."

Recently the so-called Wagner Bill (S1620) was introduced into the Senate. The Wagner Bill proposes to amend and supplement provisions of the Social Security Act by providing for considerable expansion of various services now provided under the Social Security Act and for the establishment of additional extensive health and medical activities under the supervision and control of the Federal Government.

The subjects and activities covered by the Wagner Bill are summed up in the literature sent out by the Ohio State Medical Society in the following manner:

1. Maternal and child health services
2. Service for crippled children
3. Administration of grants to states for maternal and child welfare
4. Public health work
5. Grants to states for hospitals and health centers
6. Grants to states for medical care
7. Grants to states for temporary disability compensation
8. Rules for the determination of the financial status of states.

The Wagner bill is deftly drawn to interpret the Interdepartmental Committee Report transmitted to Congress by the President, with the section which dealt with compulsory sickness insurance being left out.

Many medical men believe that this Bill goes far beyond the demonstrated needs in the field of public medical care. We believe that the states in most instances can more economically deal with the problem than the National Government. We believe that the subsidies offered to carry out certain phases of the question lead to bureaucracy and a very definite encroachment upon the health activities of the state. Most medical men believe in the following statements that have been made:

1. It is economically unsound and would add an enormous amount to the already strained financial structure of the Federal Government
2. Because of its vagueness and indefiniteness, it would provide almost blanket authority to Federal agencies charged with administrative details
3. It would produce practically complete domination by the Federal Government over state and local activities
4. It is an opening wedge to the creation of a huge Federal and politically-controlled public health and medical program
5. It would encourage extravagance and inefficiency in the field of public health and medical care, and thus would add tremendously to the tax burden of all the people and would not be beneficial to those persons designated as ultimate beneficiaries.

The medical profession does not want to be in the attitude of objecting to anything which seems to be in the interest of public health, but I again repeat that we feel that with a well-coordinated health service within the state with a public health officer who is well-educated and trained in medical service at its head, that the medical profession will be able to coordinate its
practices and its efforts with such an officer to the advantage of the health of the people and certainly to the advantage of the taxpayer, who is finally the economic middleman of the people. Yet after all the people pay for what they get.

I again say that there is a line of demarcation quite well understood, and with all our hearts we are for those things which will prevent disease, but the practice of medicine is a very distinct service and the public health activity should not attempt that for which it is not trained.

I am glad to say to you that throughout the United States the county medical societies and in some instances the state medical societies are developing voluntary insurance plans which make it possible for the average man, of whom I have not spoken, to secure medical service on a prepayment basis. The medical profession is advocating and supporting hospitalization which is being developed throughout the country in a similar way. The people will continue to have their choice of physicians and their choice of hospitals. The medical profession is willing to compete for this service by rendering that individual care which justifies the method employed in the private practice of medicine.

Medical science is not static. It is a progressive science. New knowledge is constantly being gained. The man who serves the best is the man who has an incentive to care for his patient and to serve him correctly. He knows he must keep up with the ever-increasing stream of medical information.

The people, who are to profit by this distribution and application of medical knowledge, need freedom of action and an interest in those members of the profession who are industrious in bringing to them the best information available. There should be no barrier in the way of the development of this progressive science we call medicine.

General Session

Friday, April 28, 9:00 a.m.

Presiding: C. Ruth Bower, R.N., Vice President.

The Obligations of Citizenship

Rufus Carrollton Harris, LL.D., President, Tulane University of Louisiana, New Orleans

The underlying general purpose of education is the training for good citizenship concerning which there is no unanimity of opinion. To some, good citizenship is synonymous with a desire to maintain the political, economic, and social status quo. To others, equally sincere and learned, it signifies a burning and passionate urge to right, immediately, the injustices of the established order. To still others it represents an aloofness from the world of men and things as they are—an escape to Utopia—where they cry vehemently
and vainly that the politicians have corrupted an otherwise rather decent world.

Good citizenship involves more than any one, or all of these. Its essential nature must be discovered from a consideration of the nature and purpose of the state. The state is fundamentally a cooperative concern. It is a mutual undertaking in which each individual somehow identifies his interest with that of the whole, and in which that interest is served by all in mass. The state is the most comprehensive of our cooperative groups, organized, as Aristotle said, that men might live, but maintained that they might live happily. The good life is its object.

The good life may be described as that life which is characterized by the possession and enjoyment of those things necessary to life—food, shelter, clothing, together with the time, ability, and inclination to enjoy some of the amenities. It can be promoted by the wise division and administration of labor. Citizenship is a ruling and being ruled in turn. It is better for us both, for instance, and society as well, for the physician to prescribe for me in matters of medicine, and for me to prescribe for him in matters of education.

This does not mean that I have no responsibility in the sphere of health, or that the physician has none in that of education. A good citizen in ourmedico-academic commonwealth must know the difference between a quack and the genuine physician or teacher. He must recognize and appreciate the value of training and experience in any field. Our public health problems would be largely solved if we could realize that fundamental truth. We choose, however, to depend on ourselves and our "medicine men." Our political problems might not be solved, but much human suffering would be obviated if we depended less upon sign painters and soap salesmen for the determination and administration of the affairs of state.

Hence, the good citizen is good because of the way he functions. But how may he be trained to function properly, and to perform his own work effectively and not meddle in affairs of which he is ignorant? A realistic approach to the question necessitates consideration (1) of the school as an institution, (2) of political parties, and (3) of the instruments of public information. All of these have responsibilities for training citizens; each its own peculiar contribution to make.

In my opinion, we must look to political parties for the formulation and adoption of our state policies and for the education of our citizenry in those matters of state policy dealing with current issues. Burning political and social issues have a way of springing out of current interests and states of mind with which the teacher is naturally uninformed. They affect the men of the market place, the factory, the mine, the farm, and the office, in many ways. The men thus affected are real living men; the interests affected are vital and living interests. Politicians are persons who live with these men and interests and make it their business to understand and appreciate them; they are men whose continued existence depends on their serving the interests in the here and now. The politician takes the short view of things; but
the short view is often as essential in formulating wise policies as the long view.

Whatever else good government may be, one element of it is that it shall be in accordance with the will of the governed. On the basis of the prevailing winds of opinion, and the exigencies of the occasion, the politician formulates and canalizes the public will. It would be better in the long run if this will were enlightened and based on a thorough consideration of all of the antecedents and possible consequences of the proposed programs of action. But the politician is hardly the person to give instruction in these. Somewhere along the road to good citizenship there must be a guidepost that takes men as they are and directs them where they would go, letting laws and institutions be what they may. This is the supreme educational purpose of political parties. Thus they are inevitable in any scheme of preparation for citizenship.

The second indispensable institution in the education for citizenship is the press. The person who said "Tell me what you eat and I will tell you what you are" was exaggerating. The man who said "Let me write the songs of a nation and I care not who makes the laws" was giving overemphasis to a good point, but the one who said he could tell what you are by what you read and hear spoke wisely. The plain and sober truth is that those who have the right to determine what facts, appeals, personalities, and communications shall be delivered to the public by radio and printing press have the power to control the minds and hearts of mankind in unparalleled degree. In any age of mass producing, mass consuming, mass thinking, feeling, acting, and reacting there is no power and responsibility quite so great as that which goes with control over the instruments of public communication. And the power and responsibility are multiplied by the fact that from their nature they may not properly be interfered with by government.

It is well therefore that we insist upon high recognition of that trust. Unless freedom and responsibility and education alike inhere in those who determine what shall enter the hearts and minds of men—through the ears and eyes of men—this democracy won't work and this machine age will cease to run. The press and radio are established and maintained by society for the performance of a rather specific function in respect to the training of citizens. They are equipped with the facilities and the personnel admirably fitted to make their own peculiar contribution—namely, the presentation in a rather spectacular form of the day-to-day events bearing upon communal life. Like the political party, they are contemporary in outlook and point of view. They are especially comprehensive—in time they are momentary—they link communities, men, and ideas in space.

But government by press and radio must be as intolerable as government by political parties. Civic education by them is equally incomplete and inadequate. They lack the element of perspective and the reasoned judgment of experience.

What is the peculiar function of the school as it is or should be organized and administered in the training for citizenship? Fundamentally, it is an
institution which is characterized from the standpoint of its clientele by a kind of maturity—physical, emotional, and intellectual. It is equipped with books, periodicals, regional newspapers, maps, and with laboratories and workshops for the discovery or invention of new truths and devices, as well as for the purpose of illustrating old ones. Hence, it is an academic, or literary institution, without experience in the give and take of complex industrial and political life.

But most important, its personnel is characterized by the fact that it has been exposed to the experience of the race. The modern teacher is not an unworldly recluse, spending his time in harmless meditation. He is rather a man or woman of affairs who knows something well, who has stood face to face with truth of some sort in its last analysis, and who knows how to warm that truth in the glow of his own personality and to relate it to life. This exposure qualifies it for, and obligates it to, the performance of a hugely important but limited function in the training for citizenship. There is no political or social problem confronting us today that has not confronted us from time immemorial. There is no problem upon which there is not a vast and precious store of literature embodying the wisdom of the ages on the same problems that confront the citizen of today.

Here is the peculiar function of the school—to develop an awareness of this rich store of relevant material, and to cultivate an ability to interpret it in relation to the present needs of man. President Roosevelt wrote a letter last year stating the reasons why he did not desire to become a dictator. Among the reasons, he stated that he knew too much history. I wonder if the American people know too much history to accept a dictator when the pinch comes, when the politicians, the news men, and other institutions, equipped and manned as they are with an eye only to contemporary evidence, insist upon its acceptance? The Germans did not; and the Italians did not. We may suspect that much of the tragedy of these countries is due to the fact that their teachers have become party workers, "solving problems" in the light of contemporary evidence alone. They have become mere adjuncts of political parties, having forsaken their divine mission of insisting upon the relevance and usefulness of the considered judgment of mankind to the solution of today's problems.

If the political party, the press, and industry are contemporary in their outlook and point of view, the school is historical. It lives in the present, largely by the past, and for the future; and the future, if worth living, must be compounded of the elements of today and yesterday, properly observed and understood.

PREPARING THE NURSE FOR CITIZENSHIP

DAISY DEAN URCH, R.N., Director, Department of Nursing Education, College of Saint Teresa, Winona, Minnesota

I agree most heartily with all that Dr. Harris has said. We must see to it that the program he suggests be not lost in the busyness of becoming a
nurse. May I take a moment of your time to state a fundamental principle which you all well know. Take a healthy intelligent young woman and for about three years direct her activities, attitudes, and study toward certain definite aims and objectives, this is, I believe, the recipe for producing a good nurse. Froebel said it this way: "Educate the whole child, train the heart, the head and the hand." Horace Mann, if I am not mistaken, selected the word "integration" to describe the same thing. We now say the well-adjusted nurse is one whose thinking, feeling, and acting are all moving toward desirable ends. This, we agree, is the fundamental principle to follow in order to induce effective learning. To insure good citizenship on the part of the nurse we must obey this fundamental principle. The nurse's citizenship, like her nursing skills, her pride in professional proficiency, her healthiness, her trustworthiness, and all her other nursing characteristics must be an integral part of her and express itself in her work and in her play, in her thinking, her attitudes, her relationships to others as well as in her voting. She must believe in the worthwhileness of her citizenship. She must see the significance of her citizenship as she sees the significance of her aseptic technique and her accuracy in giving medicines. She must so sincerely desire to be a good citizen that she will find time to perform her civic duties and will constantly prepare herself to be an ever better citizen. This is well known to you. I reiterate it in this setting to remind us all that we apply these learning laws in preparing the nurse for citizenship.

At this point let us define citizenship. L. P. Jacks¹ holds that the first essential of effective citizenship is master craftsmanship. That is, to achieve successful attainment at some useful piece of work, to take pride in turning out a superior product of one's brain or hands, to delight in developing one's abilities are marks of a good citizen. It follows that she who would be a good citizen must find the work for which her capacities suit her, do it skillfully, resolutely improve her skill, and, at the same time, learn to adapt herself and her product so that as social needs change her services can meet the changing needs. Acceptance of this criterion simplifies our problem and incidentally relieves the necessity of adding greatly to an already crowded curriculum and a busy faculty, for this we are already trying to do.

Another Jacks-ian function of citizenship is (to use his own words) "bearing and fulfilling responsibility." Mr. Jacks states that "man is by nature a responsible being, which is another way of saying that he is a born trustee. All systems of education which fail to treat him as a trustee do him wrong. . . . his right to be trusted defines the fundamental duty his fellow citizens owe him." He cannot drift along and expect others to make our democracy work. He is morally accountable for the performance of his full share of civic duties. Again, assuming responsibility is part and parcel of the nurse's life and practice. And, again, we have only to see that it carries into the citizenship aspect of her living to insure that she be helped to see how her nursing can become deeper and richer and more significant as it is permeated and interpenetrated by civic duties and rights—including

the right to do her duty by her fellowwomen and the right to have her nursing activities valued and utilized, to see the relationship of wisely, actively participating citizenship to the total health and illness problem of the people. Above all, let us not kill her love of responsibility and of feeling useful.

The Wrights² include in citizenship duties: (1) assuming your financial obligations, (2) taking part in primaries as well as voting, (3) selecting better candidates for office, (4) urging trained personnel for public office, (5) performing jury duty, (6) finding out what people exercise political influence, studying these people and learning how to control them, (7) searching through books, newspapers, magazines, societies, and organizations for the truth regarding vital issues, (8) learning to form discriminating, impartial, objective judgments and viewpoints, (9) learning to recognize propaganda and to resist being influenced by it, (10) paying your taxes but also working for economy and efficiency in government, (11) taking active leadership in improving our laws, and (12) obeying the laws. This is a large order but it is a life-long job.

In preparing the nurse for active participation in her citizenship responsibilities I venture to suggest that we start with both graduates and students, that we incorporate these ideas into the curriculum in the same fashion that we have been, and are, incorporating the social sciences, the preventive aspects of nursing care, the mental and emotional needs of our patients, and our responsibilities to the community. It is after all an enlarged, enriched, and more effective community activity. We are to help create a better functioning as well as a healthier community. As a matter of fact, all we are now doing along these lines are expressions of citizenship. What we most need is to assume greater responsibility for getting all our nurses to vote more intelligently and more hopefully; to show more activity, courage, confidence, and constructiveness in selecting better people for office, seeing that they honestly and effectively perform their duties while in office, and to actively participate in improving, simplifying, and clarifying our laws. These duties are largely for those who have reached the voting age. But both these nurses and our younger women need to learn to face facts realistically, to get rid of (if they have them) all their intolerances, their fears and hates and foolish notions regarding panaceas for security, their blind faith in "isms" and in individuals who make political promises. We all need to learn that the world does not owe us an easy living, neither will it nor any individual nor group nor government give it to us. On the contrary we must earn and continuously re-earn our livings. We must continuously make our government function efficiently and we must continuously act as a watchdog over the members of that government and over the laws of the land. Certainly the freedom our forefathers so hardly won has no paid-up insurance policy which leaves us free to drift irresponsibly along our way. Above all, citizens must learn in the midst of propaganda, advertising, and other activities of those who, through stupidity or for selfish ends, would

---

² Wright, Roy V., and Wright, Elly C., How to Be a Responsible Citizen. Association Press. New York City, 1938.
arouse fears and hates to keep a constructive, critical, tentative, and hopeful frame of mind. The effective citizen must be free from a sense of defeatism, of futility, of a what’s-the-use attitude. Although we do not always act as well as we know how to act, we know that the way to rid ourselves of emotional tensions is to do something about the condition which arouses them. Primitive man and the animals run away when they are frightened and fight when angry. We, in our more complex society, bottle up our anxieties. We should do something. Write to your senator. Vote. Talk over your fears with someone who can help find a solution. Give some money to a society which is doing something. Join a group who are actively working for the public good. Do something.

Again, how shall we prepare our nurses for citizenship? I have already suggested some ways of incorporating attitudes and habits of thinking about civic matters into the regular curriculum. Much can be included in history, in the social sciences, and in professional problems. One thing I certainly do not advocate is a special course, with a teacher, a body of subject matter, and a final examination to pass on citizenship. But, as we have found that adding to the faculty members who have had experience in public health nursing has been effective in imbuing the whole nursing personnel with their points of view, so selecting faculty members who feel and exercise their civic duties is important. Selecting students from families and schools where civic obligations have been assumed is helpful. These attitudes are contagious and tend to carry from person to person in casual conversation. Girls who have been girl scouts, 4-H Club workers and those who have participated in self-government in high school or college have much to give. Student-faculty government in the nursing schools can be good civic education. Miss Many and Miss Petry made some good suggestions along this line yesterday. Clubs and discussion groups which may alternate discussion with listening to some of the splendid radio forums such as Town Meeting of the Air under Mr. Denny’s able leadership, Lyman Bryson’s forums, and forums offered by some universities, N. B. C., and others are very educative. These broadcasts are among our best sources of information and opinions which help us to discriminate between propaganda and the truth—an imperative citizenship characteristic.

Visits can be made to local public and semi-public institutions to see how they function, what sort of people are employed, the conditions under which they work, the products they turn out, and their usefulness to the community. Social organizations such as the League of Women Voters can be helpful by sending speakers to the nursing school and by faculty membership in them. These faculty members can bring back to the institution what they have learned. Well-selected speakers to present various aspects of local, state, and national problems can be found in most communities. I would suggest that in selecting speakers we exercise care lest only one side of questions be presented. Last evening’s program is a good example. Also, that those who have constructive ideas and concrete plans for their achievement be given preference. We should get away from the great American habit of "voting
people out of office” and substitute the more constructive and “time-thinking” plan of selecting, training, electing, and watching our public officials. Recently, this speaker listened to a lecturer on current events who described in detail how one community organized to take care of its needy, to feed and clothe, and even build houses and furnish them on a cooperative basis—and all without benefit of money from the Federal or State Treasury. I might add that all their public officials are compelled to give good accounts of their stewardship. This sort of lecturer can well be brought in to give talks to the whole personnel—graduates and students. It is good citizenship education. Such speakers could well be financed by a small admission fee. I, for one, believe it is good citizenship education to pay one’s way and to be wary of so-called free education. A careful investigation usually reveals that that which is labelled free is often very expensive.

When shall this subject matter be given? Much of it is a by-product of the curriculum. Much of it can be done as a “wise use of leisure” activity. Listening and reading and conversing and thinking about worthwhile matters is very re-creational which crowded in a bit spells recreation. Moreover, it is very inexpensive recreation. The curriculum committee, which makes the curriculum for each school, should give this subject due consideration. I am sure the bright young women on our faculties can add to and improve my efforts to point the way. A subcommittee on this subject with a member or two from a local school or organization can arouse interest and develop details. Some books and magazines will need to be added to the library. I should like to recommend the two from which I have quoted and Lord Bryce’s Modern Democracies. A few penny post cards will bring many copies of good radio talks.

To summarize, I have tried to say that preparation for citizenship includes active participation in certain cooperative endeavors which lead to habits of clear thinking, group action, high endeavor, and objective tolerant human relationships; that being a good person, doing a useful job well, and developing one’s talents is good citizenship; that one’s citizenship is an integral part of one’s personality, and that living and working among a group of constructive citizens is in itself the best of preparation.

Yet more than this we need to do. The curriculum committee can best develop the program following accepted principles of learning. In line with making one’s country and the world a better place through good citizenship I like to think of George Eliot’s tribute to a great worker.

“My work is mine
And, heresy or not, if my hand slack’d
I should rob God—since He is fullest good
Leaving a blank instead of violins.
I say, not God Himself can make man’s best
Without best men to help Him—’Tis God gives skill
But not without man’s hands; He could not make
Antonio Stradivari’s violins
Without Antonio

—George Eliot.

We cannot make a good government without good citizens.
THE RED CROSS NURSE AS A CITIZEN

VIRGINIA DUNBAR, R.N., Assistant Director, Red Cross Nursing Service, Washington, D. C.

Recently a young nurse wrote this statement, "I want to be a Red Cross nurse for the same reason that I wanted to be a nurse in the first place." What she was referring to was undoubtedly that satisfaction of doing something which needed to be done, and which could be done only by the person who was prepared to do it. Nursing is needed in so many different forms that nurses, no matter what field of nursing they are in, can see that what they are doing is needed and that what is needed calls for special preparation on the part of the person who is to give it. When people are made helpless by some great disaster, the need for care is even more obvious; and that it be dealt with by properly prepared workers is, you will at once acknowledge in theory, essential. Practically, how is it possible? To the regular nursing agencies and hospitals falls naturally the first responsibility. But, some means of immediate expansion in nursing service must be available. The purpose of a nurse reserve such as is maintained by the American Red Cross is to assure that when nursing care is needed as a result of any unusual or great emergency, it is available promptly and is of a quality equal to that set up as essential under normal conditions. The reserve is a pooling of nursing resources. The nurse who places her name on the roll of such a reserve is making herself available for a service which at intervals the community or country has very great need of and which she alone can give. This relationship has in it one element which is important in the idea of citizenship—namely, that the nurse is giving and being looked to for a special contribution she is fitted to make.

The Red Cross had its origin in war. Wars occurred from time to time and the physical suffering which accompanied them was obvious enough to attract attention and to bring into existence in nearly every civilized country in the world an organization which tried to make some systematic plan for alleviating the terrible suffering resulting from war. The extreme nature of the need and the necessity for immediate action have brought, with the development of the Red Cross, an emphasis on volunteer service which has left us perhaps with a more vivid impression of the Red Cross Worker as a merciful helper than as a person of any special preparation. This idea has undoubtedly been strengthened by the fact that at the time the Red Cross movement originated medical practice was comparatively crude, and nursing did not exist. There was no body of knowledge recognized as nursing and no group of workers looked to as nurses. The Red Cross nursing field was, therefore, a peculiarly attractive one for philanthropically inclined volunteers. Red Cross nursing has in many countries developed entirely along these lines. This has not been so in this country. The nurses themselves have taken a stand on the question.

A very apparent feature of the origin and development of nursing under the Red Cross in this country has been the constant effort to make available
for Red Cross service nurses who are prepared according to standards considered necessary for other nursing work. This country has been unique in its ideal that Red Cross nursing should be done by nurses who are qualified for the regular nursing programs of the country; that it should not be left to any group less well qualified.

The relationship between the nurses of the country and the American Red Cross was described in an editorial in the *American Journal of Nursing* in 1909, the year of the organization of the Service, as follows:

> By the appointment of this Committee (the Committee on Red Cross Nursing under the War Relief Board of the American Red Cross) with a majority of its members nurses, the responsibility of the Nursing Department of the American National Red Cross is placed upon the shoulders of the members of the Associated Alumnae . . .

> The action of the Associated Alumnae (in bringing about their relationship with the Red Cross) gives to them (the nurses of the country) a very influential place in the administration of the strictly nursing side of the work of the National Red Cross. It is an opportunity which has never been ours and one which must receive the most intelligent cooperation from all the affiliated societies in order to prove our worthiness of the confidence which has been shown us.¹

The plans to make possible such a scheme whereby only trained nurses would be used for Red Cross service were first drawn up at a time (1909) when many safeguards to nursing standards taken for granted today were only irregularly provided. Registration was required in only a few states. Entrance and graduation requirements for schools varied tremendously, and not until four years later (1913) did the National League of Nursing Education go on record as advocating one year high school as an entrance requirement to all schools. The need for a preliminary period of instruction was an important topic at national meetings. Under such conditions there was obvious need for careful selection of nurses for the reserve if standards of Red Cross nursing were to be safeguarded.

In the thirty years which have passed since that time there has been steady effort to have available for emergency service nurses who meet professional standards. During this same period nursing duties have become more complicated, the qualifications required for practically all nursing work have been raised, and the opportunities for preparation have been stabilized and improved a thousandfold. At the same time the agencies and organizations through which the nurse can make her services available have been multiplied. What is required today in order to make it possible for the Red Cross Nursing Service to continue to maintain high standards of nursing care in disaster and national emergency?

Two things certainly are necessary. First, the nurses themselves must continue to recognize the need for such a service. The total enrollment in the Red Cross Nursing Service is today equal to about one-third of the present total membership of the American Nurses' Association. However, the yearly enrollment of young nurses is less than one-seventh of the number of nurses

entering the profession each year from the graduating classes of schools of nursing. Yearly enrollments in the First Reserve, therefore, only balance the losses resulting from First Reserve nurses marrying or reaching the age of forty. At the same time there has been an extension of the field of service of the Red Cross and Red Cross Nursing Service to include many activities other than those of relieving suffering resulting from war. The Red Cross has been called upon for help in disaster in an increasing number of instances. In the past year Red Cross help was needed in 174 disasters, 129 of which were within the mainland of the United States. In the past 14 years it has served in an average of 92 disasters each year. Nurses are needed in by no means all disasters, but when they are needed, the part which they take is important and quite obviously requires individuals of high professional and personal qualifications. There are undoubtedly nurses who think of the Red Cross solely in connection with war and actually believe that allying themselves with the Red Cross in some way signifies approval of war. The truth is that the very nature of the Red Cross ideal is in being prepared to alleviate suffering in connection with unusual emergency situations where and whenever they occur. The great extension of Red Cross activities to include other responsibilities besides those in connection with war has been a natural development of the release of Red Cross energies from the extreme demands which brought the Red Cross into existence. Many of you read the January issue of the Survey Graphic entitled “Calling America,” which brought together so many accounts of human suffering, not the suffering of war but the mental and physical suffering of oppressed minorities. Here in daily living, apart from war, are new frontiers in which Red Cross Societies all over the world should be able to play some constructive part in preventing and alleviating suffering. Such a rôle is probably no more impossible of achievement than was the rôle of war service in the 1860’s as conceived by Henri Dunant.

However, no matter how many responsibilities the Red Cross may take on it must continue to carry as its responsibility the alleviation of suffering resulting from war, as one of the disasters with which the country may be faced, at least until we have much greater assurance than we have as yet had that war can never occur again. Only by their continuing to accept this responsibility by enrolling and pointing the way to well-prepared young nurses can the standards of such service continue to be high.

The second condition which is necessary is that the service include the nurses who have had the best preparation offered in the country. The type of service and the standards set for nursing under the American Red Cross require that the nurses who wish to give this service meet the qualifications required for other types of nursing work carried on according to the highest standards. Many of the irregularities in qualifications of applicants, which must have been met in earlier years, have disappeared but there are still a surprising number of applications from recent graduates whose training has been received under totally inadequate conditions. Hospitals with a daily average of less than even 50 patients are still being used, with affiliations if
any, far from making up the deficiency. In addition there are still many graduates who might be needed in emergency but who do not apply because they know that they do not meet even the minimum Red Cross requirements. There is still, therefore, just as much need as there has been in past years to examine the credentials of nurses in advance of an emergency. Even in a brief time spent in reviewing applications of nurses applying to be available for Red Cross service, the need for careful selection in order to safeguard standards becomes very apparent. However, any organization which maintains a nationwide reserve is in the dilemma of needing well-qualified nurses and yet of needing a large number of nurses so that all parts of the country are covered and all nurses need not be expected to respond at a single time. Such a service which must draw from many sources is therefore at a great disadvantage in trying to maintain standards of the best type of care. Preparation in communicable diseases, in nutrition, the care of mothers and children, community nursing, preventive medicine, psychiatry, are all considered essential in the preparation of the nurse for nursing positions with agencies maintaining high standards. The work carried on by such agencies is similar to that for which a Red Cross nurse may be needed, yet there are many recent graduates applying for Red Cross service who have had no training or inadequate training in a number of these clinical specialties, important in the preparation of the Red Cross nurse. This is true even though the minimum requirements for Red Cross service are considerably lower than is really needed, judging from the type of work which the Red Cross nurse is expected to do. Undoubtedly the minimum standards for Red Cross service should be those which have been agreed upon by the International Council of Nurses, the National League of Nursing Education, the Winslow Goldmark Report, and the Canadian Survey, as important for all nurses, namely, that clinical experience be offered to all nurses in medicine, surgery, communicable diseases, pediatrics, obstetrics, eye, ear, nose and throat, psychiatry, out-patient department, and community organizations affording elementary instruction in the principles of public health. The International Council of Nurses and National League of Nursing Education also agree that the clinical field should have a minimum daily average census of 100 patients. Yet if these were requirements for Red Cross service at the moment, they would exclude the graduates of more than half of the schools of the country.

To summarize briefly: Making her services available to her community and country through the Red Cross Nursing Service is one way in which the nurse can take an effective part as a citizen. The nurse who is interested in helping to maintain an efficient Red Cross Nursing Service will recognize that she needs to obtain for herself a much more than minimum preparation. She will recognize also that she should take part wherever she can in improving the preparation being offered to other prospective Red Cross nurses. The nurse who makes herself available for that service which nurses alone can give in time of local or national emergency serves her function as a citizen if she sees the part which Red Cross nurses can play, and offers her service as a well prepared worker.

---

2 Committee on the Grading of Nursing Schools, Nursing Schools—Today and Tomorrow. New York, 1934, p. 262.
General Session
Friday, April 28, 10:45 a.m.

Presiding: Stella Goostray, R.N., Principal, The Children’s Hospital School of Nursing, Boston, Massachusetts.

Symposium: CLINICAL TEACHING

Chairman: Augusta Patton, R.N., Formerly Assistant Professor in Nursing, Yale University School of Nursing, New Haven, Connecticut.

THE TEACHING OF MEDICAL NURSING

Margene O. Faddis, R.N., Associate Professor of Medical Nursing, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio

On occasion, a student has come to me at the close of her experience on medicine and said, “Do you know, I did not want to come to medicine. When I was here as a preliminary student it seemed so dull to me. But now I do not feel that way at all—in fact I wish I did not have to leave.” I always understand that point of view because now, after nearly ten years of teaching medical nursing, I still wonder how I managed to get here in the first place. There was a time in my student days when, if anyone had told me I should spend many years as a teacher of that subject, I should have laughed merrily and scornfully.

It is, perhaps, more true than of the other so-called basic clinical services that until one has some understanding of the diseases one cannot appreciate the challenge of the nursing and the fascination of caring for this type of patient. Less is apparent to the casual observer and there seems, on the surface, to be less drama. There is not the excitement which attends the birth of a baby or that which goes with major surgical operations. Realizing that I speak with prejudice I am still going to say, however, that there is no basic clinical service with a greater opportunity for the development of an absorbed interest in students. In the beginning they can see so little because much is not obvious. But in two or three months so much can be learned and, if we do our job well, many of our students are going to be as excited about its potentialities as are we.

By way of introduction I should like to present the objectives we are using for our own course in medical nursing. They are based on those in the Curriculum Guide but have been modified by the group thinking of one of my colleagues and some of the graduate nurses who are in my class in The Supervision of Clinical Instruction.

Objectives:

1. To develop an understanding of the causes, symptoms, course, treatment, prevention, and control of medical conditions as a basis for nursing care
2. To develop an appreciation of high standards of nursing care of medical patients and the ability to carry out such care intelligently and effectively
3. To develop an appreciation of the importance of emotional factors in disease and the ability to deal objectively and sympathetically with patients

4. To develop a knowledge and appreciation of the interrelation of social, economic, medical, dietary, and nursing problems and an ability to cooperate with all who contribute to the total care of the patient

5. To develop a positive and practical health ideal which can be exercised personally and in the nursing of all patients.

What are the methods for attaining these objectives? In most schools of nursing the basic clinical knowledge upon which all further developments are made is usually presented in the doctor's lectures. The nurse in charge of the program, with the help of the physician, must decide which of the great volume of material must be given most time and emphasis. In the part of the country from which I come we spend much time on pneumonia and little on malaria which we practically never see except in induced cases. In this section, it might be reasonable to use more time for malaria and much less for pneumonia. Incidence, then, is one determinant. Secondly, diseases should be stressed most in which nursing care is an important factor. Remember always: "To develop an understanding . . . as a basis for nursing care." It would seem that the more important the nursing care as a factor in the welfare of the patient, the greater the need for understanding.

Following the doctor's lecture is the nursing class. In medicine, as in all services, this should not be merely a review of the material which the physician has presented, but a careful consideration of all the important phases with which the nurse is concerned. One may begin with a presentation of the significance of the disease, socially speaking, proceed with a reconsideration of the symptoms (for much medical and nursing care is symptomatic), and then, with very active participation on the part of the students, construct a program of nursing. This, quite obviously, should include a consideration of emotional factors and if the condition is one in which teaching is desirable and possible, that also should be discussed. If specific procedures are involved, they should be demonstrated if new, and perhaps reviewed if not. The best practice of all, of course, is to build the whole around some patient or patients known to the students. An excellent illustration of the possibilities here is found in the American Journal of Nursing, October, 1938, pages 1090-1098, The Ward Conference, Alice E. Ingmire and Mildred E. Newton.

What reference material should be assigned? Most of us need to be on the guard against giving too much, rather than too little, for in our great desire to build up imposing bibliographies, we often include material which is of minor value to students. If, on the other hand, we use only material of vital importance and make the requirements reasonable, students will take us seriously and will be keen to read further assignments which we may make. If we pad our references and make them overwhelming in length, it does not take students long to make the discovery and they have ways of getting around such a situation.
The sources of material should vary. Much will depend, of course, upon whether a textbook is used. If this is true, and it is furnished by the school of nursing, one cannot help wondering if the school would not profit very much more, and by the school I mean the students, if that money were used for the building of an adequate library. If a textbook is not used, and even if it is, other sources should be brought to the attention of the student so that, as time advances, she will acquire a wide acquaintance with the best literature. In medicine, this would mean such references as: The American Journal of Nursing, The American Journal of Public Health, The Journal of the American Medical Association, Cecil’s Textbook of Medicine, Musser’s Internal Medicine, and the Oxford Monographs. The list would vary, of course, with the particular subject.

One possible way of shortening assignments without the sacrifice of wide acquaintance is to vary the references for individual students from time to time. For example, this week Student A might use Cecil’s Textbook of Medicine and next week Musser’s Internal Medicine while Student B might use them in reverse order. Of course, with assignments like this, it is not possible to have a mere reproduction of what has been read, but different students can make different contributions and in the end you will have accomplished your purpose. Just one word of warning—it seems better not to give any reference material at all than that which is too technical or which has nothing to contribute to fine nursing.

In medical nursing there are many opportunities for correlating various subjects. The material in the doctor’s lecture, the nursing class (including, of course, the teaching of the patient), dietotherapy, and pharmacology, are so easily integrated. In the initial presentation there are certain practical limitations, for most class schedules, especially if there are several instructors who participate, must be planned for so many hours of lectures, so many nursing classes, et cetera, each week. What, then, happens when you have finished the doctor’s lectures in a given subject, but still need time—and that means more weeks—for your nursing classes, dietotherapy, or pharmacology? This is a real dilemma because no one individual can teach all these subjects and few indeed are so free that they can plan their schedules so they have two hours of class this week, three next, and only one during the third week.

We must not be deterred by such obstacles, however, because much more can be done than most of us have accomplished. The more one can bring together all the material concerning the care of patients with any given disease, the more effective is one’s teaching likely to be.

 Regardless of how adequately the classroom instruction is planned and executed that which really counts is the opportunity we give our students to learn as they care for patients. The importance of experience in the observation and care of patients has been reiterated so many times that I shall refrain from repeating it here except to say that the more years one spends in teaching students the more firmly does one believe in its truth.

How, then, can we best enrich and add to these experiences? First of all there is the possibility of morning report. These few precious moments
can be among the most valuable of the day. It is then that the head nurse can present information which she has derived during ward rounds and while in conversation with doctors. Often she is the only nurse who has heard these discussions. She may also have learned something from the family. She may point out the developments in the course of Mr. A’s pneumonia as shown by the striking decrease in temperature, pulse, and respiration during the night; she may discuss with all the nurses the fact that, though he now seems to be on the way to recovery, this is an example of a situation in which it is better nursing to let the patient sleep, or at least rest, than to give him a bath and have his bed in spick-and-span order. By way of contrast she may discuss the patient with pneumonia who does not look sick at all but whose very low white count has an implication not to be overlooked by nurses. She may show by the comparative intakes and outputs how striking has been the response of Mr. Tom Jones to a diuretic drug. She can bring out the bottle and medication card of a difficult dosage and so be sure that all her nurses are certain of the solution of the problem. She may invite contributions from her nurses concerning some of their experiences in nursing and teaching a given patient. There are such fine opportunities on any reasonably active medical service! To dismiss them all by simply saying, “We cannot afford to take the time,” is inexcusable because even in five minutes a great deal can be accomplished. The use of the patients for discussion in morning report is far more valuable than assigning reports from the literature. That may be done in the classroom but here, right before the eyes of all the nurses, are graphic illustrations of what they read in books and hear from their teachers. Such a morning report is bound to be interesting and a surprising amount of material may be presented in a very short period. There is also another advantage—it is as interesting to the graduate nurses who have been there for several months as to the student who came week before last. Such material cannot grow stale because no two patients are ever exactly the same.

Student nurses are sometimes prone to gauge their experience by the number of procedures in which they have been supervised. This is largely inherent in our system, because in the early months, we seem to place so much emphasis upon procedures as such. In medical nursing there may be fewer new procedures, but there are unlimited opportunities for the use of the old, for learning how to make accurate and intelligent observations and how to interpret these to others through the medium of nurses’ notes. If only one can find time to work with students while they are caring for patients! This does not mean that the teacher should take the initiative from the student or show her every step of the way any more than it means she will stand off in the corner, watching, with her arms at her side, every movement the student makes. A wise instructor soon learns when demonstration and example are advisable, how she can occasionally question her student at the bedside and, more often, after leaving the patient, and how effectively she can teach by studying and criticizing the charting which the student has done.

How much should a nurse know about the patients? With wider appli-
cation of the case method of assignment we find the problem confronting us as to how to keep all the nurses informed about all the patients. Doctors sometimes make the criticism that nurses too often reply to their questions, "I do not know. She is not my patient." There is probably little question concerning the information which we consider it necessary for a nurse to have about a patient for whom she is directly responsible. But what of all the rest? Shall nurses learn the diagnoses of all the patients on the division? I recall a certain ward on which I was on duty as a very young student. We all knew that one of us would be called upon in morning report to recite the names of the gynecological operations which the patients had had the day before. Most of us became quite expert at reading them upside down or in learning them just long enough to save our reputation. Whether we derived any real benefit is another question. It is certainly true that each nurse should know, in general at least, what is the matter with all the patients. She should be familiar with outstanding symptoms, and the treatments, medications, and tests in which nursing is important. But this is more easily said than accomplished. What is the answer?

It is my good fortune to be in a school of nursing in which the clinical instructors have no administrative responsibility and are therefore free to devote their entire time to teaching. Even in such a situation as this, however, I honestly believe that the most important teacher of all is the head nurse. She it is who largely holds the power to show the vitality and fascination of learning from what one sees and hears and does in one's contacts with patients. She it is who can work a bit with one student, then another. It is her opportunity to lead her nurses to contribute to morning report not what they have read out of books, but what they have learned from real patients. She can carry on lively discussions, brief though they must be, of what is happening to Mr. J. and what the implications of these developments are as far as nursing is concerned. She, more than any other person, can give the real understanding of what fine nursing care is. Hers is indeed a precious privilege and responsibility, for it is largely by means of her guidance that student nurses are led to an appreciation of the importance and opportunities of medical nursing.

THE CLINICAL TEACHING OF SURGICAL NURSING

CAROLINE KELLER, R.N., Surgical Supervisor, The New York Hospital

The clinical instruction in surgical nursing at the New York Hospital is considered under two main divisions, theoretical and practical. In the more informal type of theoretical teaching, we bear in mind at all times that the formal type, as carried out in the classroom, must be closely knit with the ward program. Only in this way can be furnished the necessary background of knowledge upon which to build a successful ward teaching program. Strong emphasis is placed on supervised practice in an actual situation. The time for instruction in surgery is divided into three periods: the
preclinical, the clinical, and the senior period. It is not necessary to comment here on the operating room program, which is given in the second year, as it has no place in a discussion of bedside teaching. To all these periods of service, the students come with a background of practice obtained in the classroom and carried out, not only upon a model doll, but upon one another.

I shall take these periods one by one and explain just what is accomplished in each. The preclinical period covers approximately four months, during which time the students are on the wards for a very few hours each week. This is utilized for drill under supervision in the most elementary duties and procedures such as bed-making, the giving of baths, and the administration of enemas.

During the clinical period the students are assigned to the wards for thirty-six hours a week. Let me outline some of the methods of teaching that are used. For instance morning conferences are given at seven o'clock before the whole group, sometimes by graduate nurses, again by students. These last from fifteen to twenty minutes and consist of reports, demonstrations, and discussions. A series of topics is outlined covering the entire period of the student's experience, progressing from the simpler surgical conditions to the more serious and complicated. Written or oral quizzes dealing with these experiences are given weekly.

Group conferences are held with the supervisor in the form of bedside clinics. These are also given weekly and follow the subject matter of the morning conference program and the patient assignment for the week in question. For example, the students are present at a transfusion, the care of a colostomy, or the postoperative care of a patient reacting from a general anesthesia. Sometimes a jaundiced patient, or one with a bleeding, gastric ulcer, or a patient in surgical shock, is used for demonstration. The students are given a specified time in which to observe the patient and then, after the patient has been removed from the room, they are questioned as to their findings and the case is thoroughly discussed. Group conferences are also conducted to discuss the form of case study writing and problems arising in connection with the work. Further, there is opportunity for individual conferences in regard to choice of a patient for a case study, the progress of individual student's work, or any matter which occurs to student or instructor. In addition to these conferences the students attend doctors' clinics and rounds and observe operations and autopsies.

A complete record is kept by the student on the so-called pavilion instruction sheets. All pavilion instruction received by the student is recorded here, together with a list of all diseases studied. In addition to this record is the individual rating sheet made out by the head nurse wherein the progress and ability of the student is recorded. This is discussed at intervals with the student.

Practice is carried on continuously with this comprehensive background. The assignment of patients week by week is made and is progressive, as in the theoretical program, from the simple to the complicated and very severe cases. The student is supervised at least once in each activity, several times if
necessary. Much time is spent in special teaching of advanced procedures such as transfusions, postoperative care, and the technique of the dressing carriage.

The same plan is used in the senior period as in the first year. The emphasis, however, is placed on the perfecting of a meticulous technique in bedside nursing and the development of a sense of responsibility through the assignment of periods of charge duty. The acquisition of poise and the ability to organize and present material is accomplished through senior demonstrations which are given periodically before the entire school. The rôle of the supervisor and head nurse during this period is more one of support than of actual direction, the object being to teach the student independence and self-reliance.

In brief, the basic aim is coordination of theory and practice. Emphasis rests on the value of using a real situation for teaching. Uppermost in the student's mind is kept the fact that the patient is always the first consideration.

**Clinical Teaching in Pediatric Nursing**

Elgie M. Wallinger, R.N., Assistant Director of Nursing Education, The Children's Hospital, Cincinnati, Ohio

In the manual, *Essentials of a Good School of Nursing*, we are told that "In good nursing schools, teaching goes on continuously whether the student is in the classroom or engaged in ward practice." Appreciation of the truth of this statement has been responsible, in a large measure, for the balancing of emphasis between classroom and clinical teaching.

The aim of the course in the Nursing of Children is to give the student an appreciation of the care of the child as a whole. This necessitates a knowledge of the child, his needs as he grows and develops, and a basic knowledge of the diseases of infancy and childhood as they affect his care. Methods used to accomplish these aims vary in each school. In general, success depends upon the correct use of the methods selected and upon correlating all phases of instruction. Thus is presented a true picture of the knowledge and skills which are required to give adequate care to a growing and developing individual. Clinical teaching in which all the ward facilities are utilized is a valuable tool in bringing about this correlation.

Clinical teaching should include bedside clinics, demonstrations, conferences, student reports, studies of nursing care, child guidance discussions, and discussions in the out-patient department. This teaching should be shared by the head nurse, the instructor, and the physician, each giving emphasis to a different phase of the child's care.

A clinical program includes planned instruction for the presentation of various diseases or conditions, their treatment, prevention, as well as nursing care in all of its aspects. If this program is to be educationally sound and valuable to the student, a method must be devised to determine her preparation for the program. One such method is the use of the pretest. This test
is essential in a school that accepts students for affiliation. In the Curriculum Guide, the location of Nursing of Children in the program of studies is in the first part of the third year. The wide range of content in the preceding courses should be covered in the pretest of the student beginning her clinical experience on the pediatric service. These tests should be inclusive enough to measure the student's knowledge of the sciences and nursing arts, but the emphasis should be upon the fundamental principles of related material. In the Nursing of Children, this would include prenatal care, the care of the newborn baby, nutritional needs for the maintenance of health, dietotherapy, general principles of psychology, methods of effective isolation, and nursing techniques. Information as to the student's knowledge in these subjects will aid the instructors and head nurses in adjusting the clinical program to the actual need of the individual student. It may be found, in some instances, that the program must include more reviews of these basic principles; or, in another instance, these reviews may be shorter and more time given to the presentation of new material. Nevertheless, it must be remembered that while the course of study 'does not allow time for much review, however, some can be included in a teaching situation on the wards.

Whenever we find a student who is unable to pass the pretests, there are two alternatives to follow. The first is to postpone the clinical experience until the student has had further time for preparation; the second is to attempt to give her special instruction and additional assignments to overcome her deficiencies.

If the course in Nursing of Children is presented as suggested in the Curriculum Guide, the study of growth, development, care, and nutrition will cover a period from four to six weeks. During this time, the student is having her clinical experience. This may include the care of patients with diseases or conditions which she may not encounter again during her pediatric service. The head nurse must take advantage of the clinical material which is available even though the student may not yet have had, in her lectures, the medical aspect of the disease as related to children. It is in this situation that the pretests are of great aid to the head nurse. If they have indicated that the student understands the disease, the head nurse on the particular division presents the nursing care of that age child in relation to the disease. The student may choose this patient for her study on nursing, as well as discuss his growth and development in a child guidance discussion. This patient may also be presented in medical clinic. As the student is changed from the care of children of one age group to another, the emphasis is again placed upon the disease in relation to the age and development of the child. Later, when the student has the medical aspect in its entirety in her lecture course and in the nursing classes which follow, she has her previous experience and observations to complement the didactic teaching.

The student has three or four months of clinical experience, during which she should observe, study, and care for a variety of conditions. In order
to avoid unnecessary duplication in the clinical program, there must be an arrangement whereby the head nurse knows what the student has already had. The head nurse must also know what she ordinarily would be expected to include in her clinical program.

In the master list of diseases, found in the Curriculum Guide, are those which may be considered as characteristic of infancy and childhood. In a hospital or a division where the patients are segregated according to age levels and also separated as to service, that is: medical, surgical, or orthopaedic, this list may be arranged under each anatomical system. A second section of the list would list those conditions found irrespective of age. For example, in the disorders of nutrition, we would ordinarily expect to find from birth to one year—marasmus, rickets, scurvy, and tetany; from one to five (the young child)—celiac disease, acrodinia, and the later manifestations of rickets; and, on the ward for the older child, from five to fifteen—varying stages of under and over-nutrition. In as much as no definite line of demarcation can be drawn, there may be some overlapping; but, if each student brings to each service her check list of master disease conditions, which should be given her at the beginning of her pediatric service, the head nurse can more easily arrange her nursing assignments to meet her needs.

The bedside clinics and demonstrations are probably the oldest methods of clinical teaching. We are all familiar with their basic principles. One of their greatest contributions to an educational program is that, in an actual situation, the student sees variation in disease, the effect of treatment of disease, and the nursing care as they all relate to the patient, a picture that is often quite different from the idea which she has gained in the lecture room. Bedside clinics are more effective where the clinician presents the medical aspect of the disease and the head nurse or instructor follows with a discussion of the nursing care.

Other methods found effective in clinical teaching are a child guidance program and studies of nursing care. By a child guidance program is meant a program definitely designed to give the student opportunity to apply, under supervision, the principles of child guidance in the care of the child who is sick. Children, who are in bed, those who are allowed varying degrees of activity, and those who are more nearly normal are included in this program. The activities for these different groups are organized by the instructor in child development and the head nurse. The head nurse makes student assignments for child guidance as she does other ward duties. The student is free to devote her entire attention to the children, their interests, and the factors of environment which influence their behavior.

Discussion classes of the principles of child guidance are held weekly, these discussions are arranged in three sections—one emphasizing the development and activities of the infant, one of the young child, and one of the older child. The student attends the discussion class pertaining to the age of the children to whom she is giving care. The discussions are used
to emphasize the physical, motor, mental, emotional, and social growth and development of the average child at different age levels, comparison being made with the stage of development of the children the student is caring for. These discussions are informal. The students discuss their observations and present their difficulties in giving care to certain children. The head nurse or her assistant is present to aid the instructors in clarifying points of discussion and correlation of the principles which have been presented in other units of study.

This form of instruction, emphasizing growth, development, and behavior of the average child, should be closely correlated with studies in nursing care.

The value of case studies in a teaching program is well known. In some instances it would seem a more advantageous plan to alter formal outlines in order to meet the aim of the particular unit of study. For example, the period of affiliation in nursing of children is short, and during this period, it is important that every opportunity be taken to emphasize to the student that the nursing care of children is not only related to disease but also to the child’s growth and development. As the student understands the interrelationship of these two factors, she is not only able to recognize the child’s needs, but to meet them with more assurance and skill. One method to help her in this understanding is the study of nursing care. The study should involve the actual care given the patient, the reason for this care, and the child’s reaction to it. It is obvious that the study should include enough data to show that the student understands the medical aspect and social implications, but, by and large, the emphasis should be upon the care given the patient and the underlying principles of this care. Since the emphasis is upon this phase, the student is able to complete a greater number of studies of this type than if she were making each study more comprehensive.

Studies are written every two weeks, however, the subject matter of these studies is discussed weekly. These discussions emphasize special features of nursing care, the preventive aspect and subsequent course of disease, all relating to points emphasized by the students in their studies. These studies and discussions definitely correlate the student’s clinical experience, her observations, and her classroom instruction. The instructor of nursing arts is assisted in these discussions by the instructor in child guidance, thus giving opportunity for them both to clarify any observations and questions which the students might wish to discuss relative to normal growth, development, or behavior, as well as nursing care.

In summary, in the clinical teaching the Nursing of Children, three fundamental and essential objectives must be kept in mind:

1. The teaching of the actual nursing care of the child with emphasis upon diseases and conditions characteristic of children
2. The teaching of growth and development of the child and their implications affecting his care
3. The teaching of the fundamental principles of child guidance.
CLINICAL TEACHING IN OBSTETRIC NURSING

Mildred G. Coggin, R.N., Supervisor and Instructor of Obstetric Nursing, University of Rochester School of Nursing, Rochester, New York

When we are planning the education of the student nurses, we tend to provide experiences we value most in our own education. This tendency should not be discouraged entirely, for it would mean discounting the value of our own observations and disseminating only secondary information. The learning situations which we set for students must exemplify the best clinical procedures both of current and preceding years; each can contribute emphasis to the social significance of maternal and infant mortality, and a study of health records will help ascertain whether or not there is a change in the available clinical resources. For example: Fifteen years ago student nurses frequently observed patients having convulsions. This kind of clinical material could be provided now for comparatively few students.

The first step in the teaching plan will be an examination of the hospital records in obstetrics. The next step will be to find out what the students know when they come to the department, although we will not assume that they will relate previous knowledge to the new experience. If we read Mrs. R. Louise McManus’ article in the March, 1939, American Journal of Nursing,¹ we will get help in the type of testing that is revealing. We must first determine what the students need to know and then provide the experience necessary to prepare them for situations they may meet in the future.

There is an abundance of excellent theoretical material in the nursing literature with which to set up an ideal program of instruction. The instructor’s task is to adapt that material to the clinical teaching resources in her own school. In this paper I shall try to describe the adaptation we are making at the present time.

The students come to the obstetrical department on planned schedule during their second year and after they have had their operating room experience. We have found that Tuesday is the most convenient day for rotating students. Clinical experience correlates with or follows formal classroom teaching. At present the period of clinical experience is fourteen weeks: five weeks with postpartum patients, three weeks with normal newborn babies, two weeks in the delivery room, two weeks in the obstetrical and gynecological clinic, and two weeks' nursing care in gynecology. Students take care of mothers before they have seen them in the prenatal clinic, and go to the clinic for experience in postpartum care before the work in the delivery room. A better plan which we hope to use is to send them to the prenatal clinic for the first week of the service, and to the postpartum and gynecological clinic in the last two weeks. This change will mean an added week of experience in the clinic where the students have the benefit of special

teaching by the instructor in the out-patient department and the head nurse in charge of the clinic. This whole plan will give a more logical continuity in teaching.

In the clinic the students have the opportunity to observe the significance and to witness the effect of the health education program which is being carried on by the local, county, and state health departments. By practical case work they learn about community resources for solving the problems of the people they are trying to help. Students also see the patient in all stages of pregnancy, which adds to their knowledge as well as to their practical skills.

Another important aspect of clinical work is prevention of complications of pregnancy. We try to take full educational advantage of this period in which the students see doctors and nurses teaching patients how to prevent abnormal conditions and to promote health. All patients admitted from the clinic to the obstetrical department have at least eight hours of instruction. Students under supervision participate actively in instructing the prenatal patient in prenatal care, nutrition, mother's clothes, baby's clothes, baby's bath, feeding of baby, after care of mother, and after care of baby.

When the student under supervision is allowed to teach the mother about the baby's clothes she learns to include general rules in relation to comfort and convenience, type of clothes, number, quality in relation to price, where to purchase, and general care. The students demonstrate the use of each article of clothing, and discuss advantages and disadvantages with the mothers. The students are taught to use the experiences which the mothers relate and to interpret them constructively so that they may be of advantage to other mothers.

After a week in the prenatal clinic the students have three weeks in the division which cares for patients during labor and delivery. This part of the experience plan has been changed from two weeks to three, because students have shown that they cannot learn in two weeks to adjust to the situations in that service. There is a wide variety of experience to be obtained in this division. The case method of assignments is used, which in most instances gives the students the opportunity of seeing the delivery of the same patients whom they watched during labor. The students also give the nursing care following delivery. A problem inherent in this method is limitation of the actual number of deliveries that students may see, but in a basic course we want to give a complete picture of progress during labor and delivery and this cannot be done so effectively by use of the functional method of assignments.

The students' fourth week is spent in the care of mothers during the lying-in period, the modified case assignment being used. The following three weeks are spent in the nursery where the students follow the care of at least ten babies and during the last week teach the mothers the care of the newborn baby. After the nursery experience the students are sent to a semi-private division and take care of three or four patients each day. Case assignment method is used, and the students are tested for ability in planning their work and application of knowledge to the situations presented.
last two weeks are spent in the postpartum and gynecological clinic. The gynecological experience follows the obstetrical with correlated teaching.

During a fourteen-week period we give thirty hours of formal lecture and classroom work. In addition, all students participate each week in a half-hour of clinic and an hour of seminar. The people who participate in the teaching are representatives from nearly all departments and include the full-time social worker in the obstetrical department. We try to relate the seminar discussion to the experience in the department. For example, in one week the students had lectures on the types of toxemia, a clinic on a pre-eclamptic patient, a seminar which included discussion by students and graduates of case reports of two pre-eclamptic patients, and a report of a patient who had nausea and vomiting during the first trimester. Each patient discussed had been cared for by the student giving the report. The seminar was followed by discussion of the nursing care of these patients and demonstration of equipment used. This teaching is done between 9:30 and 11:00 in the morning. These hours do not include time spent by students in individual conference or supervised procedures.

The minimum time planned by head nurses in the divisions of the department for demonstrations and supervision is as follows: Prenatal, postpartum and gynecological clinic—twenty-eight hours; labor and delivery room—fifty hours; normal newborn—twelve hours; postpartum patients—twenty-one hours; gynecological patients—ten hours. This teaching and supervision is done by the instructor, head nurse, and graduate senior nurse.

Each student has a procedure sheet and a clinical experience sheet for each unit of the department, and also a report of clinics and seminars which they attended. These records prevent the omission of necessary basic experience and make it possible to plan for demonstration and supervised experience. For future study we keep a record of the clinics and seminars similar to the one outlined by Miss Nell V. Beeby in the November, 1936, American Journal of Nursing.²

Although the importance of experience in public health nursing has not been discussed in this paper, it is taken for granted that such experience is essential in completing the student's background in obstetrical nursing. A very good report of the use of the practice fields is in the April, 1939, American Journal of Nursing.³

Summary of Symposium on Clinical Teaching

I am sure that you realize that it is difficult to summarize the wealth of material which has been presented today. But perhaps we can find a few points with which to guide our course:

1. The study of each clinical field is necessary in order to determine what is available and how best to use it.

³ The Use of Practice Fields: a report of the Subcommittee on Student Affiliation of the National Organization for Public Health Nursing, Education Committee. April, 1939, pp. 419-420.
2. All the speakers have stressed the need for close correlation between the theoretical class work and clinical experience, with theory preceding or running concurrently with clinical experience.

3. It is evident that we are beginning to teach—we have discussed it for years—the broader aspects of what is meant by nursing care. The era of teaching procedures, alone, is passing.

4. The methods of teaching, too, are changing—
   a. We are using the less formal but more individual method of conferences.
   b. Group clinics, too, are proving valuable.
   c. Participation by others than nurses who are also concerned with the welfare of the patient is more common in our teaching clinics.
   d. Interest is centered around the patient's nursing care rather than in the distinctly medical aspects of his diagnosis.
   e. More emphasis is placed on verbal teaching than on written work. The written case study or nursing care study is no longer the only method of clinical teaching used. The supervisor is thus freed from a tremendous load and has more time to spend with the students on the ward.

In closing, I should like to quote from a chapter entitled, "Former Students" by Professor Edman in his delightful book, Philosopher's Holiday. In his discussion of teaching he states: "There are just a few things a teacher can do and that only for the sensitive and spirited. He can initiate enthusiasms, clear paths, and inculcate discipline. He can communicate a passion and a method. No more. . . . He lives in what has happened to the minds of his students, and in what they remember of things infinitely greater than themselves." Certainly, we have plenty to do if we attempt to reach his standards of teaching, and supervision is teaching.

Closing Business Session

Friday, April 28, 2:00 p.m.

Presiding: Nellie X. Hawkinson, R.N., President.

USE OF SMITH-HUGHES FUNDS

A summary of a study of the use of Smith-Hughes and George-Deen Funds by schools of nursing in the various states was given by Claribel A. Wheeler, Executive Secretary.

Miss Isabel M. Stewart made the following statement in relation to the use of these funds by nursing schools.

Madam Chairman and Members of the Advisory Council:

This question seems to pop up about every ten years. The first time we took action on it was at the League meeting in 1919. We had looked into the provisions of the Smith-Hughes Act the preceding year, very soon after it was passed. It was evident then as it is now, that the purpose of the Act was to aid in training agricultural, home economics, and industrial workers on the secondary education level and not to assist in preparing professional workers. Nevertheless, in 1918 when nursing schools were under great strain because of the war, we agreed that it might do no harm to experiment with a plan
by which schools that could not provide satisfactory courses in such preliminary subjects as chemistry, dietetics, or psychology might apply for aid from Smith-Hughes funds. Arrangements were made through a League committee with representatives in different states and this committee had very good cooperation from the federal and state departments of vocational education. It was clearly understood by all concerned that nursing schools that were recognized as professional or even semi-professional and wished to maintain this standing, should not ask for such funds because of the conditions specifically stated in the Act.

After the war emergency was over and as a result of the experiment that had been tried, the League considered it wise to discourage further extension of this plan except in the case of very needy schools and then only as a temporary measure.

In 1929, the question was brought up again by nurses in several states who were disturbed by the way some state departments of vocational education were publicizing their activities on behalf of nursing schools—for example, featuring nursing as an industrial vocation, listing nursing schools with the trade or vocational schools of the state, and making statements in their vocational guidance literature that were likely to be misleading if not actually injurious. The League was asked to state its position on the matter. The Education Committee went over the whole situation again and arrived at the conclusion that nursing schools could not consistently claim to be professional schools and at the same time accept Smith-Hughes funds. If they did accept such funds, they must expect to be classed as vocational or trade schools. Since such a policy affected the entire profession of nursing and the nursing education situation as a whole, the League again emphasized the dangers and advised against applications for such funds on behalf of nursing schools.

The question has come up now because of the publication, in 1938, of the report, *Nursing Education in Minnesota*, prepared under the direction of the State Department of Education. This report definitely advocates the use of Smith-Hughes and George-Deen funds and the control of nursing schools by state departments of vocational education. The League was asked by the State Commissioner on Education to give its opinion on this report and a special committee was appointed for this purpose. A preliminary statement on this subject was made at the League meeting last year. There was some dissatisfaction with our reply on the part of the group in Minnesota that supported the report and after considerable correspondence back and forth, a conference was arranged in the fall at which some of the differing points of view were discussed. The conclusions of the League representatives were substantially the same as those reached earlier. The members of this committee are convinced that nursing schools would lose more than they would gain by entering into such negotiations. It is true that nursing schools need funds today just as they did in 1919 and 1929, but the conditions under which federal and state funds for vocational education can be secured for nursing schools seem to this committee much less acceptable now than they
were twenty years ago. This is because we have advanced much farther toward professional standing.

Certainly the League which has recently issued a very positive statement of the objectives and standards of nursing education would put itself in a strange position if it advised schools to accept funds under these conditions. What are the conditions? Here are some of them. These federal funds are provided specifically for vocational education of less than college grade. Students admitted must not be required to meet college entrance standards. Several types of vocations are mentioned—agricultural, home economics, trade and industrial. Nursing is mentioned under the latter classification. A nursing school accepting such funds would automatically put itself into the group of trade or industrial schools. I have no objection to trade schools—many of them are excellent institutions. But the question is whether nursing is a trade or an industrial occupation and also whether we are likely to interest the kind of women we need in nursing if we accept that title and status. Do we want nursing schools to come under the control of specialists in trade and industrial education of the state? Do we want nursing courses advertised in the literature of these departments as trade-extension courses for nursing apprentices? What effect would such a policy have on the movement toward collegiate schools of nursing which is now going forward so rapidly? How shall we explain to the public and to our friends in higher education the difference between the preparation of professional nurses and the preparation of aids, attendants, and practical nurses which is now being carried on in many of these vocational schools on the secondary level? Is it surprising that there should be confusion in the public mind when some of us are so confused ourselves?

It is true that some people are doubtful whether nursing is a profession but the fact is that it has been generally accepted as such and we have worked very hard for many years to make our schools worthy of being called real professional schools. Some may be a little slow at arriving at professional status but most of them are on their way and some have arrived. We say that we want nurses with a broad liberal education not merely with technical training, and we are trying to attract into our schools young women of greater maturity and cultural background than the 18-year-old graduates of high schools. We claim that the education we give them is on a collegiate rather than a secondary school level. Do we really mean what we say? If so, we should not be tempted by the promise of a few dollars to accept other standards and ideals. As a matter of fact, the Smith-Hughes and George-Deen funds can be used only for the reimbursement of actual costs of instruction. They do not go toward the costs of building, equipping, and administering schools, paying for libraries and the like. Nursing schools would still have to raise money to cover such expenses even if they could get help with their teaching salaries. Moreover, such funds cannot be given to private or voluntary institutions, only to public institutions.

During the past year a special committee appointed by the President of the United States has been studying the whole question of federal funds for
education. It has been suggested that some of the acts authorizing the present appropriations might be revised so that there would be more flexibility in the use of these funds. Representatives of the Federal Board of Vocational Education have intimated that the terms of the present acts can be interpreted in different ways. It is hard to see how any one could get around these very specific statements but a few changes in phraseology might make a good deal of difference. We have been told that we should be open-minded and willing to try experiments. Certainly we have no right to interfere with any school of nursing that may wish to try such an experiment but a national organization like this cannot afford to put itself on record as advising or endorsing any plan that seems to invite so many risks. It is easier, as we all know, to start an idea of this kind than it is to stop it if we find we have been mistaken.

I have asked a number of outstanding educators for their advice on this question and, with the exception of the small group that has sponsored the report referred to, all have strongly advised us not to enter into such a plan if we want to be recognized as a profession. I recently asked an educator who is widely known as an authority on these federal funds and on vocational education generally "Would you advise nursing schools to apply for Smith-Hughes funds?" His answer was, "Do you want to sell your birthright?" It is understood, of course, that if any changes are made in the acts themselves or in the conditions under which the funds are administered, this advice and our own point of view might be quite different.

Since there seems to be some confusion in the minds of some of our members about the issues involved, it would seem to be wise to have the League clarify its position again so that it may be recorded. You now have the results of the inquiry sent out from the League office to the state branches and you have the conclusions of the special committee which was asked to study and give its opinion on the publication previously referred to. It would seem to me that this body might refer the matter to the Board if it agrees that some definite statement is desirable.

It was voted that a recommendation go from the membership to the Board of Directors, that the National League of Nursing Education go on record as not approving the use of these funds by nursing schools under the present provisions of the Act.

**Need for Funds to Make Up Anticipated Deficit in 1939 Budget**

The Executive Secretary explained that the estimated income this year from all sources is $31,325.00, whereas the estimated budget is $36,813.62, leaving an estimated deficit of $5,488.62. Although there is a small balance of $1,253.29 from last year in the general account, it may be necessary to use the last of our savings to make up this deficit.

The League has been given certain funds for specific projects which, however, cannot be used for the general running expenses of the League.
example of this is the fund given for the study of administration in schools of nursing.

The League, assisted by the American Nurses’ Association, has made a large contribution in money to the study of the costs of nursing service and nursing education. This and other important projects have been the reason for an increase in the expenses during the past two or three years.

Suggestions for increasing revenue to the League were made by the members present and included:

1. An intensive membership drive
2. A drive for more sustaining members
3. A request for contributions from state leagues
4. Organization membership
5. Organization of an auxiliary called “Friends of Nursing Education” composed of lay members who might contribute and whose names would be listed in the ANNUAL REPORT.

It was voted that the membership approved having the Board of Directors approach state leagues with a request for funds, making use of some of the suggestions offered at the session.

COMMITTEE ON NOMINATIONS FOR 1940

The members of the Committee on Nominations appointed by the President in accordance with the provisions of the by-laws were:

Frances H. Zeigler, Tennessee, Chairman
Edna B. Groppe, Illinois

Nominations from the floor were:

C. Ruth Bower, Pennsylvania
Katharine J. Densford, Minnesota
Irene Murchison, Colorado

REPORT OF THE REGISTRATION COMMITTEE

The registration for this, the Forty-Fifth Annual Convention of the National League of Nursing Education, is as follows:

League members and other graduate nurses ......................... 957
Guests and Students ........................................ 544

Total .................................................. 1,501

The registration by states follows:

<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>15</td>
</tr>
<tr>
<td>Arizona</td>
<td>1</td>
</tr>
<tr>
<td>Arkansas</td>
<td>9</td>
</tr>
<tr>
<td>California</td>
<td>4</td>
</tr>
<tr>
<td>Colorado</td>
<td>11</td>
</tr>
<tr>
<td>Connecticut</td>
<td>10</td>
</tr>
<tr>
<td>Delaware</td>
<td>20</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>9</td>
</tr>
<tr>
<td>Florida</td>
<td>24</td>
</tr>
<tr>
<td>Georgia</td>
<td>1</td>
</tr>
</tbody>
</table>

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.
**REPORT OF THE COMMITTEE ON RESOLUTIONS**

The forty-fifth annual convention of the National League of Nursing Education has been a source of inspiration and instruction to the League members who had the pleasure of attending its sessions. They acknowledge with deep appreciation the work of the many groups that contributed to the success of the convention. To our hostesses, the officers and directors of the Louisiana State Nurses’ Association and the Louisiana League of Nursing Education, we are especially grateful for the effective work of their various committees.

Our pleasure in visiting New Orleans was greatly enhanced by the graciousness and personal attention accorded us at the registration desks by the Louisiana League members and also by representatives of the New Orleans Chamber of Commerce.

To the directors of nursing and superintendents of hospitals who opened their doors to visiting League members we wish to express our thanks. The tea for student nurses given by the Charity Hospital School of Nursing at the Bienville Nurses’ Residence contributed much to the pleasure of student nurses who attended the convention.

We wish to thank the individual League members and also those from other professional fields who participated in the splendid program.

Especially we would like to mention the courteous consideration of certain community groups including the press, the photographers, and exhibitors. The management of the Roosevelt Hotel was most attentive to our needs throughout the convention.

<table>
<thead>
<tr>
<th>State</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idaho</td>
<td>1</td>
</tr>
<tr>
<td>Illinois</td>
<td>60</td>
</tr>
<tr>
<td>Indiana</td>
<td>19</td>
</tr>
<tr>
<td>Iowa</td>
<td>16</td>
</tr>
<tr>
<td>Kansas</td>
<td>14</td>
</tr>
<tr>
<td>Kentucky</td>
<td>15</td>
</tr>
<tr>
<td>Louisiana:</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td>258</td>
</tr>
<tr>
<td>Out of Town</td>
<td>41</td>
</tr>
<tr>
<td>Maine</td>
<td>2</td>
</tr>
<tr>
<td>Maryland</td>
<td>12</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>22</td>
</tr>
<tr>
<td>Michigan</td>
<td>32</td>
</tr>
<tr>
<td>Minnesota</td>
<td>24</td>
</tr>
<tr>
<td>Mississippi</td>
<td>18</td>
</tr>
<tr>
<td>Missouri</td>
<td>24</td>
</tr>
<tr>
<td>Montana</td>
<td>1</td>
</tr>
<tr>
<td>Nebraska</td>
<td>8</td>
</tr>
<tr>
<td>Nevada</td>
<td>1</td>
</tr>
<tr>
<td>New Hampshire</td>
<td></td>
</tr>
<tr>
<td>New Jersey</td>
<td>15</td>
</tr>
<tr>
<td>New Mexico</td>
<td>1</td>
</tr>
<tr>
<td>New York</td>
<td>53</td>
</tr>
<tr>
<td>North Carolina</td>
<td>13</td>
</tr>
<tr>
<td>North Dakota</td>
<td>1</td>
</tr>
<tr>
<td>Ohio</td>
<td>41</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>5</td>
</tr>
<tr>
<td>Oregon</td>
<td>2</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>43</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>6</td>
</tr>
<tr>
<td>South Carolina</td>
<td>3</td>
</tr>
<tr>
<td>South Dakota</td>
<td>8</td>
</tr>
<tr>
<td>Tennessee</td>
<td>22</td>
</tr>
<tr>
<td>Texas</td>
<td>29</td>
</tr>
<tr>
<td>Utah</td>
<td>3</td>
</tr>
<tr>
<td>Vermont</td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>11</td>
</tr>
<tr>
<td>Washington</td>
<td>2</td>
</tr>
<tr>
<td>West Virginia</td>
<td>11</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>15</td>
</tr>
<tr>
<td>Wyoming</td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>957</td>
</tr>
</tbody>
</table>
This second meeting of the National League of Nursing Education in New Orleans has been fraught with many pleasant experiences that will long be remembered by those who were fortunate enough to attend its sessions.

Respectfully submitted,

SALLIE L. MERNIN
GABRIELLE T. MULVANE
PRISCILLA W. HALPERT
DORA MATHIS, Chairman

REPORT OF TELLERS AND INSPECTORS OF ELECTION

<table>
<thead>
<tr>
<th>Office</th>
<th>Candidates</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice President</td>
<td>Phoebe Kandel</td>
<td>199</td>
</tr>
<tr>
<td></td>
<td>Charlotte Pfeiffer</td>
<td>148</td>
</tr>
<tr>
<td>Secretary</td>
<td>Marian Durell</td>
<td>202</td>
</tr>
<tr>
<td></td>
<td>Lucy Beal</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>Virginia Henderson</td>
<td>61</td>
</tr>
<tr>
<td>Directors</td>
<td>Isabel M. Stewart</td>
<td>246</td>
</tr>
<tr>
<td></td>
<td>Stella Goosray</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td>Sister M. Olivia Gowan</td>
<td>190</td>
</tr>
<tr>
<td></td>
<td>Ruth Sleeper</td>
<td>187</td>
</tr>
<tr>
<td></td>
<td>Virginia Dunbar</td>
<td>136</td>
</tr>
<tr>
<td></td>
<td>Daisy Dean Urch</td>
<td>133</td>
</tr>
<tr>
<td></td>
<td>Lula K. Wolf</td>
<td>129</td>
</tr>
<tr>
<td></td>
<td>Margaret Tracy</td>
<td>128</td>
</tr>
<tr>
<td></td>
<td>Helen Wood</td>
<td>36</td>
</tr>
</tbody>
</table>

Respectfully submitted,

FLORENCE C. KEMPF, Chairman

Tellers
FRANCES H. CUNNINGHAM
JUANITA ROBSON
IRENE SWENSON
FRANCES V. BRINK
MARGARET M. INGERSOLL
MAUD C. KELLY

Inspectors

The report was accepted and the chair declared the following officers and directors elected:

Vice President
Phoebe Kandel, Greeley, Colorado

Secretary
Marian Durell, Ann Arbor, Michigan
Directors
Isabel M. Stewart, New York, New York
Stella Goosray, Boston, Massachusetts
Sister M. Olivia Gowan, Washington, D. C.
Ruth Sleeper, Boston, Massachusetts

Miss Hawkinson expressed thanks and appreciation to the officers and directors of the Louisiana League of Nursing Education; to Miss Julie C. Tebo, Chairman of the Committee on Convention Arrangements; to Sister Henrietta, Chairman of the Committee on Program; to Eunice Broussard, Chairman of Monitors; to the chairmen of subcommittees; and to all others who contributed so much to the success of the convention.

A special vote of thanks was given to the retiring secretary, Stella Goosray.

The Forty-fifth Annual Convention was declared adjourned to meet in Philadelphia, Pennsylvania, the week of May 12, 1940.
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, 1928; June 10, 1930; April 11, 1932; June 12, 1933; April 23, 1934; June 3, 1935; May 10, 1937; April 25, 1938.

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.

James Picker, E. J. Morton as to .......... | Elizabeth Greener, R.N. (Seal)

Lillian Clayton, R.N. (Seal)

Jane A. Delano (Seal)

Georgia Nevins (Seal)

Clara D. Noyes (Seal)

Robert E. P. Kreiter as to ..........

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, after March 1, 1938, qualify by:

a. (1) Having been graduated by a school of nursing accredited by the state board of nurse examiners and connected with a hospital having a daily average of 50 patients during the final year of the applicant's course, and offering a program consisting of practice and instruction in medical, surgical, obstetric, and pediatric nursing; or

[ 290 ]
(2) Having been graduated by a school of nursing accredited by the state board of nurse examiners and connected with a hospital having a daily average of from 50 to 49 patients, and either having had or having completed satisfactorily a postgraduate course of not less than six months in an accredited school of nursing connected with a hospital having a minimum daily average of 100 patients, or having completed satisfactorily a postgraduate course of not less than six months; or
(3) Having been graduated by a school of nursing in a foreign country, such school of nursing having been accredited by a board or other authority constituted for that purpose in the country in which such school of nursing is located;
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; and
e. Being recommended for active membership by the Committee on Eligibility.

Sec. 3. An applicant for junior active membership shall, after March 1, 1938, qualify by:
a. (1) Having been graduated by a school of nursing accredited by the state board of nurse examiners and connected with a hospital having a daily average of 50 patients during the final year of the applicant’s course, and offering a program consisting of practice and instruction in medical, surgical, obstetric, and pediatric nursing; or
(2) Having been graduated by a school of nursing accredited by the state board of nurse examiners and connected with a hospital having a daily average of from 50 to 49 patients, and either having had or having completed satisfactorily a postgraduate course of not less than six months in an accredited school of nursing connected with a hospital having a minimum daily average of 100 patients, or having completed satisfactorily a postgraduate course of not less than six months; or
(3) Having been graduated by a school of nursing in a foreign country, such school of nursing having been accredited by a board or other authority constituted for that purpose in the country in which such school of nursing is located.
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; and
e. Being recommended for junior active membership by the Committee on Eligibility.

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, after March 1, 1938, qualify by:
a. (1) Having been graduated by a school of nursing accredited by the state board of nurse examiners and connected with a hospital having a daily average of 50 patients during the final year of the applicant’s course, and offering a program consisting of practice and instruction in medical, surgical, obstetric, and pediatric nursing; or
(2) Having been graduated by a school of nursing accredited by the state board of nurse examiners and connected with a hospital having a daily average of from 50 to 49 patients, and either having had or having completed satisfactorily a postgraduate course of not
ing a minimum daily average of 100 patients, or having completed satisfactorily a post-
graduate course of not less than six months; or,
(3) Having been graduated by a school of nursing in a foreign country, such
school of nursing having been accredited by a board or other authority constituted for
that purpose in the country in which such school of nursing is located.
   a. 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 a hospital or school of nursing in a foreign country; and
   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 the form furnished by the Secretary
or Executive Secretary. The form shall be properly filled in to meet the specified re-
quirement and a card of approval of the constitution and by-laws of the state league
signed by the chairman of the Committee on Revision of the National League of
Nursing Education shall be attached thereto. This form with the card of approval
attached, together with a copy of the constitution and by-laws of the state league, shall
be sent to the headquarters of the National League of Nursing Education for approval
by the Board of Directors.

b. Applicants for individual membership desiring to join the National League of
Nursing Education shall make application on a 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 treas-
urer of the state league she is leaving to the treasurer 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 who has 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, and a treasurer. These four officers and
eight directors, with the President of the American Nurses Association, the President
of the National Organization for Public Health Nursing, and the Editor of the Amer-
ican 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 of officers and directors referred to in Section 1 of this Article shall be held at the annual convention. All elections shall be by ballot. All elections shall be had by plurality vote.

Sec. 3. The President shall appoint the necessary tellers and inspectors of election.

Sec. 4. 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. 5. 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. 6. Polls shall be open for such a period of time as shall be specified by the Board of Directors.

Sec. 7. Each officer shall hold office until the adjournment of the annual meeting at which her successor has been elected.

Sec. 8. 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. Supervise the affairs of the League, perform all necessary functions of management, and devise and mature measures for its advancement and welfare;

b. 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;

c. Transact the general business of the League in the interim between annual conventions;

d. Report to the League at each annual convention the business transacted by it during the preceding year;

e. Provide for the proper care of all books and papers of the League;

f. Select a place of deposit for funds and provide for their investment;

g. Provide for the auditing of accounts;

h. 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;

i. Appoint an Executive Secretary, define her duties, except as herein provided, and fix her compensation;

j. Appoint all committees not otherwise provided for;

k. Act upon applications for membership; and

l. Determine the hours during which polls shall be open for election.

Sec. 2. The President shall:

a. Preside at conventions, at all meetings of the Board of Directors and Advisory Council, and be a member ex officio of all committees;

b. Issue vouchers for all bills paid by the Treasurer;

c. Perform all other acts and duties of a general nature as may be incident to her office.

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 convention and 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, said bond to be paid from the treasury;

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 shall, upon approval of the Committee on Finance, be refunded from the general treasury. Necessary expenses of the directors shall be fixed at an appropriate amount by the Committee on Finance in its absolute discretion, and shall be included in the budget of the finances of the League. The amount so fixed shall be refunded from the general treasury.

**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 its 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. Except as herein specifically provided, 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. Except as otherwise specifically provided, standing committees shall be appointed by the Board of Directors to serve for one year. They shall consist of at least three members and shall be as follows:

a. Accrediting
b. Convention Arrangements
c. Curriculum
d. Eligibility  
e. Finance  
f. Headquarters  
g. Nominations  
h. Program  
i. Publications  
j. Revision  
k. Studies  

Sec. 2. The Committee on Accrediting. This committee is responsible for determining the standards and procedures for the accreditation of schools of nursing. It is also responsible for putting the program into operation and for its administration.

Sec. 3. 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. 4. 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. 5. 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. 6. The Committee on Finance. This committee shall prepare and present a budget of the finances of the League to the Board of Directors, advise concerning investments, and approve other than routine expenditures.

Sec. 7. 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. 8. 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. 9. The 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 a draft of this program to the Board
of Directors to be acted upon at the mid-year meeting. The committee shall be responsible for all correspondence unless otherwise instructed.

Sec. 10. 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. 11. 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. 12. The Committee on Studies. This committee shall approve the studies to be undertaken by the Director of Studies, the plans for and reports of such studies, and otherwise serve in an advisory capacity to the Director.

Sec. 13. Each committee shall present a written report of its activities to the annual convention and to the Board of Directors at the mid-year 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.

Sec. 2. The order of business at each convention shall include:

a. Reading of the minutes
b. Annual reports of all officers
c. Annual reports of all Presidents of all State Leagues of Nursing Education
d. Annual reports of all Standing Committees
e. Address of President
f. Miscellaneous business
g. Election of officers and directors

**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 eight (8) members.

Sec. 2. A quorum of the Advisory Council shall be ten (10) members other than the officers.

Sec. 3. Members from fifteen (15) states shall constitute a quorum for the transaction of business at any annual convention.

**ARTICLE XII**

*Fiscal Year*

The fiscal year of this association shall be the calendar year.

**ARTICLE XIII**

*Application of the Term "State League"*

Where the term "state league" is used in these By-laws the word "state" 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 36 Street, New York, N. Y.
Winslow, C. E. A., Dr. P. H. .......... School of Public Health, Yale University, New Haven, Conn.
DeWitt, Katharine .......... 14 Grand Avenue, Poughkeepsie, N. Y.
Nutting, M. Adelaide .......... 500 West 121 Street, New York, N. Y.

LIFE MEMBERS


ACTIVE MEMBERS ¹

SYMBOLS USED

(*) Indicates junior active member
(**) Indicates sustaining member²
(†) Preceding state names indicates that state leagues have been organized

†ALABAMA—38

Boyett, Christine .......... 708 Tuscaloosa Ave., Birmingham
Callari, Mary Louise .......... 812 Adams St., Montgomery
Carter, Emma J. .............. 1601 N. 25 St., Birmingham
Coupe, Anna L. ............... Providence Hospital, Mobile
Denny, Linna H.** .......... 1320 N. 25 St., Birmingham
Ford, Lucille ............... 1127 S. 12 St., Birmingham
Jones, Darlo .......... 1601 N. 25 St., Birmingham
Jurlow, Nena .......... South Highlands Infirmary, Birmingham
Kilpatrick, Mrs. Wanita .......... 1606 S. 12 Ave., Birmingham
LaForge, Elizabeth .......... Box 2591, Birmingham
LaForge, Zoe .......... Box 2591, Birmingham
Lohman, E. Laura .......... 708 Tuscaloosa Ave., Birmingham
Masterson, Sue .......... Norwood Hospital, Birmingham
McDonnell, Elizabeth T. .......... 2101 Highland Ave., Birmingham
McKenzie, Janie .......... St. Margaret’s Hospital, Montgomery
O’Corry, Jessie L. .......... 420 Adams Ave., Montgomery
Parker, Magiwa .. St. Margaret’s Hospital, Montgomery
Pence, Mrs. Donna T. H. .......... 1520 N. 25 St., Birmingham
Reeves, Mrs. Flossie E. .......... 2317 N. 31 Ave., Birmingham
Roberts, Mrs. Ross E.** .......... Norwood Hospital, Birmingham
Sister Helen Neuhoff ** .......... Providence Infirmary, Mobile
Sister Irene Flanagan .......... 812 Adams St., Montgomery
Sister Jane Frances Byrne .......... 812 Adams St., Montgomery

¹ This list includes only those members whose 1939 dues reached the National office by July first when 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 5. 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.
Sister Justine Morgan ..........812 Adams St., Montgomery
Sister Laura Nicaise ** ..........City Hospital, Mobile
Sister Lydia ............St. Vincent’s Hospital, Birmingham
Sister Mary Louise Mooney **.St. Vincent’s Hospital, Birmingham
Stockton, Helen I. .........Box 2591, Birmingham
Strickland, Mary H. ..........1601 N. 25 St., Birmingham
Stuart, Lucile ...........812 Forest Ave., Montgomery
Thomas, Sadie ..............St. Vincent’s Hospital, Birmingham
Thrasher, Mrs. Jewel White **.Fraser-Ellis Hospital, Dothan
Turner, Mrs. Margaret ........Norwood Hospital, Birmingham
Vinson, Mary E. ...........13 Watson Ave., Montgomery
Warlick, Hattie ** ..........South Highlands Infirmary, Birmingham
Walker, Elizabeth ..........Norwood Hospital, Birmingham
Ward, Audrey B. ..........Norwood Hospital, Birmingham
Yausko, Mildred ..........814 St. Francis St., Mobile

ARIZONA—11

Benson, Minnie C. .............Room 210, S. Arizona Bank Bldg., Tucson
Buzzell, Pauline ..............505 N. 6 St., Phoenix
Griffin, Evelina L. ............Good Samaritan Hospital, Phoenix
Potthoff, Lydia ..............727 E. Willette, Phoenix
Sister Mary Alexine ..........St. Joseph’s Hospital, Phoenix
Sister Mary Alphonse ..........St. Edwards Hospital, Fort Smith
Sister M. Marguerite Ellard **.St. Mary’s Hospital, Tucson
Sister Mary Theophane ........St. Joseph’s Hospital, Phoenix
Sister Mary Veronica ** .......St. Joseph’s Hospital, Phoenix
Stott, Katherine B. ..........Good Samaritan Hospital, Phoenix
Walsh, Ellen G. .............83 Columbus Ave., Phoenix

ARKANSAS—13

Atwood, Eva ..........Sparks Memorial Hospital, Fort Smith
Buffalo, Rachel E. ** ..........St. Joseph’s Hospital, Hot Springs
Carpenter, Marian E. ........409 Woodlane, Apt. 7, Little Rock
Hoeltzel, Elizabeth M. ....1100 Barber Ave., Little Rock
MacNally, Mary A. ..........Ozark Sanatorium, Hot Springs
Neely, Matie V. ..............2614 W. 15 St., Little Rock
Rose, Daisy ........Baptist Hospital, Little Rock
Ross, Mrs. Evelyn O. ........Hendrix College, Conway
Sister Mary Alphonse ..........St. Edward’s Hospital, Fort Smith
Sister Mary Angela Flanagan ..St. Vincent’s Infirmary, Little Rock
Sister Mary Kevin Gallagher ..Warner Brown Hospital, El Dorado
Sister Mary Sebastian ........St. Edward’s Hospital, Fort Smith
Teter, Martha Anne B. .........Trinity Hospital, Little Rock

CALIFORNIA—324

Alberti, Mary J. ..........San Joaquin General Hospital, French Camp
Alford, Marian ..............479 37 St., Oakland
Allen, Josephine ..........St. Luke’s Hospital, San Francisco
Anderson, Mary L. ..........Merritt Hospital, Oakland
Avellar, Eliza C. ...........1326 Eighth Ave., San Francisco
Axtell, Hazel M.* ...........320 W. Pueblo, Santa Barbara
Bain, Beatrice ..........Sutter Hospital, Sacramento
Bain, Ruby V. ...............2615 P St., Sacramento
MEMBERS

BAIRD, MRS. BEATRICE MCL. ....... Santa Clara County Hospital, San Jose
BAKER, LOUISE .................. Knapp College of Nursing, Santa Barbara
BALZER, LAVERNA L. .......... 425 N. Rampert, Los Angeles
BARATINI, AZALEA L. .......... 340 Sutter St., San Francisco
BARNES, SARAH B. ............ General Hospital, San Diego
BARTEL, MARIE L. ............. 1610 Flower St., Bakersfield
BARTHE, MARIE J. .............. 52 Orchard Rd., Orinda
BARTLETT, MRS. MILDRED H. . Alameda County Hospital, Oakland
BEAN, GRACE A. ................. 838 Highland Ave., Glendale
BEATTY, EVANGELINE F. ....... 3855 California St., San Francisco
BEHRENS, EDNA H. .............. Santa Rosa General Hospital, Santa Rosa
BELLI, ROSE M. ................. St. Luke's Hospital, San Francisco
BENDER, BEATRICE .............. Sacramento Hospital, Sacramento
BIGGAM, JEAN L. ............... Huntington Memorial Hospital, Pasadena
BIRD, ADELE A. ................. 431 Kendall Ave., Los Angeles
BLACK, LURA ................... 2227 College Ave., Berkeley
BLOM, MILDRED E. .............. 3634 Kingsley St., Oakland
BOOTH, ALETHA .................. 9367 Airdome St., Los Angeles
BORG, MARTHA E. ............... 312 N. Boyle Ave., Los Angeles
BOSWORTH, IDA .................. 2005 N. California, Stockton
BOURNE, MARGARET G. ......... Kern County General Hospital, Bakersfield
BOWERS, MARIAN H. ............. Box 17, Loma Linda
BRADY, EILEEN* ................. 1454 Fifth Ave., San Francisco
BROWN, ELIZABETH H. .......... 1200 N. State St., Los Angeles
BROWN, ROWENA S. ............. 1746 Steener St., San Francisco
BRUCE, MARY D. ............... Children's Hospital, Los Angeles
BRYAN, EDITH S. ............... 1419 Walnut St., Berkeley
BUNSTON, H. RUTH ............. 1958 Eden Ave., Glendale
BURGESS, HELEN ................. 1212 Shatto St., Los Angeles
BURNETT, D. LOIS .............. Glendale Sanitarium and Hospital, Glendale
BYERS, INIBIZ ................. 430 Vine St., San Jose
BYHOLT, MARTHA G. .......... Kern County General Hospital, Bakersfield
CAFFERTY, KATHRYN W. ....... 405 State Office Bldg., Sacramento
CALAIS, MARY E. ............... 359 Sixth Ave., San Francisco
CALNAN, GENEVIEVE .......... 921 E. 28 St., Oakland
CAMERON, CLAUDIA M. ......... 1212 Shatto St., Los Angeles
CAMERON, MARY S. ............. 3700 California St., San Francisco
CAMPBELL, ELIZABETH F. ...... 1212 Shatto St., Los Angeles
CARLSON, IRENE E. ............ 390 Liberty St., San Francisco
CARNES, LUCILLE E. ........... 1022 N. Berendo St., Los Angeles
CASTILE, PEARL I. ............. 650 Grizzly Peak Blvd., Berkeley
CHAPMAN, MRS. ELEANOR R. .. 1212 Shatto St., Los Angeles
CLARK, FRANCES S. ............ 1227 15 St., Santa Monica
CLARKE, ELEANOR S. .......... 2200 Post St., San Francisco
CLEMANS, ROBERTA* ........... 1704 Bath St., Santa Barbara
COBBAN, FRANK E. ............. St. Helena Sanitarium, St. Helena
COLE, MILLICENT V. .......... 4660 Sunset Blvd., Los Angeles
CONOVER, GERTRUDE M. ...... 1617 Flower, Bakersfield
CORBETT, MARY M. ............. O'Connor Sanitarium, San Jose
COVELL, EVELYN H. ............. 1224 S. Sierra Vista, Alhambra
CRAWFORD, MABEL L. .......... 1212 Shatto St., Los Angeles
CULLEN, MRS. ELIZABETH MCK. Santa Clara County Hospital, San Jose
CUNNINGHAM, NELLE .......... 1119 Britania St., Los Angeles
CURRAN, MRS. ESTELLE T. .... French Hospital, San Francisco
DAVIES, M. OLwen .......... University of California Hospital, San Francisco
DAVIS, LINA ** ............... Kern County General Hospital, Bakersfield
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>de Borra, Elaine L.</td>
<td>San Bernardino County Hospital, San Bernardino</td>
</tr>
<tr>
<td>Doby, Elizabeth N.</td>
<td>San Bernardino County Hospital, San Bernardino</td>
</tr>
<tr>
<td>Drager, Eunice M.</td>
<td>1730 Tee St., Sacramento</td>
</tr>
<tr>
<td>Drewel, Della L.</td>
<td>2300 L St., Sacramento</td>
</tr>
<tr>
<td>Dwyer, Laurette</td>
<td>4540 Third Ave., Sacramento</td>
</tr>
<tr>
<td>Edelman, Susanna</td>
<td>4509 Tee St., Sacramento</td>
</tr>
<tr>
<td>English, Helen B.</td>
<td>1212 Shatto St., Los Angeles</td>
</tr>
<tr>
<td>Engstrom, Mildred W.</td>
<td>Children's Hospital, Hollywood</td>
</tr>
<tr>
<td>Erickson, Helen I.</td>
<td>Stanford University Hospital, San Francisco</td>
</tr>
<tr>
<td>Falconer, Mary W.</td>
<td>Rt. 1, Box 155, San Jose</td>
</tr>
<tr>
<td>Ferguson, Carrie*</td>
<td>1401 E. 31 St., Oakland</td>
</tr>
<tr>
<td>Finch, Ann L.</td>
<td>1144 S. Fourth St., Alhambra</td>
</tr>
<tr>
<td>Fitzes, Cora J.*</td>
<td>1200 N. State St., Los Angeles</td>
</tr>
<tr>
<td>Folendorf, Mrs. Gertrude R.</td>
<td>Shriners' Hospital, San Francisco</td>
</tr>
<tr>
<td>Forese, Kathleen M.</td>
<td>Fairmont Hospital, San Leandro</td>
</tr>
<tr>
<td>Fredine, Ethel A.</td>
<td>818 25 St., Apt. 34, Sacramento</td>
</tr>
<tr>
<td>Freeman, Irene W.</td>
<td>3550 Siskiyou St., Los Angeles</td>
</tr>
<tr>
<td>Fridingter, Stella M.</td>
<td>4326 Melbourne Ave., Hollywood</td>
</tr>
<tr>
<td>Friend, Harriett L. P.</td>
<td>609 Sutter St., San Francisco</td>
</tr>
<tr>
<td>Fullberg, Bennett M.*</td>
<td>1623 Bath St., Santa Barbara</td>
</tr>
<tr>
<td>Gill, Venta</td>
<td>4340 Third Ave., Sacramento</td>
</tr>
<tr>
<td>Glasscock, Rhodine A.</td>
<td>Sacramento Hospital, Sacramento</td>
</tr>
<tr>
<td>Gloor, Emma Z.</td>
<td>San Francisco Hospital, San Francisco</td>
</tr>
<tr>
<td>Goss, Eleanor C.</td>
<td>1401 E. 31 St., Oakland</td>
</tr>
<tr>
<td>Gray, Grace G.</td>
<td>French Hospital, San Francisco</td>
</tr>
<tr>
<td>Gunne, Grace</td>
<td>444 Third Ave., San Francisco</td>
</tr>
<tr>
<td>Gustafson, Ruth H.</td>
<td>San Francisco Hospital, San Francisco</td>
</tr>
<tr>
<td>Gutermost, Harriet S.</td>
<td>1275 Second Ave., Apt. 6, San Francisco</td>
</tr>
<tr>
<td>Haden, Dorothy*</td>
<td>225 Irving St., San Francisco</td>
</tr>
<tr>
<td>Haig, Rena</td>
<td>305 State Bldg., San Francisco</td>
</tr>
<tr>
<td>Hansen, Helen F.</td>
<td>405 State Bldg., Sacramento</td>
</tr>
<tr>
<td>Harmson, Mildred K.</td>
<td>1515 Wilshire Blvd., Los Angeles</td>
</tr>
<tr>
<td>Hartley, Florence</td>
<td>817 25 St., Sacramento</td>
</tr>
<tr>
<td>Hartley, Helen S.</td>
<td>635 N. San Jose, Stockton</td>
</tr>
<tr>
<td>Hassett, May A.</td>
<td>Samuel Merritt Hospital, Oakland</td>
</tr>
<tr>
<td>Hawkins, Mrs. Florence G.</td>
<td>San Bernardino County Hospital, San Bernardino</td>
</tr>
<tr>
<td>Hawley, Jean</td>
<td>Pasadena Hospital, Pasadena</td>
</tr>
<tr>
<td>Hawhurst, Anne R.</td>
<td>115 Bonita St., Sierra Madre</td>
</tr>
<tr>
<td>Heintzelman, Mrs. Mary L.</td>
<td>Los Angeles County General Hospital, Los Angeles</td>
</tr>
<tr>
<td>Heisler, Anna</td>
<td>112 Federal Office Bldg., San Francisco</td>
</tr>
<tr>
<td>Heitman, Sally</td>
<td>3700 California St., San Francisco</td>
</tr>
<tr>
<td>Hendricks, Maude E.</td>
<td>2209 Quincy, Bakersfield</td>
</tr>
<tr>
<td>Henry, Alice A.</td>
<td>124 Woodland Ave., San Francisco</td>
</tr>
<tr>
<td>Heyne, Ruth*</td>
<td>1401 E. 31 St., Oakland</td>
</tr>
<tr>
<td>Hokeck, Elsie D.</td>
<td>2400 Bath St., Santa Barbara</td>
</tr>
<tr>
<td>Holland, Hildred E.</td>
<td>Shriners' Hospital, San Francisco</td>
</tr>
<tr>
<td>Holt, Gertrude M.</td>
<td>315 S. Birch St., Santa Ana</td>
</tr>
<tr>
<td>Hornkohl, Elsie</td>
<td>Kern County General Hospital, Bakersfield</td>
</tr>
<tr>
<td>Houston, Lucile</td>
<td>French Hospital, San Francisco</td>
</tr>
<tr>
<td>Hovey, Kirby W.</td>
<td>536 N. Milton Dr., San Gabriel</td>
</tr>
<tr>
<td>Hudson, Margaret E.*</td>
<td>1200 N. State St., Los Angeles</td>
</tr>
<tr>
<td>Huxley, Marjorie</td>
<td>124 Woodland Ave., San Francisco</td>
</tr>
<tr>
<td>Inomire, Alice E.</td>
<td>206 Judah St., San Francisco</td>
</tr>
<tr>
<td>Jackson, Mrs. Lilian E.</td>
<td>Samuel Merritt Hospital, Oakland</td>
</tr>
<tr>
<td>Jeffrey, Helen E.</td>
<td>87 Congress St., Pasadena</td>
</tr>
</tbody>
</table>
JEFFREY, VELMA .......................... Kern County General Hospital, Bakersfield
JENNINGS, VERENA M. .................... 2345 Sutter St., San Francisco
JEHSY, AILEEN M. ......................... Kern County General Hospital, Bakersfield
JOHNSON, EDNA I. ......................... Stony Brook Retreat, Keene
JOHNSON, RUTH V. ......................... San Bernardino County Hospital, San Bernardino
JORDAN, MARY E. ........................ Fairmont Hospital, San Leandro
JOURDAN, ANTOINETTE M. ............... 688 S. Marengo, Pasadena
KANE, VIRGE E. .......................... 1808 Sierra Vista Ave., Alhambra
KARPE, MRS. HELENE F. © ............... 138 Encline Court, San Francisco
KELSEY, ETHEL M. ....................... 2001 Pierce St., San Francisco
KENNEDY, GRACE M. ...................... St. Luke’s Hospital, San Francisco
KENNEDY, HELEN A. ...................... Mercy Hospital, San Diego
KEPTNER, HELEN K. ...................... 420 Coronado Terrace, Los Angeles
KISLING, MARGARET ...................... Stony Brook Retreat, Keene
KISZ, MARY M. ............................ White Memorial Hospital, Los Angeles
KNIPE, V. ZOA ............................ St. Mary’s Hospital, San Francisco
KORNGOLD, MRS. JANET F. .............. Fresno County General Hospital, Fresno
KRAMP, LILLA C. ......................... 652 S. Lucas Ave., Los Angeles
KVIEC, MINNIE R. ......................... San Joaquin General Hospital, French Camp
LAMPRECHT, GRAYCE E. ................. 148 21 Ave., San Francisco
LANNON, JUDITH M. ...................... 3314 J St., Sacramento
LANSING, GRACE E. ..................... Orange County Hospital, Orange
LAWRENCE, BESSIE ....................... Stanford University Hospital, San Francisco
LEE, MAGGIE .............................. Loma Los Feliz School, Santa Barbara
LEMMER-RITCHIE, WYATT ............... Kern County General Hospital, Bakersfield
LEWIS, MRS. STELLA M. ................. Kern County General Hospital, Bakersfield
LIND, EMMA ............................... Kern County General Hospital, Bakersfield
LINDBERG, ROBERTA ...................... 5232 Rockland Ave., Los Angeles
LINDSAY, BESSIE L. ..................... 329 S. Sutter St., Stockton
LITZ, HATTIE J. .......................... 2223 Eye St., Sacramento
LUNDBERG, CLARA K. ................. 1005 15 St., Sacramento
LYMAN, GRACE ............................. 2229 College Ave., Berkeley
LYMAN, LOIS A. .......................... 1240 S. Palm Ave., San Gabriel
MAASESTAD, CAROL E. ................. San Francisco Hospital, San Francisco
MACDONALD, KATHERINE M. ........... 1212 Shatto St., Los Angeles
MACLEAN, MARGUERITE L. © © ...... Alameda County Hospital, Oakland
MAGUIRE, MRS. MARGARET .............. Franklin Hospital, San Francisco
MANN, ESTELLA .......................... St. Vincent’s Hospital, Los Angeles
MAPES, MRS. ELIZABETH ............... 2656 Sixth Ave., Sacramento
MARANDA, MRS. ELSA J. ................ 520 Flower St., Bakersfield
MARKKLIAN, VARSING ..................... 1346 Sixth Ave., San Francisco
MARTINS, MRS. EDITH V. .............. 1633 S. Orange Grove Ave., Los Angeles
MASON, MRS. RUBY B. .................. Mt. Zion Hospital, San Francisco
MASON, RUTH E. .......................... 2001 Pierce Ave., San Francisco
MCCLANAHAN, MARGARET H. .......... 1029 Browning Blvd., Los Angeles
MCCLURE, MURIEL M. ................... 2340 Clay St., San Francisco
MCCULLOUGH, MILDRED K. ............ 1174 Alabama St., San Francisco
MCDONALD, KATHERINE ................. 1525 Locust Ravine, Bakersfield
MCGILLIGAN, CATHERINE B. .......... 509 Vista Gloriosa Dr., Los Angeles
MCGOVERN, MARY E. ..................... Samuel Merritt Hospital, Oakland
McGREGOR, JEAN C. ..................... St. Luke’s Hospital, San Francisco
McGUIRE, JANET ......................... 632 S. Lucas Ave., Los Angeles
McKINNON, MARY H. ..................... 105 State Bldg., San Francisco
MCCLAIN, THERESA M. ................. 141 E. Olive, San Bernardino
MC'DONALD, MARGARET E. ............. 3700 California St., San Francisco
MEGROOT, JOAN .......... 4108 U St., Sacramento
MEIKLE, JESSIE W. ......... Santa Clara County Hospital, San Jose
MITCHELL, ELLEN M. ....... Arroyo Del Valle, Livermore
MOFFATT, AGNES T. ......... 1401 10 Ave., San Francisco
MONTIETH, MRS. MARY C. .. Pacific Union College, Angwin
MOORE, ELIZABETH R. ...... 3700 California St., San Francisco
MORGAN, ESTHER B. ......... 3434 Elm St., Oakland
MORLEY, ETHEL ........... 4148 E St., Sacramento
MORRILL, FLORA ........ 2425 Curtis Way, Sacramento
MORRIS, ALMA E. .......... 1575 33 Ave., San Francisco
MOSSEY, MRS. HELEN ....... 1524 28 St., Bakersfield
MUHS, ETHEL ............ Sacramento Hospital, Sacramento
MULVANE, MRS. GABRIELLE T. San Bernardino County Hospital, San Bernardino
MULVANE, MARY G. ......... 2077 Belle St., San Bernardino
MUNSON, BARBARA A. .... 1570 Eighth Ave., San Francisco
MURRAY, ETHEL F. ......... 305 State Bldg., San Francisco
NASTOLD, MARY ........ 114½ W. Ave. 29, Los Angeles
NEAL, PAULINE .......... 1916½ Brooklyn Ave., Los Angeles
NELSON, MERLE A. G. .... Kern County General Hospital, Bakersfield
NEWTON, MARJORIE D. ..... 3326 Farnsworth, Los Angeles
NEWTON, MILDRED .... University of California Hospital, San Francisco
NICOLSON, MARY L. ......... 2022 S. Primrose, Alhambra
NORWAY, MARGUERITE .... 1212 Shatto St., Los Angeles
ODHNER, HELEN G. ...... 571 Third Ave., San Francisco
O’LOUGHLIN, ANNE A. San Francisco Hospital, San Francisco
OLSON, HELEN D. ......... San Joaquin Hospital, French Camp
O’NEILL, MAUDE E. ....... 381 Merrill Ave., Glendale
PALM, ROSELLER S. ....... 441 34 St., Sacramento
PARRISH, KATHRYN .... 1060 Bush St., San Francisco
PEARSON, RUTH H. ........ 780 E. Gilbert, San Bernardino
PECK, MARGARET J. ......... Shriners’ Hospital, San Francisco
PETERSON, FLORENCE J. San Bernardino County Hospital, San Bernardino
PETERSON, JEANNETT V.* .... 2400 Bath St., Santa Barbara
PETERSON, LAURA L. ....... 1147 E. 88 Pl., Los Angeles
PETERSON, MYRTLE J. ...... 1401 E. 31 St., Oakland
PILANT, MRS. EDITH B. ..... 205 E. Whitmore St., Wiemias
PLAHN, LILLIAN .......... 1511 Locust Ravine, Bakersfield
PLATT, VIRGINIA E. ...... 2340 Clay St., San Francisco
POHE, MINNIE .......... 2340 Clay St., San Francisco
POLLEY, ANGELINE R. .... 502 Palisades Ave., Santa Monica
PORTER, NELLIE M. .... 1052 W. Sixth St., Los Angeles
POWELL, EVELYN A. ....... 256 W. Alamar, Santa Barbara
POXON, MARY E. ...... Orange County Hospital, Orange
PURCELL, ANNA L. ....... San Bernardino County Hospital, San Bernardino
PURCELL, JO ELLEN ...... 2340 Clay St., San Francisco
RABE, EVA W. M. ......... Los Angeles County General Hospital, Los Angeles
RABE, MARIE ................ 2906 W. Norwood Pl., Alhambra
REID, ANNIE F. .......... 1212 Shatto St., Los Angeles
REID, OLIVE M. ........ Children’s Hospital Society, 4614 Sunset Blvd., Los Angeles
RICE, HELEN N. ........ Paradise Valley Sanitarium, National City
RICHARDSON, AUGUSTA B. Sacramento Hospital, Sacramento
RINGESSY, GRACE E. ...... 620 Pacheco St., San Francisco
ROBBINS, CHRISTINA B. Paradise Valley Sanitarium, National City
ROBSON, IRINE .......... St. Helena Sanitarium, Sanitarium
ROHNER, RUTH C. ............... 390 Central Ave., Oakland
ROMSTEAD, PETRA J. .......... Samuel Merritt Hospital, Oakland
RUDY, SARAH .................. Community Hospital, Long Beach
RUSSELL, ETHEL .............. French Hospital, San Francisco
RYLE, JESSICA M. ............ St. Joseph's Hospital, Stockton
SCHMIDT, IDA J. .............. San Francisco Hospital, San Francisco
SCHUBEL, MUREL* ............. 100 East Ave. 26, Los Angeles
SCHWEINRUBER, META .......... 1223 West Dr., Bakersfield
SCLATER, ANNA J. ............. 1418 Inglewood Rd., Glendale
SELZER, ELEANOR M. .......... 801 Waterloo St., Los Angeles
SEWELL, MARY ................ San Joaquin General Hospital, French Camp
SHANHOLTZER, GLADYS W. ..... 447 Eighth Ave., San Francisco
SHUGREN, MARGARET ......... Alameda County Hospital, Oakland
SISTER ANNA MARIE ........... Hillcrest Dr., San Diego
SISTER ELIZABETH CLARE ..... Providence Hospital, Oakland
SISTER HELEN ................. St. Vincents Hospital, Los Angeles
SISTER LEANDER .............. O'Connor Hospital, San Jose
SISTER MARY AGNES CUMMINGS St. Joseph's Hospital, San Francisco
SISTER M. ALBERTA HOFFMANN Queen of Angels Hospital, Los Angeles
SISTER M. BAPTIST ............ St. Joseph's Hospital, San Francisco
SISTER MARY BARBARA LEE .... Mercy Hospital, Sacramento
SISTER M. BEEDE .............. St. Joseph's Hospital, San Francisco
SISTER M. BERCHMANS MCDONNEL St. Mary's Hospital, San Francisco
SISTER M. BERNADETTA FARRELL Mercy Hospital, Sacramento
SISTER MARY CARMELITA CYR St. Joseph's Hospital, Orange
SISTER MARY GERALDINE ELWELL 2200 Hayes St., San Francisco
SISTER MARY MAGDALEN NAGLE Mercy Hospital, Sacramento
SISTER MARY PETER CAREW .... Mercy Hospital, Sacramento
SISTER M. SUSANNA WELCH .... 2301 Bellevue Ave., Los Angeles
SISTER MARY THOMASINE ...... Sisters of Mercy, Adeline Dr., Burlingame
SISTER MARY VIRGINIA AHERN 2200 Hayes St., San Francisco
SISTER STEPHANIE WALL ...... Mary's Help Hospital, San Francisco
SISTER VALERIA** ............ O'Connor Sanitarium, San Jose
SLEDGE, MRS. DORRIT A. D.  Huntington Memorial Hospital, Pasadena
SLOCUM, OLIVE A. ............. 1212 Shatto St., Los Angeles
SMALLEY, SALLY E. .......... 4516 11 Ave., Sacramento
SMITH, BLANCHE G. .......... 1207 N. Mission Rd., Los Angeles
SMITH, EDITH** ............... Stanford University Hospital, San Francisco
SMITH, M. LUCILE ............ 3317 Bruce St., Oakland
SMITH, VIRGINIA W. .......... French Hospital, San Francisco
SOLBECK, HANSENE K. ......... El Sausal Sanitarium, Salinas
SOLOMON, HARRIE M. .......... Stanford University Hospital, San Francisco
SPANNER, GERTRUDE L. ...... 500 S. Westmoreland, Los Angeles
SPENCE, MARCELLA ........... 1517 28 St., Sacramento
SPOHRI, LOUISE M. .......... 542 E. McCloud Ave., Stockton
SQUIRES, GAIL ............... 62 Oakes Blvd., San Leandro
STAREVIC, MARGARET A. ...... 2200 Post St., San Francisco
STEFFEN, ANNA M. ............ 632 S. Lucas Ave., Los Angeles
STEPHENS, JESSIE E. .......... Samuel Merritt Hospital, Oakland
STEPHENS, MINETTE D.* ...... 2400 Bath St., Santa Barbara
STILES, LAURA ............... 3700 California St., San Francisco
STOIBER, LEONA M. .......... 115 Arvir St., Bakersfield
SURAK, MRS. ROBERTA ......... 1415 29 St., Sacramento
SWEET, TIRZAH JANE .......... 1401 Tenth Ave., San Francisco
SYLVIA, MARY A. ............. 2340 Clay St., San Francisco
TENNENT, CORNELIA .......... 2300 Webster St., San Francisco
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terres, Kathleen M.</td>
<td>2905 Baldwin St., Los Angeles</td>
</tr>
<tr>
<td>Thomas, Clara A.</td>
<td>Kern County General Hospital, Bakersfield</td>
</tr>
<tr>
<td>Thompson, Mrs. Sarah E. R.</td>
<td>Huntington Memorial Hospital, Pasadena</td>
</tr>
<tr>
<td>Thompson, Shirley</td>
<td>Children's Hospital, Los Angeles</td>
</tr>
<tr>
<td>Thorpe, Ruth M.</td>
<td>1212 Shatto St., Los Angeles</td>
</tr>
<tr>
<td>Thorstein, Elsa</td>
<td>2200 Post St., San Francisco</td>
</tr>
<tr>
<td>Tilley, Gladys MCI</td>
<td>335 Teresita Blvd., San Francisco</td>
</tr>
<tr>
<td>Tracy, Margaret</td>
<td>610 Parnassus Ave., San Francisco</td>
</tr>
<tr>
<td>Trinchard, Sophie</td>
<td>1275 Second Ave., Apt. 6, San Francisco</td>
</tr>
<tr>
<td>Vecchiarella, Laura</td>
<td>104 Ross Ave., San Leandro</td>
</tr>
<tr>
<td>Vetal, Mrs. Margaret G.</td>
<td>1100 Mission Rd., Los Angeles</td>
</tr>
<tr>
<td>Vogel, M. Ellen</td>
<td>312 N. Boyle, Los Angeles</td>
</tr>
<tr>
<td>Vosloh, Lillian</td>
<td>106 Belle Fountain St., Pasadena</td>
</tr>
<tr>
<td>Waddill, Virginia*</td>
<td>Mills Memorial Hospital, San Mateo</td>
</tr>
<tr>
<td>Walder, Ethel J.</td>
<td>Loma Linda Hospital, Loma Linda</td>
</tr>
<tr>
<td>Wald, Mrs. Mary H.</td>
<td>1200 N. State St., Los Angeles</td>
</tr>
<tr>
<td>Wallman, Hazel E.</td>
<td>945 Hyde, Apt. 1, San Francisco</td>
</tr>
<tr>
<td>Warrander, Thelma H.</td>
<td>11319 Acacia, Inglewood</td>
</tr>
<tr>
<td>Wayland, Mrs. Mary M.</td>
<td>153 S. Hermosa Ave., Sierra Madre</td>
</tr>
<tr>
<td>Webb, Alice M.</td>
<td>1200 N. State St., Los Angeles</td>
</tr>
<tr>
<td>Weber, Alice</td>
<td>4056 11 Ave., Sacramento</td>
</tr>
<tr>
<td>Welbourn, Idy C.</td>
<td>Children's Hospital, Los Angeles</td>
</tr>
<tr>
<td>Wellman, Thora</td>
<td>Kern County General Hospital, Bakersfield</td>
</tr>
<tr>
<td>Werner, Marion</td>
<td>St. Francis Hospital, San Francisco</td>
</tr>
<tr>
<td>Wherry, Margaret</td>
<td>1212 Shatto St., Los Angeles</td>
</tr>
<tr>
<td>White, Jeanette</td>
<td>7613 E. Kensington Rd., Los Angeles</td>
</tr>
<tr>
<td>White, Mrs. Mary M.</td>
<td>200 N. Bridge St., San Gabriel</td>
</tr>
<tr>
<td>Whittlekin, Mrs. Claire G.</td>
<td>1132 Quincy St., Bakersfield</td>
</tr>
<tr>
<td>Wilder, Bernice</td>
<td>2625 Eye St., Sacramento</td>
</tr>
<tr>
<td>Willetford, Mary B.</td>
<td>505 State Bldg., Civic Center, San Francisco</td>
</tr>
<tr>
<td>Williams, Geneva</td>
<td>630 Eye St., Bakersfield</td>
</tr>
<tr>
<td>Winter, Dorothy</td>
<td>3019 Fifth Ave., Sacramento</td>
</tr>
<tr>
<td>Witham, Frances S.</td>
<td>632 S. Lucas St., Los Angeles</td>
</tr>
<tr>
<td>Wood, Muriel</td>
<td>St. Francis Hospital, San Francisco</td>
</tr>
<tr>
<td>Young, Camille L.</td>
<td>1155 Pine St., San Francisco</td>
</tr>
<tr>
<td>Zeman, Mildred</td>
<td>2525 42 St., Sacramento</td>
</tr>
<tr>
<td>Zerbe, Elizabeth H.</td>
<td>Cowell Memorial Hospital, Berkeley</td>
</tr>
<tr>
<td>Zilch, Frances M.</td>
<td>1212 Shatto St., Los Angeles</td>
</tr>
<tr>
<td>Zwiebel, Martha P.</td>
<td>Box 641, Delano</td>
</tr>
</tbody>
</table>

**COLORADO—88**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ackley, Stella</td>
<td>4200 E. Ninth Ave., Denver</td>
</tr>
<tr>
<td>Allen, Louise</td>
<td>Denver General Hospital, Denver</td>
</tr>
<tr>
<td>Anthony, Ruby F.</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>Ballard, Josephine</td>
<td>Presbyterian Hospital, Denver</td>
</tr>
<tr>
<td>Beery, Ruth</td>
<td>4200 E. Ninth Ave., Denver</td>
</tr>
<tr>
<td>Berger, Eletta</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>Blanpied, Gretchen M.</td>
<td>Visiting Nurse Association, Denver</td>
</tr>
<tr>
<td>Boyd, Ann D.</td>
<td>2533 E. 14 Ave., Denver</td>
</tr>
<tr>
<td>Brady, Helen M.</td>
<td>4200 E. Ninth Ave., Denver</td>
</tr>
<tr>
<td>Burdick, Verne A.</td>
<td>Boulder Sanitarium, Boulder</td>
</tr>
<tr>
<td>Calderwood, Carmelita</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>Cole, Eva H.</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>Colestock, Ruth</td>
<td>4200 E. Ninth Ave., Denver</td>
</tr>
<tr>
<td>Cushman, Mrs. Oca</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>Diller, Dorothy M.</td>
<td>Corwin Hospital, Pueblo</td>
</tr>
<tr>
<td>Name</td>
<td>Institution</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>DUNLAP, ELLA M</td>
<td>Denver General Hospital, Denver</td>
</tr>
<tr>
<td>DWYER, MONICA R</td>
<td>Mercy Hospital, Denver</td>
</tr>
<tr>
<td>EDGAR, ELIZABETH</td>
<td>4200 E. Ninth Ave., Denver</td>
</tr>
<tr>
<td>EMBERTON, MRS. MARY H</td>
<td>436 State Office Bldg., Denver</td>
</tr>
<tr>
<td>ERWIN, E. JOY</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>HANNAUER, MRS. DOROTHEA G</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>HANSEN, GENEVIEVE E.</td>
<td>Boulder Sanitarium, Boulder</td>
</tr>
<tr>
<td>HARDIN, MARTHA</td>
<td>Parkview Hospital, Pueblo</td>
</tr>
<tr>
<td>HARRIS, ELIZABETH F.</td>
<td>Presbyterian Hospital, Denver</td>
</tr>
<tr>
<td>HARTMAN, BERNETTA</td>
<td>Corwin Hospital, Pueblo</td>
</tr>
<tr>
<td>HARTZLER, LOLA B.</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>HEYSE, MARGARET F.</td>
<td>4200 E. Ninth Ave., Denver</td>
</tr>
<tr>
<td>JAYNE, MARTHA</td>
<td>4200 E. Ninth Ave., Denver</td>
</tr>
<tr>
<td>JOHNSON, EDITH K.</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>KANDEL, PHOEBE M.**</td>
<td>Colorado State College of Education, Greeley</td>
</tr>
<tr>
<td>KIELY, THERESA H.</td>
<td>St. Joseph's Hospital, Denver</td>
</tr>
<tr>
<td>KIENINGER, LOUISE</td>
<td>4200 E. Ninth Ave., Denver</td>
</tr>
<tr>
<td>KINCHERBOCKER, VERA D.</td>
<td>Visiting Nurse Association, Denver</td>
</tr>
<tr>
<td>KNUTSON, MARTHA T.</td>
<td>4200 E. Ninth Ave., Denver</td>
</tr>
<tr>
<td>LIBERT, ALICE M.</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>LINC, CATHERINE A.</td>
<td>Denver General Hospital, Denver</td>
</tr>
<tr>
<td>LOOS, MRS. BERNICE C.</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>LOVE, MERLE</td>
<td>Denver General Hospital, Denver</td>
</tr>
<tr>
<td>McCARTHY, KATHERINE</td>
<td>Mercy Hospital, Denver</td>
</tr>
<tr>
<td>MCDONEL, HELEN M.</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>MEEHAN, ROSE G.</td>
<td>Mercy Hospital, Denver</td>
</tr>
<tr>
<td>MERSHON, MARGARET K.</td>
<td>Denver General Hospital, Denver</td>
</tr>
<tr>
<td>METZGER, MARGARET</td>
<td>St. Anthony's Hospital, Denver</td>
</tr>
<tr>
<td>MORRISON, E. LUella</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>MOSER, LOUISE</td>
<td>4200 E. Ninth Ave., Denver</td>
</tr>
<tr>
<td>MURCHISON, IRENE</td>
<td>621 Majestic Bldg., Denver</td>
</tr>
<tr>
<td>NEFF, ELSIE</td>
<td>Fitzsimons General Hospital, Denver</td>
</tr>
<tr>
<td>NELSON, EDNA</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>NEWTON, KATHLEEN</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>OFF, FRIEDA C.</td>
<td>Denver General Hospital, Denver</td>
</tr>
<tr>
<td>PERDUE, ELLEN</td>
<td>Visiting Nurse Association, Denver</td>
</tr>
<tr>
<td>PERRY, MRS. EVELYN J.</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>PONKOW, MARY A.</td>
<td>State Hospital, Pueblo</td>
</tr>
<tr>
<td>PROPER, GLENDA R.</td>
<td>St. Luke's Hospital, Denver</td>
</tr>
<tr>
<td>RASMUSSEN, KAREN</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>REIKERT, ANNA</td>
<td>Seton School of Nursing, Colorado Springs</td>
</tr>
<tr>
<td>RICH, BERTHA E.</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>ROCKWOOD, ALICE</td>
<td>621 Majestic Bldg., Denver</td>
</tr>
<tr>
<td>SARGENT, MRS. MABEL O.</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>SCOVILL, LOIS</td>
<td>Children's Hospital, Denver</td>
</tr>
<tr>
<td>SEARLE, RUTH</td>
<td>4200 E. Ninth Ave., Denver</td>
</tr>
<tr>
<td>SHELLABARGER, M. ELIZABETH</td>
<td>846 Madison, Denver</td>
</tr>
<tr>
<td>SISTER CATHERINE LORRAINE</td>
<td>St. Joseph's Hospital, Denver</td>
</tr>
<tr>
<td>SISTER CORNELIA</td>
<td>St. Joseph's Hospital, Denver</td>
</tr>
<tr>
<td>SISTER CYRIL MAHRY</td>
<td>Seton School of Nursing, Colorado Springs</td>
</tr>
<tr>
<td>SISTER MARY ASCELLA</td>
<td>St. Joseph's Hospital, Denver</td>
</tr>
<tr>
<td>SISTER MARY AURELIA</td>
<td>St. Joseph's Hospital, Denver</td>
</tr>
<tr>
<td>SISTER M. CAROLYN RATAIJEZAK</td>
<td>Seton School of Nursing, Colorado Springs</td>
</tr>
<tr>
<td>SISTER M. CATHERINE</td>
<td>Mercy Hospital, Denver</td>
</tr>
<tr>
<td>SISTER M. GETULIA CREMER</td>
<td>St. Anthony's Hospital, Denver</td>
</tr>
<tr>
<td>SISTER MARY HUGOLINA*</td>
<td>St. Anthony's Hospital, Denver</td>
</tr>
</tbody>
</table>
SISTER M. IGNATIUS .......... Mercy Hospital, Denver
SISTER M. JOSEPHIA RIMBERT .... St. Anthony's Hospital, Denver
SISTER M. SEBASTIAN .......... Mercy Hospital, Denver
SISTER VICENTIA ............ St. Joseph's Hospital, Denver
SISTER VICTORIA CLARE ...... Glockner Sanitarium, Colorado Springs
SLOUGH, IONE ................. 4200 E. Ninth Ave., Denver
SMITH, MARGARET R. .......... 4200 E. Ninth Ave., Denver
STRAUS, MARGARET A. ...... St. Joseph's Hospital, Denver
TAYLOR, LOUISE B. .... Presbyterian Hospital, Denver
WALKER, MARY C. ......... Denver General Hospital, Denver
WEBER, MRS. ALICE C. ...... Corwin Hospital, Pueblo
WEISENHORN, ANNE .......... Seton School of Nursing, Colorado Springs
WHITE, MRS. ANNETTE F. ...... Children's Hospital, Denver
WHITE, CONNIE M. ........ Children's Hospital, Denver
WILDMAN, JEAN W. .......... Children's Hospital, Denver
WOLF, BERNICE .......... St. Luke's Hospital, Denver
WOON, ANNIE I. ............ Children's Hospital, Denver

CONNECTICUT—125

ALBRIGHT, MYRTLE M. .......... Municipal Hospital, Greenwich
ALLEN, BERNICE M. .......... New Britain General Hospital, New Britain
ALLING, OLIVE A.* .......... 350 Ocean Ave., New London
ANKENY, A. FAITH .......... 160 Retreat Ave., Hartford
ANSLOW, GRACE E.* .......... Wm. W. Backus Hospital, Norwich
BALLOU, ADELAIDE L. .... Bridgeport Hospital, Bridgeport
BARNES, EDYTH G. .......... Grace Hospital, New Haven
BARRETT, JEAN .............. 15 Howe St., New Haven
BARTHOLOME, MARJORIE** .... 378 Orchard St., New Haven
BAUMEISTER, HELEN M. .... Bridgeport Hospital, Bridgeport
BEDUL, JANE J.* ............. Box 361, Middletown
BENSON, ANNE C. .......... Bridgeport Hospital, Bridgeport
BIEHUSEN, IRMA M.* ....... 350 Congress Ave., New Haven
BLISS, LOIS A.* ............ 350 Congress Ave., New Haven
BOSS, MRS. MARTHA H.* .... 856 Howard St., New Haven
BOWLES, HAZEL H.* .......... 610 George St., New Haven
BRYANT, MAY* .............. New Haven Hospital, New Haven
BYRNE, MRS. SYDNEY S.* .... 100 Howe St., New Haven
CARRINGTON, BERNICE R. .... 610 George St., New Haven
CASEL, MILDRED .......... 37 Jefferson St., Hartford
CLARKE, BEULAH M. .......... 37 Jefferson St., Hartford
CLARKE, MRS. ETHEL P.* .... Bridgeport Hospital, Bridgeport
CLARKE, HELEN L.* .......... 21 Washington Manor, West Haven
CORCORAN, MYRTLE K.** .... 4 Holcomb St., Hartford
CROWDI, EVA A.* .......... Hartford Hospital, Hartford
CURTIS, MARY E.* .......... 160 Retreat Ave., Hartford
DANIELSEN, RUTH B.* ...... 350 Congress Ave., New Haven
DE CHAMPLAIN, BLANCHE .... Hillside Home and Hospital, Bridgeport
DORSEY, AGNES C.* ......... 2 Holcomb St., Hartford
DU MORTIER, MARGUERITE R.* 70 Howe St., New Haven
DUNN, HAZEL B.* .......... Grace Hospital, New Haven
DURKEE, MARION E.* ....... 350 Ocean Ave., New London
EATON, HAZEL A.* .......... 28 Crescent St., Middletown
ERRICO, FANNIE G.* ....... Hartford Hospital, Hartford
FAGAN, HELEN L.* .......... 4 Holcomb St., Hartford
FANNING, JANE ............. 350 Ocean Ave., New London
FITZGERALD, Rose E. .......... 35 Cottage Pl., Bridgeport
FOX, Elizabeth G. .......... 35 Elm St., New Haven
FRANKE, Eva D. .......... 416 Third Ave., West Haven
FRAZIER, Amelia M. .......... 28 Crescent St., Middletown
GOEPFINGER, Lizzie L. .......... 15 Haviland St., South Norwalk
GOODRICH, Annie W. .......... 160 Retreat Ave., Hartford
GRANT, Laura M. .......... 789 Howard Ave., New Haven
HARRELL, Virginia .......... Greenwich Hospital, Greenwich
HATCH, Bessie M. .......... Bridgeport Hospital, Bridgeport
HATCH, Mildred D. .......... 28 Crescent St., Middletown
HAWLEY, Caroline G. .......... Bridgeport Hospital, Bridgeport
HERSCHEL, Katherine E. .......... 350 Congress Ave., New Haven
HOLLAND, G. Marion .......... Waterbury Hospital, Waterbury
HORTON, Etta F. .......... 45 Hawkins St., New Britain
HYDE, Sarah E. .......... Cobalt Lodge, Cobalt
JESSEE, Ruth W. .......... Bridgeport Hospital, Bridgeport
JOHNSON, Emily .......... 70 Howe St., New Haven
KAUFMAN, Mary E. .......... 350 Ocean Ave., New London
KELLEHER, Margaret M.* .......... Bridgeport Hospital, Bridgeport
KELLEY, H. Marie .......... 350 Congress Ave., New Haven
LAMB, Jeanne* .......... 51 Dwight St., New Haven
Le BOEUF, Mrs. Amy B. .......... Arnold St., R. F. D. No. 2, Middletown
LEWIS, Gertrude E. .......... Bridgeport Hospital, Bridgeport
LUCIER, Margaret C. .......... Grace Hospital, New Haven
MACLEAN, Jean .......... 160 Retreat Ave., Hartford
MARCEL, Mary G.* .......... Bridgeport Hospital, Bridgeport
MARCHANT, Helen M. .......... Stamford Hospital, Stamford
MARTINKAT, Alma A. .......... Waterbury Hospital, Waterbury
McCLARE, Dorothy C. .......... General Hospital, New Britain
McCONNELL, Rachel .......... Hartford Hospital, Hartford
McCORKLE, Mae D. .......... 100 Howe St., New Haven
MCDOWELL, Violet E. .......... 92 Grand St., New Britain
McINTYRE, Elizabeth M. .......... 181 Cook Ave., Meriden
McINTYRE, M. Ellen .......... 181 Cook Ave., Meriden
McLAREN, Jean I. .......... Stamford Hospital, Stamford
McVicker, Mabel .......... Waterbury Hospital, Waterbury
MEEKER, Vera J.* .......... 45 Hawkins St., New Britain
MEHALAK, Nellie E.* .......... Bridgeport Hospital, Bridgeport
Meier, Ida M. .......... 64 Robbins St., Waterbury
Melby, Elizabeth .......... 310 Cedar St., New Haven
Moore, Rena D. .......... Meriden Hospital, Meriden
Moss, Georgia K. .......... Bridgeport Hospital, Bridgeport
nelson, Mary K. .......... 350 Congress Ave., New Haven
Nusinoff, Mrs. Janet R. .......... 86 S. Main St., Middletown
Ohlson, Agnes K. .......... 252 Asylum St., Room 404, Hartford
Palmer, Susan O.* .......... 155 North St., Milford
Pardee, Josephine G. .......... 3200 Main St., Stratford
Parsons, Louise .......... Meriden Hospital, Meriden
Patterson, Pearl M. .......... Griffin Hospital, Derby
Patterson, Winifred I. .......... Wm. Wirt Winchester Hospital, West Haven
 Patton, Augusta .......... 749 Farmington Ave., West Hartford
PERSSEL, Orpha J. .......... New Britain Hospital, New Britain
PITT, R. Dorothy .......... Bridgeport Hospital, Bridgeport
Prendergast, Mary J. .......... Isolation Hospital, Hartford
REEVE, irma e. .......... 512 Townsend Ave., New Haven
Richardson, Mildred A. .......... Bridgeport Hospital, Bridgeport
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rudine, Helen V.</td>
<td>486 Washington Ave., Bridgeport</td>
<td></td>
</tr>
<tr>
<td>Kyle, Anna E.</td>
<td>350 Congress Ave., New Haven</td>
<td></td>
</tr>
<tr>
<td>Sachs, Elizabeth J.</td>
<td>350 Congress Ave., New Haven</td>
<td></td>
</tr>
<tr>
<td>Simpson, Katherine F.</td>
<td>703 Howard Ave., New Haven</td>
<td></td>
</tr>
<tr>
<td>Sister Alice Mary Leary</td>
<td>370 Collins St., Hartford</td>
<td></td>
</tr>
<tr>
<td>Sister Catherine Teresa Rodger,</td>
<td>370 Collins St., Hartford</td>
<td></td>
</tr>
<tr>
<td>Sister Francis Elizabeth Hayes</td>
<td>370 Collins St., Hartford</td>
<td></td>
</tr>
<tr>
<td>Sister M. Annunciata Finnell</td>
<td>370 Collins St., Hartford</td>
<td></td>
</tr>
<tr>
<td>Sister M. Carmelita Marvin**</td>
<td>Hospital of St. Raphael, New Haven</td>
<td></td>
</tr>
<tr>
<td>Sister M. Concepta Hayes</td>
<td>St. Francis Hospital, Hartford</td>
<td></td>
</tr>
<tr>
<td>Sister Mary Germaine Hanley</td>
<td>370 Collins St., Hartford</td>
<td></td>
</tr>
<tr>
<td>Sister Mary Madeleine Forcier</td>
<td>370 Collins St., Hartford</td>
<td></td>
</tr>
<tr>
<td>Sister Mary Mechtilde Cartay</td>
<td>St. Francis Hospital, Hartford</td>
<td></td>
</tr>
<tr>
<td>Sister Teresa Austin Walton</td>
<td>370 Collins St., Hartford</td>
<td></td>
</tr>
<tr>
<td>Spengler, Helen</td>
<td>Wm. W. Backus Hospital, Norwich</td>
<td></td>
</tr>
<tr>
<td>Stack, Margaret K.</td>
<td>252 Asylum St., Room 512, Hartford</td>
<td></td>
</tr>
<tr>
<td>Stewart, Peggy Z.</td>
<td>Grace Hospital, New Haven</td>
<td></td>
</tr>
<tr>
<td>Storm, Elsa E. C.</td>
<td>Waterbury Hospital, Waterbury</td>
<td></td>
</tr>
<tr>
<td>Sullivan, Mary E.</td>
<td>Hartford Municipal Hospital, Hartford</td>
<td></td>
</tr>
<tr>
<td>Sucliff, Helen L.</td>
<td>350 Ocean Ave., New London</td>
<td></td>
</tr>
<tr>
<td>Taylor, Effie J.**</td>
<td>Yale University School of Nursing, New Haven</td>
<td></td>
</tr>
<tr>
<td>Taylor, Jane E.</td>
<td>179 Dwight St., New Haven</td>
<td></td>
</tr>
<tr>
<td>Weber, Doris</td>
<td>35 Elm St., New Haven</td>
<td></td>
</tr>
<tr>
<td>Werme, Ellen J.</td>
<td>Fitch's Home, Noroton Heights</td>
<td></td>
</tr>
<tr>
<td>White, Constance J.</td>
<td>Hartford Hospital, Hartford</td>
<td></td>
</tr>
<tr>
<td>Wilcox, Ona M.</td>
<td>28 Crescent St., Middletown</td>
<td></td>
</tr>
<tr>
<td>Wild, Anna</td>
<td>Stamford Hospital, Stamford</td>
<td></td>
</tr>
<tr>
<td>Willers, Aurelia</td>
<td>Bridgeport General Hospital, Bridgeport</td>
<td></td>
</tr>
<tr>
<td>Wilson, Irene</td>
<td>Shady Lawn, E. Wharf Rd., Madison</td>
<td></td>
</tr>
<tr>
<td>Woolcott, Marion A.</td>
<td>9 Howe St., New Haven</td>
<td></td>
</tr>
<tr>
<td>Woodward, Frances E.</td>
<td>37 Jefferson St., Hartford</td>
<td></td>
</tr>
<tr>
<td>Yoho, Dee*</td>
<td>17 Howe St., New Haven</td>
<td></td>
</tr>
<tr>
<td>Zellner, Louise F.*</td>
<td>34 Park St., New Haven</td>
<td></td>
</tr>
</tbody>
</table>

**DELAWARE—24**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Winona T.</td>
<td>Milford Emergency Hospital, Milford</td>
<td></td>
</tr>
<tr>
<td>Castle, Mrs. Anna Van W.</td>
<td>1101 Gilpin Ave., Wilmington</td>
<td></td>
</tr>
<tr>
<td>Chambers, Ellen</td>
<td>Milford Emergency Hospital, Milford</td>
<td></td>
</tr>
<tr>
<td>Clauson, Beda E.</td>
<td>Homeopathic Hospital, Wilmington</td>
<td></td>
</tr>
<tr>
<td>Dougherty, Mildred L.</td>
<td>Wilmington General Hospital, Wilmington</td>
<td></td>
</tr>
<tr>
<td>Dugan, Lucile E.</td>
<td>Delaware Hospital, Wilmington</td>
<td></td>
</tr>
<tr>
<td>Ferry, Mary M.</td>
<td>Wilmington General Hospital, Wilmington</td>
<td></td>
</tr>
<tr>
<td>Harrington, Mabel W.</td>
<td>Milford Emergency Hospital, Milford</td>
<td></td>
</tr>
<tr>
<td>Healy, Olive L.</td>
<td>1314 Clayton St., Wilmington</td>
<td></td>
</tr>
<tr>
<td>Kahle, Epif E.</td>
<td>Delaware State Hospital, Farmhurst</td>
<td></td>
</tr>
<tr>
<td>Matthews, Tacie M.</td>
<td>Homeopathic Hospital, Wilmington</td>
<td></td>
</tr>
<tr>
<td>McCallister, Frances R.</td>
<td>211 W. 25 St., Wilmington</td>
<td></td>
</tr>
<tr>
<td>Mealey, Kathryn M.</td>
<td>St. Francis Hospital, Wilmington</td>
<td></td>
</tr>
<tr>
<td>Moran, Mary A.</td>
<td>1313 Clayton St., Wilmington</td>
<td></td>
</tr>
<tr>
<td>Muench, Genevieve J.</td>
<td>Delaware Hospital, Wilmington</td>
<td></td>
</tr>
<tr>
<td>Owens, Frances E.</td>
<td>Wilmington General Hospital, Wilmington</td>
<td></td>
</tr>
<tr>
<td>Perry, E. Irene</td>
<td>Homeopathic Hospital, Wilmington</td>
<td></td>
</tr>
<tr>
<td>Quay, Anna M.</td>
<td>Homeopathic Hospital, Wilmington</td>
<td></td>
</tr>
<tr>
<td>Roerden, Frieda J.</td>
<td>Homeopathic Hospital, Wilmington</td>
<td></td>
</tr>
<tr>
<td>Schranck, Bertha C.</td>
<td>Delaware Hospital, Wilmington</td>
<td></td>
</tr>
</tbody>
</table>
SMITH, REBECCA M. ................. Wilmington General Hospital, Wilmington
STEVENS, ALICE L. .................. Milford Emergency Hospital, Milford
WHITESELL, EVELYNE M. ............ Wilmington General Hospital, Wilmington
YOUNG, ELEANOR R. .................. 1216 N. Market St., Wilmington

**DISTRICT OF COLUMBIA—119**

ALDRIDGE, EDITH B. ................. 6645 Georgia Ave., N. W., Washington
ANDERSON, SENA ...................... 1333 18 St., N. W., Washington
BALLARD, RUBY J. .................... Gallinger Hospital, Washington
BEARD, MARY ......................... American Red Cross, Washington
BEATTIE, EDITH M. ................... Children's Hospital, Washington
BERGAN, ELSIE T. .................... Providence Hospital, Washington
BETSCHER, ELIZABETH S. ............. Metropolitan Life Insurance Nursing Service, Washington
BLACKMAN, MRS. JOSEPHINE W. ... 2013 New Hampshire Ave., Washington
BLOOM, MRS. LAURA R. ............... Garfield Memorial Hospital, Washington
BOWLING, GERTRUDE H. .............. 810 Albee Bldg., Washington
BROWN, MARY J. ...................... 3953 First St., S. W., Washington
BULLMAN, MARY M. ................... 4214 12 St., N. E., Washington
BURNS, HELEN J. ...................... Gallinger Hospital, Washington
BUTCHER, MRS. CAROLYN R. ........ Gallinger Hospital, Washington
CASSSE, MRS. ELIZE C. ............... Sibley Memorial Hospital, Washington
CASE, MARIE J. ....................... Georgetown University Hospital, Washington
CHAPMAN, FERN ...................... 1474 Columbia Rd., N. W., Washington
CLUFF, THELMA ....................... St. Albans School, Washington
CONNOR, MARY C. .................... 2308 Ashmead Place, N. W., Washington
COREY, BONNIE W. .................... 2115 P St., N. W., Washington
COWAN, AMY R. ....................... 1441 Spring Rd., N. W., Washington
COWAN, M. CORDELIA** ............... 1746 K St., N. W., Washington
DALTON, BERNICE I. ................. Georgetown University Hospital, Washington
DANIEL, DEBORAH E. ................. 1711 New York Ave., N. W., Washington
DELASKEY, MARY E. ................. 2019 Eye St., N. W., Washington
DEUTSCH, NAOMI ..................... U. S. Children's Bureau, Washington
DILLON, MARY R. ..................... 312 C St., S. E., Washington
DINKELSPIEL, STELLA E. .......... 3529 10 St., N. W., Washington
DIZNEY, MARGARET E. ............... 1819 G St., N. W., Washington
DOHERTY, MAUD ....................... Garfield Memorial Hospital, Washington
DONOVAN, IRENE M. ................. 1441 Spring Rd., N. W., Washington
DUFFY, MARGARET B. ................. Garfield Memorial Hospital, Washington
DUNBAR, VIRGINIA M. ............... 3051 Idaho Ave., N. W., Washington
DUNN, MARY J. ....................... U. S. Public Health Service, Washington
EARLE, MRS. ELIZABETH C. ......... St. Elizabeth's Hospital, Washington
FISH, JANET ......................... Emergency Hospital, Washington
FISHER, LILLIAN E. ................. 1150 N. Capitol St., Washington
FITZSIMMONS, LAURA W. ............. St. Elizabeth's Hospital, Washington
FLIKKE, MAJOR JULIA O. .......... Army Nurse Corps, War Dept., Washington
FORSTER, MARGARET A. ............. Nurses' Home, Gallinger Hospital, Washington
GAFFNEY, CLARE ..................... 3146 Que St., N. W., Washington
GIBSON, MATTIE M. .................. Children's Hospital, Washington
GOUDLOCK, WILHELMINA** ........... 1150 N. Capitol St., Washington
GRAHAM, MARY E. .................... Georgetown University Hospital, Washington
GREEN, MRS. LESSIE H. ............. 1611 B St., S. E., Washington
GRIFFEE, MRS. LEAH M. ............. Washington Sanitarium and Hospital, Takoma Park

GRIFFITH, PEARLE A. ............... 816 E St., N. E., Apt. 510, Washington
HACKMAN, Evelyn M.  3011 Ninth St., S. E., Washington
HALL, Mildred V.*  3953 First St., S. W., Washington
HAMMOND, Emma V.*  Children’s Hospital, Washington
Hasselbusch, Charlotte  637 Ingraham St., N. W., Washington
Hawthorne, Mary L.  2019 Eye St., N. W., Washington
Haydon, Edith M.  St. Elizabeth’s Hospital, Washington
Heiberger, Eva K.  1150 N. Capitol St., Washington
Heintzelman, Ruth A.  2220 20 St., N. W., Washington
Hickey, Mrs. Mary A.*  The Montana, 1726 M St., N. W., Washington
Hinds, Hazel*  1150 N. Capitol St., Washington
Hoffman, Leah M.  1746 K St., N. W., Washington
James, Mrs. S. Edyth T.*  Washington Missionary College, Takoma Park
Jeffries, Sallie  c/o Mrs. Albert Reynolds, Jr., 1239 37 St., N. W.,
                    Washington
Jensen, Kathryn L.*  Seventh Day Adventists, Takoma Park
Jorgenson, Gladys  1150 N. Capitol St., Washington
Kaufmann, Margaret E.  Georgetown University Hospital, Washington
Klee, Emily M.*  1746 K St., N. W., Washington
Koeneman, Gertrude A.*  611 Oneida Pl., N. W., Washington
Konya, Elizabeth  Children’s Hospital, Washington
Kraft, Jewell W.*  2211 Branch Ave., Washington
Kramer, Mabel M.*  1150 N. Capitol St., Washington
Kramer, Vivetta  Gallinger Hospital, Washington
Martin, Dorothy  Garfield Memorial Hospital, Washington
Masterson, Mary E.*  St. Elizabeth’s Hospital, Washington
McClain, Esther**  Providence Hospital, Washington
McIver, Pearl  Marlin Apartments, 39 and Cathedral, N. W.,
                Washington
Michell, Katherine J.*  Garfield Memorial Hospital, Washington
Miller, Josephine  1845 Bay St., S. E., Washington
Moran, Catherine E.*  Gallinger Hospital, Washington
Mucha, Stella I.*  1307 Saratoga Ave., N. E., Washington
Murphy, Vivian  Garfield Memorial Hospital, Washington
Nicholson, Jane D.*  U. S. Children’s Bureau, Washington
Patterson, Shelby W.*  Garfield Memorial Hospital, Washington
Peffer, Mrs. Louise B.*  1150 N. Capitol St., Washington
Petrakis, Mathilda A.*  Children’s Hospital, Washington
Prescott, Mrs. Josephine P.*  Room 17, District Bldg., Washington
Price, Mary E.*  1422 Perry Pl., N. W., Washington
Ratigau, Marian  Georgetown University Hospital, Washington
Read, Katharine  3726 Connecticut Ave., N. W., Washington
Rosenau, Flora E.  1150 N. Capitol St., Washington
Royier, Hazel  Children’s Hospital, Washington
Sandmaier, Barbara  Falkstone Courts, Apt. 315, Washington
Scaggs, Lucy Du L.  1336 Locust Rd., N. W., Washington
Sellew, Gladys  Catholic University of America, Washington
Shaffer, Beulah M.*  1150 N. Capitol St., Washington
Shafford, Juanta M.*  St. Elizabeth’s Hospital, Washington
Shoemaker, Helen L.*  1140 N. Capitol St., Washington
Sister Lucille Braga**  St. Vincent’s Home, Washington
Sister Mary Aniceta Breen**  1033 Newton St., N. E., Washington
Sister M. Celine  Georgetown University Hospital, Washington
Sister M. Erharda  Georgetown University Hospital, Washington
Sister Mary Euphrasia  Georgetown University Hospital, Washington
Sister M. Olivia  4801 Sargent Rd., N. E., Brookland
Sister Maurice Sheehy  832 Varnum St., N. E., Washington
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution, City</th>
</tr>
</thead>
<tbody>
<tr>
<td>SISTER RITA Voss</td>
<td>Providence Hospital, Washington</td>
</tr>
<tr>
<td>SISTER RODRIGUEZ</td>
<td>Georgetown University Hospital, Washington</td>
</tr>
<tr>
<td>SITES, ELLA E.</td>
<td>Army Medical Center, Washington</td>
</tr>
<tr>
<td>SMITH, ANNE</td>
<td>Garfield Memorial Hospital, Washington</td>
</tr>
<tr>
<td>SPALDING, MRS. EUGENIA K.</td>
<td>Catholic University of America, Washington</td>
</tr>
<tr>
<td>STEVENS, EVA L.*</td>
<td>Georgetown University Hospital, Washington</td>
</tr>
<tr>
<td>STRAUSS, LUCIE M. R.</td>
<td>1430 Shepherd St., N. W., Washington</td>
</tr>
<tr>
<td>SWEETON, LUCIA M.</td>
<td>824 D St., S. E., Washington</td>
</tr>
<tr>
<td>TAYLOR, ASHY</td>
<td>Children's Hospital, Washington</td>
</tr>
<tr>
<td>TAYLOR, MILDRED I.</td>
<td>1105 Pennsylvania Ave., S. E., Washington</td>
</tr>
<tr>
<td>THOMPSON, GERTRUDE M.</td>
<td>200 Rhode Island Ave., N. E., Washington</td>
</tr>
<tr>
<td>TILLEY, MRS. ALIENE K.*</td>
<td>2130 13 St., S. E., Washington</td>
</tr>
<tr>
<td>TITUS, ETHEL*</td>
<td>Children's Hospital, Washington</td>
</tr>
<tr>
<td>TORKINGTON, EDITH</td>
<td>Children's Country Home, Washington</td>
</tr>
<tr>
<td>WEIR, MILLIE</td>
<td>Gallinger Municipal Hospital, Washington</td>
</tr>
<tr>
<td>WHITAKER, FLORENCE W.</td>
<td>1150 N. Capitol St., Washington</td>
</tr>
<tr>
<td>YOUNG, HAZEL C.</td>
<td>468 Lebaum St., Washington</td>
</tr>
<tr>
<td>YOUNG, MARY V. R.*</td>
<td>2408 Nichols Ave., S. E., Washington</td>
</tr>
</tbody>
</table>

**FLORIDA—45**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution, City</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABBOTT, MRS. MARIE M.</td>
<td>Florida Sanitarium, Orlando</td>
</tr>
<tr>
<td>BENHAM, MRS. LOUISA B.**</td>
<td>McMeekein Pl., Hawthorne</td>
</tr>
<tr>
<td>BISHOP, SARAH*</td>
<td>Harry-Anna C. C. Hospital, Umatilla</td>
</tr>
<tr>
<td>BREMER, LUELLA S.</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>BROOKS, FRANCES R.</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>DESCOMBES, ARLYE</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>GASSNER, EDITH**</td>
<td>Mound Park Hospital, St. Petersburg</td>
</tr>
<tr>
<td>GLENDINNING, ISABELLA J.**</td>
<td>Jackson Memorial Hospital, Miami</td>
</tr>
<tr>
<td>GUTWALD, KATHRYN R.**</td>
<td>Broward General Hospital, Fort Lauderdale</td>
</tr>
<tr>
<td>HALLMAN, LAYERSA*</td>
<td>516 Cathcart St., Orlando</td>
</tr>
<tr>
<td>HAZEL, MADALEE J.</td>
<td>Physicians and Nurses' Bureau, St. Petersburg</td>
</tr>
<tr>
<td>HOWINGTON, PEARL</td>
<td>Florida Sanitarium, Orlando</td>
</tr>
<tr>
<td>HYATT, FRANCES*</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>JONES, FLORENCE M.**</td>
<td>Brewster Hospital, Jacksonville</td>
</tr>
<tr>
<td>KENNEDY, MARY C.</td>
<td>Good Samaritan Hospital, West Palm Beach</td>
</tr>
<tr>
<td>KREUGER, CLARA</td>
<td>Brewster Hospital, Jacksonville</td>
</tr>
<tr>
<td>KURCHINSKY, MARY M.</td>
<td>17 25 Ave. S., St. Petersburg</td>
</tr>
<tr>
<td>LANDERS, EMMA B.</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>MABBETTE, CYNTHIA M.**</td>
<td>Fort Myers</td>
</tr>
<tr>
<td>MALLARD, MRS. RUBY J.*</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>MARTIN, LOUISE*</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>MCCOLLUM, FLORIS*</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>MINTER, MRS. MYRTIS J.</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>MISCALLY, ELIZABETH</td>
<td>Good Samaritan Hospital, West Palm Beach</td>
</tr>
<tr>
<td>MOOG, ELSIE</td>
<td>Florida State Hospital, Chattahoochee</td>
</tr>
<tr>
<td>MOORE, FLORENCE</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>NELSON, MRS. EMILY</td>
<td>Florida State Sanitarium, Orlando</td>
</tr>
<tr>
<td>NELSON, MRS. INEZ</td>
<td>Box 1223, Orlando</td>
</tr>
<tr>
<td>NEVISON, VIDA R.</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>PARSLEY, LENORA</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>REED, ELIZABETH</td>
<td>Box 549, Marianna</td>
</tr>
<tr>
<td>RICHARDS, LENA</td>
<td>Orange General Hospital, Orlando</td>
</tr>
<tr>
<td>ROBSON, JUANITA**</td>
<td>Pensacola Hospital, Pensacola</td>
</tr>
<tr>
<td>SISTER CAMILLA FORWOOD</td>
<td>Pensacola Hospital, Pensacola</td>
</tr>
<tr>
<td>SISTER FIDELIS BILLINGSLEA</td>
<td>Pensacola Hospital, Pensacola</td>
</tr>
</tbody>
</table>
Sister Miriam Harold .................. St. Vincent's Hospital, Jacksonville
Sister Odile Allnut .................. Pensacola Hospital, Pensacola
Smith, Mrs. Margaret M. McG. ......... State Board of Health, Ocala
Stevenson, Ermine J. .................. 8 E. Jefferson St., Orlando
Stokes, Lela M. ...................... Orange General Hospital, Orlando
Wargo, Rita M. ...................... Orange General Hospital, Orlando
Wargo, Rosa M. ...................... Orange General Hospital, Orlando
Watt, Irene B. ...................... Florida Sanitarium, Orlando
White, Hazel L. ...................... Orange General Hospital, Orlando
Wilson, E. Genevieve ................. 700 W. 10 St., Jacksonville

†GEORGIA—55

Ackerman, Eleanor .................. Artist Dress Shop, Thomaston
Atkinson, Lucile .................. Harbin Hospital, Rome
Babin, Ruth A. ...................... St. Joseph's Infirmary, Atlanta
Bailey, Lillian F. .................. Emory University Hospital, Emory University
Banks, Mattie L. .................. St. Joseph's Infirmary, Atlanta
Bonner, Mrs. Myra* ................. Milledgeville State Hospital, Milledgeville
Bowen, Vera L. ...................... Crawford W. Long Hospital, Atlanta
Brady, Coralie E. .................. Macon Hospital, Macon
Bratton, Jimmie K. .................. Georgia Baptist Hospital, Atlanta
Candlish, Jessie M. ................. 640 Forest Rd., Atlanta
Davis, Effie ...................... Patterson Hospital, Cuthbert
Dickerson, Durice A. ............... 131 Forrest Ave., N. E., Atlanta
Doig, Grace W.** .................. Emory University Hospital, Emory University
Douglas, Louise* .................. Emory University Hospital, Emory University
Feebeck, Annie B. .................. Grady Hospital, Atlanta
Garron, Genevieve .................. Piedmont Hospital, Atlanta
Glenn, Alma A. .................. Emory University Hospital, Emory University
Hamrick, Shirley N. ................. 727 S. Main St., Cedartown
Harris, Lucy ...................... Georgia Baptist Hospital, Atlanta
Harvard, Verna .................. Emory University Hospital, Emory University
Hawthorne, Nancy C. ............... Emory University Hospital, Emory University
Henderson, Estelle .................. Crawford W. Long Hospital, Atlanta
Hoke, Ruby ...................... South Georgia Teachers College, Statesboro
Hope, Willie ...................... Piedmont Hospital, Atlanta
Horner, Mary E. .................. Georgia Baptist Hospital, Atlanta
Jones, Mrs. Mae M. .................. Georgia State Sanitarium, Milledgeville
Jones, Marie* .................. Emory University Hospital, Emory University
Kemp, Mrs. E. Lucille T. ........... Milledgeville State Hospital, Milledgeville
Keneipp, Tressa L. .................. Grady Hospital, Atlanta
King, Mrs. Bernice H. .............. Baldwin Memorial Hospital, Milledgeville
Lequin, Frances .................. Emory University Hospital, Emory University
Mace, Lucy I. ................... Cox Carlton Hotel, Atlanta
Mahone, Grace .................. Emory University Hospital, Emory University
Marsh, Mrs. Irma* .................. State Hospital, Milledgeville
Muse, Margaret* .................. 78 Ellis St., Atlanta
Nelson, Lillian O. .................. Piedmont Hospital, Atlanta
Newberry, Beatrice ................. 640 Forrest Rd., N. E., Atlanta
Pierce, Myrtice .................. Emory University Hospital, Emory University
Powell, Patricia K. .................. Emory University Hospital, Emory University
Romano, Elsie .................. St. Joseph's Infirmary, Atlanta
Schaupp, Miriam C. .................. St. Joseph's Infirmary, Atlanta
Sister Mary Anita .................. St. Joseph's Infirmary, Atlanta
Sister Mary Brendan ................. St. Joseph's Infirmary, Atlanta
MEMBERS

SISTER MARY GLORIA McNALLY ... St. Joseph’s Hospital, Savannah
SISTER MARY THERESE BYERLY ... St. Joseph’s Hospital, Savannah
SPURGEON, CARRIE M. ......... Room 111, Capitol Bldg., Atlanta
STEPHENS, MRS. MAGGIE S. .... Crawford W. Long Hospital, Milledgeville
 STEWART, ALICE F. ......... University Hospital, Augusta
SWANSON, CLARA E. ......... Emory University Hospital, Emory University
TUPMAN, MRS. EVA S. ......... 754 Piedmont Ave., Atlanta
VAN DE VREDE, JANE ......... R. F. D. No. 1, Smyrna
WATTS, MRS. WILHEMINA H. .... 610 Yorkshire Rd., Atlanta
WILLIAMS, RUTH ......... Emory University Hospital, Emory University
ZIMMERMAN, LUCILE ......... Emory University Hospital, Emory University
ZUBER, LILLIAN ......... 187 Pine St., N. E., Atlanta

IDAHO—9

ALDRICH, DOROTHY M. ......... St. Luke's Hospital, Boise
BLACKWOOD, ELLEN V. ......... Pocatello General Hospital, Pocatello
CHAPMAN, NELLIE J. ......... 510 N. First St., Boise
DYER, EVELYN D.* ......... First and Bannock Sts., Boise
JONES, RUTH E.* ......... Box 390, Blackfoot
MCCLURE, ROSSELLA E. ......... St. Luke’s Hospital, Boise
PINE, EMILY ......... St. Luke’s Hospital, Boise
SMITH, HELEN A.* ......... St. Luke's Hospital, Boise
WAPLES, GENEVIEVE ......... St. Alphonsus Hospital, Boise

ILLINOIS—421

ABRAMSON, EVELYN A.* ......... 1900 W. Polk St., Chicago
ADAMS, DOROTHY ......... 1900 W. Polk St., Chicago
ALBRECHT, MARIE C.* ......... 1227 E. 57 St., Chicago
ANDERSON, ETHEL ......... 1900 W. Polk St., Chicago
ANSLEY, LEATA B. ......... 1847 Jackson Blvd., Chicago
ANTE, MARIE C. ......... St. Luke’s Hospital, Chicago
ARNOLD, MARGARET** ......... 812 N. Logan, Danville
AXEN, FRIEDA** ......... 2325 E. 92 Pl., Chicago
BABCOCK, VIDA R. Y. ......... 1439 S. Michigan Ave., Chicago
BAIRD, ELEANOR ......... 1439 S. Michigan Ave., Chicago
BAKER, GLADYS ......... 2816 Ellis Ave., Chicago
BAKKEN, OLA J.* ......... 2816 Ellis Ave., Chicago
BALTZ, KATHERINE E.* ......... 303 E. Superior, Chicago
BARNETT, MARGARET S. ......... 2816 Ellis Ave., Chicago
BAUER, SOPHIE A. ......... 1519 Warren Blvd., Chicago
BAUMGARDT, MRS. BEATRICE C. ......... 4950 Thomas St., Chicago
BELL, ALICE J. ......... 1416 Indiana Ave., Chicago
BENDER, EDITH D. ......... 700 Fullerton Ave., Chicago
BENSON, MABEL I. ......... 2650 Ridge Ave., Evanston
BERQUIST, EDITH A. ......... 1535 E. 60 St., Chicago
BIGGERT, HELEN ......... 536 Webster Ave., Chicago
BIGLER, ROSE ......... 6400 Irving Park Blvd., Chicago
Binder, Beatrice ......... 700 Fullerton Pkwy., Chicago
BINNER, MABEL W. ......... 707 Fullerton Ave., Chicago
BLANKENBILLER, HARRETT ......... 400-420 S. Harlem Ave., Freeport
BLATT, MRS. ESTELLE W. ......... 616 S. Michigan Ave., Chicago
BOGARDUS, MARY I.* ......... 950 E. 59 St., Chicago
BRADLEY, GRACE V. ......... 1900 W. Polk St., Chicago
BRAUN, GERTRUDE H. ......... Rockford Hospital, Rockford
HICKERNELL, IRENE .......................... Burnham City Hospital, Champaign
HILL, ETTA G. ............................. 1900 W. Polk St., Chicago
HILLQUIST, SIGNE ......................... 4420 Clarendon Ave., Chicago
HOFSETH, ASTRID ............................ Hotel Monnett, Evanston
HOLMES, CLARA ............................ 1900 W. Polk St., Chicago
HOLTMAN, ANNA M.** ...................... 1509 Illinois Ave., E. St. Louis
HONKALA, MILDRED M. ..................... Peoria State Hospital, Peoria
HORN, MARGARET E ......................... 970 E. 59 St., Chicago
HOSTMAN, LOUISE ......................... 1535 E. 60 St., Chicago
HOUX, MINNIE B. ......................... 2449 S. Dearborn St., Chicago
HUGHES, JOSEPHINE E.** ................. 426 E. 51 St., Chicago
HUKILL, GEORGIA** ....................... Chicago Lying-In Hospital, Chicago
HUSSEY, JESSIE M. ........................ 2900 E. Hickory St., Decatur
INGERSOLL, MARGARET M. ............... 700 Fullerton Ave., Chicago
JACKSON, MRS. DOROTHY H. .............. 536 Webster St., Chicago
JACOBSEN, EVELYN E. ..................... 2816 Ellis Ave., Chicago
JACOBSEN, HJORDIS ...................... 1138 N. Leavitt St., Chicago
JENKINS, MRS. BABETTE S. ............. 707 Fullerton Ave., Chicago
JENSEN, FRANCES W. ..................... 2645 Girard Ave., Evanston
JEVNE, GRACE O. ......................... 307 N. Oak Park Ave., Oak Park
JOHNSON, GLADYS J. ....................... 660 Groveland Park, Chicago
KAHL, JENNIE M. ........................... 426 Addison, Elgin
KAHL, F. RUTH ................................ Room 314, U. S. Court House, Chicago
KEARLEY, MIMI ............................. 3316 N. Keystone Ave., Chicago
KENDALL, JESSIE ......................... 1900 W. Polk St., Chicago
KERR, VIOLA M. ......................... 1850 W. Harrison, Chicago
KIMBALL, LENORA ......................... 1900 W. Polk St., Chicago
KING, LEONA ................................ 1900 W. Polk St., Chicago
KINEL, MARGIE H. ......................... 2816 Ellis Ave., Chicago
KIRKALDY, MARION D. .................... 8811 S. Throop St., Chicago
KITTLESON, HAZEL* ....................... 303 E. Superior, Chicago
KLOSE, AMY E. ............................. Hinsdale Sanitarium and Hospital, Hinsdale
KNAPP, BERTHA L. ......................... Wesley Memorial Hospital, Chicago
KOEBKE, ADA M. ......................... 518 N. Austin Blvd., Oak Park
KOGAN, ORPHEA E. ....................... 6106 Irving Park Blvd., Chicago
KOLANDER, ESTER J. ..................... 327 S. Ashland Blvd., Chicago
KOST, CASSIE E. ............................. 1900 W. Polk St., Chicago
KOVARS, ANN F. ............................ 303 E. Superior St., Chicago
KRISTOFF, HELENA A.* ................... 2616 S. Kealvalve Ave., Chicago
KROUSE, MILDRED* ...................... 303 E. Superior St., Chicago
LAKE, FLORENCE E.* ..................... 303 E. Superior St., Chicago
LANDT, CHARLOTTE F.** ............... 1900 W. Polk St., Chicago
LANE, VIRGINIA A.* ..................... 2816 Ellis Ave., Chicago
LANGE, ELLEN J. .......................... 7826 Muskegon, Chicago
LANGILL, BLANCHE M. ................... 2650 Ridge Ave., Evanston
LANGWILL, MRS. ELIZABETH ............. 6210 Kimbark Ave., Chicago
LARRANCE, KATHRYN E. ................ 1416 Indiana Ave., Chicago
LARSON, LILLIAN E. ...................... 1900 W. Polk St., Chicago
LATHAM, HELEN C.** ..................... 700 Fullerton Ave., Chicago
LEIN, AMELIA .............................. 1900 W. Polk St., Chicago
LEONARD, MRS. ALTA M. ............... Silver Cross Hospital, Joliet
LERCH, AMANDA* ....................... 5332 Kenwood Ave., Chicago
LEVREAU, HATTIE ......................... 1201 S. Main St., Jacksonville
LIEB, DOROTHY* ....................... 1900 W. Polk St., Chicago
LONG, ETHEL M. ......................... 2816 Ellis Ave., Chicago
LUBBERTS, ETTA ......................... 2650 Ridge Ave., Evanston
LUND, ASTRID .................................. 1750 W. Congress St., Chicago
LUNDEEN, EVELYN C. .......................... 2816 Ellis Ave., Chicago
LUNDQUIST, CLEONE ............................ Woodstock St., Crystal Lake
LUTHER, HAZEL .................................. 1931 Wilson Ave., Chicago
MACNEILL, JULIA M. ............................ 4246 Sheridan Rd., Chicago
MAGUIN, IRENE* .................................. 1900 W. Polk St., Chicago
MAHONEY, LEONA* ............................... 143 N. Parkside, Chicago
MARTIN, MARGUERITE L. ....................... 1900 W. Polk St., Chicago
MAULL, ALICE P. ................................ Ravenswood Hospital, Chicago
MAUSHAK, GRACE E. .............................. 1414 E. 59 St., Chicago
MCLEERY, ADA B. ............................... 2650 Ridge Ave., Evanston
MCCONNELL, MADELEINE** ...................... St. Luke's Hospital, Chicago
MCCORD, GERTRUDE M. ......................... 700 Fullerton Parkway, Chicago
McCormick, Mrs. Hazel A. J. .................. 303 W. High St., Urbana
McCUNE, GLADYS ................................. 1900 W. Polk St., Chicago
McDONELL, ITA R.** ............................ 5115 Washington Blvd., Chicago
MCEHLINEN, MRS. ALMA O. ..................... East Moline Hospital, East Moline
MCCLAREN, MARY ................................. 2650 Ridge Ave., Evanston
MCLAUGHLIN, JANE R. ........................... 1819 W. Polk St., Chicago
MCILLAN, M. HELENA ............................ 1250 Forest Ave., Evanston
MCILLEN, MRS. MAUDE ......................... 310 E. Springfield Ave., Champaign
MCNAMARA, MARY L.** ......................... 6605 S. Artesian, Chicago
MEREDITH, CATHERINE ......................... 6106 University Ave., Chicago
MERNIN, SALLIE L.** ............................ 950 E. 59 St., Chicago
Meyer, Mrs. M. Louise A. ...................... Peoria State Hospital, Peoria
MILLARD, NELLIE D. ............................ 2816 Ellis Ave., Chicago
MILLER, GLADYS ................................. 1900 W. Polk St., Chicago
MILLER, MILDRIDGE* ............................ 1810 Jackson Blvd., Chicago
MOENCH, MALINDA ............................... 221 N. Glen Oak Ave., Peoria
MOERKE, ANNA ................................. 1900 W. Polk St., Chicago
MOREAU, HELEN ................................. 2816 Ellis Ave., Chicago
MORLEY, MARY L. .............................. 302 S. Ashland, Chicago
MOTHER MARGALENE .................. St. John's Hospital, Springfield
MUELLER, HELEN ............................... 2816 Ellis Ave., Chicago
MURRAY, ELIZABETH G. .......................... 2816 Ellis Ave., Chicago
MYERS, TRESSIE V.* ......................... 2816 Ellis Ave., Chicago
NELSON, CARRIE .............................. 212 Pennsylvania St., Peoria
NELSON, HILDAR A. ............................. 950 E. 59 St., Chicago
NELSON, SELMA E. ............................. 2819 N. Sacramento, Chicago
NICHOLSON, MRS. JOSEPHINE K. .......... 613½ Arlington Pl., Chicago
NIELSEN, RITA A. .............................. 5540 Hyde Park Blvd., Chicago
NIELSON, ANNA M. ............................. 1900 W. Polk St., Chicago
NOBLE, PEARL .................................. 518 N. Austin Blvd., Oak Park
NORMILE, MARY ................................. 950 E. 59 St., Chicago
NORTON, MERYL V. ............................ Moline Public Hospital, Moline
NOTTER, LUCILLE E. ............................ 2816 Ellis Ave., Chicago
NYDEN, EDITH L. ................................ 7351 Merrill Ave., Chicago
O'CONNOR, MRS. ANNA L.** ................ 2650 Ridge Ave., Evanston
ODELL, ELIZABETH W.** ...................... Stevens Hotel, Chicago
OGLEVEE, CHRISTINE L. ...................... 413 E. First, Dixon
O'GRADY, MARGARET ......................... 2816 Ellis Ave., Chicago
OLANDER, LOUISE M. ......................... 1900 W. Polk St., Chicago
OMLSTED, FLORENCE ...................... 1443 Hudson Ave., Apt. 3-C, Chicago
OLSON, ANNA M. .............................. 536 Webster Ave., Chicago
OLSON, CLARA .............................. 5145 N. California, Chicago
OLSON, LOIS O.* ............................... 1900 W. Polk St., Chicago
ORAM, FLORENCE .......................... 2816 Ellis Ave., Chicago
OSBORNE, MRS. FLORA B. ............... Burnham City Hospital, Champaign
O’SHEA, LYDA .............................. 4735 Drexel Blvd., Chicago
OVERTON, BELVA L.** ..................... 426 E. 51 St., Chicago
PARKER, PRISCILLA ......................... 1439 S. Michigan Ave., Chicago
PATON, GRACE ............................. 1900 W. Polk St., Chicago
PAUL, ELIZABETH ....................... 1200 Cabrini St., Chicago
PAYNE, J. BLANCHE ....................... 5159 W. End Ave., Chicago
PERDZIAK, BERNICE ....................... 1900 W. Polk St., Chicago
PETERSEN, DOROTHY A. .................... 1900 W. Polk St., Chicago
PETERSON, ADA J. ......................... 1900 W. Polk St., Chicago
PETERSON, ETHELYN** ...................... 1900 W. Polk St., Chicago
PETERSON, RUTH B. ....................... 2816 Ellis Ave., Chicago
PETERSON, STELLA C. ................. Hinsdale Sanitarium, Hinsdale
PETLEY, OLIVE ............................. 4408 Drexel Blvd., Chicago
FLOEGER, MILLIE E. ...................... 420 S. Harlem Ave., Freeport
POILLON, MRS. AGNES K. ............... 6208 Drexel Blvd., Chicago
PORTEOUS, MARGUERITE ................. 1900 W. Polk St., Chicago
POWELL, FRANCES L. A. ............... 1900 W. Polk St., Chicago
POWELL, KATHERINE C. .................. 628 University Pl., Evanston
PRIM, LEONA M. ........................... 3341 Odell Ave., Chicago
PROBERT, MARY ........................... 536 Arlington Pl., Chicago
PRUTSMAN, LILA D. ....................... 1900 W. Polk St., Chicago
PURMAN, EDITH M.** ..................... 1900 W. Polk St., Chicago
PURCELL, MARGARET E. ................. 1900 W. Polk St., Chicago
PUTNAM, FRANCES A. ...................... 11101 S. Perry Ave., Chicago
QUESTILL, NAOMI L. ...................... 1900 W. Polk St., Chicago
RAINS, MRS. MARGARET M. .............. 311 E. Stouton St., Champaign
RAYMAN, MRS. JULIA N. ............... 1750 W. Congress St., Chicago
REDMOND, MARY M. ....................... 6500 Irving Park Blvd., Chicago
REEVES, DOROTHEA M. ................. 1737 W. Warren Blvd., Chicago
REEVER, FERNE B.* ....................... 1900 W. Polk St., Chicago
REICHMAN, IRENE ......................... 1810 W. Jackson Blvd., Chicago
RHODES, BEATRICE M.** ............... 1900 W. Polk St., Chicago
RIDLEY, MARIE ............................ Evanston Hospital, Evanston
ROBESON, KATHRYN A. .................... 2816 Ellis Ave., Chicago
ROBINSON, FRANCES B. .................. 700 Fullerton Ave., Chicago
ROBINSON, LORNA ......................... 1900 W. Polk St., Chicago
RODEKOH, ADELE E.** .................... Evanston Hospital, Evanston
ROGERS, DOROTHY** ...................... 950 E. 59 St., Chicago
ROOD, DOROTHY** ....................... 706 S. Wolcott Ave., Chicago
ROSS, ANN E. ............................ 514 S. Maple Ave., Oak Park
ROTH, GENEVIEVE ......................... 1360 N. Dearborn, Chicago
ROTHWEILER, ELLA L. ................... Sherman Hospital, Elgin
RUDOLPH, ELSA A. ....................... St. Luke’s Hospital, Chicago
RULEY, MARY J. .......................... 700 Fullerton Pkwy., Chicago
RUSCH, MRS. EMMA A. ................... 214 E. Chestnut St., Chicago
RUS, J. MYRL .............................. 6001 S. Green St., 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 ......................... Wheaton College, Wheaton
SCANLON, LEONORA G.* ................. 2650 Ridge Ave., Evanston
SCHAEFFER, LAURA* ...................... 1900 W. Polk St., Chicago
SCHENKEN, ERNA F. ...................... 950 E. 59 St., Chicago
SCHIEF, MERTIELE ......................... 345 S. Cuyler, Oak Park
MEMBERS

SCHMIDT, DoroTHY A. .................................. 25 E. Delaware Pl., Chicago
SCHMIDT, GerTRUDE A. .................................. 700 Fullerton Ave., Chicago
SCHRADER, Evelyn L. .................................. 2816 Ellis Ave., Chicago
SCHULTJEANN, Kathryn A. .................................. 2875 W. 19 St., Chicago
SENOUR, Wilma R. .................................. 202 W. Ash St., Normal
SERRILL, Marie E. .................................. Methodist Hospital, Peoria
SEXAUER, Charlotte E. .................................. 303 E. Superior St., Chicago
SHEAFFNER, Helen I. .................................. 2627 N. Mozart St., Chicago
SHARP, Dolores .................................. 1900 W. Polk St., Chicago
SHELBURG, Edna M. .................................. 120 North Oak, Hinsdale
SHEW, Emma I. .................................. 1850 W. Jackson Blvd., Chicago
SHOEMAKER, Maude S. .................................. 5706 Kimbark Ave., Chicago
SISTER AGATHA BARRETT .................................. 721 N. La Salle St., Chicago
SISTER BLAIR St. Louis .................................. Mercy Hospital, Urbana
SISTER CATHERINE FISCHER .................................. St. Joseph’s Hospital, Alton
SISTER MACRINA KUHN .................................. St. Joseph Home, 1315 N. Eighth St., Quincy
SISTER MARY ALTISSIMA .................................. 1120 N. Leavitt St., Chicago
SISTER M. ANYSSA WACKER .................................. 2875 W. 19 St., Chicago
SISTER M. ARNOLDINE SORG .................................. 129 N. 8 St., E. St. Louis
SISTER MARY AUGUSTINE LANG .................................. St. Anthony’s Hospital, Rock Island
SISTER MARY BERNADETTE .................................. St. Francis Hospital, Kewanee
SISTER M. CLEMENT** .................................. 2548 Lakeview Ave., Chicago
SISTER MARY CORNELIA LEIBLE .................................. 1431 N. Claremont Ave., Chicago
SISTER MARY DEPASIS .................................. St. Therese Hospital, Waukegan
SISTER M. DOROTHEA DWIGHT .................................. Little Company of Mary Hospital, Evergreen Park
SISTER MARY ELLEN** .................................. St. Mary’s Hospital, Cairo
SISTER M. FIRMINA APPEL .................................. 2875 W. 19 St., Chicago
SISTER M. GERTRUDIS YONKER .................................. 365 Ridge Ave., Evanston
SISTER M. JULIANA .................................. St. Charles Hospital, Aurora
SISTER M. LEO .................................. 95 and California, Evergreen Park
SISTER M. LOYOLA** .................................. 1401 E. State St., Rockford
SISTER M. PACHOMIA BIEL .................................. St. Elizabeth’s Hospital, Granite City
SISTER MARY PETRONILLA .................................. Our Saviour’s Hospital, Jacksonville
SISTER MARY PRISCILLA .................................. St. Joseph’s Hospital, Joliet
SISTER MARY REDEMPTA MASTERS- .................................. 2537 Prairie Ave., Chicago
SISTER M. THERESA ETTELBRICK .................................. 2875 W. 19 St., Chicago
SISTER MARY THERESE .................................. 2537 Prairie Ave., Chicago
SISTER M. THERESE NETZEL .................................. 1120 N. Leavitt St., Chicago
SISTER MARY TIMOTHEA .................................. 2537 Prairie Ave., Chicago
SISTER MARY VERONICA RYAN .................................. 620 Belmont Ave., Chicago
SISTER MARY VINCENT DELANEY .................................. 2100 Burling St., Chicago
SISTER M. VIRGINIA HEITZ .................................. 2875 W. 19 St., Chicago
SISTER MARY WILLIA .................................. 4930 Thomas St., Chicago
SISTER RAGNA NORD .................................. 1138 N. Leavitt St., Chicago
SISTER ST. TIMOTHY POULIN .................................. 525 Wisconsin, Oak Park
SISTER THEODISTA HEFFERLE** .................................. Ninth and Mason Sts., Springfield
SKORUPA, Emily* .................................. 1900 W. Polk St., Chicago
SKYBUD, Marie O. .................................. 1900 W. Polk St., Chicago
SMITH, Clara L. .................................. Michael Reese Hospital, Chicago
SORENSON, Corinne L. .................................. 1900 W. Polk St., Chicago
STAFFORD, Hortense P. .................................. 600 Main St., Alton
STANARD, Roberta .................................. 2816 Ellis Ave., Chicago
STEBBINS, Avis M. .................................. Champaign County Hospital, Urbana
STEVenson, Jessie L. .................................. 2355 E. 70 Pl., Chicago
STIER, Gertrude M. .................................. 1405 W. Park St., Urbana

11
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stillwell, F. Gertrude</td>
<td>1668 W. Ogden Ave., Chicago</td>
</tr>
<tr>
<td>Stokes, Helen E.</td>
<td>51 W. Delaware Pl., Chicago</td>
</tr>
<tr>
<td>Stolp, Irene L.</td>
<td>1416 Indiana Ave., Chicago</td>
</tr>
<tr>
<td>Strauss, Ida E.</td>
<td>4521 Malden St., Chicago</td>
</tr>
<tr>
<td>Strouce, Adelaide</td>
<td>420 E. 81 St., Chicago</td>
</tr>
<tr>
<td>Styrk, Viola</td>
<td>6140 N. Artesian Ave., Chicago</td>
</tr>
<tr>
<td>Sullivan, Norah J.</td>
<td>2100 Burling St., Chicago</td>
</tr>
<tr>
<td>Swenson, Emilene</td>
<td>Augustana Hospital, Chicago</td>
</tr>
<tr>
<td>Terrill, Mrs. Elizabeth J.</td>
<td>2816 Ellis Ave., Chicago</td>
</tr>
<tr>
<td>Thee, Amelia L.</td>
<td>2449 Washington Blvd., Chicago</td>
</tr>
<tr>
<td>Thompson, Lynda</td>
<td>4921 Congress St., Chicago</td>
</tr>
<tr>
<td>Thompson, Pauline F.*</td>
<td>1900 W. Polk St., Chicago</td>
</tr>
<tr>
<td>Thornton, Mary J.</td>
<td>1138 N. Leavitt St., Chicago</td>
</tr>
<tr>
<td>Tittman, Anna L.</td>
<td>8 S. Michigan Ave., Chicago</td>
</tr>
<tr>
<td>Tobins, Lenore**</td>
<td>1819 W. Polk St., Chicago</td>
</tr>
<tr>
<td>Townsend, Grace E.</td>
<td>2650 Ridge Ave., Evanston</td>
</tr>
<tr>
<td>Travis, Hettie B.</td>
<td>1062 Ainslie, Chicago</td>
</tr>
<tr>
<td>Troupe, Katherine E.</td>
<td>Lake View Hospital, Danville</td>
</tr>
<tr>
<td>Tryon, Susan M.*</td>
<td>2816 Ellis Ave., Chicago</td>
</tr>
<tr>
<td>Tupper, Jessie S.*</td>
<td>129 N. Oak St., Hinsdale</td>
</tr>
<tr>
<td>Turner, Norene E.</td>
<td>2816 Ellis Ave., Chicago</td>
</tr>
<tr>
<td>Updyke, Mrs. Madolin R.</td>
<td>5724 Drexel Blvd., Chicago</td>
</tr>
<tr>
<td>Urana, Lillian C.*</td>
<td>112 S. Lockwood, 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>
</tr>
<tr>
<td>Vaughn, Bessie B.</td>
<td>426 E. 51 St., Chicago</td>
</tr>
<tr>
<td>Vaughn, Florence K.</td>
<td>2816 Ellis Ave., Chicago</td>
</tr>
<tr>
<td>Vogel, Irma*</td>
<td>2816 Ellis Ave., Chicago</td>
</tr>
<tr>
<td>Waldenbach, Helena M.</td>
<td>4950 Thomas St., Chicago</td>
</tr>
<tr>
<td>Walsh, Mildred K.</td>
<td>5738 Drexel Blvd., Chicago</td>
</tr>
<tr>
<td>Watson, Mary L.</td>
<td>1750 W. Congress, Chicago</td>
</tr>
<tr>
<td>Weaks, Sally*</td>
<td>2650 Ridge Ave., Evanston</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>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>Wham, Rosemary</td>
<td>1439 S. Michigan Ave., Chicago</td>
</tr>
<tr>
<td>Wheeler, Beatrice</td>
<td>1810 W. Jackson Blvd., Chicago</td>
</tr>
<tr>
<td>Whitford, Mrs. Mae L.</td>
<td>427 Jefferson Bldg., Peoria</td>
</tr>
<tr>
<td>Wilkie, Juanita**</td>
<td>216 E. Crawford, Paris</td>
</tr>
<tr>
<td>Will, G. Elsie*</td>
<td>6139 Kenwood Ave., Chicago</td>
</tr>
<tr>
<td>Wiltenborg, Anna**</td>
<td>18 E. Division St., Chicago</td>
</tr>
<tr>
<td>Williams, Mary L.</td>
<td>834 Wellington, Chicago</td>
</tr>
<tr>
<td>Williams, Naoma L.</td>
<td>Franklin Boulevard Hospital, Chicago</td>
</tr>
<tr>
<td>Wilson, Helen*</td>
<td>700 Fullerton Ave., Chicago</td>
</tr>
<tr>
<td>Wilson, Helen A.*</td>
<td>6029 Woodlawn, Chicago</td>
</tr>
<tr>
<td>Windtberg, Dagmar*</td>
<td>1900 W. Polk St., Chicago</td>
</tr>
<tr>
<td>Wine, Laura M.</td>
<td>3420 W. Van Buren St., Chicago</td>
</tr>
<tr>
<td>Winsor, Clara J.</td>
<td>7531 Stony Island, Chicago</td>
</tr>
<tr>
<td>Wivel, Elizabeth C.</td>
<td>551 Grant Pl., Chicago</td>
</tr>
<tr>
<td>Wolf, Loree</td>
<td>315 S. Central Park Ave., Chicago</td>
</tr>
<tr>
<td>Woodbury, Edna L.*</td>
<td>959 E. 62 St., Chicago</td>
</tr>
<tr>
<td>Wumbena, Ella</td>
<td>830 N. La Salle St., Chicago</td>
</tr>
<tr>
<td>Wuk, Evelyn D.</td>
<td>120 N. Oak St., Hinsdale</td>
</tr>
</tbody>
</table>
MEMBERS

YOUNG, HELEN E. 2211 N. Oak Park Ave., Chicago
ZANGMEISTER, MATHILDA A. 1900 W. Polk St., Chicago

INDIANA—78

ALLEN, DOTALINE E. Bloomington Hospital, Bloomington
ALLEN, EDYTH L. Methodist Episcopal Hospital, Fort Wayne
ANDERSON, ELLEN M. 1812 N. Capitol Ave., Indianapolis
BEIERSDORFER, HELEN M. 401 N. Notre Dame Ave., South Bend
BISCHOFF, PAULINE G.* Lutheran Hospital, Fort Wayne
BOAL, MARGARET I.** Ball Memorial Hospital, Muncie
BROWN, FLORENCE Indiana University Hospital, Indianapolis
CAMBLIN, ROSANA Indiana University Hospital, Indianapolis
CANDY, ELIZABETH Indiana University Hospital, Indianapolis
COLLINS, AGNES L. St. Joseph Hospital, Mishawaka
CRALE, RUTH 521 Edgar St., Evansville
CROWNHART, RUTH M. 25 Douglas St., Hammond
CUSHMAN, JULIA M. Methodist Hospital, Indianapolis
CUZBA, STELLA T. 25 Douglas St., Hammond
DAVIS, GOLDIE 1803 S. Mulberry St., Muncie
DICKHAUT, OLIVE Protestant Deaconess Hospital, Evansville
DUGAN, ANNE M. St. Vincent's Hospital, Indianapolis
EARLING, HANNAH St. Joseph Hospital, Indianapolis
ERRICO, HELEN J.* St. Joseph's Hospital, Mishawaka
GERRIN, BEATRICE E. City Hospital, Indianapolis
GILBERT, MRS. OPAL E. 422 S. 17 St., Terre Haute
GOULD, METTA** Welborn-Walker Hospital, Evansville
GREVE, MARY L. Indiana University Hospital, Indianapolis
GROVES, JESSIE L. Indiana University Hospital, Indianapolis
HARTZ, BERNICE Ball Memorial Hospital, Muncie
HAUSENSTEIN, CAROLINE 605 Mary St., Evansville
HAUK, MARTHA I. 26 E. 11 St., Indianapolis
HECKARD, MARY E. Indiana University Hospital, Indianapolis
HELLMAN, FRANCES M.* Indiana University Hospital, Indianapolis
HOEFLIN, CORDELIA** Indiana University Hospital, Indianapolis
HORN, FLORENCE G.* Indiana University Hospital, Indianapolis
HOWARD, GRACE M. Ball Memorial Hospital, Muncie
HUBBLE, JUANITA Indiana University Hospital, Indianapolis
JOHNSON, HELEN S.* Indiana University Hospital, Indianapolis
JOHNSON, H. LOUISE Lutheran Hospital, Fort Wayne
JONES, IRENE P. City Hospital, Indianapolis
KENDALL, ORPHA M. Methodist Hospital, Indianapolis
LEHMAN, ESTHER Epworth Hospital, South Bend
MAHONEY, LORETTE C.* St. Joseph’s Hospital, Mishawaka
MARTIN, LILLIE M. City Hospital, Indianapolis
MCGUINESS, EVELYN Epworth Hospital, South Bend
MURRAY, PEARL E.* Deaconess Hospital, Evansville
PALSgrove, MRS. ETHEL H. Methodist Hospital, Indianapolis
PULLEN, BERTHA L. Methodist Episcopal Hospital, Indianapolis
RAINEY, LUCILLE W. Indiana University Hospital, Indianapolis
SCOTT, ANNA M. Ball Memorial Hospital, Muncie
SHARP, CARMEN 1812 N. Capitol Ave., Indianapolis
SHORT, BEATRICE 47 S. Pennsylvania St., Indianapolis
SISTER ANDREA St. Vincent’s Hospital, Indianapolis
SISTER MARIA AMADO** St. Mary’s College, Notre Dame
SISTER M. BERCHMANS** St. Joseph Memorial Hospital, Kokomo
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sister M. Bernice</td>
<td>St. Margaret’s Hospital, Hammond</td>
</tr>
<tr>
<td>Sister M. Flavia</td>
<td>St. Mary’s Mercy Hospital, Gary</td>
</tr>
<tr>
<td>Sister Mary Florina**</td>
<td>St. Anthony’s Hospital, Terre Haute</td>
</tr>
<tr>
<td>Sister Mary Henrica Laker**</td>
<td>St. Elizabeth School of Nursing, Lafayette</td>
</tr>
<tr>
<td>Sister M. Leontine</td>
<td>St. Joseph Hospital, Mishawaka</td>
</tr>
<tr>
<td>Sister M. Milburga</td>
<td>St. Joseph Hospital, Fort Wayne</td>
</tr>
<tr>
<td>Sister Mary Virginia</td>
<td>St. Catherine’s Hospital, E. Chicago</td>
</tr>
<tr>
<td>Sister M. Vitalis</td>
<td>St. Mary’s Mercy Hospital, Gary</td>
</tr>
<tr>
<td>Sister Rose</td>
<td>St. Vincent’s Hospital, Indianapolis</td>
</tr>
<tr>
<td>Small, Bessie**</td>
<td>Union Hospital, Terre Haute</td>
</tr>
<tr>
<td>Smith, Luella C.</td>
<td>1812 N. Capitol Ave., Indianapolis</td>
</tr>
<tr>
<td>Spencer, Sara</td>
<td>Lutheran Hospital, Fort Wayne</td>
</tr>
<tr>
<td>Standford, Martha C.*</td>
<td>Methodist Hospital, Indianapolis</td>
</tr>
<tr>
<td>Summers, Meta M.*</td>
<td>St. Anthony Hospital, Terre Haute</td>
</tr>
<tr>
<td>Sunman, Pearl M.*</td>
<td>Methodist Hospital, Indianapolis</td>
</tr>
<tr>
<td>Swain, Hazel E.</td>
<td>City Hospital, Indianapolis</td>
</tr>
<tr>
<td>Swayne, Annabelle</td>
<td>619 N. Sixth St., Vincennes</td>
</tr>
<tr>
<td>Teal, Helen</td>
<td>1227 Circle Tower, Indianapolis</td>
</tr>
<tr>
<td>Underwood, Marion N.</td>
<td>604 N. Main St., South Bend</td>
</tr>
<tr>
<td>Upjohn, Gertrude</td>
<td>Indianapolis City Hospital, Indianapolis</td>
</tr>
<tr>
<td>Vargyas, Annabelle*</td>
<td>St. Joseph Hospital, Mishawaka</td>
</tr>
<tr>
<td>Walsh, Mary T.</td>
<td>4530 Washington Blvd., Indianapolis</td>
</tr>
<tr>
<td>Wellik, Mary H.</td>
<td>St. Vincent’s Hospital, Indianapolis</td>
</tr>
<tr>
<td>Wilken, Elfreda E.</td>
<td>Lutheran Hospital, Fort Wayne</td>
</tr>
<tr>
<td>Willis, Edith G.</td>
<td>Good Samaritan Hospital, Vincennes</td>
</tr>
<tr>
<td>Worster, Mary</td>
<td>Courthouse, South Bend</td>
</tr>
<tr>
<td>Wright, Helen</td>
<td>Indiana University Hospital, Indianapolis</td>
</tr>
</tbody>
</table>

**IOWA—121**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adair, Addie M.</td>
<td>1117 Pleasant St., Des Moines</td>
</tr>
<tr>
<td>Atkinson, Katherine</td>
<td>406 Center St., Des Moines</td>
</tr>
<tr>
<td>Bächtelehimer, Alice</td>
<td>Westlawn, Iowa City</td>
</tr>
<tr>
<td>Beers, Adelaide P.</td>
<td>Burlington Hospital, Burlington</td>
</tr>
<tr>
<td>Bersagel, Ruth T.</td>
<td>406 Center St., Des Moines</td>
</tr>
<tr>
<td>Bowen, Helen N.</td>
<td>Methodist Hospital, Des Moines</td>
</tr>
<tr>
<td>Boyles, Ruth M.*</td>
<td>Westlawn, Iowa City</td>
</tr>
<tr>
<td>Brandt, Sena H.</td>
<td>Broadlawns Hospital, Des Moines</td>
</tr>
<tr>
<td>Brown, Olive</td>
<td>Broadlawns Hospital, Des Moines</td>
</tr>
<tr>
<td>Bryan, C. Hallena</td>
<td>Burlington Protestant Hospital, Burlington</td>
</tr>
<tr>
<td>Cairns, Sylvia A.</td>
<td>State University Hospital, Iowa City</td>
</tr>
<tr>
<td>Carlson, Anna C.</td>
<td>Broadlawns Hospital, Des Moines</td>
</tr>
<tr>
<td>Carlson, Ruby M.</td>
<td>Allen Memorial Hospital, Waterloo</td>
</tr>
<tr>
<td>Chamberlain, Olive</td>
<td>Iowa Lutheran Hospital, Des Moines</td>
</tr>
<tr>
<td>Corder, Lois B.</td>
<td>University Hospital, Iowa City</td>
</tr>
<tr>
<td>Dickson, Mary G.</td>
<td>Westlawn, Iowa City</td>
</tr>
<tr>
<td>Egenes, E. Louise</td>
<td>712 Parnell St., Des Moines</td>
</tr>
<tr>
<td>Eggers, Ruth M.</td>
<td>St. Luke’s Hospital, Davenport</td>
</tr>
<tr>
<td>Elmore, Edna</td>
<td>St. Luke’s Methodist Hospital, Cedar Rapids</td>
</tr>
<tr>
<td>Fahey, Mary A.</td>
<td>Mercy Hospital, Burlington</td>
</tr>
<tr>
<td>Fischer, Ruby M.</td>
<td>Burlington Hospital, Burlington</td>
</tr>
<tr>
<td>Focke, Julia</td>
<td>Broadlawns Hospital, Des Moines</td>
</tr>
<tr>
<td>Freriks, Dorothy</td>
<td>600 W. Main St., Cherokee</td>
</tr>
<tr>
<td>Frisk, Blenda L.</td>
<td>Mary Frances Skiff Memorial Hospital, Newton</td>
</tr>
<tr>
<td>Galbraith, Lucille E.</td>
<td>St. Luke’s Hospital, Davenport</td>
</tr>
<tr>
<td>Gearing, Alice I.</td>
<td>St. Luke’s Hospital, Davenport</td>
</tr>
<tr>
<td>Gjevre, Clara M.</td>
<td>St. Luke’s Hospital, Davenport</td>
</tr>
</tbody>
</table>
MEMBERS

GRAVES, BLANCHE .................1120 Polk Blvd., Des Moines
GUILKEY, ETHEL L. ............Methodist Hospital, Sioux City
HALBALSEH, Verna M.* .........Graham Hospital, Keokuk
HAMMOND, MRS. THELMA M. ....St. Luke's Hospital, Davenport
HATCH, HELEN ......................712 Parnell, Des Moines
HEESEN, MYLA H. .................1117 Pleasant St., Des Moines
HEFFNER, AUGUSTA J. ..........St. Joseph's Mercy Hospital, Sioux City
HEGGEN, MARTHA ..............Iowa Lutheran Hospital, Des Moines
HENCHEN, CLARA M. ..........Finley Hospital, Dubuque
HENDERSOHN, LAURA .............Broadlawns Hospital, Des Moines
HENDRICKS, HAZEL V. ..........1117 Pleasant St., Des Moines
HERMANSTORFER, PEARL ......St. Luke's Hospital, Cedar Rapids
HOBBS, ALIDA A. .................1117 Pleasant St., Des Moines
HOLMES, MRS. NELLIE C. .........2034 Carey Ave., Davenport
HUFF, FLORENCE .................Jane Lamb Memorial Hospital, Clinton
HULETT, MAMIE R. .............Methodist Hospital, Sioux City
JOBSBAKER, BERNICE* .......1213 Fifth St., Des Moines
JACOBSON, ANNA B. ............Broadlawns Hospital, Des Moines
JENSEN, CHRISTINE ..........Iowa Lutheran Hospital, Des Moines
JONES, AUGUSTA .............626 N. Third St., Burlington
JONES, MARIE ....................1315 Seventh St., Des Moines
KAMPMEIER, BERTHA E. .......Westlawn, Iowa City
KENYON, MABEL .................1117 Pleasant St., Des Moines
KINDL, FLORENCE E. ..........Mercy Hospital, Burlington
KUSTER, EMMA .................1117 Pleasant St., Des Moines
Lacey, KATHERINE M. ..........St. Joseph's Mercy Hospital, Fort Dodge
LEIENDECKER, MARY W. .......St. Luke's Hospital, Davenport
LIND, VIRGINIA M. ............Broadlawns Hospital, Des Moines
LINDGREN, LILLIAN A. ...........Iowa Lutheran Hospital, Des Moines
LINDSAY, LOLA ..................Westlawn, Iowa City
LUTHI, DOROTHY ...............Westlawn, Iowa City
MAHONEY, MARIE ...............Mercy Hospital, Iowa City
MARBLE, MAUREEN ...............Westlawn, Iowa City
MCDONALD, EDNA M. ..........Good Samaritan Hospital, Sioux City
MCGURK, BLANCHE C. .............Westlawn, Iowa City
NEUZIL, ROSE .....................516 Market St., Iowa City
NEWLAND, THELMA* ............Westlawn, Iowa City
O'CONNOR, MILDRED ..........712 Parnell St., Des Moines
O'HARA MARY L. .................Westlawn, Iowa City
OLSON, ELLEN M. ..............Methodist Hospital, Sioux City
PAZDERA, ALOISIE ...............Westlawn, Iowa City
PHELAN, MARGARET ............1134 Sixth Ave., Des Moines
PRENTICE, DAISY ................211 28 St., Des Moines
RAPER, LILLIAN ..................Westlawn, Iowa City
REIMERS, AGNES* ..........1010 23 St., Des Moines
REINHART, EDITH ..........Jane Lamb Memorial Hospital, Clinton
ROEMER, CATHERINE E. ........406 Center St., Des Moines
SAGE, VERA M. ....................Room 17, State House, Des Moines
SANDING, GLADYS ...............406 Center St., Des Moines
SCHLAPPNER, EMMA .............Jane Lamb Memorial Hospital, Clinton
SCOTT, SARA M. ..............1440 Sixth Ave., Des Moines
SEBELIEN, BERNICE M. ........St. Luke's Hospital, Davenport
SEIBERT, JEANNETTE A. ......Iowa Methodist Hospital, Des Moines
SISTER ERNA SCHWEER* .......Evangelical Deaconess Hospital, Marshalltown
SISTER MARGARET MARY KANE ....St. Joseph's Mercy Hospital, Sioux City
SISTER MARIE ELIZABETH HOPP .Evangelical Deaconess Hospital, Marshalltown
SISTER MARIE WOJESCHKE  Evangelical Deaconess Hospital, Marshalltown
SISTER MARY ALBERTA  Mercy Hospital, Council Bluffs
SISTER MARY ANASTASIA KENNEDY  St. Joseph's Mercy Hospital, Fort Dodge
SISTER M. BARBARA ANN  Mercy Hospital, Cedar Rapids
SISTER MARY BENIGNA MANNING  St. Joseph's Mercy Hospital, Sioux City
SISTER MARY CAMILLUS  Mercy Hospital, Council Bluffs
SISTER MARY CLEOPHAE  14 and Exchange Sts., Keokuk
SISTER MARY CONCEPTO MULLINS  Mercy Hospital, Des Moines
SISTER MARY DOROTHY  St. Joseph Mercy Hospital, Clinton City
SISTER MARY ELEANOR BRUNER  St. Joseph Mercy Hospital, Clinton
SISTER M. GERALDINE GLEESON  Mercy Hospital, Des Moines
SISTER M. HELEN MACKENZIE  Mercy Hospital, Des Moines
SISTER MARY IMMACULATA  St. Joseph's Mercy Hospital, Dubuque
SISTER MARY IRMA McMANNUS  Mercy Hospital, Davenport
SISTER MARY MAGDALENE STRAN- SKY  Mercy Hospital, Iowa City
SISTER MARY M. MORROW  Mercy Hospital, Cedar Rapids
SISTER MARY OLIVIA ROCKFORD  Mercy Hospital, Dubuque
SISTER MARY PETRINA RATLIFF  St. Joseph's Mercy Hospital, Fort Dodge
SISTER M. PETRONILLA*  St. Joseph's Mercy Hospital, Sioux City
SISTER M. PHILOMENA CROCK  Mercy Hospital, Iowa City
SISTER MARY PLACIDA PAUL  St. Vincent's Hospital, Sioux City
SISTER MARY REDEMPTA  Mercy Hospital, Cedar Rapids
SISTER MARY THOMAS  Mercy Hospital, Council Bluffs
SISTER M. THOMAS PHELAN  Mercy Hospital, Burlington
SISTER MARY VIRGINIA WILLIAMS  St. Joseph's Hospital, Ottumwa
SNELL, EFFIE  712 Parnell St., Des Moines
SQUIRE, ESTHER M.  Community Hospital, Grinnell
STOHL, AMANDA  1200 Pleasant St., Des Moines
STOKES, MRS. MABEL P.  Broadlawns Hospital, Des Moines
TAYLOR, GENEVA M.  Broadlawns Hospital, Des Moines
TULLY, CATHERINE M.  St. Joseph's Mercy Hospital, Dubuque
WEBER, FLORA G.  Children's Hospital, Iowa City
WEINZEL, KATHRYN E.  180 Beaumont St., Mason City
WESSUND, FLORENCE H.  Iowa Methodist Hospital, Des Moines
WILSON, MAY S.  1210 Pleasant St., Des Moines
WORTMAN, JESSIE C.**  Jennie Edmundson Memorial Hospital, Council Bluffs
WREN, MAE W.  Mercy Hospital, Des Moines
YACKEY, GRACE L.  Westlawn, Iowa City

‡KANSAS—43

CLARK, MARJORIE  Menninger Sanitarium, Topeka
COLLINS, EVELYN  St. Margaret's Hospital, Kansas City
COOPER, FRANCES  Newman Hospital, Emporia
COX, MINNIE  McPherson County Hospital, McPherson
ERICKSON, ISABEL I.  Menninger Sanitarium, Topeka
FISHER, HILDA H.  Christ Hospital, Topeka
FORNEY, ESTHER  Grace Hospital, Hutchinson
Fritzmeier, Martha H.  Grace Hospital, Hutchinson
FROEHLIKE, HENRIETTA**  University of Kansas Hospital, Kansas City
GILLIES, KARLEEN  Newman Memorial Hospital, Emporia
HARTUNG, ELDA  University of Kansas Hospital, Kansas City
HASTINGS, ETHEL  Bethany Hospital, Kansas City
HICKS, RUTH  University of Kansas Hospital, Kansas City
MEMBERS

JOHNSON, MRS. LAURA S. .......... Menninger Sanitarium, Topeka
KERN, ROSELLA M. ............... Wesley Hospital, Wichita
LANDIS, MAUDE ................. 345 Main St., Lawrence
LANGDON, IRENE .......... Providence Hospital, Kansas City
LAW, IRMA ...................... Wesley Hospital, Wichita
LEACH, CATHERINE S. .......... University of Kansas Hospital, Kansas City
LEASURE, ZILLAH ............... Wesley Hospital, Wichita
LEVENEGER, CHARLOTTE ...... University of Kansas Hospital, Kansas City
MARTIN, WILMINA P. .......... Extension Division K. S. A. C., Manhattan
MICHAL, SYLVIA A. ............ St. Francis Hospital, Wichita
MILLER, CORA A. ............... 817 State St., Emporia
PATTERSON, SARA A. .......... University of Kansas Hospital, Kansas City
SANDERS, MARJORIE E. ......... Bethany Hospital, Kansas City
SAYRE, M. ALICE ............... Bethany Hospital, Kansas City
SISTER FRANCES CLARE HARRINGTON St. John’s Hospital, Leavenworth
SISTER LENA MAE SMITH .......... Bethel Deaconess Hospital, Newton
SISTER M. DOMITILLA .......... St. John’s Hospital, Leavenworth
SISTER M. GONZAGA BETZEN ...... St. Francis Hospital, Wichita
SISTER M. HILDEGARDIS ..... St. Margaret’s Hospital, Kansas City
SISTER MARY SYLVESTER .......... St. Francis Hospital, Topeka
SISTER M. WENIFRED SHEEHAN .... St. Anthony’s Hospital, Dodge City
SISTER ROSE VICTOR,** .......... St. Mary’s College, Leavenworth
SISTER THEODOSIA HARMS .......... Bethel Deaconess Hospital, Newton
SMITH-JOHNSON, LAURA .......... Menninger Sanitarium, Topeka
STIEG, ILSE ..................... Grace Hospital, Hutchinson
THOMAS, FLORENCE ... Cushing Memorial Hospital, Leavenworth
UPPENDAHL, FRIEDA ............... Dighton
WADDELL, MRS. HATTIE H. .... Menninger Sanitarium, Topeka
WHITE, ANNA M. .............. 4420 Lloyd St., Kansas City
WOLF, CAROLYN ............... St. Margaret’s Hospital, Kansas City

*KENTUCKY—47

APPLEGATE, MRS. MYRTLE C. .... Henry Clay Hotel, Louisville
BERRY, MRS. A. L. ............... Deaconess Hospital, Louisville
BRECKINRIDGE, MRS. MARY ...... Wendover, Leslie County
BUSSEY, MRS. MARGARET G. ...... Deaconess Hospital, Louisville
CARROLL, RHODA K. ........... Pattie A. Clay Hospital, Richmond
EAST, MARGARET L. ............. Louisville State Board of Health, Louisville
EVELOGE, DOROTHY ............. St. Joseph Hospital, Lexington
FORD, EMMA L. .................... Good Samaritan Hospital, Lexington
FREY, MARY W. ................. Speers Memorial Hospital, Dayton
GIPSON, ELIZABETH .......... Norton Memorial Infirmary, Louisville
GOBIN, MARY F. .......... Jewish Hospital, Louisville
GREATHOUSE, JESSIE .......... Shriners’ Hospital, Lexington
HALL, MRS. NAOMI G. .......... 243 S. Franch, Louisville
HENNESSY, EDNA ............... City Hospital, Louisville
MACNAM, KATHERINE .......... Norton Memorial Infirmary, Louisville
MASON, DR. ORA KRESS ........ Wm. Mason Memorial Hospital, Murray
MCCOLLUM, RUTH K.** ....... Berea College Hospital, Berea
MCDONALD, BETTIE W. ........ Public Health Nursing Association, Louisville
MCKEAN, INEZ ................. Deaconess Hospital, Louisville
MERRIFIELD, RUTH R. .......... Deaconess Hospital, Louisville
MURPHY, HONOR .............. Henry Clay Hotel, Louisville
PAYNE, HELEN* ............... Deaconess Hospital, Louisville
POTTINGER, LOUISE .......... Good Samaritan Hospital, Lexington
Purcell, Lillian M. Massie Memorial Hospital, Paris
Reeting, Aurelia 530 W. Seventh St., Covington
Robertson, Carolyn A. Norton Memorial Infirmary, Louisville
Routh, Elizabeth Norton Memorial Infirmary, Louisville
Salt, Susan 611 Park Ave., Newport
Sanders, Mary R. Deaconess Hospital, Louisville
Sister Agnes Miriam Payne Sts. Mary and Elizabeth Hospital, Louisville
Sister Bernadine St. Elizabeth Hospital, Covington
Sister Bridgid Sts. Mary and Elizabeth Hospital, Louisville
Sister Margaret Teresa St. Joseph’s Hospital, Lexington
Sister Mary Benigna St. Joseph’s Infirmary, Louisville
Sister Mary Corinne St. Joseph’s Infirmary, Louisville
Sister Mary Leonis St. Anthony’s Hospital, Louisville
Sister Mary Pius Boone Sts. Mary and Elizabeth Hospital, Louisville
Sister Miriam Patricia Moynhan St. Joseph’s Infirmary, Louisville
Sister Rose Edna Hgdon St. Joseph’s Hospital, Lexington
Stapleton, Mrs. Emma W. Speers Memorial Hospital, Dayton
Steinhauer, Anna M. Speers Memorial Hospital, Dayton
Stone, Vesta* Norton Memorial Infirmary, Louisville
Struss, Ruth* Deaconess Hospital, Louisville
Vincent, Helen Kentucky Baptist Hospital, Louisville
Wilkerson, Ollie E. Kentucky Baptist Hospital, Louisville
Witte, Regina A. 21 and Eastern Aves., Covington
Woods, Carrie M.** City Hospital, Louisville

**LOUISIANA—101**

Alciatore, Mrs. Jennie H. Charity Hospital, New Orleans
Arsenaught, Mr. L. Philip* Charity Hospital, New Orleans
Aycock, Sadie C. Hotel Dieu, New Orleans
Barr, Anna M. 4502 Prytania St., New Orleans
Bernard, Laurence Franklin
Boyer, Beatrice M. Charity Hospital, New Orleans
Broussard, Funice Touro Infirmary, New Orleans
Bussey, Margaret 2700 Napoleon Ave., New Orleans
Carter, Melba 8133 Spruce St., New Orleans
Cazes, Isabelle M.* 134 N. Lopez St., New Orleans
Christianson, Mariane A. F. 5 Richmond Pl., New Orleans
Coughlin, Eloise McD. 2516 Upperline St., New Orleans
Crochet, Genevieve Charity Hospital, New Orleans
Dansereau, Marcelle E. P. O. Box 1714, Alexandria
Dickey, Gladys Touro Infirmary, New Orleans
Discon, Anita I. 4226 Vincennes Pl., New Orleans
Dopp, Althea E. Touro Infirmary, New Orleans
Dudrey, Phyllis G. Tri-State Hospital, Shreveport
Dumesnille, Edwina M. Hotel Dieu, New Orleans
Fabregas, Mrs. Sue Charity Hospital, New Orleans
Fry, Mrs. Louise G. Tri-State Hospital, Shreveport
Gillen, Mary E. Charity Hospital, New Orleans
Golden, Lora C. Baton Rouge General Hospital, Baton Rouge
Goodwin, Minnie P. U. S. Marine Hospital, New Orleans
Greene, Annie M. North Louisiana Sanitarium, Shreveport
Gray, Mrs. Lois T. 205 Lazard Ave., West Monroe
Guidry, Louise Charity Hospital, New Orleans
Halfpert, Mrs. Priscilla W. 431 Millaudon St., New Orleans
Ingram, Ruth Touro Infirmary, New Orleans
JANVIER, CELESTE .......... Route 1, Box 1, Algiers
KESLER, GERTRUDE M. ...... 1043 Jena St., New Orleans
KHINEL, IONE* .......... Touro Infirmary, New Orleans
KOENIG, MARY E. .......... Charity Hospital, New Orleans
KOWEN, DAISY* ............ 251 St. Joseph St., Baton Rouge
LARRIVIÈRE, MARIE T. .... 1404 Clia St., New Orleans
LINDAUER, MRS. ROSEBUD H. .. 7912 Sycamore St., New Orleans
MATHER, HARRIET L.* **..... Southern Baptist Hospital, New Orleans
MAURIN, EMMA .......... 313 Civil Courts Bldg., New Orleans
MCCALLUM, MARGARET A. .... U. S. Marine Hospital, New Orleans
MORRIS, CARRIE P. ......... 2700 Napoleon Ave., New Orleans
MYERS, MRS. DELLA E. ...... Baton Rouge General Hospital, Baton Rouge
NEWBILL, MRS. KATHERINE W. .. 716 Voisin St., New Orleans
NEWMAN, MRS. PEARL MCB. .. Shreveport Charity Hospital, Shreveport
NICKS, MARY E. .......... Hotel Dieu, New Orleans
PAGAUD, MARY .......... 4606 S. Miro St., New Orleans
PEPPER, MAMIE .......... Touro Infirmary, New Orleans
PETERS, GENEVA A. ......... North Louisiana Sanitarium, Shreveport
PRICE, IDA G. .......... Highland Sanitarium, Shreveport
PRICE, MARGARET A. ...... 2605 Prytania St., New Orleans
ROBCHAUX, EMERANTE ...... Charity Hospital, New Orleans
ROWE, ELIZABETH ........... 3200 Prytania St., New Orleans
SALMELA, SAIDE E. ......... Charity Hospital, New Orleans
SAMPSON, JESSIE W. ....... North Louisiana Sanitarium, Shreveport
SEAMAN, HESTER M. ...... 905 Fourth St., Gretna
SENAY, ANNE H. .......... Charity Hospital, Shreveport
SISTER AGNES MARIE FITZSIMONS Sister of the Lake Sanitarium, Baton Rouge
SISTER CARLOS MCDONNELL .. Charity Hospital, New Orleans
SISTER CELESTINE STROSINA†† Hotel Dieu, New Orleans
SISTER EUGENIA MURRAY .. Hotel Dieu, New Orleans
SISTER FLORENCE MEANS .. Charity Hospital, LaFayette
SISTER JANE FRANCES BEY Charity Hospital, New Orleans
SISTER GREGORY PFAFF .. Hotel Dieu, New Orleans
SISTER HENRIETTA DEDISSE Our Lady of the Lake Sanitarium, Baton Rouge
SISTER HENRIETTA GUYYOT†† Charity Hospital, New Orleans
SISTER IGNATIA O'NEILL .... Charity Hospital, New Orleans
SISTER MARIE AUBIERGE YOUNGE St. Francis Sanitarium, Monroe
SISTER MARIE BRENDA DONEGAN St. Francis Sanitarium, Monroe
SISTER MARIE DE LIGOURI LAWTON St. Francis Sanitarium, Monroe
SISTER MARIE MAGDALENE LEMOINE Our Lady of the Lake Sanitarium, Baton Rouge
SISTER M. DE NAZARETH MCGINNSt. Francis Sanitarium, Monroe
SISTER MARY ANGELA VERNE Our Lady of the Lake Sanitarium, Baton Rouge
SISTER MARY BONIFACE KEMP U. S. Marine Hospital, Carville
SISTER MARY BOROMEO DONOVAN Schumpert Sanitarium, Shreveport
SISTER MARY FIDELMA DONOVAN Schumpert Sanitarium, Shreveport
SISTER MARY GERTRUDE HENNESY Our Lady of the Lake Sanitarium, Baton Rouge
SISTER MARY HILDA MINTKIN .. Mercy Hospital-Soniat Memorial, New Orleans
SISTER MARY IRENE BROUSSARD Mercy Hospital-Soniat Memorial, New Orleans
SISTER MARY REGINALD FINLAY Schumpert Sanitarium, Shreveport
SISTER ROBERTA DEGnan Hotel Dieu, New Orleans
SISTER ST. PATRICK COMERFORD St. Francis Sanitarium, Monroe
SISTER ST. MICHAEL O’SHEA Our Lady of the Lake Sanitarium, Baton Rouge
SISTER SCHOLASTICA AZTEL Charity Hospital, New Orleans
SISTER STANISLAUS MALONE Charity Hospital, New Orleans
SISTER SYLVIA BROWN ....... Charity Hospital, New Orleans
SISTER THEODORA PENN ...... Hotel Dieu, New Orleans
SISTER URBAN OBERLE ............. Charity Hospital, New Orleans
SISTER ZOE SCHIESWOHL .......... U. S. Marine Hospital, Carville
SMITH, MRS. ANNIE L. ............. Our Lady of Lake Sanitarium, Baton Rouge
SMITH, HAZEL V. ................. Charity Hospital, New Orleans
SOURS, MARY V. ................... 5500 Prytania St., New Orleans
STENBERG, LORETTA M. .......... North Louisiana Sanitarium, Shreveport
STUART, MARY .................... Charity Hospital, New Orleans
SYRETTTE, FRANCES L. .......... 836 Dudley Dr., Shreveport
TAYLOR, JEAN W. ................. Tri-State Hospital, Shreveport
TEBO, JULIE C. .................. 1015 Pere Marquette Bldg., New Orleans
VALENTINE, ELSIE M. .......... Shreveport Charity Hospital, Shreveport
WAKEFIELD, OLIVE E. .......... E. E. N. T. Hospital, New Orleans
WINEBRENNER, MARY R. ....... Shreveport Charity Hospital, Shreveport
WRIGHT, CHRISTINE ............ Charity Hospital, New Orleans
YARBROUGH, IMOGENE .......... St. Mary Parish Health Center, Franklin
YEATES, GLADYS L. ............. Touro Infirmary, New Orleans

‡MAINE—26

AMES, EUNICE I. .................. Maine General Hospital, Portland
ANDERSON, MRS. THERESA A. ...... State Trust Bldg., Augusta
BAILEY, HARRIET ................. 28 Grant St., Bangor
BAKER, IDA ....................... Central Maine General Hospital, Lewiston
BARBIN, M. GEORGINA ........... 489 State St., Bangor
BRYANT, MARGARET A. ........ 489 State St., Bangor
CAMPBELL, ELEANOR F. .......... 79 Bramhall St., Portland
CLELAND, R. HELEN .............. Dennyville
FENLASON, ELIZABETH M. ...... Rumford Community Hospital, Rumford
GOODWIN, HELEN ................. Rumford Community Hospital, Rumford
HEBERT, MARGARET A. .......... 150 Dresden Ave., Gardiner
HILTON, ISABEL V. .............. Central Maine General Hospital, Lewiston
LOWD, BEATRICE A. ............. Central Maine Sanitarium, Fairfield
McBURNIE, FLORENCE M. ...... Rumford Community Hospital, Rumford
MEISNER, MARJORIE B. .......... 489 State St., Bangor
MOODY, MRS. MARY Y. ........ 356 Summit St., Portland
MORSE, ALICE M. ............... 489 State St., Bangor
NELSON, AGNES M. .............. 187 Middle St., Portland
OSBORNE, MARY R. ............. 22 Arsenal St., Portland
PALMER, E. FRANCES .......... 489 State St., Bangor
SHARPE, FLORENCE I. .......... Presque Isle General Hospital, Presque Isle
SISTER VINCENT CARRIGAN .... Sisters Hospital, Waterville
TRAFFORD, MRS. MARY C. ...... 22 Arsenal St., Portland
WHITE, MERCEDES E. .......... Cary Memorial Hospital, Caribou
WING, LUCILLE .................. Franklin St., Rumford
ZWISLER, IRENE L. ............ Central Maine General Hospital, Lewiston

‡MARYLAND—143

ADAMSON, JANE .................. Johns Hopkins Hospital, Baltimore
ALBRIGHT, GERALDINE* .......... Johns Hopkins Hospital, Baltimore
AMES, MARIE* .................. Johns Hopkins Hospital, Baltimore
AMES, MIRIAM .................. Johns Hopkins Hospital, Baltimore
APEL, MARY E. ................. 3301 N. Calvert St., Baltimore
BALDWIN, ESTELLA C. .......... Elkridge, Howard County
BANES, VIRGINIA* .............. University Hospital, Baltimore
BARNETT, JOSEPHINE* .......... Johns Hopkins Hospital, Baltimore
BARTLETT, HELEN C. ........... 604 Reservoir St., Baltimore
BELVEA, MARGARET S. .......... Sheppard and Enoch Pratt Hospital, Towson
Benedetti, Isola M. .......... Union Memorial Hospital, Baltimore
Best, Dorothy R. .......... Johns Hopkins Hospital, Baltimore
Betzold, K, Virginia .......... Johns Hopkins Hospital, Baltimore
Bostock, Helen L. .......... Sinai Hospital, Baltimore
Branley, Frances M. .......... St. Joseph’s Hospital, Baltimore
Brockinton, Evelyn* .......... Johns Hopkins Hospital, Baltimore
Cannon, Mrs. Camsadel S. .......... 2635 St. Paul St., Baltimore
Cashell, Nellie T. .......... Union Memorial Hospital, Baltimore
Cebelinska, Veronica C.* .......... 3407 Benson Ave., Baltimore
Chaney, Yolanda W. .......... University Hospital, Baltimore
Conner, Evelyn A. .......... University Hospital, Baltimore
Constantine, Mildred .......... Memorial Hospital, Cumberland
Corley, Catherine .......... 2620 N. Charles St., Baltimore
Cover, Catherine B.* .......... Johns Hopkins Hospital, Baltimore
Cox, Marie O. .......... 620 W. Lombard St., Baltimore
Cretzberg, Freda .......... Church Home and Infirmary, Baltimore
Crichton, Annie .......... University Hospital, Baltimore
DeCourcy, Rose .......... Adult Tuberculosis Sanatorium, Glenn Dale
DeLawter, Margaret* .......... University Hospital, Baltimore
Diomeed, Josephine M. .......... 239 N. Monastery Ave., Baltimore
Doetsch, Agnes J. .......... Johns Hopkins Hospital, Baltimore
Dooly, Angela* .......... 620 W. Lombard St., Baltimore
Dooly, Myrtle .......... Baltimore City Hospitals, Baltimore
Doring, Verda E.* .......... Johns Hopkins Hospital, Baltimore
Durant, Constance S. .......... Church Home and Infirmary, Baltimore
Elliot, Margaret .......... Church Home and Infirmary, Baltimore
Evans, Irene* .......... 620 W. Lombard St., Baltimore
Ewald, Elizabeth .......... Washington County Hospital, Hagerstown
Fischer, Charlotte M. .......... Union Memorial Hospital, Baltimore
Fowler, Leslie M.* .......... Sinai Hospital, Baltimore
Frazier, Louise B.* .......... Sinai Hospital, Baltimore
Frederick, Hester K. .......... Johns Hopkins Hospital, Baltimore
Gammont, Agnes B.* .......... Johns Hopkins Hospital, Baltimore
Gardiner, Lillian A. .......... 2111 Barclay St., Baltimore
Gardner, Maud M. .......... James Lawrence Kernan Hospital, Hillsdale
Gassaway, Helen M. .......... Church Home and Infirmary, Baltimore
Gault, Alma E.* .......... Union Memorial Hospital, Baltimore
Gerhold, Ella M. .......... Memorial Hospital, Cumberland
Girton, Gladys* .......... 829 University Pkwy, Baltimore
Greenleaf, Elizabeth .......... Peninsula General Hospital, Salisbury
Gunther, Huldah L. .......... 123 Flower Ave., Takoma Park
Hahn, Anne M. .......... Johns Hopkins Hospital, Baltimore
Hansbarger, Madge* .......... Johns Hopkins Hospital, Baltimore
Hanson, Hazel** .......... Sinai Hospital, Baltimore
Harman, Lilly .......... 1001 St. Paul St., Baltimore
Hartwell, Sara M.* .......... 4940 Eastern Ave., Baltimore
Haugh, Gwendolyn* .......... 620 W. Lombard St., Baltimore
Hay, Mabel N. .......... Johns Hopkins Hospital, Baltimore
Henshaw, Margaret A. .......... Frederick City Hospital, Frederick
Hersh, Naomi G.* .......... University Hospital, Baltimore
Hildebrandt, Mary A. .......... Baltimore City Hospitals, Baltimore
Hoke, Anne F. .......... University Hospital, Baltimore
Hoke, Lillie R. .......... University Hospital, Baltimore
Hudson, Metta I. .......... Washington Sanitarium and Hospital, Takoma Park
Hussey, Elma J.           Johns Hopkins Hospital, Baltimore
Hyttton, Mary B.         801 N. Broadway, Baltimore
Kammer, Catherine*       3034 Baker St., Baltimore
Kennedy, Loula E.        Johns Hopkins Hospital, Baltimore
Kolb, Louisa             Johns Hopkins Hospital, Baltimore
Kottcamp, Dorothy G.*    Johns Hopkins Hospital, Baltimore
Krasniewska, Jeannette G.* 522 S. Lakewood Ave., Baltimore
Kreisinger, Frances      W. Baltimore General Hospital, Baltimore
Krug, Mrs. Elsie G.      Franklin Square Hospital, Baltimore
Laib, Mrs. Jane N.       5325 Wabash Ave., Baltimore
Lawler, E. M.*           Johns Hopkins Hospital, Baltimore
Lefler, Catherine        Johns Hopkins Hospital, Baltimore
Long, Lillian*           4940 Eastern Ave., Baltimore
Lough, Zona L.           4940 Eastern Ave., Baltimore
Ludwig, Ruth B.          S. Baltimore General Hospital, Baltimore
Martin, Sarah F.         414 Kensington Rd., Ten Hills, Baltimore
Martz, Helen             Church Home and Infirmary, Baltimore
McBride, Mrs. Dorothy F.* 2 W. Second St., Frederick
McKellar, Beatrice A.*   Johns Hopkins Hospital, Baltimore
Mills, Emmeline K.       c/o Miss Mary Mc Culloch, Glencoe
Moore, Virginia M.       4940 Eastern Ave., Baltimore
Mowbray, M. Ruth         Maryland General Hospital, Baltimore
Mullin, Bernadette A.    Johns Hopkins Hospital, Baltimore
Nash, Jane E.            Church Home and Infirmary, Baltimore
Nelson, Katherine R.     Johns Hopkins Hospital, Baltimore
Northam, Ethel           Hospital for Women of Maryland, Baltimore
Norton, Hazel W.*        1413 Park Ave., Baltimore
Odom, Marguerite*        620 W. Lombard St., Baltimore
Ostlund, Blanche*        Johns Hopkins Hospital, Baltimore
Packer, Mrs. Sophie B.   Johns Hopkins Hospital, Baltimore
Pecikanis, Anna R.       513 N. Kenwood Ave., Baltimore
Powell, Mrs. Blanche G.  1217 Cathedral St., Baltimore
Rifele, Margaret M.      University Hospital, Baltimore
Roush, Ruth M.*          University Hospital, Baltimore
Runion, Harriet*         Johns Hopkins Hospital, Baltimore
Sanders, Mary G.         Johns Hopkins Hospital, Baltimore
Savage, Louise           Sinai Hospital, Baltimore
Schmitz, Frances M.*     1001 Dukeland Ave., Baltimore
Sewell, Lillyan P.       Maryland General Hospital, Baltimore
Shaffer, Charlotte E.*   620 W. Lombard St., Baltimore
Shearston, Helen E.*     Baltimore City Hospitals, Baltimore
Sherman, Margaret C.     University Hospital, Baltimore
Sherwood, Elizabeth W.*  Johns Hopkins Hospital, Baltimore
Shipley, Angela M.       4106 Ridgewood Ave., Baltimore
Sipple, Margaret E.*     S. Baltimore General Hospital, Baltimore
Sister Ann Joseph        St. Agnes Hospital, Baltimore
Sister Mary Edmund O'Neil Allegany County Hospital, Cumberland
Sister Fidelis Nagel     Allegany County Hospital, Cumberland
Sister Mary Helen Ryan   Mercy Villa, Baltimore
Sister M. Hildegard Holbein Mercy Hospital, Baltimore
Sister Mary Joseph Smith  Mercy Hospital, Baltimore
Sister M. Mildred Kenly  Mercy Hospital, Baltimore
Sister Mary Veronica Daily Mercy Hospital, Baltimore
Slick, Jane I.*          University Hospital, Baltimore
Smith, Louise C.*        Johns Hopkins Hospital, Baltimore
Stedman, Helen M.        University Hospital, Baltimore
MASSACHUSETTS—258

ADAMS, Rachel T. ......... 25 Bennet St., Boston
ALGER, Priscilla ......... Quincy City Hospital, Quincy
ALLEN, Bertha W. ....... 2014 Washington St., Newton Lower Falls
ANDLER, Katharine H. .... 330 Brookline Ave., Boston
ATTO, Kathleen H. ....... McLean Hospital, Waverley
AVARD, Martha J. .......... Addison Gilbert Hospital, Gloucester
BACHMAN, Margaret P. .... Lawrence General Hospital, Lawrence
BAILEY, Dorotha A* ....... 93 Edgewater Dr., Mattapan
BAKER, Evelyn F. ......... Essex Sanatorium, Middleton
BARCLAY, Annie S. ....... Franklin County Hospital, Greenfield
BARNABY, Marietta D. .... 420 Boylston St., Room 326, Boston
BARNES, Beatrice K. ...... Lawrence General Hospital, Lawrence
BATES, Florence L.* ....... City Hospital, Worcester
BEAL, Lucy H. ......... Peter Bent Brigham Hospital, Boston
BECK, Lilian S. .... Lowell General Hospital, Lowell
BEDELL, Alice E.** ...... State Hospital, Northampton
BELEW, Helen M.* ......... Memorial Hospital, Worcester
BLACKMAN, Blanche A. ...... Springfield Hospital, Springfield
BOOTH, Mabel F.** ...... Salem Hospital, Salem
BORRNER, Eva M.* ....... 32 Fruit St., Boston
BOUCK, Mrs. Ruth F. .... 35 Queensbury St., Boston
BOURGOIS, Mrs. Marguerite .... 135 Brighton St., Boston
BOURNE, Adeline G. ...... Truesdale Hospital, Fall River
BOWEN, Frances W. ...... 721 Huntington Ave., Boston
BOWKER, Mrs. Helena D. .... Salem Hospital, Salem
BRANDT, Evelyn F.* ...... 81 Highland Ave., Salem
BROOKS, Augusta E. ...... Cooley Dickinson Hospital, Northampton
BROWN, Florence M. .... 330 Mt. Auburn St., Cambridge
BROWN, Mabel M. .......... 94 Maple St., Malden
BROWN, Nora A.** ...... Symmes Hospital, Arlington
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Norah E.</td>
<td>710 Massachusetts Ave., Boston</td>
</tr>
<tr>
<td>Bruce, Margaret J.</td>
<td>20 Ash St., Boston</td>
</tr>
<tr>
<td>Bryant, L. Helen</td>
<td>Newton Hospital, Newton</td>
</tr>
<tr>
<td>Buck, Eleanor K.</td>
<td>140 High St., Springfield</td>
</tr>
<tr>
<td>Busche, Margaret J.</td>
<td>Boston City Hospital, Boston</td>
</tr>
<tr>
<td>Campbell, Elsie L.</td>
<td>Peter Bent Brigham Hospital, Boston</td>
</tr>
<tr>
<td>Campbell, Katharine A.</td>
<td>Lynn Hospital, Lynn</td>
</tr>
<tr>
<td>Carlson, Edith V.*</td>
<td>131 Park Dr., Boston</td>
</tr>
<tr>
<td>Carlson, Ethel E.</td>
<td>Boston City Hospital, Boston</td>
</tr>
<tr>
<td>Carlson, Mrs. Hilja M.*</td>
<td>1153 Centre St., Jamaica Plain</td>
</tr>
<tr>
<td>Carlton, Elizabeth G.</td>
<td>Deaconess Hospital, Boston</td>
</tr>
<tr>
<td>Carney, Eleanor S.</td>
<td>Lowell General Hospital, Lowell</td>
</tr>
<tr>
<td>Cartland, Mildred H.</td>
<td>18 Goodway Rd., Jamaica Plain</td>
</tr>
<tr>
<td>Cave, Hazel I.</td>
<td>298 Washington St., Gloucester</td>
</tr>
<tr>
<td>Clyde, Frances K.</td>
<td>The Children's Hospital, Boston</td>
</tr>
<tr>
<td>Coe, Alice B.</td>
<td>Milford Hospital, Milford</td>
</tr>
<tr>
<td>Cohen, Idal L.</td>
<td>330 Brookline Ave., Boston</td>
</tr>
<tr>
<td>Conover, Myra B.</td>
<td>Collis P. Huntington Hospital, Boston</td>
</tr>
<tr>
<td>Convenski, Sadie B.</td>
<td>76 W. Cedar St., Boston</td>
</tr>
<tr>
<td>Corbett, S. Daphne</td>
<td>32 Fruit St., Boston</td>
</tr>
<tr>
<td>Corkum, Adele L.*</td>
<td>16 Anderson St., Boston</td>
</tr>
<tr>
<td>Cox, Annie M.</td>
<td>2014 Washington St., Newton Lower Falls</td>
</tr>
<tr>
<td>Cox, Edith I.</td>
<td>Robert B. Brigham Hospital, Boston</td>
</tr>
<tr>
<td>Crabbe, Faye</td>
<td>Newton Hospital, Newton Lower Falls</td>
</tr>
<tr>
<td>Cross, Marjorie</td>
<td>New England Hospital for Women and Children,</td>
</tr>
<tr>
<td></td>
<td>Boston</td>
</tr>
<tr>
<td>Cullen, Katharine A.</td>
<td>Worcester City Hospital, Worcester</td>
</tr>
<tr>
<td>Curley, Helen C.</td>
<td>275 Beacon St., Cohasset</td>
</tr>
<tr>
<td>Dalton, Alice R.</td>
<td>New England Deaconess Hospital, Boston</td>
</tr>
<tr>
<td>Daniel, Mrs. Elizabeth C.</td>
<td>Westboro State Hospital, Westboro</td>
</tr>
<tr>
<td>Davis, Edith J.</td>
<td>Faulkner Hospital, Jamaica Plain</td>
</tr>
<tr>
<td>Davis, Marjorie B.</td>
<td>New England Deaconess Hospital, Boston</td>
</tr>
<tr>
<td>Dawes, Dorothy E.</td>
<td>Newton Hospital, Newton Lower Falls</td>
</tr>
<tr>
<td>Devrau, Grace C.*</td>
<td>35 Queensbury St., Apt. 17, Boston</td>
</tr>
<tr>
<td>Dick, Katherine R.**</td>
<td>Worcester State Hospital, Worcester</td>
</tr>
<tr>
<td>Dieter, Margaret**</td>
<td>Massachusetts Memorial Hospital, Boston</td>
</tr>
<tr>
<td>Dorey, Estella E.*</td>
<td>1153 Centre St., Jamaica Plain</td>
</tr>
<tr>
<td>Duncan, Ann M.</td>
<td>249 River St., Mattapan</td>
</tr>
<tr>
<td>Dunn, Minnie F.</td>
<td>State Infirmary, Tewksbury</td>
</tr>
<tr>
<td>Durbin, Mrs. Katherine</td>
<td>State Infirmary, Tewksbury</td>
</tr>
<tr>
<td>Eckel, Anna B.*</td>
<td>47 Roger St., West Quincy</td>
</tr>
<tr>
<td>Egan, Sarah A.</td>
<td>20 Ash St., Boston</td>
</tr>
<tr>
<td>Ecke, Betty</td>
<td>Norwood Hospital, Norwood</td>
</tr>
<tr>
<td>Ekman, Gladys</td>
<td>Peter Bent Brigham Hospital, Boston</td>
</tr>
<tr>
<td>Ellis, Clara B.</td>
<td>745 Massachusetts Ave., Boston</td>
</tr>
<tr>
<td>Ennis, Mildred C.</td>
<td>Boston City Hospital, Boston</td>
</tr>
<tr>
<td>Erkestad, Asta</td>
<td>217 Pond St., Jamaica Plain</td>
</tr>
<tr>
<td>Evers, Muriel L.</td>
<td>Massachusetts General Hospital, Boston</td>
</tr>
<tr>
<td>Fauteux, Eva C.*</td>
<td>101 Page St., New Bedford</td>
</tr>
<tr>
<td>Finlay, Daisy A.</td>
<td>10 Stoughton St., Boston</td>
</tr>
<tr>
<td>Flores, Florence</td>
<td>Newton Hospital, Newton Lower Falls</td>
</tr>
<tr>
<td>Ford, Myrtle M.</td>
<td>New England Baptist Hospital, Boston</td>
</tr>
<tr>
<td>Fox, Thilda L.</td>
<td>New England Baptist Hospital, Boston</td>
</tr>
<tr>
<td>French, Helen E.*</td>
<td>32 Fruit St., Boston</td>
</tr>
<tr>
<td>Fuller, Myrtle L.</td>
<td>10 Stoughton St., Boston</td>
</tr>
<tr>
<td>Gillespie, Maud</td>
<td>3 Vila St., Boston</td>
</tr>
</tbody>
</table>
MEMBERS

GILMORE, MARY C. .................. Beth Israel Hospital, Boston
GLADUE, EVA Y. .................. Lynn Hospital, Lynn
GOODNOW, MINNIE ................ Somerville Hospital, Somerville
GOOSTRAY, STELLA** .............. The Children's Hospital, Boston
GORDON, RUBY J. .................. Sturdy Memorial Hospital, Attleboro
GORMAN, KATHERINE F.* .............. 2014 Washington St., Newton Lower Falls
GRAYNEY, MARY W. ................. Faulkner Hospital, Jamaica Plain
GRANT, DOROTHY C. .................. 3 Vila St., Boston
GREGERSON, LUCILLE ............... Leominster Hospital, Leominster
GREIG, DOROTHY B. ................. Newton Hospital, Newton Lower Falls
GRINDI, EDITH L. .................. Cooley Dickinson Hospital, Northampton
HAINES, EVELYN M. ................. Lynn Hospital, Lynn
HALL, ANNIE A. .................. Taunton State Hospital, Taunton
HALL, CARRIE M. .................. Hotel Hemenway, Boston
HALL, ELIZABETH J. ................. New England Hospital for Women and Children, Boston
HATCH, CAROLINE C. ............... Worcester Hahnemann Hospital, Worcester
HAYDEN, GRACE J. .................. Worcester State Hospital, Worcester
HAYWARD, EDNA M. ................. Wesson Maternity Hospital, Springfield
HEARN, AMY ....................... 400 Walk Hill St., Mattapan
HITCHCOCK, KATHERINE ............ 6 Brimmer St., Boston
HOLLAMAN, LOIS H. ................. Springfield Hospital, Springfield
HOLLAND, KATHLEEN H. .......... Taunton State Hospital, Taunton
HOLLISTER, LOUISE* ............... 4 N. Grove St., Boston
HUMPHREYS, RUTH L. ............... Framingham Hospital, Framingham
HUNTLY, MABEL F. ................. Wesson Memorial Hospital, Springfield
INCH, EFFIE M. ..................... 6 Roanoke Rd., Wellesley
JACKSON, ILA P. ................ State Hospital, Foxboro
JACOBS, ROSABELLE ............... 2 State St., Worcester
JAMES, DOROTHY .................. 212 Boston St., Lynn
JARRY, ANTOINETTE M.* .......... 212 Boston St., Lynn
JEFFREY, GENEVIEVE R. ........... Harrington Memorial Hospital, Southbridge
JENKINS, EDITH C. .................. 3 Vila St., Boston
JENKINS, MARY .................... 6 Rockdale St., Worcester
JETTE, IRIS A. .................... 46 E. Bacon St., Plainville
JOBAHIS, ANNIE T. J. .............. Truesdale Hospital, Fall River
JOHNSON, HESTER L. ............... 119 Belmont St., Worcester
JOHNSON, MARJORIE A. .......... 389 Newport Rd., Wollaston
JOHNSON, ORA A.* ................. 1024 Washington St., Newton Lower Falls
JOHNSON, SALLY** ................. Massachusetts General Hospital, Boston
JOHNSON, BERTHA E. ............. 25 Deaconess Rd., Boston
JOHNSTON, LENA F. ................. 170 Governors Ave., Medford
JONES, MRS. DELIGHT S. ...... Truesdale Hospital, Fall River
JORDAN, ISABELLE M. ............. The Children's Hospital, Boston
KELLEHER, RITA P. ............... 118 Whitwell St., Quincy
KEMPF, FLORENCE C.** ...... Massachusetts General Hospital, Boston
KENDALL, GRACE P. ............... 12 Terrill St., Worcester
KEY, SARA L. ................... St. Luke's Hospital, New Bedford
KNOX, CECILIA M. ................. 710 Massachusetts Ave., Boston
KNUDSON, MARTHA F. ............. Lawrence General Hospital, Lawrence
KORNACKI, JENNIE S.* .......... 807 High St., Holyoke
KUHN, ERNA M. .................. McLean Hospital, Waverley
LADD, FRANCES C. ............... Faulkner Hospital, Jamaica Plain
LANE, MARGARET* ................. Massachusetts General Hospital, Boston
LARBEY, MABLE C. ................. 759 Chestnut St., Springfield
LATAKAS, JOSEPHINE M.* ....... 124 Endicott St., Worcester
<table>
<thead>
<tr>
<th>Name</th>
<th>Address/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEE, HELENE G.</td>
<td>36 Aborn St., Peabody</td>
</tr>
<tr>
<td>LEPPE, EDNA S.</td>
<td>Cooley Dickinson Hospital, Northampton</td>
</tr>
<tr>
<td>LEWIS, IDA M.</td>
<td>35 Harvard Ave., Brookline</td>
</tr>
<tr>
<td>LINNA, SIRKA</td>
<td>82 Court St., Dedham</td>
</tr>
<tr>
<td>LITTLE, MRS. ILIA M.</td>
<td>53 Parker Hill Ave., Boston</td>
</tr>
<tr>
<td>LOGAN, LAURA R.</td>
<td>Boston City Hospital, Boston</td>
</tr>
<tr>
<td>MACKAY, HILDA M.</td>
<td>50 Chancery St., New Bedford</td>
</tr>
<tr>
<td>MACKAY, MARY J.</td>
<td>Henry Heywood Memorial Hospital, Gardner</td>
</tr>
<tr>
<td>MACLEAN, ANNA L.</td>
<td>Beverly Hospital, Beverly</td>
</tr>
<tr>
<td>MACNIEL, LIZZIE L.</td>
<td>House of Mercy Hospital, Pittsfield</td>
</tr>
<tr>
<td>MADDocks, CLARA L.</td>
<td>McLean Hospital, Waverley</td>
</tr>
<tr>
<td>MAHER, MARY A.</td>
<td>32 Fruit St., Boston</td>
</tr>
<tr>
<td>MARDEN, EDITH</td>
<td>Waltham Hospital, Waltham</td>
</tr>
<tr>
<td>MARSH, ALICE W.</td>
<td>Whidden Memorial Hospital, Everett</td>
</tr>
<tr>
<td>MARSH, ELIZABETH W.</td>
<td>Waltham Hospital, Waltham</td>
</tr>
<tr>
<td>MARTIN, JEAN F.</td>
<td>New England Hospital for Women and Children, Boston</td>
</tr>
<tr>
<td>MATHESON, MARY</td>
<td>Framingham Union Hospital, Framingham</td>
</tr>
<tr>
<td>McCORB, FRANCES E.</td>
<td>2014 Washington St., Newton Lower Falls</td>
</tr>
<tr>
<td>McCRAE, ANNABELLA</td>
<td>140 Clarendon St., Boston</td>
</tr>
<tr>
<td>MCCULLOUGH, SARAH E. M.</td>
<td>Beech St., Holyoke</td>
</tr>
<tr>
<td>McDONALD, ANNE G.</td>
<td>State Infirmary, Tewksbury</td>
</tr>
<tr>
<td>MCLEAN, GRAZIELLA</td>
<td>Box 8, Waverley</td>
</tr>
<tr>
<td>McMASON, ELIZABETH A.</td>
<td>315 Newton St., Brookline</td>
</tr>
<tr>
<td>McNICHOLAS, ELLEN</td>
<td>1153 Centre St., Jamaica Plain</td>
</tr>
<tr>
<td>MEADER, ALICE G.</td>
<td>Holyoke Hospital, Holyoke</td>
</tr>
<tr>
<td>MERRILL, SARAH E.</td>
<td>Worcester State Hospital, Worcester</td>
</tr>
<tr>
<td>MESSERLI, RUTH M.</td>
<td>Holyoke Hospital, Holyoke</td>
</tr>
<tr>
<td>MITCHELL, RUTH L.</td>
<td>538 Prospect St., Fall River</td>
</tr>
<tr>
<td>MORGAN, EDITH L.</td>
<td>Choate Memorial Hospital, Woburn</td>
</tr>
<tr>
<td>MORTIMER, EMMA A.</td>
<td>Clinton Hospital, Clinton</td>
</tr>
<tr>
<td>MORTON, EDITH M.</td>
<td>Prospect St., Milford</td>
</tr>
<tr>
<td>MURPHY, ESTHER M.</td>
<td>25 Summer St., Stoneham</td>
</tr>
<tr>
<td>NELSON, SOPHIE C.</td>
<td>197 Clarendon St., Boston</td>
</tr>
<tr>
<td>NORCROSS, MARY E.</td>
<td>300 Longwood Ave., Boston</td>
</tr>
<tr>
<td>O'BRIEN, GERTRUDE</td>
<td>Newton Hospital, Newton Lower Falls</td>
</tr>
<tr>
<td>PASKewITZ, LENA R.</td>
<td>Springfield Hospital, Springfield</td>
</tr>
<tr>
<td>PAterson, MARY H.</td>
<td>Lawrence General Hospital, Lawrence</td>
</tr>
<tr>
<td>PEARSON, EMILY</td>
<td>330 Mt. Auburn St., Cambridge</td>
</tr>
<tr>
<td>PEARSON, EMILY G.</td>
<td>3 Vila St., Boston</td>
</tr>
<tr>
<td>PEKUL, NELLIE H.</td>
<td>New England Baptist Hospital, Boston</td>
</tr>
<tr>
<td>PERIN, BEATRICE C.</td>
<td>Melrose Hospital, Melrose</td>
</tr>
<tr>
<td>PERRY, ETHEL M.</td>
<td>81 Highland Ave., Salem</td>
</tr>
<tr>
<td>PETERS, CLARISSA</td>
<td>Melrose Hospital, Melrose</td>
</tr>
<tr>
<td>PETTEE, EVELYN H.</td>
<td>State Hospital, Worcester</td>
</tr>
<tr>
<td>POTTER, HELEN O.</td>
<td>Quincy City Hospital, Quincy</td>
</tr>
<tr>
<td>POTTS, LOUISE*</td>
<td>101 Page St., New Bedford</td>
</tr>
<tr>
<td>RAY, MIRIAM E.</td>
<td>65 E. Newton St., Boston</td>
</tr>
<tr>
<td>READ, ESTHER H.</td>
<td>3 Vila St., Boston</td>
</tr>
<tr>
<td>REDFERN, HELEN L.</td>
<td>27 Ledyard Rd., Winchester</td>
</tr>
<tr>
<td>RENNER, MRS. HELENA</td>
<td>Worcester State Hospital, Worcester</td>
</tr>
<tr>
<td>RICE, GWENDOLYN C.</td>
<td>Sturdy Memorial Hospital, Attleboro</td>
</tr>
<tr>
<td>ROBINSON, LAURA</td>
<td>Memorial Hospital, Worcester</td>
</tr>
<tr>
<td>ROWE, ELIZABETH**</td>
<td>Northampton State Hospital, Northampton</td>
</tr>
<tr>
<td>RUEL, EMMA A.</td>
<td>10 Stoughton St., Boston</td>
</tr>
<tr>
<td>RYAN, MARY M.*</td>
<td>Newton Hospital, Newton Lower Falls</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>St. John, Agnes</td>
<td>101 Page St., New Bedford</td>
</tr>
<tr>
<td>Samonski, Helen</td>
<td>1153 Centre St., Jamaica Plain</td>
</tr>
<tr>
<td>Sandstrom, Dorothy S.</td>
<td>212 Boston St., Lynn</td>
</tr>
<tr>
<td>Sanford, M. Louise</td>
<td>298 Washington St., Gloucester</td>
</tr>
<tr>
<td>Sayles, Martha O.</td>
<td>133 Peterboro St., Boston</td>
</tr>
<tr>
<td>Schmitt, Louise M.</td>
<td>Salem Hospital, Salem</td>
</tr>
<tr>
<td>Sczlock, Stephanie M.</td>
<td>44 Oriole St., West Roxbury</td>
</tr>
<tr>
<td>Searle, Lillie M.</td>
<td>11 Kimball Rd., Methuen</td>
</tr>
<tr>
<td>Shaeoun, Anna</td>
<td>Memorial Hospital, Worcester</td>
</tr>
<tr>
<td>Shepard, Mary E.**</td>
<td>Cambridge Hospital, Cambridge</td>
</tr>
<tr>
<td>Sinclair, Bernice J.</td>
<td>721 Huntington Ave., Boston</td>
</tr>
<tr>
<td>Sister Louise</td>
<td>Carney Hospital, South Boston</td>
</tr>
<tr>
<td>Sister Lucina</td>
<td>St. John's Hospital, Lowell</td>
</tr>
<tr>
<td>Sister Mary Angelica</td>
<td>73 Vernon St., Worcester</td>
</tr>
<tr>
<td>Sister Mary Anthony</td>
<td>73 Vernon St., Worcester</td>
</tr>
<tr>
<td>Sister Mary Divine Infant</td>
<td>233 Carew St., Springfield</td>
</tr>
<tr>
<td>Sister Mary Hildegarde</td>
<td>St. Luke's Hospital, Pittsfield</td>
</tr>
<tr>
<td>Sleeper, Ruth</td>
<td>Massachusetts General Hospital, Boston</td>
</tr>
<tr>
<td>Sloan, Isabelle W.</td>
<td>64 Sagamore St., Dorchester</td>
</tr>
<tr>
<td>Small, Ada M.</td>
<td>Somerville Hospital, Somerville</td>
</tr>
<tr>
<td>Smith, Martha R.</td>
<td>Massachusetts General Hospital, Boston</td>
</tr>
<tr>
<td>Smithies, Jennie K.</td>
<td>538 Prospect St., Fall River</td>
</tr>
<tr>
<td>Spears, Lena A.</td>
<td>212 Boston St., Lynn</td>
</tr>
<tr>
<td>Spencer, Mabel</td>
<td>Chelsea Memorial Hospital, Chelsea</td>
</tr>
<tr>
<td>Springer, Mary</td>
<td>Memorial Hospital, Worcester</td>
</tr>
<tr>
<td>Steele, Mrs. Katharine MCL</td>
<td>Worcester State Hospital, Worcester</td>
</tr>
<tr>
<td>Stewart, Doris O.</td>
<td>McLean Hospital, Waverley</td>
</tr>
<tr>
<td>Strand, Edith F.</td>
<td>New England Sanitarium and Hospital, Melrose</td>
</tr>
<tr>
<td>Sullivan, Elizabeth</td>
<td>70 Stratford St., West Roxbury</td>
</tr>
<tr>
<td>Sullivan, Mary A.</td>
<td>Jordan Hospital, Plymouth</td>
</tr>
<tr>
<td>Suters, Joy E.</td>
<td>Elizabeth House, Union Hospital, Fall River</td>
</tr>
<tr>
<td>Taylor, Anna M.</td>
<td>32 Fruit St., Boston</td>
</tr>
<tr>
<td>Taylor, Ruth I.**</td>
<td>Fort Banks, Winthrop</td>
</tr>
<tr>
<td>Tedford, Ruth E.</td>
<td>82 Savin St., Boston</td>
</tr>
<tr>
<td>Thompson, Lola I.</td>
<td>119 Belmont St., Worcester</td>
</tr>
<tr>
<td>Thurlow, Josephine E.</td>
<td>North Adams Hospital, North Adams</td>
</tr>
<tr>
<td>Tibbetts, Margaret C.</td>
<td>McLean Hospital, Waverley</td>
</tr>
<tr>
<td>Torrey, Florence M.*</td>
<td>30 Locust St., Northampton</td>
</tr>
<tr>
<td>Tweeddale, Alberta L.</td>
<td>2014 Washington St., Newton Lower Falls</td>
</tr>
<tr>
<td>Varney, Marjory E.</td>
<td>65 E. Newton St., Boston</td>
</tr>
<tr>
<td>Vreeland, Gladys M.</td>
<td>38 Foote Ave., Pittsfield</td>
</tr>
<tr>
<td>Walker, Hazel M.</td>
<td>St. Luke's Hospital, New Bedford</td>
</tr>
<tr>
<td>Walker, Lorraine H.</td>
<td>120 High St., Springfield</td>
</tr>
<tr>
<td>Walsworth, Lois J.</td>
<td>Pleasant St., Waverley</td>
</tr>
<tr>
<td>Walthour, Mary J.</td>
<td>Worcester City Hospital, Worcester</td>
</tr>
<tr>
<td>Warburton, Olga I.*</td>
<td>Faulkner Hospital, Jamaica Plain</td>
</tr>
<tr>
<td>Watson, Rose D.</td>
<td>140 High St., Springfield</td>
</tr>
<tr>
<td>Watson, Susie A.**</td>
<td>370 Longwood Ave., Boston</td>
</tr>
<tr>
<td>Weston, Alice A.</td>
<td>15 Blackstone Ter., Newton</td>
</tr>
<tr>
<td>Wharton, Mernetta S.</td>
<td>100 Bellingham St., Chelsea</td>
</tr>
<tr>
<td>Wheeler, Mabel F.</td>
<td>Morton Hospital, Taunton</td>
</tr>
<tr>
<td>White, Leona F.</td>
<td>Malden Hospital, Malden</td>
</tr>
<tr>
<td>Whitten, Alice I.</td>
<td>Newton Hospital, Newton Lower Falls</td>
</tr>
<tr>
<td>Wiggins, Bernice L.</td>
<td>163 Hillside Ave., Arlington Heights</td>
</tr>
<tr>
<td>Williams, Barbara</td>
<td>41 Hyde St., Newton Highlands</td>
</tr>
<tr>
<td>Wilson, Mary E.*</td>
<td>6 Poplar Pl., Boston</td>
</tr>
</tbody>
</table>
WOOD, HELEN** .................................. 1036 Walnut St., Newton Highlands
WOOD, JANETTE S. ................................ Faulkner Hospital, Jamaica Plain
WOOD, MRS. MARGUERITE W. ............ 8 Columbia Pk., Haverhill
WOOLDRIDGE, FLORENCE M. ............... Hospital Rd., Harding
YOUNG, EILEEN M. .................................. St. Luke's Hospital, New Bedford
YOUNG, OLIVE L. .................................. Sturdy Memorial Hospital, Attleboro
ZBICHICK, ANNA .................................. 330 Brookline Ave., Boston

‡MICHIGAN—202

ALFSEN, LOUISE E. .................................. Butterworth Hospital, Grand Rapids
ANDERSON, FRANCES A. ......................... Women's Hospital, Detroit
ANDERSON, LYDA W. .................................. 51 W. Warren Ave., Detroit
BALL, MARTHA M. .................. 3740 John R St., Detroit
BAYER, CHRISTINE C. ............... 5245 E. Jefferson St., Detroit
BEAMISH, GRACE E.** .............. W. A. Foote Memorial Hospital, Jackson
BEAN, HELEN .................................. Porter Apartments, Lansing
BECK, F. EVELYN* ....................... 1200 E. Ann St., Ann Arbor
BEEMER, RUTH A. .................. 7470 Byron Ave., Detroit
BEERKLE, F. ELSA* ...................... 7610 Lamson Ave., Detroit
BEERS, AMY .................................. Hackley Hospital, Muskegon
BENHAM, CARRIE A. ................. 3740 John R St., Detroit
BEYERCHEN, GLADYS* ...................... 871 Webb, Detroit
BISELY, MARIE E. T. ................... 6520 Wabash Ave., Detroit
BLOESING, DELORES* ..................... 3740 John R St., Detroit
BOULTON, JOSEPHINE E. ............... 1447 N. Harrison St., Saginaw
BOWERS, ALLIE S.* ................... 1205 Pallister Ave., Detroit
CAMERON, JESSIE S. ................. 3740 John R St., Detroit
CAMPBELL, WINIFRED C.** ......... Saginaw General Hospital, Saginaw
CARTWRIGHT, S. MONIQUE* ............. 500 Clancy, N. E., Grand Rapids
CASTNER, ALVERA C. .................. Baily Nurses' Home, Bay City
CHINQUE, KATHERINE M. .............. 6520 Wabash Ave., Detroit
CLARK, BEATRICE K.* ................... 3740 John R St., Detroit
CLARK, VIOLETTA E. ................. 3740 John R St., Detroit
CLUNE, HATTIE L. ................... Providence Hospital, Detroit
COLLINS, GRACE M. .................. Hurley Hospital, Flint
CLOWLEY, HELEN A. .................. City Hospital, Grand Rapids
CRONIN, MELINDA* .................. 6520 Wabash Ave., Detroit
CULBERT, LILAH ....................... Providence Hospital, Detroit
DAILEY, HELEN J. .................. Hackley Hospital, Muskegon
DAMMAN, MARIAN ..................... 310 N. East Ave., Jackson
DAVIS, MRS. ETTA G. ............... 11321 Strathmore Ave., Detroit
DAVIS, HARRIET E. ................ Gerber Products Company, Fremont
DELONG, M. DELLA .................. Grace Hospital, Detroit
DEMARRIS, ANGEs* ................... 3740 John R St., Detroit
DITT, AMELIA E. .................. 6465 Sterling Ave., Detroit
DOOZAN, CLARA A.* .................. 1420 St. Antoine St., Detroit
DUNN, HAZEL.* ....................... 432 E. Hancock Ave., Detroit
DURELL, MARIAN** .................. University of Michigan Hospital, Ann Arbor
ELSTNER, LAURA A. .................. 1961 Bethune St., Detroit
ENTZ, MARGARETHA W. ............. 569 Glendale Ave., Detroit
EVERS, ROBERTA* .................. 1115 Lenox Ave., Detroit
FEIST, MRS. LOUISE E. ............ Children's Hospital of Michigan, Detroit
FISK, BERTHA E. .................. Hurley Hospital, Flint
FORD, ANGEs I.* .................. Women's Hospital, Detroit
FORTUNE, KATHLEEN J. ............. 5224 St. Antoine St., Detroit
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRIESCH, MINNIE C.</td>
<td>3965 Hogarth, Detroit</td>
</tr>
<tr>
<td>GARDNER, HELEN MARIE*</td>
<td>1740 John R St., Detroit</td>
</tr>
<tr>
<td>GARDNER, MARY E.*</td>
<td>1740 John R St., Detroit</td>
</tr>
<tr>
<td>GEORGE, JULIET A.</td>
<td>Hurley Hospital, Flint</td>
</tr>
<tr>
<td>GERMAIN, LUCY D.*</td>
<td>Harper Hospital, Detroit</td>
</tr>
<tr>
<td>GIBBONS, LORETTA A.</td>
<td>St. Mary's Hospital, Grand Rapids</td>
</tr>
<tr>
<td>GILLEY, DOROTHY G.</td>
<td>3740 John R St., Detroit</td>
</tr>
<tr>
<td>GILLIES, GRACE M.</td>
<td>Harper Hospital, Detroit</td>
</tr>
<tr>
<td>GILLIES, MARY M.</td>
<td>Harper Hospital, Detroit</td>
</tr>
<tr>
<td>GORTHY, MABEL</td>
<td>Highland Park Hospital, Highland Park</td>
</tr>
<tr>
<td>GRAFF, FRANCES</td>
<td>Blodgett Memorial Hospital, Grand Rapids</td>
</tr>
<tr>
<td>GRETER, MRS. LYSTRA</td>
<td>887 Pallister Ave., Detroit</td>
</tr>
<tr>
<td>GRINDATTI, ERNESTINE C.*</td>
<td>1144 E. Catherine St., Ann Arbor</td>
</tr>
<tr>
<td>HALLOCK, MARGARET E.*</td>
<td>92 Orchestra Pl., Detroit</td>
</tr>
<tr>
<td>HALLSTEAD, ELEANOR</td>
<td>Henry Ford Hospital, Detroit</td>
</tr>
<tr>
<td>HALVORSSEN, JOSEPHINE</td>
<td>1010 Richardson St., Port Huron</td>
</tr>
<tr>
<td>HANNIG, LILLIAN G.*</td>
<td>Couzens Hall, Ann Arbor</td>
</tr>
<tr>
<td>HARSCH, SELMA E.</td>
<td>3740 John R St., Detroit</td>
</tr>
<tr>
<td>HEBELE, HELEN M.</td>
<td>1130 E. Huron St., Ann Arbor</td>
</tr>
<tr>
<td>HENNESSY, FLORENCE D.</td>
<td>2217 E. Grand Blvd., Detroit</td>
</tr>
<tr>
<td>HENRY, JEAN</td>
<td>Harper Hospital, Detroit</td>
</tr>
<tr>
<td>HERDA, THERESA L.</td>
<td>Butterworth Hospital, Grand Rapids</td>
</tr>
<tr>
<td>HERMANN, ELEANOR E.*</td>
<td>92 Orchestra Pl., Detroit</td>
</tr>
<tr>
<td>HIXON, FLORENCE</td>
<td>Harper Hospital, Detroit</td>
</tr>
<tr>
<td>HOLCOMB, EDNA*</td>
<td>422 E. Hancock Ave., Detroit</td>
</tr>
<tr>
<td>HOLMES, GEORGIA</td>
<td>Highland Park General Hospital, Highland Park</td>
</tr>
<tr>
<td>HOLLOWAY, PRISCILLA</td>
<td>Grace Hospital, Detroit</td>
</tr>
<tr>
<td>HULST, JOHANNA</td>
<td>Butterworth Hospital, Grand Rapids</td>
</tr>
<tr>
<td>JACKSON, MONA</td>
<td>Grace Hospital, Detroit</td>
</tr>
<tr>
<td>JENKINS, ANNA L.</td>
<td>25 E. Palmer, Detroit</td>
</tr>
<tr>
<td>JONES, EMMA</td>
<td>Blodgett Memorial Hospital, Grand Rapids</td>
</tr>
<tr>
<td>JORGENSON, GLADYS E.</td>
<td>284 Elliott Ave., Detroit</td>
</tr>
<tr>
<td>KALKMAN, MARION E.**</td>
<td>1402 Washington Heights, Ann Arbor</td>
</tr>
<tr>
<td>KELLOGG, WINIFRED</td>
<td>814 Louis Ave., Royal Oak</td>
</tr>
<tr>
<td>KELLY, MARY E.</td>
<td>2217 E. Grand Blvd., Detroit</td>
</tr>
<tr>
<td>KELTING, EMMA A.</td>
<td>Blodgett Memorial Hospital, Grand Rapids</td>
</tr>
<tr>
<td>KERR, MARY E.*</td>
<td>Harper Hospital, Detroit</td>
</tr>
<tr>
<td>KNAPP, LOUISE</td>
<td>25 E. Palmer St., Detroit</td>
</tr>
<tr>
<td>KOSKEY, ELEANORE E.</td>
<td>1190 Seward Ave., Detroit</td>
</tr>
<tr>
<td>KUHN, HULDA C.</td>
<td>104 Forest Ave., Ann Arbor</td>
</tr>
<tr>
<td>LANE, SUSAN K.</td>
<td>Herman Kiefer Hospital, Detroit</td>
</tr>
<tr>
<td>LEE, LUCILLE E.</td>
<td>Hurley Hospital, Flint</td>
</tr>
<tr>
<td>LEE, THEA H.*</td>
<td>Harper Hospital, Detroit</td>
</tr>
<tr>
<td>LEITCH, M. ANNIE</td>
<td>Butterworth Hospital, Grand Rapids</td>
</tr>
<tr>
<td>LEMKE, META E.*</td>
<td>University of Michigan Hospital, Ann Arbor</td>
</tr>
<tr>
<td>LISK, MINNIE*</td>
<td>16881 Normandy Ave., Detroit</td>
</tr>
<tr>
<td>LUSSOW, MRS. BERYL T.</td>
<td>15524 Tuller Ave., Detroit</td>
</tr>
<tr>
<td>LYNCH, MARGARET*</td>
<td>2970 Second Blvd., Detroit</td>
</tr>
<tr>
<td>MACDOUGALL, MARIAN</td>
<td>Harper Hospital, Detroit</td>
</tr>
<tr>
<td>MACKINNON, AMY B.</td>
<td>Children's Hospital, Detroit</td>
</tr>
<tr>
<td>Magee, Marion L. C.</td>
<td>Woman's Hospital, Detroit</td>
</tr>
<tr>
<td>MANN, JANE E.*</td>
<td>1305 Delaware Ave., Detroit</td>
</tr>
<tr>
<td>MARTIN, HELEN</td>
<td>Sparrow Hospital, Lansing</td>
</tr>
<tr>
<td>MCCARROLL, LYNDON</td>
<td>7337 Third Ave., Detroit</td>
</tr>
<tr>
<td>McLARNEY, MARY</td>
<td>U. S. Marine Hospital, Detroit</td>
</tr>
<tr>
<td>McMAMMON, GRACE</td>
<td>Couzens Hall, Ann Arbor</td>
</tr>
</tbody>
</table>
McNeal, Mabel L.*  Hurley Hospital, Flint
Miller, Doris*  93 Seward Ave., Detroit
Miller, Rosemary  Saginaw General Hospital, Saginaw
Mitchell, Mary A.  Harper Hospital, Detroit
Monawek, Ruth  Blodgett Memorial Hospital, Grand Rapids
Moore, Elinor*  Harper Hospital, Detroit
Moran, Elizabeth S.*  Henry Ford Hospital, Detroit
Morse, Elba L.  Northern Michigan Children’s Hospital, Marquette
Mullen, Mariana  1201 Oakland St., Lansing
Murdie, Ella M.  Evangelical Deaconess Hospital, Detroit
Murphy, Marie F.  520 Forest Ave., Ann Arbor
Neal, Mrs. Lily  Women’s Hospital, Detroit
Neisen, Chrystal E.  Butterworth Hospital, Grand Rapids
Nichols, Ada  70 E. Palmer Ave., Detroit
Nicholson, Myria*  16845 Wark Ave., Detroit
Noll, Clara B.  Butterworth Hospital, Grand Rapids
O’Conner, Theressa  Providence Hospital, Detroit
Orcutt, Bertha E.  Traverse City State Hospital, Traverse City
Orem, Dorothea E.  6520 Wabash Ave., Detroit
Payne, Lola*  432 E. Hancock Ave., Detroit
Peebles, Ann Y.  Women’s Hospital, Detroit
Peltier, Leona  Providence Hospital, Detroit
Penhale, Helen E.  Couzens Hall, Ann Arbor
Perry, Lucile E.  Ann Street, Ann Arbor
Petronovich, Rozeca E.*  Harper Hospital, Detroit
Pierson, Edna J.  Hackley Hospital, Muskegon
Postal, Iva H.  Butterworth Hospital, Grand Rapids
Ramberg, Mabel H.  Jackson County Sanatorium, Jackson
Ramsey, June A.*  Harper Hospital, Detroit
Raymond, Maurine*  452 E. Hancock Ave., Detroit
Reamy, Mary A.  University of Michigan Hospital, Ann Arbor
Reynolds, Amy T.  520 N. Jefferson St., Ionia
Richards, Mrs. Jean F.  Hackley Hospital, Muskegon
Robinson, Nora G.  Harper Hospital, Detroit
Rogers, Margaret A.  5224 St. Antoine St., Detroit
Ross, Grace  Department of Health, Detroit
Ryan, Helen P.  6520 Wabash Ave., Detroit
Rye, Lillian*  Harper Hospital, Detroit
Sanders, Sara L.*  235 Boston Blvd., Detroit
Sargent, Emilie G.  659 Webb St., Detroit
Saunders, Harriet E.  Harper Hospital, Detroit
Schafer, Margaret K.  University of Michigan Hospital, Ann Arbor
Schau, Mrs. Elizabeth C.  1517 Hays Park Ave., Kalamazoo
Sewell, Olive  Capital Loan & Savings Bldg., Lansing
Siebers, Dorothy M.  Butterworth Hospital, Grand Rapids
Sister Bertilla Fey  St. Mary’s Hospital, Detroit
Sister Emma Martyke  Evangelical Deaconess Hospital, Detroit
Sister Emma Marzahn  Evangelical Deaconess Hospital, Detroit
Sister Marie Bernard Masterson  St. Joseph Mercy Hospital, Pontiac
Sister M. Anthony Kramer  Mt. Carmel Hospital, Detroit
Sister M. Assisiun Hynes  Mercy Hospital, Jackson
Sister M. Carmelita Manning  St. Joseph Mercy Hospital, Ann Arbor
Sister Mary Clare Malloy  Mercy Hospital, Muskegon
Sister Mary Ellen Bossong  St. Joseph Mercy Hospital, Ann Arbor
Sister Mary Gertrude McDevitt  St. Lawrence Hospital, Lansing
Sister M. Gonzales Bauman  St. Mary’s Hospital, Grand Rapids
MEMBERS

Sister Mary Grace Hayes ........ 250 Cherry, S. E., Grand Rapids
Sister Mary James Rice .......... St. Mary's Hospital, Grand Rapids
Sister M. Jane Sullivan .......... 250 Cherry, S. E., Grand Rapids
Sister Mary Josephine Ponnin . Mercy Hospital, Jackson
Sister Mary Leonard Sage .......... Borgess Hospital, Kalamazoo
Sister Mary Nicholas .......... 900 Woodward Ave., Pontiac
Sister M. Pauline Smith .......... Providence Hospital, Detroit
Sister M. Regina McNamara ....... Mercy Hospital, Bay City
Sister Mary Reginald Dexter ....... St. Mary's Hospital, Grand Rapids
Sister M. Richard Gauthier ....... St. Mary's Hospital, Grand Rapids
Sister M. Theodosia Lynch ........ Mercy Hospital, Muskegon
Sister M. Valentina Kennedy ...... 900 Woodward Ave., Pontiac
Sister M. Xavier Shields .......... St. Joseph's Mercy Hospital, Ann Arbor
Slating, Margaret L.* .......... Harper Hospital, Detroit
Smith, Eleanor B. .............. University of Michigan Hospital, Ann Arbor
Smith, Mabel E.* ............... 200 Hollister Bldg., Lansing
Spaulling, Gertrude E. .......... Tecumsch Hospital, Tecumseh
Stahlnecker, Mrs. Ellen L. ...... Herman Kiefer Hospital, Detroit
Stephen, Margaret .............. 4740 Byron, Detroit
Stevenson, Elizabeth .......... 6465 Sterling Ave., Detroit
Stewart, Cleo I.* ............... 1421 Delaware Ave., Detroit
Stewart, Florence ............... Women's Hospital, Detroit
Stewart, Margaret W. .......... Children's Hospital, Detroit
Streadwick, Dorothy A.* ....... 1216 W. Bethune Ave., Detroit
Sturgeon, Margaret E. .......... 295 Geneva Ave., Highland Park
Sullivan, Corel B.* .......... Harper Hospital, Detroit
Sweet, Leonie .................. Battle Creek Sanitarium and Hospital, Battle Creek

Symington, Grette .......... 1465 Ferry Park Ave., Detroit
Taylor, Erma B.* .............. 1440 W. Bethune Ave., Detroit
Tesner, Ann M.* ............... St. Mary's Hospital, Detroit
Thurman, Margaret .......... St. Luke's Hospital, Marquette
Undeutsch, Edith M. .......... 4170 Seneca Ave., Detroit
Van Vliet, Dorothy M. .......... 1440 W. Bethune Ave., Detroit
Waddell, Elizabeth C. ......... Women's Hospital, Detroit
Wales, Marguerite A. .......... 311 The Inn, Battle Creek
Walker, Eileen T. ............. 1200 E. Ann St., Ann Arbor
Wallace, Kate M. .............. 1800 Tuxedo Ave., Detroit
Wanzeck, Marie V. ............. 1125 E. Huron St., Ann Arbor
Warner, Katherine J.* ......... Butterworth Hospital, Grand Rapids
Welland, Isabelle .......... Harper Hospital, Detroit
White, Agatha A.* .......... 2240 W. Grand Blvd., Detroit
Wilkinson, Mrs. Edwina* ...... Harper Hospital, Detroit
Wright, Marion J. .......... Harper Hospital, Detroit
Zick, Marie A. ............... 3245 E. Jefferson Ave., Detroit

‡MINNESOTA—262

Ackerman, Ethel A. .......... Bethesda Hospital, St. Paul
Aird, Ellen ....................
Amass, Mrs. Stella H.* ........ State Office Bldg., St. Paul
Amble, Margaret ............... Abbott Hospital, Minneapolis
Anderson, Antoinette M. ....... 2539 Elliot Ave., Minneapolis
Anderson, Inez A.* .......... Bethesda Hospital, St. Paul
Beauclair, Ruby R. ............. Ancker Hospital, St. Paul
Beland, Irene .................. General Hospital, Minneapolis
Benson, Margaret E. .......... General Hospital, Minneapolis
Bergh, Inger .......................... 1421 E. 24 St., Minneapolis
Bjerkestrand, Tavia ................... Fairview Hospital, Minneapolis
Blake, Grace J ....................... St. Luke's Hospital, Duluth
Blosjo, Victoria E .................... Asbury Hospital, Minneapolis
Botten, Milada C ..................... 915 Eighth St., Minneapolis
Branner, Helen ....................... Glen Lake Sanatorium, Oak Terrace
Bratholt, Gladys M ................... General Hospital, Minneapolis
Burggren, Eva H ...................... Miller Hospital, St. Paul
Burggren, Hannah ..................... General Hospital, Minneapolis
 Burlingame, Inez T .................. General Hospital, Minneapolis
Butler, Mildred R.* .................. Northwestern Hospital, Minneapolis
Canton, Coyla H ..................... Northwestern Hospital, Minneapolis
Carlson, Amelia ...................... St. John's Hospital, Red Wing
Carlson, Helen M ..................... 1084 Ivy St., St. Paul
Chapman, Laura B ....................
Childs, Clara ........................ General Hospital, Minneapolis
Corliss, Ione ........................ 2224 Fremont Ave., S., Minneapolis
Cornelisen, Dora M ................... 1602 Berkeley Ave., St. Paul
Coutrier, Lulu M ..................... 2 Second Ave., S. W., Rochester
Cox, Marie D.* ....................... 2500 S. Sixth St., Minneapolis
Craal, Helen ......................... 4628 Xerxes Ave., S., Minneapolis
Crichton, Elizabeth* ................ Abbott Hospital, Minneapolis
Crucey, Catherine S .................. Box 157, Fergus Falls
Dalen, Bernice S ..................... General Hospital, Minneapolis
Danielson, Mary ...................... Mounds Park Hospital, St. Paul
Davis, Henrietta E ................... Abbott Hospital, Minneapolis
Decker, Catherine* ................... 110 E. 18th St., Minneapolis
Densford, Katharine J ................ University of Minnesota School of Nursing, Minneapolis
Dillon, Irene ......................... Marlborough, St. Paul
Donahue, Mrs. Marjory J.* ........ 411 Second St., N. W., Rochester
Donalds, Margaret M ................ General Hospital, Minneapolis
Donker, Marguerite E ................ University Hospital, Minneapolis
Draper, Laura A ...................... 404 S. Eighth St., Minneapolis
Dres, Kathryn B.* ................... St. Mary's Hospital, Minneapolis
Druckrey, Marie* .................... General Hospital, Minneapolis
Dunn, Marion E.** ................... Asbury Hospital, Minneapolis
Egersdorff, Phyllis A ................ Gillette State Hospital, St. Paul
Eiler, Dorothy M.* .................. 2300 S. Sixth St., Minneapolis
Einerson, Emma C ..................... Glen Lake Sanatorium, Oak Terrace
Ekberg, Hannah E .................... Worrall Hospital, Rochester
Elmore, Carlie B ..................... General Hospital, Minneapolis
Erven, Margaret E ................... 1003 Ivy St., St. Paul
Ettor, Dorothy C ..................... General Hospital, Minneapolis
Feliens, Edith I ...................... Asbury Hospital, Minneapolis
Fink, Rose .......................... 708 Fifth St., S. E., Minneapolis
Fischer, Mrs. Emma A ................ 4317 Abbott Ave., S., Minneapolis
Fjelbrotten, Bernice M ................ Naeye Hospital, Albert Lea
Fleming, Agnes ...................... 500 Essex St., S. E., Minneapolis
Flora, Mrs. Gundar R ................ General Hospital, Minneapolis
Fowler, Mary J ....................... Gillette State Hospital, St. Paul
Freberg, Mildred L.* ................ St. Barnabas Hospital, Minneapolis
Freeman, leona F.* .................. Abbott Hospital, Minneapolis
Friberg, Otalia ...................... Northwestern Hospital, Minneapolis
Frieden, Frances ..................... 500 Essex St., S. E., Minneapolis
Gerber, Helen ....................... Fergus Falls State Hospital, Fergus Falls
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>GERE, Marion E.</td>
<td>University Hospital, Minneapolis</td>
</tr>
<tr>
<td>GINTHER, LENA</td>
<td>St. Joseph's Hospital, St. Paul</td>
</tr>
<tr>
<td>GLASOE, Dorothea I.</td>
<td>Northwestern Hospital, Minneapolis</td>
</tr>
<tr>
<td>GRAJEWSKI, M. RAMONA</td>
<td>500 Essex St., S. E., Minneapolis</td>
</tr>
<tr>
<td>GRANDIN, Annette*</td>
<td>1700 University Ave., St. Paul</td>
</tr>
<tr>
<td>GRETHEN, Katherine</td>
<td>Ancker Hospital, St. Paul</td>
</tr>
<tr>
<td>GRIFFIN, Lorna I.</td>
<td>Anoka State Hospital, Anoka</td>
</tr>
<tr>
<td>GRIFFIN, Ruth H.</td>
<td>Pouch A, Rochester</td>
</tr>
<tr>
<td>GRIFFITH, Abigail M.</td>
<td>1801 First Ave., S., Anoka</td>
</tr>
<tr>
<td>GUEST, Maude E.</td>
<td>Ancker Hospital, St. Paul</td>
</tr>
<tr>
<td>Gustafson, Amy V.</td>
<td>General Hospital, Minneapolis</td>
</tr>
<tr>
<td>Gustafson, Ruth A.</td>
<td>Mounds Park Hospital, St. Paul</td>
</tr>
<tr>
<td>GYNNILD, Ragna E.</td>
<td>Lutheran Deaconess Hospital, Minneapolis</td>
</tr>
<tr>
<td>HABER, Emma V.</td>
<td>706 Fifth St., S. E., Minneapolis</td>
</tr>
<tr>
<td>HAGEN, Lillian C.*</td>
<td>General Hospital, Minneapolis</td>
</tr>
<tr>
<td>HALVORSON, Leila</td>
<td>619 State Office Bldg., St. Paul</td>
</tr>
<tr>
<td>HALVORSON, Lucille M.</td>
<td>University Hospital, Minneapolis</td>
</tr>
<tr>
<td>HALVORSON, Eunice</td>
<td>Naeve Hospital, Albert Lea</td>
</tr>
<tr>
<td>HALL, Dorothy R.</td>
<td>Abbott Hospital, Minneapolis</td>
</tr>
<tr>
<td>HANSEN, Eva C.*</td>
<td>2747 Elliot Ave., Minneapolis</td>
</tr>
<tr>
<td>HANSEN, Helen M.*</td>
<td>2400 Butler Pl., Minneapolis</td>
</tr>
<tr>
<td>HANSON, Violette A.</td>
<td>Children's Hospital, St. Paul</td>
</tr>
<tr>
<td>HAUGE, Cecelia H.</td>
<td>Powell Hall, University of Minnesota, Minneapolis</td>
</tr>
<tr>
<td>HAUGSTEN, Martha K.**</td>
<td>Winona General Hospital, Winona</td>
</tr>
<tr>
<td>HAWKINS, Anne E.*</td>
<td>2500 S. Sixth St., Minneapolis</td>
</tr>
<tr>
<td>HEALY, Irene</td>
<td>250 Sixth St. S., Minneapolis</td>
</tr>
<tr>
<td>HEDGES, Jennie A.*</td>
<td>Northwestern Hospital, Minneapolis</td>
</tr>
<tr>
<td>HEIN, Mrs. Sophia O.</td>
<td>Children's Hospital, St. Paul</td>
</tr>
<tr>
<td>HENDERSHOT, Clare</td>
<td>Eitel Hospital, Minneapolis</td>
</tr>
<tr>
<td>HENRY, Agnes*</td>
<td>Glen Lake Sanatorium, Oak Terrace</td>
</tr>
<tr>
<td>HJELM, Margaret M.*</td>
<td>661 Grand Ave., St. Paul</td>
</tr>
<tr>
<td>Hochsprung, Lois A.</td>
<td>Pouch A, Rochester</td>
</tr>
<tr>
<td>Hodgkins, Myrtle**</td>
<td>University Hospital, Minneapolis</td>
</tr>
<tr>
<td>Hoffert, Frances</td>
<td>General Hospital, Minneapolis</td>
</tr>
<tr>
<td>HOLM, Mildred V.</td>
<td>Northwestern Hospital, Minneapolis</td>
</tr>
<tr>
<td>HOSTETTER, Anne B.*</td>
<td>1003 Ivy St., St. Paul</td>
</tr>
<tr>
<td>HOVEY, Margaret A.*</td>
<td>1195 Burns Ave., St. Paul</td>
</tr>
<tr>
<td>Hugelen, Ruth J.</td>
<td>St. Mary's School of Nursing, Rochester</td>
</tr>
<tr>
<td>Hummel, Mrs. IDA H.</td>
<td>Eitel Hospital, Minneapolis</td>
</tr>
<tr>
<td>JOHNSON, Vera C.</td>
<td>504 Laurel Ave., Fergus Falls</td>
</tr>
<tr>
<td>JORDAHL, VALborg</td>
<td>Naeve Hospital, Albert Lea</td>
</tr>
<tr>
<td>JORDAN, Alma C.</td>
<td>St. John's Hospital, Red Wing</td>
</tr>
<tr>
<td>JULIAN, Esther</td>
<td>Swedish Hospital, Minneapolis</td>
</tr>
<tr>
<td>JURGENS, Alma I.*</td>
<td>General Hospital, Minneapolis</td>
</tr>
<tr>
<td>King, Mary</td>
<td>Naeve Hospital, Albert Lea</td>
</tr>
<tr>
<td>Klasse, Opal A.*</td>
<td>311 Pleasant Ave., St. Paul</td>
</tr>
<tr>
<td>Klinkhammer, Agnes*</td>
<td>191 W. Winifred St., St. Paul</td>
</tr>
<tr>
<td>Knight, Berneice G.*</td>
<td>Northwestern Hospital, Minneapolis</td>
</tr>
<tr>
<td>Koranda, Ernestine M.*</td>
<td>573 1/2 W. Seventh St., St. Paul</td>
</tr>
<tr>
<td>Kraemer, Ethel*</td>
<td>2500 S. Sixth St., Minneapolis</td>
</tr>
<tr>
<td>Kraft, Elizabeth F.</td>
<td>Asbury Hospital, Minneapolis</td>
</tr>
<tr>
<td>Kuitu, Helen</td>
<td>St. Luke's Hospital, Duluth</td>
</tr>
<tr>
<td>Kuschel, Mabelle</td>
<td>General Hospital, Minneapolis</td>
</tr>
<tr>
<td>KUSZLER, Mrs. Emma E.</td>
<td>General Hospital, Minneapolis</td>
</tr>
<tr>
<td>KYRKLAND, Myrtle V.*</td>
<td>2732 Bloomington Ave., Minneapolis</td>
</tr>
<tr>
<td>LAMBERTY, Elizabeth R.</td>
<td>State Hospital, St. Peter</td>
</tr>
</tbody>
</table>
LAPHAM, NELLIE I. Ancker Hospital, St. Paul
LEASEHOLM, JEANETTE L. Gillette State Hospital, St. Paul
LEECH, FLORENCE E. 500 Essex St., S. E., Minneapolis
LENBERG, OLIVE J. General Hospital, Minneapolis
LEWIS, MYRTLE E. Ancker Hospital, St. Paul
LIENAU, LAURA M. 215-19 S. W. Third St., Rochester
LIESER, EMMA C. Gillette Hospital, St. Paul
LINDSEY, RUTH* General Hospital, Minneapolis
LOW, MARGERY* 500 Essex St., S. E., Minneapolis
LUNDE, BERTHA 1421 E. 24 St., Minneapolis
LYONS, MRS. GERTRUDE 1465 Osceola Ave., St. Paul
MACDOUGALL, EDWINA M. Northwestern Hospital, Minneapolis
MAHLER, MARTHA* 110 E. 18 St., Minneapolis
MCConnell, MARY E. General Hospital, Minneapolis
MC DANIEL, MRS. ANDREA J. General Hospital, Minneapolis
MC DONALD, IDA M. General Hospital, Minneapolis
MCGRGOR, MARGARET A. Gillette State Hospital, St. Paul
MC KEY, HELEN L. St. Peter
MC MILLAN, KATHERINE 500 Essex St., S. E., Minneapolis
MC PHEETERS, MRS. MERLE W. Northwestern Hospital, Minneapolis
MELBY, SYLVIA M. Fairview Hospital, Minneapolis
MELHUS, AGNES, I. 1808 Stevens Ave., Minneapolis
MERANDI, LUCREZIA General Hospital, Minneapolis
MILLER, DORI J. 2312 S. Sixth St., Minneapolis
MILLER, JULIA M. General Hospital, Minneapolis
MILLER, LA VERNE G.* 1412 Portland Ave., Minneapolis
MUCK, ELEANOR F. Ancker Hospital, St. Paul
MULLEN, MARION* General Hospital, Minneapolis
MULLER, LOUISE M. 767 Linwood Place, St. Paul
NAHM, HELEN 524 12 St., Minneapolis
NAISMITH, MRS. SUB T. Glen Lake Sanatorium, Oak Terrace
NELSON, ALPHA F. General Hospital, Minneapolis
NELSON, HELEN A. 2339 Elliot Ave., Minneapolis
NELSON, INGEBORG O.* 1921 First Ave., Minneapolis
NELSON, MYRTLE A. Abbott Hospital, Minneapolis
NELSON, VIOLET E. Mounds Park Hospital, St. Paul
NEWCOMBE, LOUISE St. Luke's Hospital, Duluth
NICOLL, FLORENCE T. Ancker Hospital, St. Paul
NIND, GRETCHEN E. St. Peter State Hospital, St. Peter
NORDELL, MRS. RUBY J. 3416 Chicago Ave., Minneapolis
OCHS, MARY F. St. Joseph's Hospital, St. Paul
ODEGARD, ETHEL J. College of St. Teresa, Winona
OLSON, ELEANOR J. St. Andrew's Hospital, Minneapolis
OLSON, M. LYLA Kahler Hospital, Rochester
OLSON, NELLIE General Hospital, Minneapolis
O'NEILL, MONA St. Mary's Hospital, Minneapolis
ORDAL, OLENA Northern Pacific Hospital, St. Paul
PAJULA, MAYME S.* General Hospital, Minneapolis
PARKER, BERTHA L.* Glen Lake Sanatorium, Oak Terrace
PEDERSON, RUTH O.* Deaconess Hospital, Minneapolis
PETERSEN, SENA K. 2422 Eighth St., S., Minneapolis
PETERSON, M. CHRISTINE St. Barnabas Hospital, Minneapolis
PETERSON, MABEL Naever Hospital, Albert Lea
PETERSON, OLIVIA T. 15 Millard Hall, Minneapolis
PETRY, LUCILE** University of Minnesota School of Nursing, Minneapolis
Pfaender, Lottie J. .......... Ancker Hospital, St. Paul
Pfeiffer, Catherine .......... 2410 Colfax Ave., Minneapolis
Poffenberger, Lilian G. .... 2500 Sixth St., S., Minneapolis
Porath, Anna C. .......... St. John's Hospital, Red Wing
Prichett, Bertha G. .......... 500 Essex St., S. E., Minneapolis
Rankiellour, Caroline M. .... 2642 University Ave., St. Paul
Rau, Magdalena .......... St. John's Hospital, St. Paul
Reid, Katherine .......... 920 S. Seventh St., Minneapolis
Reynolds, Elizabeth M. .... Ancker Hospital, St. Paul
Rime, Mabel L. .......... 573½ W. Seventh St., St. Paul
Roberts, Hazel A. .......... Glen Lake Sanatorium, Oak Terrace
Roesti, Esther E. .......... 525 Third St., S. W., Rochester
Roman, Katherine A. .......... Northwestern Hospital, Minneapolis
Rosenwald, Caroline A. .......... General Hospital, Minneapolis
Roth, Isabella J. .......... St. Mary's Hospital, Minneapolis
Rowe, Christine D. .......... Northwestern Hospital, Minneapolis
Sandburg, Wilma K. .......... 707 E. 14 St., Minneapolis
Sands, Mary C. .......... Ancker Hospital, St. Paul
Saunders, Lulu A. .......... The Damon, Rochester
Schauer, Adeline C. .......... General Hospital, Minneapolis
Schley, Frances S. .......... 706 Fifth St., S. E., Minneapolis
Scholtes, Christine .......... 952 E. Fourth St., St. Paul
Schroeder, Leona A. .......... 706 Fifth St., Minneapolis
Schrupp, Edna L. .......... St. Barnabas Hospital, Minneapolis
Schwingle, Bertha R. .......... Ancker Hospital, St. Paul
Schwieger, Clara E. .......... Glen Lake Sanatorium, Oak Terrace
Schwietert, Dorothy J. .......... 110 E. 18 St., Minneapolis
Seiforat, Myrtle F. .......... Abbott Hospital, Minneapolis
Seyfert, Charlotte .......... St. Mary's Hospital, Duluth
Shepard, Eloise .......... 1800 Stevens Ave., Minneapolis
Shephard, Betty H. .......... 1714 Stevens Ave., Minneapolis
Sister Caroline Peppeler .......... St. Lucas Hospital, Faribault
Sister Eleanora Pielemeyer .......... St. Lucas Hospital, Faribault
Sister Enid Collins .......... St. Joseph Hospital, St. Paul
Sister John Cecelia Wallerius .......... 2500 S. Sixth St., Minneapolis
Sister Joseph Clare .......... 2500 S. Sixth St., Minneapolis
Sister Mary Aquinas .......... St. Mary's Hospital, Minneapolis
Sister M. Ancina .......... College of St. Teresa, Winona
Sister M. Antonia .......... St. Mary's Hospital, Rochester
Sister M. Domitilla .......... St. Mary's Hospital, Rochester
Sister M. Ephrem .......... St. Mary's Hospital, Rochester
Sister Mary Jerome .......... St. Joseph's Hospital, St. Paul
Sister Mary Mark .......... St. Cloud Hospital, St. Cloud
Sister M. Mona .......... St. Mary's Hospital, Duluth
Sister Mary Rita .......... 436 Main St., St. Paul
Sister Paul Damian .......... 2500 S. Sixth St., Minneapolis
Sister Rene Chenard .......... 2500 S. Sixth St., Minneapolis
Skanse, Catharine .......... Swedish Hospital, Minneapolis
Skovholt, Ruth .......... Deaconess Hospital, Minneapolis
Slindt, Ruth L. .......... 2745 Columbus Ave., Minneapolis
Smitka, Ella .......... University Hospital, Minneapolis
Smitka, Helen P. .......... 1003 Ivy St., St. Paul
Staley, Margaret E. .......... St. Mary's Hospital, Rochester
Stallard, Una M. .......... General Hospital, Minneapolis
Steele, Linda .......... Naave Hospital, Albert Lea
Stenseth, Jeanette .......... 3840 Lyndale Ave., S., Minneapolis
STRANDNESS, Ruth .................. Swedish Hospital, Minneapolis
STROM, CHRISTINE D. ................ Lakeview Memorial Hospital, Stillwater
SUNDBY, ANNA O. .................. General Hospital, Minneapolis
TAYLOR, JEAN .................. 404 S. Eighth St., Minneapolis
THOMAS, MURIEL L. ................ State Office Bldg., St. Paul
THOMPSON, BERNICE ................ 2312 S. Sixth St., Minneapolis
THOMPSON, ESTHER ................ Naeve Hospital, Albert Lea
THWEATT, MARY F. ................ 255 Western Ave., St. Paul
TOFFE, BRIGIT* .................. Ancker Hospital, St. Paul
TOFFNESS, EVA S.* ................ 1003 Ivy St., St. Paul
TRESTRAIL, GLADYS* ..................... 916 E. 15 St., Minneapolis
TSCHUDY, KATHRYN A. ................ 1717 First Ave., S., Minneapolis
TURNER, ALICE .................. General Hospital, Minneapolis
TURNER, MOLLY* ................ General Hospital, Minneapolis
URCH, DAISY DEAN** ............... College of St. Teresa, Winona
VAUGHAN, ELSBETH ................ 1722 Dunedin Ave., Duluth
VOAS, LOIS B.* ................ General Hospital, Minneapolis
WALKER, ESTHER ................ 315-19 N. W. Third Ave., Rochester
WALLER, HARRIET E. ............. 2500 S. Sixth St., Minneapolis
WARRREN, IRMA M.* ............... 2119 Third Ave., S., Minneapolis
WETTERLING, BEULAH LAT. .......... 400 N. Pierce, St. Paul
WHITE, HELEN M. ................ St. Andrews Hospital, Minneapolis
WIBORG, MRS. RAGNA* ............. 410 Second St., N. W., Rochester
WICKLUND, EFFIE M.* ............. Abbott Hospital, Minneapolis
WIEBERG, MYRTLE* ................ 6 Second Ave., S. W., Rochester
WILLIAMS, DONNIE H. ............. 1545 11 Ave., S. E., St. Cloud
WISE, ETHEL .................. Asbury Hospital, Minneapolis
WOLD, LILLIAN M.* ............... 1003 Ivy St., St. Paul
WOLTMAN, MARIE H. ............... 5511 S. Lyndale Ave., Minneapolis
YOUNGDahl, Bessie A. ............. 200 Earl St., St. Paul
ZIESKE, ANN A. ................ 810 Ninth Ave., S., Minneapolis

MISSISSIPPI—4

ALEXANDER, FRANCES ................ Mississippi State Tuberculosis Sanatorium, Sanatorium
BEHYRENS, GRACE E. ................ King’s Daughters Hospital, Brookhaven
JONES, BERTIE G.* ................ City Hospital, Cleveland
MAY, FRANCES C. ................ Mississippi State Sanatorium, Sanatorium

‡MISSOURI—107

ALLARD, MARGARET .................. St. Luke’s Hospital, St. Louis
ASHBURN, RUTH P. .................. Robert Koch Hospital, Koch
BENZ, GLADYS .................. 416 S. Kingshighway, St. Louis
BIGLER, AUGUSTA M. ............... 5400 Arsenal, St. Louis
BOLTON, MARIE* ................ 1621 Grattan, St. Louis
BRENNER, FRIEDA M.* ............. 2646 Potomac Ave., St. Louis
BURKE, HELEN M. ................ 4938 Forest, Kansas City
CARLSON, ANNA .................. General Hospital, Kansas City
CAZEAUX, EMMA M. ................ 981 North Main, Springfield
CHURNEY, JULIA ................ 512 N. Seventh St., Hannibal
COLLISON, MAUDE ................ 1621 Grattan St., St. Louis
COWIE, AMYNE M. ................ 2220 Holmes St., Kansas City
DACEY, PHYLLIS M. ............... 1325 Rialto Bldg., Kansas City
DAVIS, JESSIE V. ................ 1621 Grattan St., St. Louis
DAVIS, MRS. SARAH E. ............. 1621 Grattan St., St. Louis
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dawson, Mary E.</td>
<td>1621 Grattan St., St. Louis</td>
</tr>
<tr>
<td>Decker, Miriam K.</td>
<td>416 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Deshler, Frances</td>
<td>St. John's Hospital, St. Louis</td>
</tr>
<tr>
<td>Dierberg, Florence</td>
<td>Creve Coeur</td>
</tr>
<tr>
<td>Doyle, Agnes C.</td>
<td>927 Corby St., St. Joseph</td>
</tr>
<tr>
<td>Drabkin, Mrs. Gladys O.</td>
<td>4947 Laclede, St. Louis</td>
</tr>
<tr>
<td>Elliott, Laura E.</td>
<td>St. Luke's Hospital, St. Louis</td>
</tr>
<tr>
<td>Ford, Virginia E.</td>
<td>216 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Fraeunis, Grace</td>
<td>403 Corby Bldg., St. Joseph</td>
</tr>
<tr>
<td>Gremp, Bernice</td>
<td>416 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Grotefend, Mrs. Mary E.</td>
<td>Burge Hospital, Springfield</td>
</tr>
<tr>
<td>Gulmi, Dillie R. A.</td>
<td>5400 Arsenal, St. Louis</td>
</tr>
<tr>
<td>Hampton, Mary N.</td>
<td>4533 Forest Park, St. Louis</td>
</tr>
<tr>
<td>Hanson, R. Eleanor</td>
<td>700 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Harlan, Cleola</td>
<td>Children's Mercy Hospital, Kansas City</td>
</tr>
<tr>
<td>Harrison, Virginia H.</td>
<td>2625 Chancer Ave., Overland</td>
</tr>
<tr>
<td>Hoblitzel, Lucy F.</td>
<td>416 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Hochuli, Bertha</td>
<td>Boone County Hospital, Columbia</td>
</tr>
<tr>
<td>Hollis, Grace</td>
<td>216 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Johnson, Alfred M.</td>
<td>416 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Johnson, Claire G.</td>
<td>5300 Arsenal St., St. Louis</td>
</tr>
<tr>
<td>Kacena, Blanche</td>
<td>216 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Kallister, Letitia E.</td>
<td>5600 Arsenal St., St. Louis</td>
</tr>
<tr>
<td>Karstensen, Huldah A.</td>
<td>2646 Potomac St., St. Louis</td>
</tr>
<tr>
<td>Kinney, A. Louise</td>
<td>3840 Cabanne, St. Louis</td>
</tr>
<tr>
<td>Klein, Clara</td>
<td>2646 Potomac St., St. Louis</td>
</tr>
<tr>
<td>Koebellein, Agnes P.</td>
<td>416 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Krug, Elsie E.</td>
<td>316 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Kubler, Louise</td>
<td>Lutheran Hospital, St. Louis</td>
</tr>
<tr>
<td>Kunz, Gertrude M.</td>
<td>4116 Shenandoah, St. Louis</td>
</tr>
<tr>
<td>Laurent, Viola</td>
<td>3400 Arsenal, St. Louis</td>
</tr>
<tr>
<td>Layher, Laura</td>
<td>Room 300, Capitol Bldg., Columbia</td>
</tr>
<tr>
<td>Left, Helen R.</td>
<td>919 N. Taylor, St. Louis</td>
</tr>
<tr>
<td>Longdon, Lenna</td>
<td>4497 Pershing, St. Louis</td>
</tr>
<tr>
<td>Lucht, Marie M.</td>
<td>5535 Delmar Blvd., St. Louis</td>
</tr>
<tr>
<td>Lundbeck, Zola S.</td>
<td>4343 Oak St., Kansas City</td>
</tr>
<tr>
<td>MacGregor, Eleanor M.</td>
<td>1112 Terrace Dr., Richmond Heights</td>
</tr>
<tr>
<td>MacKenzie, Margaret</td>
<td>5535 Delmar Blvd., St. Louis</td>
</tr>
<tr>
<td>MacNicol, Ethel</td>
<td>1755 S. Grand, St. Louis</td>
</tr>
<tr>
<td>Macy, Letha</td>
<td>Children's Mercy Hospital, Kansas City</td>
</tr>
<tr>
<td>McClaskie, Maude</td>
<td>919 N. Taylor, St. Louis</td>
</tr>
<tr>
<td>McClellan, Rose A.</td>
<td>306 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>McCrackin, Bess*</td>
<td>3510 Miami, St. Louis</td>
</tr>
<tr>
<td>McKinley, Margaret</td>
<td>4543 Westminster Pl., St. Louis</td>
</tr>
<tr>
<td>McLoughlin, L. Margaret</td>
<td>216 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>McNeillus, Mildred</td>
<td>1621 Grattan, St. Louis</td>
</tr>
<tr>
<td>Meier, Erna</td>
<td>2646 Potomac, St. Louis</td>
</tr>
<tr>
<td>Meyer, Adolph M.*</td>
<td>1621 Grattan St., St. Louis</td>
</tr>
<tr>
<td>Moore, Marjorie M.</td>
<td>416 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Newton, De Monte A.</td>
<td>General Hospital, Kansas City</td>
</tr>
<tr>
<td>Opp, Eleanor</td>
<td>5400 Arsenal St., St. Louis</td>
</tr>
<tr>
<td>Owen, Esther C.</td>
<td>627 Clara Ave., St. Louis</td>
</tr>
<tr>
<td>Peterson, Edna E.</td>
<td>306 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Phillips, Rosemary</td>
<td>3841 Cabanne, St. Louis</td>
</tr>
<tr>
<td>Pinkerton, Margaret I.</td>
<td>416 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Poe, Isadora R.</td>
<td>416 S. Kingshighway, St. Louis</td>
</tr>
</tbody>
</table>
ROBSON, EMILIE G. .......................... 3664 Olive St., St. Louis
ROCK, MARY E. .............................. 416 S. Kingshighway, St. Louis
SANDERSON, MILDRED T. ................. Municipal Courts Bldg., St. Louis
SHORTAL, HAZEL.* .......................... 4497 Pershing, St. Louis
SISTER ANNE AYCOCK .................... St. Vincent’s Sanitarium, Wellston
SISTER BEATA M. SCHIER ................... 6150 Oakland Ave., St. Louis
SISTER EMILE NEIDHAMMER** ............. St. Joseph’s Hospital, St. Joseph
SISTER HILDA MARK ......................... 6150 Oakland St., St. Louis
SISTER MARY ALFREDA SCHMUCKI ........ St. Joseph’s Hospital, Boonville
SISTER MARY ANICETA ANGER ............. 6420 Clayton Rd., St. Louis
SISTER MARY BRENDAN MARTIN .......... 305 S. Euclid, St. Louis
SISTER M. DE CHANTAL BLAKELY ........ St. Mary’s Infirmary, St. Louis
SISTER MARY GERALDINE KULLECK ...... 6420 Clayton Rd., St. Louis
SISTER MARY GERTRUDE KOECHNER ...... St. Joseph’s Hospital, Boonville
SISTER MARY GREGORY WURST ............. Firmin DesLoge Hospital, St. Louis
SISTER ROBERTA CALLAHAN ............... De Paul Hospital, St. Louis
SPALDING, LUCILLE ......................... 416 S. Kingshighway, St. Louis
STEPHENSON, MARY E. ...................... 5928 Maple Ave., St. Louis
STEWART, MYRTLE F. ....................... 5535 Delmar Blvd., St. Louis
STOCKTON, MRS. NAOMI S. ................ 4005A Hydraulic Ave., St. Louis
SWANK, EMOLA R. ........................... 5036 Walrond, Kansas City
SWENSON, IRENE E. ......................... General Hospital, Kansas City
THOMAS, LUNA ............................... State Capitol, Room 300, Jefferson City
TROTT, LONA ................................. 4535 Lindell, St. Louis
UNRUH, ELSIE ............................... 2220 Holmes St., Kansas City
VEDDER, SUSAN M. ......................... 416 S. Kingshighway, St. Louis
WARNCKE, MARIE A. ......................... 416 S. Kingshighway, St. Louis
WEGENER, ESTHER H. ....................... Research Hospital, Kansas City
WEGMANN, BERTHA L. ...................... 4903 Forest Park, St. Louis
WELLMANN, EMELIA ......................... 1621 Grattan St., St. Louis
WHIPP, ETHEL ............................... 1621 Grattan St., St. Louis
WILHITE, EUNICE A. ....................... General Hospital, Kansas City
WILLIAMS, EDITH ......................... 14 S. Court St., St. Louis
WORRELL, DOROTHY ......................... 233 N. Vandeventer, St. Louis
WRIGHT, CLARA L. ......................... 5535 Delmar Blvd., St. Louis
ZSCHOCH, LOUISE M. ....................... 1755 S. Grand Ave., St. Louis

MONTANA—40

ALLEN, LOIS D.* ......................... Deaconess Hospital, Great Falls
BALL, BELVA L. ............................. Billings Deaconess Hospital, Billings
BECKWITH, ANNA T. ....................... St. Peter’s Hospital, Helena
BROWN, EDITH L. ......................... Capitol Bldg., Helena
BUCKLES, GERTRUDE ....................... Deaconess Hospital, Billings
CHERRY, MARY T. ............................ St. James Hospital, Butte
DOWLER, MARIE V. ......................... Deaconess Hospital, Great Falls
FOLEY, CATHERINE M. ..................... St. Vincent’s Hospital, Billings
GERBER, LUNITA M. ....................... 310 W. Spruce, Missoula
HANNIFIN, HORTENSE ..................... St. James Hospital, Butte
HAYVEN, ELIZABETH M.* ................. 810 Eighth St., N., Great Falls
HEIKES, MARJORIE L.* ................. 1109 Sixth Ave., N., Great Falls
HOBBON, RUBY L. .......................... Kennedy Deaconess Hospital, Havre
IMMELE, MARTHA A. ....................... St. James Hospital, Butte
JEFFRIES, MARJORIE M. ................. 1106 Sixth Ave., N., Great Falls
JOHNSON, GENEVIEVE S. ................... Deaconess Hospital, Great Falls
KENDALL, MARGARET A. .................. St. James Hospital, Butte
LAMB, EDITH M. ........................ Deaconess Hospital, Great Falls
LILL, GENEVIEVE ...................... 627 S. Sixth E., Missoula
LOWER, RUTH E. ......................... 1109 Sixth Ave., N., Great Falls
LOWNEY, MARIE C. .................... St. James Hospital, Butte
QUALLS, EDITH ......................... Montana Deaconess Hospital, Great Falls
RADELEY, MALROSE ..................... Montana Deaconess Hospital, Great Falls
ROBINSON, LETHA R. .................. Deaconess Hospital, Great Falls
SHERWOOD, ANNA P. .................... Montana Deaconess Hospital, Great Falls
SHERWOOD, EVA A. ..................... Deaconess Hospital, Great Falls
SISTER AGNES ......................... St. Patrick’s Hospital, Missoula
SISTER FRANCES MAUREEN ............. Columbus Hospital, Great Falls
SISTER GERALDINE BEELAERT ........ St. Patrick’s Hospital, Missoula
SISTER MARY ALEXINE ................ St. James Hospital, Butte
SISTER MARY ANACARIA ............... St. James Hospital, Butte
SISTER M. GERARD ...................... St. Joseph’s Hospital, Lewistown
SISTER M. GERMAINE BERLINGER .... Sacred Heart Hospital, Havre
SISTER MARY LINUS .................... St. James Hospital, Butte
SISTER MARY MAGDALEN ............... St. Patrick’s Hospital, Missoula
SISTER MARY WILHELMINA ..........1601 Second Ave., N., Great Falls
SISTER M. WILLIAM ..................... Holy Rosary Hospital, Miles City
SISTER ROSE VERONICA JELLIK ........ St. Vincent’s Hospital, Billings
WATTS, DONNA E. ....................... Deaconess Hospital, Havre
WILDER, AGNES M. ..................... Deaconess Hospital, Havre

†NEBRASKA—88

ANDERSON, GLADYS M. ............... 3484 Ames Ave., Omaha
ANDERSON, IRENE O. ................ 4514 N. 34 Ave., Omaha
ANDERSON, ZONIA R. ................. 3468 Ames Ave., Omaha
ARTZ, GENEVIEVE ..................... 301 City Hall, Omaha
BAHR, MRS. CAROL LEM. ............. 814 N. 33 St., Omaha
BEAVER, GRACE M. ..................... Lincoln General Hospital, Lincoln
BEDNARSKI, PAULINE M. ............. St. Elizabeth’s Hospital, Lincoln
BELL, JANE ........................... Mary Lanning Memorial Hospital, Hastings
BOWERS, NORMA ....................... 2440 St. Mary’s Ave., Lincoln
BRACKEN, ANNA ....................... Mary Lanning Memorial Hospital, Hastings
BRAUN, EDNA P. ....................... University Hospital, Omaha
BREEN, MERCEDES M. ................. University Hospital, Omaha
BURGESS, CHARLOTTE .......... ...... University Hospital, Omaha
CASPER, THELMA A. ................. Mary Lanning Memorial Hospital, Hastings
DELAND, FERN ......................... Lincoln General Hospital, Lincoln
DORSEY, JOSEPHINE J. .............. Nicholas Senn Hospital, Omaha
ENCHES, HELEN G. .................... University of Nebraska Hospital, Omaha
ENTENMAN, ELLEN .................... University Hospital, Omaha
EYNON, DOROTHEA E. ............... Nebraska Methodist Hospital, Omaha
FOLDA, ALMA K. ....................... St. Joseph’s Hospital, Omaha
GARDNER, MABEL L. .................. University Hospital, Omaha
GORDER, ALMA J. .................... Immanuel Hospital, Omaha
GREUTMAN, RUBY ..................... 705 N. Hastings, Hastings
HANSEN, ELLEN A. .................... Masonic Home, Plattsmouth
HARRIS, ETTA M. ...................... Lincoln General Hospital, Lincoln
HASLE, FOSS R. ....................... Mary Lanning Memorial Hospital, Hastings
HEIST, CARRIE ....................... 2440 St. Mary’s Ave., Lincoln
HENKE, EVALINA ..................... Hastings State Hospital, Ingleside
HESS, MRS. ESTHER M. ............. Orthopedic Hospital, Lincoln
HINMAN, AGNES C. ..................... Lincoln General Hospital, Lincoln
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holmes, Lillian</td>
<td>614 W. 10 St., Hastings</td>
<td>Mary Lanning Memorial Hospital, Hastings</td>
</tr>
<tr>
<td>Hunter, Elvie</td>
<td></td>
<td>Mary Lanning Memorial Hospital, Hastings</td>
</tr>
<tr>
<td>Jasper, Kathleen M.</td>
<td>4711 N. 29 St., Omaha</td>
<td>St. Joseph's Hospital, Omaha</td>
</tr>
<tr>
<td>Jessica, Ann A.</td>
<td>2440 St. Mary's Ave., Lincoln</td>
<td>Immanuel Hospital, Omaha</td>
</tr>
<tr>
<td>Jimerson, Verna H.</td>
<td>3468 Ames Ave., Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Johnson, Frances M.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Johnson, Helen M.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Keebler, Margaret</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Kent, Mary G.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Larson, Astrid C.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Lewis, Arta M.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Love, Agnes D.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Martin, Carol L.</td>
<td>Room 608, Cornhusker Hotel, Lincoln</td>
<td>Lincoln General Hospital, Lincoln</td>
</tr>
<tr>
<td>Maxson, Dorothy E.</td>
<td>2440 St. Mary's Ave., Lincoln</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>May, Laura L.</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>McGooden, Gwendolyn E.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Meister, Cecelia</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Mortenson, Dorothea E.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Neil, Frances</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Noyle, Edith</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>O'Neill, Edith</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Pauley, Eda M.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Penner, Ursula L.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Peterson, Bertha J.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Peterson, Elthea L.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Peterson, Ramona R.</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Ratliff, Ava</td>
<td></td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Rees, Charlotte H.</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Reuss, Sylvia</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Respass, Helen E.</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Rhodes, Clara</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sae, Myrtle</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Salsman, Lillian V.</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Scheips, Leola R.</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Schlecht, Clara</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Schotenboer, Cornelia</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Scully, Geraldine A.</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Shoemaker, Mrs. Ruth D.</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sister Esther M. Peterson</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sister M. Alexa Harte</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sister M. John O'Connor</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sister M. Josephany</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sister Mary Kevin Corcoran</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sister M. Lavina</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sister Mary Marcella Kavanaugh</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sister Mary Scholastica Kellogg</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sister Mary Theodore Jensen</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sister Minnie Carlson</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sister Olive Cullenberg**</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Smith, Adeline J.</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Sommer, Ida B.</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Taylor, Agnes J.</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Turnquist, Mrs. Orella</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Warkley, Olive E.</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Ward, Alice</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
<tr>
<td>Williams, Helen</td>
<td>3340 Fowler, Omaha</td>
<td>Methodist Hospital, Omaha</td>
</tr>
</tbody>
</table>
MEMBERS

WILSON, HELEN E. .......... Methodist Hospital, Omaha
WITTE, RACHEL J. .......... Nebraska Methodist Hospital, Omaha

‡NEW HAMPSHIRE—35

BREENE, DOROTHY .......... New Hampshire State Hospital, Concord
CASS, ESTHER E. .......... Laconia Hospital, Laconia
CLELAND, ALICE .......... New Hampshire Memorial Hospital, Concord
COFFIN, ELLA .......... Laconia Hospital, Laconia
COLLINS, ONA .......... Margaret Pillsbury Hospital, Concord
COUGHLIN, JULIA M. .......... 70 Kinsley St., Nashua
DENIO, BESSIE .......... New Hampshire State Hospital, Concord
DEVITT, VERA .......... Elliot Community Hospital, Keene
ERDMANN, MARTHA E. .......... Elliot Hospital, Manchester
GRIFFIN, ROSE E.* .......... Mary Hitchcock Memorial Hospital, Hanover
GRiggs, MARY H. .......... New Hampshire State Hospital, Concord
HODGES, LAURETTE B. .......... New Hampshire State Hospital, Concord
JAMESON, GRACE E. .......... Elliot Hospital, Manchester
LABRABEE, GLADYS M. .......... Claremont General Hospital, Claremont
LEAZER, ELIZA F. .......... Laconia Hospital, Laconia
LOCKE, MABEL B. .......... Laconia Hospital, Laconia
MACLACHLAN, MARGERY .......... Margaret Pillsbury Hospital, Concord
McREAVY, KATHERINE .......... Laconia Hospital, Laconia
MOLESKE, ALEXANDRIA R. .......... Mary Hitchcock Memorial Hospital, Hanover
MULAI'RE, GERMAINE .......... Notre Dame de Lourdes Hospital, Manchester
O'DONOGHUE, ROSANNA .......... Portsmouth General Hospital, Portsmouth
PRATT, THELMA A. .......... New Hampshire State Hospital, Concord
ROBERTS, EDITH .......... Mary Hitchcock Memorial Hospital, Hanover
SISTER CATHERINE BARRY** .......... St. Joseph's Hospital, Nashua
SISTER MARIE ROSE LARIVEE .......... Notre Dame de Lourdes Hospital, Manchester
SISTER M. BERNARDUS .......... Sacred Heart Hospital, Manchester
SISTER MARY DOLOROSA .......... Sacred Heart Hospital, Manchester
SISTER MARY VIRGINIA .......... Sacred Heart Hospital, Manchester
SMITH, ELIZABETH .......... Elliot Community Hospital, Keene
THOMPSON, LOUISE .......... Elliot Community Hospital, Keene
VALENTINE, BELLE G. .......... New Hampshire State Hospital, Concord
WILDER, MINNIE T. .......... New Hampshire Memorial Hospital, Concord
WILLIAMS, LILLIAN G. .......... Laconia Hospital, Laconia

‡NEW JERSEY—301

ABERNETHY, RUTH D. .......... 241 Harrison Ave., Jersey City
ABRAMOWITZ, RUTH .......... 210 Lyons Ave., Newark
ABT, ERNESTINE M. .......... Newark City Hospital, Newark
AHLERS, CAROLINE C. .......... Newark City Hospital, Newark
ALLEN, MARGARET B. .......... Orange Memorial Hospital, Orange
ANDERSON, BERNICE E.* .......... 22 Graham Terrace, Montclair
ANDERSON, MRS. ETHEL D. .......... New Jersey State Hospital, Greystone Park
ANTROBUS, EDNA M. .......... West Jersey Homeopathic Hospital, Camden
APPLETON, GRACE G. .......... Muhlenberg Hospital, Plainfield
ASHMUN, MARGARET .......... Orange Memorial Hospital, Orange
AUSTIN, IDA F. .......... 91 Prospect St., East Orange
BAER, IRENE F.* .......... Elizabeth General Hospital, Elizabeth
BAKER, GLADYS A. .......... Hackensack Hospital, Hackensack
BANTA, MILDRED .......... Orange Memorial Hospital, Orange
BARNES, RUBY L. .......... 27 S. Ninth St., Newark
BAUMANN, LYDIA .......... Orange Memorial Hospital, Orange
BELBEB, ANNA M. .......................... 116 Fairmount Ave., Newark
BENNETT, ISABEL ......................... Somerset Hospital, Somerville
BENNETT, MARIE A.* ..................... Monmouth Memorial Hospital, Long Branch
BERNIAUS, EMMA ......................... Margaret Hague Maternity Hospital, Jersey City
BITZ, NAOMI ............................. Somerset Hospital, Somerville
BLAVELT, annie P.* ...................... Essex County Homeopathic Hospital, East Orange
BONWHUIJS, CLARA ....................... Veterans' Administration, Lyons
BORDA, MAUDE R. ......................... 313 High St., Millville
BOROWSKI, Alice* ....................... 300 Engel St., Englewood
BRENCKMAN, ESTHER R. ................... Elizabeth General Hospital, Elizabeth
BROOK, JANICE H.* ....................... 443 Convent Ter., Orange
BROSUS, HELEN .......................... Monmouth Memorial Hospital, Long Branch
BROWN, EMMA E. ......................... West Jersey Homeopathic Hospital, Camden
BUCKLEY, THELMA M. ................... Orange Memorial Hospital, Orange
BURKE, CHRISTIANA ...................... Muhlenberg Hospital, Plainfield
BURNS, FLORENCE P. .................... Somerset Hospital, Somerville
BURROW, FLORIDA E.* .................. 114 Clifton Pl., Jersey City
CADDY, Eva ............................ Hospital of St. Barnabas, Newark
CALEAGNINI, NELLIE* .................. Elizabeth General Hospital, Elizabeth
CARVER, EVELINE M.* .................... Essex County Isolation Hospital, Belleville
CASPERSON, ELSIE ...................... Atlantic City Hospital, Atlantic City
CLEMENTS, RUTH .......................... Mountainside Hospital, Montclair
CLEVELAND, Ida T. ...................... St. Francis Hospital, Jersey City
CLIFFORD, MRS. IVY B. ................. Margaret Hague Maternity Hospital, Jersey City
CODINGTON, MARTHA L ................... Orange Memorial Hospital, Orange
CULUCCI, MARY V. ..................... 505 New Market Ave., South Plainfield
COKK, HARRIET B. ....................... 31 Rector Pl., Red Bank
CORCORAN, MARY E. .................... New Jersey State Hospital, Greystone Park
CORKILL, Edith E. ....................... 911 E. Jersey St., Elizabeth
CORRIDEN, CLAONIA* .................. Newark Memorial Hospital, Newark
COSGROVE, EDNA S. ..................... Memorial Hospital, Newark
COUSINS, ADELAIDE M. ................. Bayonne Hospital, Bayonne
COWART, MATTIE L ...................... New Jersey State Hospital, Greystone Park
CREECH, ARABELLA R. ................. 1277 Clinton Pl., Elizabeth
DAKIN, FLORENCE** ..................... 468 Ellison St., Paterson
DAVIS, LORRAINE* ...................... Newark Memorial Hospital, Newark
DEARTH, HAZEL M. ..................... Presbyterian Hospital, Newark
DEFANDORF, JANET W. ................. Paterson General Hospital, Paterson
DENK, CATHERINE* ..................... 116 Fairmount Ave., Newark
DEUTCH, BARBARA MACL ................ Beth Israel Hospital, Newark
DEVEREUX, MRS. KATHERINE J. ....... 11 Webster Pl., East Orange
DILWORTH, LULA P. ..................... New Jersey State Department of Public Instruction, Trenton
DOCHERTY, MARY E ..................... Essex County Isolation Hospital, Belleville
DOLIN, HELEN P.* ..................... 114 Clifton Pl., Jersey City
DOMA, HELEN L ......................... Elizabeth General Hospital, Elizabeth
DOWIE, RUBY* .......................... Newark City Hospital, Newark
DOWLING, NORA L ...................... Orange Memorial Hospital, Orange
DRAPER, JEFFIE ......................... Elizabeth General Hospital, Elizabeth
DUQUAINE, LYDIA A. .................. New Jersey State Hospital, Greystone Park
EBERLING, GERTRUDE* .................. Essex County Isolation Hospital, Belleville
EDGECOMB, MARY E ..................... Englewood Hospital, Englewood
EGAN, MARGARET M .................... Greenville Hospital, Jersey City
ERICKSEN, MILDRED M.* ............. Monmouth Memorial Hospital, Long Branch
EVANS, ELLEN M ...................... Presbyterian Hospital, Newark
EWING, ANNA A. ....................... 292 Broad St., Newark
FALLON, VIRGINIA .................................. New Jersey State Hospital, Greystone Park
FENNESSEY, ELEANOR ................................ New Jersey State Hospital, Greystone Park
FERGUSON, RACHEL O. .............................. Homeopathic Hospital, East Orange
FISHER, MARION L. ................................ Monmouth Memorial Hospital, Long Branch
FITZPATRICK, HELEN ................................ Newark City Hospital, Newark
FITZSIMONS, RUTH L. ............................... Medical Center, Jersey City
FLOOD, MARY G. W.* ............................... Elizabeth General Hospital, Elizabeth
FLYNN, ANNE V.* .................................. New Jersey State Hospital, Greystone Park
FORD, MARGARET .................................... Monmouth Memorial Hospital, Long Branch
FORTUNE, MARGARETTA N. ......................... St. Barnabas Hospital, Newark
FOX, RUTH A.* ..................................... Newark City Hospital, Newark
FRAENTZEL, MRS. AGNES K.* ................. 35 Durand Rd., Maplewood
FRESE, ANNA L.* .................................... Englewood Hospital, Englewood
FREY, LAVONNE H.* ................................ New Jersey State Hospital, Greystone Park
GAILEY, IDA M. ...................................... Beth Israel Hospital, Newark
GEAR, ANNA A. ....................................... Hackensack Hospital, Hackensack
GEISTER, JANET M. ................................. 652 Broadway, Newark
GERHARDT, CHRISTINE* ............................. Elizabeth General Hospital, Elizabeth
GIBERT, UNA E.* .................................... 572 Engle St., Englewood
GILICK, JOSEPHINE J.* .............................. Essex County Hospital, Belleville
GILLIGAN, CATHERINE M. ......................... 506 High St., Newark
GILMAN, NOREEN M.* .............................. Orange Memorial Hospital, Orange
GLESSNER, A. RACHAEEL .......................... Orange Memorial Hospital, Orange
GOLDBERG, FRANCES* .............................. Newark City Hospital, Newark
GOODENOUGH, FLORENCE E. ....................... Atlantic City Hospital, Atlantic City
GOSS, MINNIE K. ..................................... Elizabeth General Hospital, Elizabeth
GRABOWSKI, FLORENCE* ............................ 372 Engle St., Englewood
GRANGER, EDITH .................................... 61 Cleveland St., Orange
GRAJER, HELENE M. ................................ Mercer Hospital, Trenton
GREEN, GLADYS G. .................................. New Jersey State Hospital, Greystone Park
GREEN, LOUISE A. .................................. 201 Lyons Ave., Newark
GRIFFIN, EDNA* ..................................... 116 Fairmount Ave., Newark
GROSSGART, IDA* .................................... Orange Memorial Hospital, Orange
GROSSMAN, RUTH ..................................... Beth Israel Hospital, Newark
GRUNAU, MRS. DAISY L. .......................... 129½ Garfield Ave., Long Branch
GRUCHY, AMELIA A. ................................. Orange Memorial Hospital, Orange
GUENTHER, CATHERINE ............................. Newark Memorial Hospital, Newark
GUPKO, MARY* ....................................... 116 Fairmount Ave., Newark
HAAF, MARION E. .................................. New Jersey State Hospital, Greystone Park
HAAGE, LLUELLE L. ................................. 129 Magnolia Ave., Jersey City
HAHN, ANNA M. ...................................... Monmouth Memorial Hospital, Long Branch
HAHN, EVELYN M. .................................. Newark Memorial Hospital, Newark
HALEY, MARGARET C. ............................... St. Mary's Hospital, Hoboken
HARKLOW, ESTHER .................................. Essex County Isolation Hospital, Belleville
HASENJAEGER, ELLA** .............................. Essex County Isolation Hospital, Belleville
HATHAWAY, CLARA L. .............................. Orange Memorial Hospital, Orange
HEID, AUGUSTA ....................................... Newark City Hospital, Newark
HEINEMAN, ALMA L. ............................... Monmouth Memorial Hospital, Long Branch
HENNICK, HENRIETTA .............................. Monmouth Memorial Hospital, Long Branch
HEPPER, EDITH L. ................................... Bridgeton Hospital, Bridgeton
HIGGINS, ELIZABETH M. ........................... Monmouth Memorial Hospital, Long Branch
HOCK, MARGARET M. ................................ P. O. Box 44, Secaucus
HOLBERT, ELIZABETH* .............................. Newark City Hospital, Newark
HOLDEN, EDITH J.* .................................. 17 Academy St., Newark
HOLGATE, DOROTHY E.* .......................... Newark City Hospital, Newark
HOPKINS, MARY L. .................................. Presbyterian Hospital, Newark
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horne, Ethelmae</td>
<td>116 Fairmount Ave., Newark</td>
</tr>
<tr>
<td>Horner, Katharine M.</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Hornickel, Margaret J.</td>
<td>Atlantic City Hospital, Atlantic City</td>
</tr>
<tr>
<td>Horton, Phoebe E.</td>
<td>Newark Memorial Hospital, Newark</td>
</tr>
<tr>
<td>Howell, Dora</td>
<td>South Carthage, Greystone Park</td>
</tr>
<tr>
<td>Hubach, Ruth E.</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>Hughes, Wilkie</td>
<td>17 Academy St., Newark</td>
</tr>
<tr>
<td>Hummer, Virginia</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Hunt, Catherine*</td>
<td>116 Fairmount Ave., Newark</td>
</tr>
<tr>
<td>Hyde, Sadie A.</td>
<td>Essex County Hospital, Cedar Grove</td>
</tr>
<tr>
<td>Ireland, Minnie R.</td>
<td>1113 Asbury Ave., Asbury Park</td>
</tr>
<tr>
<td>Jamison, Laura M.</td>
<td>Beth Israel Hospital, Newark</td>
</tr>
<tr>
<td>Jeffer, Alice</td>
<td>Paterson General Hospital, Paterson</td>
</tr>
<tr>
<td>Jenkeinson, Mrs. Lillian B.*</td>
<td>99 Second Ave., Newark</td>
</tr>
<tr>
<td>Jensen, Bessie C.</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>Johnson, Katherine*</td>
<td>Elizabeth General Hospital, Elizabeth</td>
</tr>
<tr>
<td>Johnston, Helen R.</td>
<td>Mountainside Hospital, Montclair</td>
</tr>
<tr>
<td>Jones, Irma I.</td>
<td>Essex County Isolation Hospital, Belleville</td>
</tr>
<tr>
<td>Jones, Mrs. Mary B.</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>Jones, Priscilla M.*</td>
<td>Elizabeth General Hospital, Elizabeth</td>
</tr>
<tr>
<td>Kean, Elsie C.</td>
<td>Morristown Memorial Hospital, Morristown</td>
</tr>
<tr>
<td>Kelafer, Anna G.*</td>
<td>Newark City Hospital, Newark</td>
</tr>
<tr>
<td>Keller, Dorothy*</td>
<td>Newark City Hospital, Newark</td>
</tr>
<tr>
<td>Kelly, Maud C.</td>
<td>Medical Center, Jersey City</td>
</tr>
<tr>
<td>Kerley, Artie S.</td>
<td>181 Mills St., Morristown</td>
</tr>
<tr>
<td>Konopka, Jeannette F.</td>
<td>Perth Amboy General Hospital, Perth Amboy</td>
</tr>
<tr>
<td>Konrad, Clara M.</td>
<td>Margaret Hague Maternity Hospital, Jersey City</td>
</tr>
<tr>
<td>Korn, Ursula M.*</td>
<td>114 Clifton Pl., Jersey City</td>
</tr>
<tr>
<td>Kreis, Elsie M.</td>
<td>116 Fairmount Ave., Newark</td>
</tr>
<tr>
<td>Krupenac, Anne M.*</td>
<td>116 Fairmount Ave., Newark</td>
</tr>
<tr>
<td>Kugel, Caroline T.</td>
<td>Newark City Hospital, Newark</td>
</tr>
<tr>
<td>Ladd, Edna E.</td>
<td>Hackensack Hospital, Hackensack</td>
</tr>
<tr>
<td>Lagrone, Virgie V.</td>
<td>New Jersey State Hospital, Greystone Park</td>
</tr>
<tr>
<td>Landis, T. Sabina</td>
<td>Paterson General Hospital, Paterson</td>
</tr>
<tr>
<td>Larner, Esther M.</td>
<td>Newark City Hospital, Newark</td>
</tr>
<tr>
<td>Larsen, Kathryn M.</td>
<td>Burlington County Hospital, Mt. Holly</td>
</tr>
<tr>
<td>Laughlin, Sadie V.</td>
<td>Greenville Hospital, Jersey City</td>
</tr>
<tr>
<td>Layton, Mary G.*</td>
<td>Elizabeth General Hospital, Elizabeth</td>
</tr>
<tr>
<td>Lechard, Ethel M.*</td>
<td>Muhlenberg Hospital, Plainfield</td>
</tr>
<tr>
<td>Letendre, Eva L.</td>
<td>Greenville Hospital, Jersey City</td>
</tr>
<tr>
<td>Letzelter, Mildred K.*</td>
<td>Medical Center, Jersey City</td>
</tr>
<tr>
<td>Liggett, Mabel C.</td>
<td>Bridgeport Hospital, Bridgeport</td>
</tr>
<tr>
<td>Lindquist, Clara*</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Lockard, Goldie</td>
<td>New Jersey State Hospital, Greystone Park</td>
</tr>
<tr>
<td>Longcor, Sarah E.</td>
<td>Passaic General Hospital, Passaic</td>
</tr>
<tr>
<td>Lupo, Ann L.*</td>
<td>Newark City Hospital, Newark</td>
</tr>
<tr>
<td>MacIntosh, Eleanor</td>
<td>Hackensack Hospital, Hackensack</td>
</tr>
<tr>
<td>MacIntyre, M. Irene</td>
<td>Englewood Hospital, Englewood</td>
</tr>
<tr>
<td>Malsch, Ruth L.*</td>
<td>1018 Anna St., Elizabeth</td>
</tr>
<tr>
<td>Marley, Agnes M.</td>
<td>Barnert Memorial Hospital, Paterson</td>
</tr>
<tr>
<td>McAndrews, Agnes H.</td>
<td>New Jersey State Hospital, Greystone Park</td>
</tr>
<tr>
<td>McCullum, Helen*</td>
<td>Newark City Hospital, Newark</td>
</tr>
<tr>
<td>Mccork, Anna I.</td>
<td>New Jersey State Hospital, Greystone Park</td>
</tr>
<tr>
<td>McGarry, Marie K.*</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>McKee, Birdie M.</td>
<td>27 S. Ninth St., Newark</td>
</tr>
<tr>
<td>McKenzie, Margaret</td>
<td>Englewood Hospital, Englewood</td>
</tr>
<tr>
<td>Name</td>
<td>Address/MMH</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>McWade, Dorothy R.</td>
<td>114 Clifton Pl., Jersey City</td>
</tr>
<tr>
<td>Martignetti, Reba C.</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>Martin, Mrs. Ethelyn B.</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Mendes, Mrs. Elizabeth H.</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Mercurio, Catherine</td>
<td>116 Fairmount Ave., Newark</td>
</tr>
<tr>
<td>Meshey, Mabel</td>
<td>Essex County Hospital, Belleville</td>
</tr>
<tr>
<td>Metly, Mary V.</td>
<td>Essex County Isolation Hospital, Belleville</td>
</tr>
<tr>
<td>Miley, A. Janett</td>
<td>176 Palisade Ave., Jersey City</td>
</tr>
<tr>
<td>Millard, Frances L.</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>Miller, Susan W.</td>
<td>Mercer Hospital, Trenton</td>
</tr>
<tr>
<td>Mitchell, Rena H.</td>
<td>65 Woodland Ave., Summit</td>
</tr>
<tr>
<td>Mitzka, Teska D.</td>
<td>Essex County Isolation Hospital, Belleville</td>
</tr>
<tr>
<td>Montz, Matilda</td>
<td>Essex County Isolation Hospital, Belleville</td>
</tr>
<tr>
<td>Morris, Lillian</td>
<td>Essex County Isolation Hospital, Belleville</td>
</tr>
<tr>
<td>Mottershead, Lillian E.</td>
<td>Somerset Hospital, Somerville</td>
</tr>
<tr>
<td>Moye, Mrs. Maude B.</td>
<td>Cooper Hospital, Camden</td>
</tr>
<tr>
<td>Murdoch, Jessie M.</td>
<td>Medical Center, Jersey City</td>
</tr>
<tr>
<td>Murphy, Anne M.</td>
<td>St. Michael’s Hospital, Newark</td>
</tr>
<tr>
<td>Murphy, Florence</td>
<td>114 Clifton Pl., Jersey City</td>
</tr>
<tr>
<td>Nichols, Marcia R.</td>
<td>Dunbar Ave., Long Branch</td>
</tr>
<tr>
<td>Noble, Mona K.</td>
<td>188 Essex Ave., Orange</td>
</tr>
<tr>
<td>O’Connor, Terese V.</td>
<td>Elizabeth General Hospital, Elizabeth</td>
</tr>
<tr>
<td>Ogilvie, Nellie</td>
<td>12 Olcott Ave., Bernardsville</td>
</tr>
<tr>
<td>O’Malley, Mary A.</td>
<td>St. James Hospital, Newark</td>
</tr>
<tr>
<td>Orr, Bertha W.</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>Paskewich, Tillie E.</td>
<td>Elizabeth General Hospital, Elizabeth</td>
</tr>
<tr>
<td>Peeler, Mabel R.</td>
<td>New Jersey State Hospital, Greystone Park</td>
</tr>
<tr>
<td>Pencillo, Esther</td>
<td>Elizabeth General Hospital, Elizabeth</td>
</tr>
<tr>
<td>Pierce, Ethel J.</td>
<td>116 Fairmount Ave., Newark</td>
</tr>
<tr>
<td>Pierce, Jeannette E.</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Pingitore, Angela R.</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Plottt, Lucille</td>
<td>Newark City General Hospital, Newark</td>
</tr>
<tr>
<td>Poranski, Angela</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>Fordham, Emily</td>
<td>116 Fairmount Ave., Newark</td>
</tr>
<tr>
<td>Pridavka, Therese</td>
<td>12 Main St., Garfield</td>
</tr>
<tr>
<td>Quigley, Jane</td>
<td>138 N. Fifth Ave., Manville</td>
</tr>
<tr>
<td>Rece, Anne E.</td>
<td>717 Arlington Ave., Plainfield</td>
</tr>
<tr>
<td>Reese, Elizabeth M.</td>
<td>New Jersey State Hospital, Greystone Park</td>
</tr>
<tr>
<td>Reese, Sallie</td>
<td>Beth Israel Hospital, Newark</td>
</tr>
<tr>
<td>Robb, Genevieve I.</td>
<td>152 Tenafly Rd., Englewood</td>
</tr>
<tr>
<td>Robinson, Mary E.</td>
<td>Muhlenberg Hospital, Plainfield</td>
</tr>
<tr>
<td>Rogers, Annie</td>
<td>Englewood Hospital, Englewood</td>
</tr>
<tr>
<td>Rumsay, Margaret</td>
<td>Hackensack Hospital, Hackensack</td>
</tr>
<tr>
<td>Sabia, Assunta</td>
<td>Elizabeth General Hospital, Elizabeth</td>
</tr>
<tr>
<td>Samble, Eleanor</td>
<td>Newark City Hospital, Newark</td>
</tr>
<tr>
<td>Schilling, Elizabeth</td>
<td>832 Chancellor Ave., Irvington</td>
</tr>
<tr>
<td>Schirmier, Frieda H.</td>
<td>131 Bridge St., Roselle Park</td>
</tr>
<tr>
<td>Schmoker, Carolyn</td>
<td>Newark City Hospital, Newark</td>
</tr>
<tr>
<td>Scholl, Eunice M.</td>
<td>Newark City Hospital, Newark</td>
</tr>
<tr>
<td>Schultz, Dorothy A.</td>
<td>201 Lyons Ave., Newark</td>
</tr>
<tr>
<td>Seborowski, Frances C.</td>
<td>New Jersey State Hospital, Greystone Park</td>
</tr>
<tr>
<td>Seipert, Hettie W.</td>
<td>631 Monroe Ave., Elizabeth</td>
</tr>
<tr>
<td>Shallow, Mary C.</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>Shrieve, Jessie M.</td>
<td>Essex County Isolation Hospital, Belleville</td>
</tr>
<tr>
<td>Sierski, Dora</td>
<td>116 Fairmount Ave., Newark</td>
</tr>
<tr>
<td>Simmons, Nellie A.</td>
<td>General Hospital, Paterson</td>
</tr>
<tr>
<td>Name</td>
<td>Hospital/Location</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>Sindorf, Margaret G.</td>
<td>Essex County Isolation Hospital, Belleville</td>
</tr>
<tr>
<td>Sister Christiana</td>
<td>St. Mary's Hospital, Hoboken</td>
</tr>
<tr>
<td>Sister Hippolyta</td>
<td>306 High St., Newark</td>
</tr>
<tr>
<td>Sister Marie Alinda Flynn</td>
<td>St. Joseph's Hospital, Paterson</td>
</tr>
<tr>
<td>Sister Mary Canice</td>
<td>Holy Name Hospital, Teaneck</td>
</tr>
<tr>
<td>Sister M. Carmelita</td>
<td>St. Mary's Hospital, Passaic</td>
</tr>
<tr>
<td>Sister Mary Denise</td>
<td>St. James Hospital, Newark</td>
</tr>
<tr>
<td>Sister M. Dolores</td>
<td>Holy Name Hospital, Teaneck</td>
</tr>
<tr>
<td>Sister M. Edwina</td>
<td>Holy Name Hospital, Teaneck</td>
</tr>
<tr>
<td>Sister M. Herman Joseph</td>
<td>St. Francis Hospital, Trenton</td>
</tr>
<tr>
<td>Sister M. Josephina</td>
<td>Holy Name Hospital, Teaneck</td>
</tr>
<tr>
<td>Smith, Mrs. Bertha Van H.</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>Smith, Jean*</td>
<td>Newark City Hospital, Newark</td>
</tr>
<tr>
<td>Smith, Victoria</td>
<td>Englewood Hospital, Englewood</td>
</tr>
<tr>
<td>Soter, Agnes F.</td>
<td>Margaret Hague Maternity Hospital, Jersey City</td>
</tr>
<tr>
<td>Spinning, Dorothy M.*</td>
<td>Essex County Isolation Hospital, Belleville</td>
</tr>
<tr>
<td>Springer, Hester E.</td>
<td>Vincent Ave., Hillsdale</td>
</tr>
<tr>
<td>Stafford, Mrs. Anna M.</td>
<td>Passaic General Hospital, Passaic</td>
</tr>
<tr>
<td>Staniel, Anne M.*</td>
<td>452 S. 17 St., Newark</td>
</tr>
<tr>
<td>Steer, Anna B.</td>
<td>Somerset Hospital, Somerville</td>
</tr>
<tr>
<td>Stevens, Ruth J.*</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Stilson, Gladys M.</td>
<td>New Jersey State Hospital, Greystone Park</td>
</tr>
<tr>
<td>Stivers, Cora E.</td>
<td>Mountainside Hospital, Montclair</td>
</tr>
<tr>
<td>Supphin, Margaret</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Swartz, Cora A.</td>
<td>Cooper Hospital, Camden</td>
</tr>
<tr>
<td>Tassie, Rebecca</td>
<td>Overlook Hospital, Summit</td>
</tr>
<tr>
<td>Tenney, Helen L.</td>
<td>Christ Hospital, Jersey City</td>
</tr>
<tr>
<td>Thomas, Esther</td>
<td>Essex County Isolation Hospital, Belleville</td>
</tr>
<tr>
<td>Thomas, Roberta</td>
<td>Essex County Isolation Hospital, Belleville</td>
</tr>
<tr>
<td>Thompson, Lilian M.</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Tianen, Ann</td>
<td>Newark Memorial Hospital, Newark</td>
</tr>
<tr>
<td>Tianen, Matilda*</td>
<td>16 12 Ave., Newark</td>
</tr>
<tr>
<td>Tighe, Mary B.</td>
<td>Margaret Hague Maternity Hospital, Jersey City</td>
</tr>
<tr>
<td>Tilton, Eleanor C.</td>
<td>530 New Brunswick Ave., Perth Amboy</td>
</tr>
<tr>
<td>Tilton, Hettie B.</td>
<td>Englewood Hospital, Englewood</td>
</tr>
<tr>
<td>Torrella, Undine</td>
<td>Hackensack Hospital, Hackensack</td>
</tr>
<tr>
<td>Twidale, Wilhelmina A.</td>
<td>Elizabeth General Hospital, Elizabeth</td>
</tr>
<tr>
<td>Van Der Does DeBye, Doris*</td>
<td>Newark City Hospital, Newark</td>
</tr>
<tr>
<td>Van Gelder, Sarah</td>
<td>Perth Amboy City Hospital, Perth Amboy</td>
</tr>
<tr>
<td>Van Ness, Mary I.</td>
<td>West Jersey Homeopathic Hospital, Camden</td>
</tr>
<tr>
<td>Vaughn, Nellie E.</td>
<td>Homeopathic Hospital, East Orange</td>
</tr>
<tr>
<td>Warner, Ethel E.*</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Warner, Hazel M.*</td>
<td>116 Fairmount Ave., Newark</td>
</tr>
<tr>
<td>Watson, Grace</td>
<td>114 Clifton Pl., Jersey City</td>
</tr>
<tr>
<td>Weaver, Ethel M.</td>
<td>446 Bellevue Ave., Trenton</td>
</tr>
<tr>
<td>Weinsteins, Alice*</td>
<td>199 Lyons Ave., Newark</td>
</tr>
<tr>
<td>Wenck, Martha O.</td>
<td>St. Francis Hospital, Trenton</td>
</tr>
<tr>
<td>Westermann, Ethel</td>
<td>300 Engle St., Englewood</td>
</tr>
<tr>
<td>Whitemey, Susie L.</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>Winkle, Lillian</td>
<td>27 S. Ninth St., Newark</td>
</tr>
<tr>
<td>Wood, Margaret M.</td>
<td>265 Albert Pl., Elberon</td>
</tr>
<tr>
<td>Wooders, Marie A.</td>
<td>Hackensack Hospital, Hackensack</td>
</tr>
<tr>
<td>Wunschel, Martha A.</td>
<td>Monmouth Memorial Hospital, Long Branch</td>
</tr>
<tr>
<td>Yastremski, Irene</td>
<td>Elizabeth General Hospital, Elizabeth</td>
</tr>
<tr>
<td>Yates, Ona B.</td>
<td>Essex County Hospital, Belleville</td>
</tr>
<tr>
<td>Yoffa, Esther R.</td>
<td>Beth Israel Hospital, Newark</td>
</tr>
</tbody>
</table>
MEMBERS

YOUNG, HILDEGARDE C.* 37 N. Reid St., Elizabeth
YUCKMAN, MRS. MILDRED L. 174 Summit Ave., Summit
ZARTLER, AMELIA J. Newark City Hospital, Newark
ZBIKOWSKI, JOSEPHINE T.* Elizabeth General Hospital, Elizabeth
ZIEGENBUSCH, CATHERINE Presbyterian Hospital, Newark
ZWEIMAN, ADELE Beth Israel Hospital, Newark

NEW MEXICO—2

MCKINNON, EDNA S. Roosevelt County Health Department, Portales
SISTER ANNETTE SULLIVAN St. Joseph Hospital, Albuquerque

NEW YORK—682

ABBOTT, SYLVIA 1320 York Ave., New York
ABBOTT, WENONA 260 Crittenden Blvd., Rochester
ADAMS, ESTELLE M. Syracuse Memorial Hospital, Syracuse
ALDER, BERTHA L. Grasslands Hospital, Valhalla
ALLANACH, MARY E. 179 Fort Washington Ave., New York
ALLEN, LUCY E. Mary McClellan Hospital, Cambridge
ALLISON, DOROTHY E. 1320 York Ave., New York
AMBERSON, KATHERINE G. Albany Hospital, Albany
ANDERSON, ELIZABETH A.* Memorial Hospital, Niagara Falls
ANDERSON, MARY M.* 501 Main St., Rochester
ANKER, MRS. DOROTHY 230 Cambridge St., Buffalo
ARCHIBALD, ETHEL M. 620 W. 168 St., New York
AREY, PERSIS S. 1320 York Ave., New York
ARGUS, FLORENCE 273 Jefferson Ter., Rochester
ARMY, MADELINE J. R. 248 Washington Ave., Brooklyn
ATKIN, EDITH Amsterdam Hospital, Amsterdam
AXELSON, ALFILD J. 440 Riverside Dr., New York
BACON, FLORENCE 440 E. 26 St., New York
BAILEY, SARAH M. Polyclinic Hospital, New York
BALDWIN, RUTH H. 428 W. 59 St., New York
BAIL, CORA L. 5 E. 98 St., New York
BANTEL, BERTHA I. Deaconess Hospital, Buffalo
BANFIELD, GERTRUDE S. 1320 York Ave., New York
BARDENS, AMY E. 332 E. 67 St., New York
BARVIAN, FRANCES A. Samaritan Hospital, Troy
BAUM, JOSEPHINE* 1086 Lexington Ave., New York
BAURLE, MARIE J. French Hospital, New York
BAYLEY, LUCY M. 1441 East Ave., Rochester
BEARD, ANNE C.* 8 W. 16 St., New York
BEATY, M. LOUISE St. Luke’s Hospital, New York
BEEKER, MRS. JULIA B.* 456 E. Utica St., Buffalo
BECKMAN, MARGARET 111 E. 76 St., New York
BEEBY, NELL V. 50 W. 50 St., New York
BENNING, LOUISE Syracuse General Hospital, Syracuse
BENTLEY, ANNA Brooklyn Hospital, Brooklyn
BERGEN, DELLA S. Prospect Heights Hospital, Brooklyn
BERGSTROM, FLORA J. 1320 York Ave., New York
BERKWITS, NANETTE Rockland State Hospital, Orangeburg
BEST, ELLA G. 50 W. 50 St., New York
BETTIGOLE, ESTHER St. Mary’s Ave., Kingston
BICKFORD, ELIZABETH* 1320 York Ave., New York
BISSETT, M. LORETTA Neponsit Hospital, Rockaway Beach
Bissell, Margaret A.* 1320 York Ave., New York
Bixler, Elizabeth S.** 121 Westchester Ave., White Plains
Black, Jessie B. c/o Miss Nutting, 500 W. 121 St., New York
Blaiddell, Faustina 5 Howe Ave., New Rochelle
Bliss, Mary E. G. 50 W. 50 St., New York
Bliss, Prudence L. 506 Sixth St., Brooklyn
Boehm, M. Frances* 1086 Lexington Ave., New York
Boggess, Alethea 440 E. 26 St., New York
Bong, Ernestine H. 50 W. 50 St., New York
Bonnyman, Johanna F. Kings Park State Hospital, Kings Park
Boore, Alice G. 506 Sixth St., Brooklyn
Bowers, Ena R.* Memorial Hospital, Niagara Falls
Bowman, Alice E. 116 E. Castle St., Syracuse
Boyd, Anne M. 480 Herkimer St., Brooklyn
Bradley, Lenore N. 442 Education Bldg., Albany
Breslin, Mary H. 251 Fort Washington Ave., New York
Breth, Margaret A. 345 W. 50 St., New York
Brewer, Frances H. St. Luke's Hospital, New York
Briggs, Mrs. Kenneth S. 310 E. 66 St., New York
Broderick, James R.* Elmwood Hall, Valhalla
Brodie, Stella L. 462 Gridir St., Buffalo
Brooks, Jean.* Memorial Hospital, Niagara Falls
Brown, Gladys P.* 1086 Lexington Ave., New York
Browning, Hazel E.* 1086 Lexington Ave., New York
Bruce, Margaret E. 418 W. 114 St., New York
Buchdahl, Selma F.* 1320 York Ave., New York
Buckingham, Anne C. 150 Marshall St., Syracuse
Buckingham, Margaret C. 130 Spring St., Rochester
Buell, Ellen L. Syracuse University Hospital, Syracuse
Burgess, Elizabeth C.* 325 W. 120 St., New York
Burk, Mary D. 400 E. 49 St., New York
Burroughs, Mrs. Clifford L. Arnot-Ogden Hospital, Elmira
Butler, Mildred E. 396 Broadway, Kingston
Byrne, A. Isabelle** Roosevelt Hospital, New York
Cagggi, Nancy T.* 428 W. 59 St., New York
Cambridge, Florence L. 501 W. Main St., Rochester
Carmichael, Eleanor S. Manhattan State Hospital, Ward's Island
Carnes, Marion E. 260 Crittenden Blvd., Rochester
Carver, Aileen 622 W. 168 St., New York
Casey, Clare M. 323 E. 58 St., New York
Cassell, Mary J. 230 E. 51 St., New York
Cassell, Mary I. 506 Sixth St., Brooklyn
Cassier, Agnes L. Bronx Hospital, New York
Chamberlain, May M. Ellis Hospital, Schenectady
Charles, Suzanne L. 5 E. 98 St., New York
Chester, Ruth Samaritan Hospital, Troy
Chylack, Anna 121 Westchester Ave., White Plains
Clancy, N. Helena Willard State Hospital, Willard
Clark, Althea F. Hotel Taft, New York
Clark, Mrs. Genevieve Y. 323 Second Ave., Albany
Clarke, Mrs. Winifred R.** Hofstra College, Hempstead, L. I.
Cleary, Margaret Grasslands Hospital, Valhalla
Cleveland, Marion D. 664 W. 163 St., New York
Clune, Helen V. St. Lawrence State Hospital, Ogdensburg
Cody, Mary V. 52 Locust Lane, Oyster Bay
Coger, Letha M. Binghamton City Hospital, Binghamton
COGGIN, Mildred G. .................................. Strong Memorial Hospital, Rochester
COHEN, Mrs. Florence A. .......................... 155-17 Sanford Ave., Flushing
COMBS, Josephine H. .............................. 141 W. 109 St., New York
CONRAD, Margaret E. ......................... 622 W. 168 St., New York
COOMBS, Marion H. ............................... 400 Herkimer St., Brooklyn
COOPER, Cathlene A. .............................. 351 S. Warren St., Syracuse
COPLEY, Stella* .................................... 1320 York Ave., New York
CORBIN, Hazel ................................. 1 E. 57 St., New York
C Morrigan, Eleanor M. .............. 1320 York Ave., New York
COVENEY, Mary B. ............................... 224 Alexander St., Rochester
CRAIN, Gladys ................................. 181 Franklin St., Buffalo
CRANE, Muriel A.* .............................. 621 10 St., Niagara Falls
CRAYLE, Marcia .................................. 1088 Lexington Ave., New York
CREAmer, Ellen G. .............................. 304 E. 20 St., New York
Cresson, Dorothy L. ...................... St. John’s Riverside Hospital, Yonkers
Crichton, Julia R.* .............................. Samaritan Hospital, Troy
Crosson, Grace M. .............................. 141 W. 109 St., New York
Crowley, Sarah ................................. 149 Palmer Ave., Syracuse
Cusack, Mildred* ............................... 224 Alexander St., Rochester
Daniels, Virginia ............................... 456 E. 73 St., New York
Daros, Louise* ................................. Grasslands Hospital, Valhalla
DAUM, Helen M. ................................. 1520 York Ave., New York
DAVIDSON, L. Elsie .............................. Highland Hospital, Rochester
Davies, Elsie G. ................................. 1520 York Ave., New York
Davis, Ruth F. ................................. 506 Sixth St., Brooklyn
Deakins, Elizabeth ......................... Ellis Hospital, Schenectady
Deas, Rebecca .................................. 417 W. 156 St., Apt. 4A, New York
Dennhardt, Loraine** .................. Lincoln School for Nurses, New York
Dennison, Clare ................................. Strong Memorial Hospital, Rochester
Dewis, Elizabeth .............................. Creedmoor State Hospital, Queens Village
DICKMAN, Sarah ................................. 567 Prospect Pl., Brooklyn
Dines, Alta E. ................................. 105 E. 22 St., New York
DODD, Natalie M. .............................. 415 Central Park W., New York
Dombroske, Anna E. .................... 201 Hawley Ave., Syracuse
Dooley, Kathryn R. ............................ Fordham Hospital, Bronx
Doran, Mrs. Martha W. .................... Craig Colony, Sonyea
Doran, Ruth ................................. 1320 York Ave., New York
Dorrell, Elizabeth M. ................. Yonkers General Hospital, Yonkers
Dowling, Della G. ................................ Hospital for Joint Diseases, New York
Dowling, Mary B. .............................. Blythedale Home, Valhalla
DOYLE, Ann ................................. 440 E. 26 St., New York
DOYLE, Marian R.** ................. Kings County Hospital, Brooklyn
DuMEZ, Marjorie ............................... Syracuse University Hospital, Syracuse
Duncan, Jessic E. ......................... 2317 Gunther Ave., New York
Dunlap, Helen S. ................................ Roosevelt Hospital, New York
Dunlap, Muriel L. .............................. E. 141 St. and Southern Blvd., Bronx
Dunn, Florence E. ....................... 1230 Amsterdam Ave., New York
DUNNE, M. Eva ................................. General Hospital, Buffalo
DURBIN, Mary N. ............................. Station H, Home 4, Central Islip
DURHAM, Jane ............................ The Gilford, 140 E. 46 St., New York
DURHAM, Beatrice E. .......................... Lincoln School for Nurses, New York
DURKIN, Catherine A. ................... 408 N. Townsend St., Syracuse
Duryea, Mabel R. ............................... Methodist Episcopal Hospital, Brooklyn
EAKINS, Martha ................................ 422 Education Bldg., Albany
EBEL, Augusta I. .............................. Kingston Avenue Hospital, Brooklyn
ECKEL, Edna* .................................. 1320 York Ave., New York
EDWARDS, BLANCHE E.  440 E. 26 St., New York
EKEY, FLORENCE M.  Grasslands Hospital, Valhalla
ELIOT, MARGARET  179 Fort Washington Ave., New York
EPPIKIN, HENERIETTA*  1320 York Ave., New York
ERICKSON, EVA H.  Pilgrim State Hospital, Brentwood
ERWIN, MARY R.  5 E. 98 St., New York
ESTRY, NELLIE L.  1142 Madison Ave., New York
FALLS, CAROLINE E.  331 E. 79 St., New York
FALLOWELL, MARIE  106 Morningside Dr., New York
FAVILLE, KATHARINE E.  1825 Empire State Bldg., New York
FAVREAU, CLAIRE H.  State Education Bldg., Albany
FAWCETT, C. MARIE  St. Luke's Hospital, Newburgh
FEINAUER, MARCELLA M.  Samaritan Hospital, Troy
FERGUSON, SARAH M.  413 E. 72 St., New York
FERNANDEZ, LUCILLE A.  474 Sixth St., Niagara Falls
FERRIS, LULU E.  Flushing Hospital, Flushing
FIEGE, ELISIE M.*  1320 York Ave., New York
FIELDS, FLORENCE M.  Binghamton City Hospital, Binghamton
FINDLAY, JULIA M.  4410 Lewiston Rd., Niagara Falls
FINNEGAN, F. VIVIAN  1412 E. Fayette St., Syracuse
FIRTH, KAZMIER K.  Pilgrim State Hospital, Brentwood
FISHER, MARY L.**  Herman Biggs Memorial Hospital, Ithaca
FLITTER, HESSEL H.*  Apt. 3C, 215 E. 25 St., New York
FOUNTAIN, MARY E.  Mary McClellan Hospital, Cambridge
FOX, MARIAN L.  1276 Fulton Ave., Bronx
FRANK, ELSA R.  43 76 St., Brooklyn
FRASER, EVELYN G.  Roosevelt Hospital, New York
FRASER, MRS. FANNIE R.  285 Washington Ave., Brooklyn
FREDERICK, LILLIAN  130 Spring St., Rochester
FREW, EDITH I.  410 W. 58 St., New York
FRIEBERG, ELLIN V.*  1320 York Ave., New York
FROST, HARRIET  1320 York Ave., New York
GANNON, MARY A.  121 DeKalb Ave., Brooklyn
GARDNER, RUTH M.  Grasslands Hospital, Valhalla
GARRIGAN, MARY A.  Grasslands Hospital, Valhalla
GEIGER, E. ELIZABETH  1320 York Ave., New York
GELINAS, AGNES  Skidmore College, Saratoga Springs
GIBBARD, MARGARET H.  Memorial Hospital, Niagara Falls
GIBSON, EMMA A.  Grasslands Hospital, Valhalla
GIFFIN, GLADYS G.  143 Maywood Ave., Rochester
GILES, ANNIE E.  Greenpoint Hospital, Brooklyn
GILLET, HARRIET M.  509 W. 121 St., New York
GILMAN, ALICE S.  71 Second St., Troy
GILMORE, EDNA J.  Kings Park State Hospital, Kings Park
GLAZIER, DOROTHY S.  116 E. Castle St., Syracuse
GLEESON, EILEEN V.  163 Friendly Rd., Auburn
GLENDINNING, ELLA  39 Auburn Pl., Brooklyn
GNAU, INEZ*  1320 York Ave., New York
GOEBEL, RUTH  5 E. 98 St., New York
GOFFORTH, MARY E.*  1320 York Ave., New York
GOLDBERG, ELSA M.  5 Kenyon Ct., Utica
GOLDSMITH, JOSEPHINE F.  Room 532, 125 Worth St., New York
GOODALE, HELEN C.  920 Riverside Dr., New York
GOODRICH, ANNE M.  413 E. 53 St., New York
GORRY, MARGARET M.  Highland Hospital, Rochester
GOSS, ETHEL E.  Long Island College Hospital, Brooklyn
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gove, Etta M.</td>
<td>Memorial Hospital, Albany</td>
</tr>
<tr>
<td>Grady, Mabel F.</td>
<td>Lebanon Hospital, New York</td>
</tr>
<tr>
<td>Grainger, Margaret F.</td>
<td>525 E. 68 St., New York</td>
</tr>
<tr>
<td>Grass, Annie E.</td>
<td>Grasslands Hospital, Valhalla</td>
</tr>
<tr>
<td>Graves, Alice K.</td>
<td>116 E. Castle St., Syracuse</td>
</tr>
<tr>
<td>Gray, Elsie L.</td>
<td>501 Main St., Rochester</td>
</tr>
<tr>
<td>Greenser, Margaret L.</td>
<td>470 W. 24 St., New York</td>
</tr>
<tr>
<td>Gubersky, Blanche D.</td>
<td>5 E. 98 St., New York</td>
</tr>
<tr>
<td>Guffy, Helen M.</td>
<td>Flower-Fifth Avenue Hospital, New York</td>
</tr>
<tr>
<td>Guiney, Mrs. Kathleen K.</td>
<td>8310 35 Ave., Jackson Heights</td>
</tr>
<tr>
<td>Hall, Elizabeth</td>
<td>St. Mary's Hospital, Brooklyn</td>
</tr>
<tr>
<td>Hanford, Lillian A.</td>
<td>417 W. 118 St., New York</td>
</tr>
<tr>
<td>Hansom, Mrs. Grace L.</td>
<td>420 W. 118 St., New York</td>
</tr>
<tr>
<td>Hardie, Irma E.</td>
<td>1019 Van Antwerp Rd., Schenectady</td>
</tr>
<tr>
<td>Hardie, Marion L.</td>
<td>1019 Van Antwerp Rd., Schenectady</td>
</tr>
<tr>
<td>Harmon, Elizabeth</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Harrington, Ruth</td>
<td>Syracuse Memorial Hospital, Syracuse</td>
</tr>
<tr>
<td>Hart, Doris J.</td>
<td>Syracuse Memorial Hospital, Syracuse</td>
</tr>
<tr>
<td>Hartman, Beulah M.</td>
<td>329 E. 75 St., New York</td>
</tr>
<tr>
<td>Harty, Mary P.</td>
<td>Harlem Hospital, New York</td>
</tr>
<tr>
<td>Harvey, Florence M.</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Hathaway, Mary A.</td>
<td>74 Hanson Pl., Brooklyn</td>
</tr>
<tr>
<td>Hawkins, Stella M.</td>
<td>28 Lancaster St., Albany</td>
</tr>
<tr>
<td>Hawthorne, Margaret J.</td>
<td>622 W. 168 St., New York</td>
</tr>
<tr>
<td>Hayes, Edith V.</td>
<td>Roosevelt Hospital, New York</td>
</tr>
<tr>
<td>Hearin, Katherine F.</td>
<td>52 Gramercy Park N., New York</td>
</tr>
<tr>
<td>Heath, Bertha C.</td>
<td>409 Edgecombe Ave., New York</td>
</tr>
<tr>
<td>Hehner, Minnie J.</td>
<td>480 Herkimer St., Brooklyn</td>
</tr>
<tr>
<td>Heinzelman, Elizabeth</td>
<td>Atlantic Ave., Hawthorne</td>
</tr>
<tr>
<td>Henderson, Lillian M.</td>
<td>501 W. Main St., Rochester</td>
</tr>
<tr>
<td>Henderson, Louise</td>
<td>235 E. 57 St., New York</td>
</tr>
<tr>
<td>Henderson, Virginia A.</td>
<td>501 W. 120 St., New York</td>
</tr>
<tr>
<td>Hengst, Elsie F.</td>
<td>1086 Lexington Ave., New York</td>
</tr>
<tr>
<td>Henry, Virginia G.</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Hickcox, Verda F.</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Hilliard, E. Elizabeth</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Hinckley, Grace B.</td>
<td>Methodist Episcopal Hospital, Brooklyn</td>
</tr>
<tr>
<td>Hinckley, Helen M.</td>
<td>Deaconess Hospital, Buffalo</td>
</tr>
<tr>
<td>Hobart, Dorothy</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Hoewischer, Eda</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Hoffman, Ruth S.</td>
<td>116 E. 83 St., New York</td>
</tr>
<tr>
<td>Hopfmeister, Rose</td>
<td>11 E. 76 St., New York</td>
</tr>
<tr>
<td>Hokanson, Minnie A.</td>
<td>W. C. A. Hospital, Jamestown</td>
</tr>
<tr>
<td>Holden, Helen E.</td>
<td>The Bronx Hospital, Bronx</td>
</tr>
<tr>
<td>Holland, Mrs. Dorothy S.</td>
<td>88 Morningside Ave., New York</td>
</tr>
<tr>
<td>Hopper, Ruth J.</td>
<td>112 Goodrich St., Buffalo</td>
</tr>
<tr>
<td>Hornbeck, Mrs. Mescal</td>
<td>Millard Fillmore Hospital, Buffalo</td>
</tr>
<tr>
<td>Hosenfeld, Florence A.</td>
<td>Municipal Sanatorium, Otsville</td>
</tr>
<tr>
<td>Houlton, Ruth</td>
<td>21 E. 10 St., New York</td>
</tr>
<tr>
<td>Hubbard, Elizabeth B.</td>
<td>Samaritan Hospital, Troy</td>
</tr>
<tr>
<td>Hubbard, Miriam</td>
<td>Babes Hospital, New York</td>
</tr>
<tr>
<td>Hudson, Marie E.</td>
<td>Syracuse University Hospital, Syracuse</td>
</tr>
<tr>
<td>Huff, Rowena*</td>
<td>Syracuse University Hospital, Syracuse</td>
</tr>
<tr>
<td>Hugo, Mary A.</td>
<td>419 W. 114 St., New York</td>
</tr>
<tr>
<td>Hull, Hazel La R.</td>
<td>Buffalo General Hospital, Buffalo</td>
</tr>
<tr>
<td>Humphreys, Anne J.**</td>
<td>St. Luke's Hospital, New York</td>
</tr>
</tbody>
</table>
HURLEY, NELLIE ........................................ 201 Hawley Ave., Syracuse
HURLEY, NORA L. ...................................... 158 W. 12 St., New York
HYSLOP, ALICE K. .................................... 428 W. 59 St., New York
IGLEHART, NANNIE S. ................................ Syracuse University Hospital, Syracuse
IGLEHART, NELLIE® .................................... 833 University Ave., Syracuse
ILLING, FLORENCE L. ................................. 420 E. 59 St., New York
IRWIN, PEARL E. ...................................... General Hospital, Syracuse
IVERS, LEONE N. ...................................... 260 Crittenden Blvd., Rochester
JACOBSON, MARGUERITE K. ......................... 84 Willet St., Albany
JACOBSON, OLGA C. ................................ Woman’s Hospital, New York
JAMES, ANNA M. ...................................... Gouverneur Hospital, New York
JANATA, BARBARA ..................................... Hillcrest Park, North Rd., Poughkeepsie
JENNEY, MARY O. .................................... Nursing Education Dept., St. John’s University,
                                              75 Lewis Ave., Brooklyn
JENSEN, MILDRED® ................................... 456 E. 73 St., New York
JOHANSON, LOILA I. ................................ Olean General Hospital, Olean
JOHNSON, ALPHAL .................. ........................ 127 Ashburton Ave., Yonkers
JOHNSON, ANNE ........................................ 161 St. & 82 Dr., Jamaica
JOHNSON, MRS. ESTHER ............................... 569 Prospect Pl., Brooklyn
JOHNSON, FLORENCE M. .............................. 134 E. 19 St., New York
JOHNSON, THERESA ..................................... Jewish Hospital, Brooklyn
JOHNSTON, LEONA M. ................................ 112 Goodrich St., Buffalo
JOINVILLE, MARGARET ................................. 1320 York Ave., New York
JONES, HELEN L.® ...................................... 2169 14 St., Troy
JONES, VIRGINIA A. ................................ 50 W. 50 St., New York
JORDAN, MINNIE H. ................................. 344 W. 7 2 St., New York
JOSCELYN, MARY E. .................................. 506 Sixth St., Brooklyn
KALTENBACH, WINIFRED ............................. Babies Hospital, New York
KANNOR, ISABELLE J. ................................. 36-19 167 St., Flushing
KARPI, LYDIA ........................................... 44 S. 12 Ave., Mt. Vernon
KASLEY, VIRGINIA W. ................................. 357 Morris St., Albany
KAY, CORA E. ........................................... 1320 York Ave., New York
KEENEN, AGNES R. .................................. St. Luke’s Hospital, Newburgh
KEHOE, ROSEMARY ................................... Lebanon Hospital, Bronx
KELLER, CAROLINE .................................. 336 E. 71 St., New York
KELLOGG, LAURA .................................... Strong Memorial Hospital, Rochester
KELLY, MARY A. ....................................... 22-55 Bedford Ave., Brooklyn
KENGIA, URSAU K. .................................. 50-07 143 St, Flushing
KENNEDY, MARGUERITE L. ......................... 121 Westchester Ave., White Plains
KENNEDY, MAY ........................................ 1320 York Ave., New York
KERN, BARBARA J. .................................. 29 W. 104 St., New York
KIAH, LILLIAN M. ................................... A. Barton Hepburn Hospital, Ogdensburg
KIMBLE, LEBAH ....................................... 1086 Lexington Ave., New York
KIMMEL, EDITH A. ................................... 563 Riley St., Buffalo
KIRBY, ELOISE ........................................ Cumberland Hospital, Brooklyn
KIRCHNER, ANN ...................................... Hudson View Gardens, Pinheurst Ave., New York
KITTREDGE, MRS. CHRISTINE S. .................. 1600 South Ave., Rochester
KLAUSNER, GERTRUDE R.® ......................... 150 Marshall St., Syracuse
KLEIN, MARY E. ...................................... 1320 York Ave., New York
KLEIN, MRS. TESSA M. ............................. 1016 Amberst St., Buffalo
KOLSTE, HELEN® ..................................... 1086 Lexington Ave., New York
KONKLE, LENA .......................................... 563 Riley St., Buffalo
KRANZ, LENA A. ...................................... Utica State Hospital, Utica
KRAUSS, MARY M. .................................. Auburn City Hospital, Auburn
KREPS, ESTHER E. ................................... Grasslands Hospital, Valhalla
KYER, MARY® .......................................... 345 E. 77 St., New York
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacey, Edith M.</td>
<td>Hudson City Hospital, Hudson</td>
</tr>
<tr>
<td>Lattinen, Irene K.</td>
<td>Willard Parker Hospital, New York</td>
</tr>
<tr>
<td>Land, Mary A.</td>
<td>Mt. Vernon Hospital, Mt. Vernon</td>
</tr>
<tr>
<td>Landau, Henrietta</td>
<td>268 State St., Albany</td>
</tr>
<tr>
<td>Lane, Mrs. Emily V.</td>
<td>567 Prospect Pl., Brooklyn</td>
</tr>
<tr>
<td>Lane, Jule E.</td>
<td>722 W. 168 St., New York</td>
</tr>
<tr>
<td>Lape, E. Marcia</td>
<td>2169 14 St., Troy</td>
</tr>
<tr>
<td>Larmor, Martha H.</td>
<td>112 Goodrich St., Buffalo</td>
</tr>
<tr>
<td>Larsen, A. Margaret</td>
<td>Buffalo Children's Hospital, Buffalo</td>
</tr>
<tr>
<td>Laube, Wilhelmina C.</td>
<td>563 Riley St., Buffalo</td>
</tr>
<tr>
<td>Lawrence, Sarah P.</td>
<td>41 E. 57 St., New York</td>
</tr>
<tr>
<td>Leavell, Lutie C.</td>
<td>Bancroft Hall, Teachers College, New York</td>
</tr>
<tr>
<td>Lee, Eleanor</td>
<td>179 Fort Washington Ave., New York</td>
</tr>
<tr>
<td>LeeSon, Lilian</td>
<td>5 E. 98 St., New York</td>
</tr>
<tr>
<td>Le Van, Katharine</td>
<td>1086 Lexington Ave., New York</td>
</tr>
<tr>
<td>Lewis, Laura F.</td>
<td>112 Goodrich St., Buffalo</td>
</tr>
<tr>
<td>Liddle, Evelyn</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Lillie, Eleanor</td>
<td>2166 13 St., Troy</td>
</tr>
<tr>
<td>Lindheimer, Elizabeth P.</td>
<td>1047 Lexington Ave., New York</td>
</tr>
<tr>
<td>Lindtner, Mrs. Catherine H.</td>
<td>106 Park St., Jamestown</td>
</tr>
<tr>
<td>Longhurst, Grace</td>
<td>N. Y. State Tuberculosis Hospital, Mt. Morris</td>
</tr>
<tr>
<td>Lord, Mrs. Arnott W.*</td>
<td>48 Lockey Rd., Buffalo</td>
</tr>
<tr>
<td>Lundgren, Grace M.*</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Lupton, Eleanor*</td>
<td>42 W. 57 St., New York</td>
</tr>
<tr>
<td>Luzinsky, Helen *</td>
<td>Memorial Hospital, Niagara Falls</td>
</tr>
<tr>
<td>Lynaugh, Helen H.</td>
<td>Mt. St. Mary’s Hospital, Niagara Falls</td>
</tr>
<tr>
<td>Lynch, Elizabeth M.</td>
<td>53-14 65 Pl., Maspeth</td>
</tr>
<tr>
<td>Lynch, Theresa I.</td>
<td>School of Education, New York University, New York</td>
</tr>
<tr>
<td>Lyon, Lois H.</td>
<td>Creedmoor State Hospital, Queens Village</td>
</tr>
<tr>
<td>Lyons, A. Veronica</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>MacLeod, Marion A.</td>
<td>115 E. 61 St., New York</td>
</tr>
<tr>
<td>Maick, Marie D.*</td>
<td>428 W. 59 St., New York</td>
</tr>
<tr>
<td>Mandigo, Sarah A.</td>
<td>39 Auburn Pl., Brooklyn</td>
</tr>
<tr>
<td>Manley, Mary E.</td>
<td>113 Worth St., Room 535, New York</td>
</tr>
<tr>
<td>Marlin, Mrs. LaVern H.</td>
<td>400 Forest Ave., Buffalo</td>
</tr>
<tr>
<td>Marsden, Pauline</td>
<td>121 Westchester Ave., White Plains</td>
</tr>
<tr>
<td>Marshall, Phylomena*</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Martin, Mae E.</td>
<td>506 Sixth St., Brooklyn</td>
</tr>
<tr>
<td>Marty, Dorthea B.</td>
<td>1086 Lexington Ave., New York</td>
</tr>
<tr>
<td>Mason, Dixie D.*</td>
<td>722 W. 168 St., New York</td>
</tr>
<tr>
<td>Maxsted, Lora</td>
<td>164 St. and Grand Central Pkwy., Jamaica</td>
</tr>
<tr>
<td>Mayo, Adelaide A.</td>
<td>Russell Sage College, Troy</td>
</tr>
<tr>
<td>McCarron, Irene M.</td>
<td>Roosevelt Hospital, New York</td>
</tr>
<tr>
<td>McCarthy, Nora T.</td>
<td>Nassau Hospital, Mineola</td>
</tr>
<tr>
<td>McCarty, Esther G.</td>
<td>St. Joseph Hospital, Syracuse</td>
</tr>
<tr>
<td>McComb, Marjorie H.</td>
<td>Nathan Littauer Hospital, Gloversville</td>
</tr>
<tr>
<td>McCrimmon, Rachel F.</td>
<td>Vassar Brothers Hospital, Poughkeepsie</td>
</tr>
<tr>
<td>McGaw, Lilian M.*</td>
<td>Memorial Hospital, Niagara Falls</td>
</tr>
<tr>
<td>McInnes, Helen</td>
<td>Trudeau</td>
</tr>
<tr>
<td>McKee, Mrs. Beatrice H.*</td>
<td>1365 York Ave., New York</td>
</tr>
<tr>
<td>McKeon, Anne G.</td>
<td>Long Island College Hospital, Brooklyn</td>
</tr>
<tr>
<td>McLaughlin, Mrs. Dorothy D.</td>
<td>Central Islip Hospital, Islip</td>
</tr>
<tr>
<td>McManus, Mrs. R. Louise</td>
<td>Teachers College, New York</td>
</tr>
<tr>
<td>McNeil, Ella E.</td>
<td>53 W. 53 St., New York</td>
</tr>
<tr>
<td>McRae, Margaret</td>
<td>736 Irving Ave., Syracuse</td>
</tr>
</tbody>
</table>
McTavey, Harriet S. Lenox Hill Hospital, New York
MeaCGheard, Della M.* 336 E. 71 St., New York
Meehan, Alice R.* 350 Main St., Poughkeepsie
Mendelson, Fanny L. 25 E. 86 St., New York
Mercer, Ruth A. 1249 Fifth Ave., New York
Merrill, Florence G. The Genesee Hospital, Rochester
Migdol, Irene H.* 1086 Lexington Ave., New York
Miles, Ruby O. Crouse-Irving Hospital, Syracuse
Miller, Cecile 410 E. 65 St., New York
Miller, Elsie K. Kingston Avenue Hospital, Brooklyn
Miller, Marie A. 219 Bryant St., Buffalo
Mitchell, Mrs. Lorna D. Sea View Hospital, Staten Island
Moir, Helen M. French Hospital, New York
Moore, Anna J. 224 Alexander St., Rochester
Moore, Nonie A. 22 West 87 St., New York
Moore, Sarah E. 1320 York Ave., New York
Morgan, Blodwen C. 357 Morris St., Albany
Morgan, Edith E.* 121 Westchester Ave., White Plains
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
Muckley, Mary M. 50 W. 50 St., New York
Mulhearn, Sallie M. 141 W. 109 St., New York
Muller, Theresa G. Albany Hospital, Albany
Mumford, Eleanor W. Room 933, 50 W. 50 St., New York
Mundie, Margaret E. Box 175, Trudeau
Munson, Mrs. Helen W. 50 W. 50 St., New York
Murphy, Marguerite E. 396 Broadway, Kingston
Murphy, Pauline* 1320 York Ave., New York
Muse, Maude B. 525 W. 120 St., New York
Mutch, J. Margaret A. 179 Fort Washington Ave., New York
Napier, Lila J. Bronx Hospital, New York
Nast, Minette 440 E. 26 St., New York
Neal, Elinor F. Hudson City Hospital, Hudson
Nelson, Mrs. Alice B. City Hospital, Schenectady
Nelson, Gertrude B. Strong Memorial Hospital, Rochester
Newell, Florence E. 722 W. 168 St., New York
Nichols, Gladys L.* Ellis Hospital, Schenectady
Nicke, Elsie F. Park East Hospital, New York
Oakley, Lena R. Methodist Episcopal Hospital, Brooklyn
Oatman, Ethel A. 1320 York Ave., New York
O'Brien, Madeline 269 W. 72 St., New York
Olandy, Helene** 419 W. 114 St., New York
Ostrander, Frances J. 521 W. Main St., Rochester
Palm, Sarah I. Grasslands Hospital, Valhalla
Palmer, Hazel E. Samaritan Hospital, Troy
Palmer, Mary E. Fordham Hospital, Bronx
Parke, Hazel M. 506 Sixth St., Brooklyn
Parker, Bessie A. 1320 York Ave., New York
Pasternak, Minnie 255 Eastern Pkwy., Brooklyn
Patterson, Gene T. 130 Spring St., Rochester
Pennessi, Grace L.* Grasslands Hospital, Valhalla
Perkins, Sylvia 46 Ferry St., Troy
Peterson, Dorothea L.* 457 W. 57 St., New York
Petrie, Cecilia M. 74 Prospect Ave., Hamburg
Pfefferkorn, Blanche** 50 W. 50 St., New York
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phillips, Lottie M.</td>
<td>5 E. 98 St., New York</td>
</tr>
<tr>
<td>Pierce, Elizabeth</td>
<td>440 Riverside Dr., New York</td>
</tr>
<tr>
<td>Pietraszkiewicz, Michaeleene E.*5</td>
<td>E. 98 St., New York</td>
</tr>
<tr>
<td>Pise, Eleanor M.</td>
<td>100 Morningside Dr., New York</td>
</tr>
<tr>
<td>Pitcher, Helena*</td>
<td>1086 Lexington Ave., New York</td>
</tr>
<tr>
<td>Pittinger, Mrs. Olive D.</td>
<td>636 Linwood Ave., Buffalo</td>
</tr>
<tr>
<td>Plambeck, Edna</td>
<td>Tudor Tower, Tudor City, New York</td>
</tr>
<tr>
<td>Porter, Almena A.</td>
<td>Kingston Hospital, Kingston</td>
</tr>
<tr>
<td>Potts, Edith M.</td>
<td>522 Fifth Ave., New York</td>
</tr>
<tr>
<td>Powell, Mrs. Charlotte M.*</td>
<td>1825 Empire State Bldg., New York</td>
</tr>
<tr>
<td>Prince, Ethel G.</td>
<td>1 Hanson Pl., Brooklyn</td>
</tr>
<tr>
<td>Prindiville, Marguerite</td>
<td>262 Madison Ave., New York</td>
</tr>
<tr>
<td>Protz, Augusta</td>
<td>2595 Grand Ave., New York</td>
</tr>
<tr>
<td>Prutsman, Caroline M.*</td>
<td>Amos-Ogden Hospital, Elmira</td>
</tr>
<tr>
<td>Queerou, Clara</td>
<td>50 W. 50 St., New York</td>
</tr>
<tr>
<td>Quinn, Louise</td>
<td>141 W. 109 St., New York</td>
</tr>
<tr>
<td>Ra敷ue, Ella M.</td>
<td>114 Morningside Dr., New York</td>
</tr>
<tr>
<td>Rand, Christine M.</td>
<td>1086 Lexington Ave., New York</td>
</tr>
<tr>
<td>Randolph, Mary W.</td>
<td>1086 Lexington Ave., New York</td>
</tr>
<tr>
<td>Rapaport, Josephine</td>
<td>Syracuse University Hospital, Syracuse</td>
</tr>
<tr>
<td>Ray, Elizabeth H.*</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Raymond, Belle F.</td>
<td>141 W. 109 St., New York</td>
</tr>
<tr>
<td>Reddig, Rhoda F.</td>
<td>179 Fort Washington Ave., New York</td>
</tr>
<tr>
<td>Redfield, Mildred</td>
<td>789 Park Ave., Rochester</td>
</tr>
<tr>
<td>Reice, Edna M.*</td>
<td>2367 Burdett Ave., Troy</td>
</tr>
<tr>
<td>Reed, Mildred M.</td>
<td>Hudson City Hospital, Hudson</td>
</tr>
<tr>
<td>Reid, Grace L.</td>
<td>260 Crittenden Blvd., Rochester</td>
</tr>
<tr>
<td>Reid, Margaret</td>
<td>235 E. 22 St., Apt. 3c, New York</td>
</tr>
<tr>
<td>Reilly, Marie R.*</td>
<td>344 E. 85 St., New York</td>
</tr>
<tr>
<td>Reith, Martha*</td>
<td>1723 Grant Blvd., Syracuse</td>
</tr>
<tr>
<td>Reitz, Elizabeth C.*</td>
<td>209 Chester St., Buffalo</td>
</tr>
<tr>
<td>Reuter, Antoinie M.*</td>
<td>Lawrence Hospital, Bronxville</td>
</tr>
<tr>
<td>Reuter, Hildegard*</td>
<td>201 W. 104 St., New York</td>
</tr>
<tr>
<td>Richardson, Mary M.*</td>
<td>111 E. 76 St., New York</td>
</tr>
<tr>
<td>Richardson, Norah K.*</td>
<td>Municipal Sanatorium, Otisville</td>
</tr>
<tr>
<td>Ricketts, Olive A.</td>
<td>440 E. 26 St., New York</td>
</tr>
<tr>
<td>Ridley, Ethel B.</td>
<td>Hospital for Ruptured and Crippled, New York</td>
</tr>
<tr>
<td>Reidel, Iona B.</td>
<td>Buffalo State Hospital, Buffalo</td>
</tr>
<tr>
<td>Riley, Jennib M.*</td>
<td>121 Westchester Ave., White Plains</td>
</tr>
<tr>
<td>Rinck, Hannah</td>
<td>1086 Lexington Ave., New York</td>
</tr>
<tr>
<td>Roberts, Mary M.*</td>
<td>50 W. 50 St., New York</td>
</tr>
<tr>
<td>Roberts, Zernie P.</td>
<td>Syracuse General Hospital, Brooklyn</td>
</tr>
<tr>
<td>Robinson, Dorothy E.*</td>
<td>Sloane Hospital, New York</td>
</tr>
<tr>
<td>Robinson, Mabel L.</td>
<td>396 Broadway, Kingston</td>
</tr>
<tr>
<td>Rockhold, Elizabeth E.*</td>
<td>Brooklyn Hospital, Brooklyn</td>
</tr>
<tr>
<td>Rogers, Dorothy</td>
<td>179 Fort Washington Ave., New York</td>
</tr>
<tr>
<td>Rogers, Mary</td>
<td>St. John's Hospital, Brooklyn</td>
</tr>
<tr>
<td>Rogerson, Dell A.</td>
<td>775 Washington Ave., Brooklyn</td>
</tr>
<tr>
<td>Rosenberg, Anne E.*</td>
<td>Syracuse Memorial Hospital, Syracuse</td>
</tr>
<tr>
<td>Roser, Helen M.</td>
<td>622 W. 168 St., New York</td>
</tr>
<tr>
<td>Rotton, Marjorie T.*</td>
<td>722 W. 168 St., New York</td>
</tr>
<tr>
<td>Roucletteau, Margaret*</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Royle, Edna E.</td>
<td>531 E. 72 St., New York</td>
</tr>
<tr>
<td>Russell, Freda D.</td>
<td>Kingston Avenue Hospital, Brooklyn</td>
</tr>
<tr>
<td>Russell, Martha M.</td>
<td>2634 Decatur Ave., Bronx</td>
</tr>
<tr>
<td>Russell, Mary B.</td>
<td>506 Sixth St., Brooklyn</td>
</tr>
</tbody>
</table>
RYAN, TheLMA J. Millard Fillmore Hospital, Buffalo
SABOL, Anna M. Binghamton City Hospital, Binghamton
SANBORN, Katharine A. St. Vincent’s Hospital, New York
SASMANEN, ELNA* Babies Hospital, New York
SCANLON, Kathryn L. 112 Goodrich St., Buffalo
SCHASURE, Leah D. Kingston Hospital, Kingston
SCHILLER, O’DELA C. 1121 Brinckerhoff Ave., Utica
SCHLAGENHAUF, Ruth E. Buffalo City Hospital, Buffalo
SCHOONERMAN, Inez M. 224 Alexander St., Rochester
SCHUBERT, Agnes 1320 York Ave., New York
SCHUE, ANN E. Mt. St. Mary’s Hospital, Niagara Falls
SCHWARTZ, Hilda M. 20 Hudson St., Canton
SCOTT, MRS. ALMA H. 50 W. 50 St., New York
SCOTT, Anna G. Deaconess Hospital, Buffalo
SCOTT, Georgia L. 341 W. 50 St., New York
SEIBEL, Elizabeth Bronx Hospital, New York
SELFRIE, JANNETTE M. Memorial Hospital, Albany
SELL, Frances D. Creedmoor State Hospital, Queens Village
SEMMONS, Dorothy 271 E. Utica St., Buffalo
SENBUSCH, Anne 24 High St., Buffalo
SHANE, Blanche C. Roosevelt Hospital, New York
SHAW, CORA L. 635 W. 165 St., New York
SHAW, Minnie A. Highland Hospital, Rochester
SHELDON, Rhoda P. 106 Caroline St., Saratoga Springs
SHERMAN, Nadine* 1086 Lexington Ave., New York
SHELDON, Margaret L. 147 W. Calhoun Ave., Syracuse
SHORE, Ollie V. 16 Guion Pl., New Rochelle
SHOREY, Zula E. 722 W. 168 St., New York
SIANI, Marie G.* 340 Henry St., Brooklyn
Sider, Helen T. Willard Parker Hospital, New York
Silver, Jessie E. 563 Riley St., Buffalo
SINNIGEN, Muriel H.* 1086 Lexington Ave., New York
SINSEBOX, Ella F. 389 Lafayette St., Buffalo
Sister Angela Remberg St. Mary’s Hospital, Rochester
Sister Angelica Our Lady of Lourdes Memorial Hospital, Binghamton
Sister Edward Mary St. Vincent’s Hospital, New York
Sister Edward Patricia St. Mary’s Hospital, Amsterdam
Sister Ellen Mary St. Mary’s Hospital, Amsterdam
Sister Frederick St. Mary’s Hospital, Amsterdam
Sister Irene Tumulty 2137 Main St., Buffalo
Sister Loretto Bernard 153 W. 11 St., New York
Sister Louis Bertrand St. Joseph’s Hospital, Elmira
Sister Louise Nagel The Troy Hospital, Troy
Sister Margaret Mary Townsend St. Joseph’s Hospital, Elmira
Sister Margaretta Marie Brock, 153 W. 11 St., New York
Sister Marian Thomas Hallahan 153 W. 11 St., New York
Sister Marie Charles St. Mary’s Hospital, Brooklyn
Sister Marie Consilio Lillis St. Vincent’s Hospital, New York
Sister Maria Immaculate Conception Misericordia Hospital, New York
Sister Marie LeGras Byrne 153 W. 11 St., New York
Sister Marie Stephen 153 W. 11 St., New York
Sister Maria Vincent** 175 E. 68 St., New York
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sister Martina Murray</td>
<td>901 W. Main St., Rochester</td>
</tr>
<tr>
<td>Sister Mary Adora Schreiner</td>
<td>1365 Abbott Rd., Buffalo</td>
</tr>
<tr>
<td>Sister Mary Ambrosia</td>
<td>St. Joseph's Hospital, Yonkers</td>
</tr>
<tr>
<td>Sister M. Berardus</td>
<td>Mt. St. Mary's Hospital, Niagara Falls</td>
</tr>
<tr>
<td>Sister Mary Berlman</td>
<td>St. Francis Home, Gardenville</td>
</tr>
<tr>
<td>Sister M. Bernice</td>
<td>1153 Indian Church Rd., Gardenville</td>
</tr>
<tr>
<td>Sister Mary Callista</td>
<td>Benedictine Hospital, Kingston</td>
</tr>
<tr>
<td>Sister Mary Carmen</td>
<td>A. Barton Hepburn Hospital, Ogdensburg</td>
</tr>
<tr>
<td>Sister M. Celesta</td>
<td>Mt. St. Mary's Hospital, Niagara Falls</td>
</tr>
<tr>
<td>Sister Mary Cephas</td>
<td>St. Peter's Hospital, Albany</td>
</tr>
<tr>
<td>Sister M. Concordia</td>
<td>Our Lady of Victory Hospital, Lackawanna</td>
</tr>
<tr>
<td>Sister Mary Cyriella</td>
<td>Mercy Hospital, Buffalo</td>
</tr>
<tr>
<td>Sister M. Dulinna</td>
<td>St. Mary of the Angels Convent, Williamsville</td>
</tr>
<tr>
<td>Sister M. Eugenia</td>
<td>135 Bushwick Ave., Brooklyn</td>
</tr>
<tr>
<td>Sister M. Eugenia</td>
<td>515 Sixth St., Niagara Falls</td>
</tr>
<tr>
<td>Sister M. Francis Xavier Hughes</td>
<td>Champlain Valley Hospital, Plattsburg</td>
</tr>
<tr>
<td>Sister Mary Frederic</td>
<td>Champlain Valley Hospital, Plattsburg</td>
</tr>
<tr>
<td>Sister M. Immaculata</td>
<td>St. Peter's Hospital, Albany</td>
</tr>
<tr>
<td>Sister M. Ildephonse</td>
<td>St. Catherine's Hospital, Brooklyn</td>
</tr>
<tr>
<td>Sister Mary Irene</td>
<td>St. Vincent's Hospital, New York</td>
</tr>
<tr>
<td>Sister M. Irene</td>
<td>515 Sixth St., Niagara Falls</td>
</tr>
<tr>
<td>Sister Mary Jerome</td>
<td>515 Sixth St., Niagara Falls</td>
</tr>
<tr>
<td>Sister M. Joseph Anna</td>
<td>Mary Immaculate Hospital, Jamaica</td>
</tr>
<tr>
<td>Sister M. Leonas</td>
<td>St. Joseph's Hospital, Elmira</td>
</tr>
<tr>
<td>Sister M. Ligouri</td>
<td>St. Joseph's Hospital, Elmira</td>
</tr>
<tr>
<td>Sister Mary Patrick Dowd</td>
<td>153 W. 11 St., New York</td>
</tr>
<tr>
<td>Sister Mary Paula Shanahan</td>
<td>1365 Abbott Road, Buffalo</td>
</tr>
<tr>
<td>Sister M. Regina Rosalind</td>
<td>St. Elizabeth's Hospital, Utica</td>
</tr>
<tr>
<td>Sister M. Ricardo</td>
<td>1365 Abbott Road, Buffalo</td>
</tr>
<tr>
<td>Sister Mary Robert</td>
<td>St. Joseph's Hospital, Elmira</td>
</tr>
<tr>
<td>Sister M. St. Luke</td>
<td>Our Lady of Victory Hospital, Lackawanna</td>
</tr>
<tr>
<td>Sister Mary Seraphine</td>
<td>St. Francis Hospital, Port Jervis</td>
</tr>
<tr>
<td>Sister Mary Ursula</td>
<td>St. Mary's Hospital, Brooklyn</td>
</tr>
<tr>
<td>Sister Mathilde Gravdaugh</td>
<td>Norwegian Deaconess Home and Hospital, Brook-</td>
</tr>
<tr>
<td>Sister Maura</td>
<td>Mt. St. Mary's Hospital, Niagara Falls</td>
</tr>
<tr>
<td>Sister Miriam Blanche</td>
<td>1298 St. Mark's Ave., Brooklyn</td>
</tr>
<tr>
<td>Sister Rosalie</td>
<td>Champlain Valley Hospital, Plattsburg</td>
</tr>
<tr>
<td>Sister St. Damase</td>
<td>Misericordia Hospital, New York</td>
</tr>
<tr>
<td>Sister Thomas Francis</td>
<td>St. John's Hospital, Long Island City</td>
</tr>
<tr>
<td>Skeling, Clare</td>
<td>5 E. 98 St., New York</td>
</tr>
<tr>
<td>Smith, Elizabeth P.</td>
<td>1086 Lexington Ave., New York</td>
</tr>
<tr>
<td>Smith, Florilla E.</td>
<td>563 Riley St., Buffalo</td>
</tr>
<tr>
<td>Smith, Frances M.</td>
<td>Deaconess Hospital, Buffalo</td>
</tr>
<tr>
<td>Smith, J. Winifred</td>
<td>White Plains Hospital, White Plains</td>
</tr>
<tr>
<td>Smith, Mabel M.*</td>
<td>150 Marshall St., Syracuse</td>
</tr>
<tr>
<td>Snow, E. Edith</td>
<td>Amor-Ogden Hospital, Elmira</td>
</tr>
<tr>
<td>Snyder, Alice E.</td>
<td>137 E. 38 St., New York</td>
</tr>
<tr>
<td>Sommermeyer, Lucille M.</td>
<td>1064 Van Antwerp Rd., Schenectady</td>
</tr>
<tr>
<td>Sormani, Teresa D.</td>
<td>Morrisania Hospital, New York</td>
</tr>
<tr>
<td>Spare, Mary E.</td>
<td>Long Island College Hospital, Brooklyn</td>
</tr>
<tr>
<td>Spargo, Beatrice C.</td>
<td>Samaritan Hospital, Troy</td>
</tr>
<tr>
<td>Sprogel, Carolyne A.</td>
<td>525 E. 68 St., New York</td>
</tr>
<tr>
<td>Stahl, Adele G.</td>
<td>Syracuse Memorial Hospital, Syracuse</td>
</tr>
<tr>
<td>Stieger, Charlotte R.</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Stevenson, Beatrice V.</td>
<td>1316 85 St, Brooklyn</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>STEVENSON, LAURA E.</td>
<td>Syracuse Memorial Hospital, Syracuse</td>
</tr>
<tr>
<td>STEWART, ISABEL M.*</td>
<td>Teachers College, Columbia University, New</td>
</tr>
<tr>
<td></td>
<td>York</td>
</tr>
<tr>
<td>STIMSON, JULIA C.</td>
<td>617 W. 168 St., New York</td>
</tr>
<tr>
<td>STONE, Mildred N.</td>
<td>28 E. 68 St., New York</td>
</tr>
<tr>
<td>STOREY, MARJORY</td>
<td>130 Spring St., Rochester</td>
</tr>
<tr>
<td>STRAUSS, DOROTHY B.</td>
<td>736 Irving Ave., Syracuse</td>
</tr>
<tr>
<td>STRINGER, ELIZABETH</td>
<td>138 S. Oxford St., Brooklyn</td>
</tr>
<tr>
<td>STRUTHERS, MINNIE H.</td>
<td>5 E. 98 St., New York</td>
</tr>
<tr>
<td>STUTTER, MABEL L.</td>
<td>224 Alexander St., Rochester</td>
</tr>
<tr>
<td>SUTHERLAND, MYRAL M.</td>
<td>Mary McClellan Hospital, Cambridge</td>
</tr>
<tr>
<td>TAIT, ETHEL E.</td>
<td>Kings County Hospital, Brooklyn</td>
</tr>
<tr>
<td>TALBOT, MRS. ELIZABETH J.*</td>
<td>499 E. 80 St., New York</td>
</tr>
<tr>
<td>TENNANT, MARY E.</td>
<td>Room 5500, 49 W. 49 St., New York</td>
</tr>
<tr>
<td>THOMPSON, BARBARA A.</td>
<td>50 W. 50 St., New York</td>
</tr>
<tr>
<td>TIBBETS, BESSIE B.</td>
<td>New York State Hospital, Oneonta</td>
</tr>
<tr>
<td>TIELEKE, GERTRUDE E.</td>
<td>Kings County Hospital, Brooklyn</td>
</tr>
<tr>
<td>TIMMERS, MAE P.</td>
<td>3739 113 St., Richmond Hill</td>
</tr>
<tr>
<td>TOBIN, NOA</td>
<td>224 Alexander St., Rochester</td>
</tr>
<tr>
<td>TORDER, HILDA M.</td>
<td>400 E. 59 St., New York</td>
</tr>
<tr>
<td>TOWNSEND, LELIN B.</td>
<td>700 W. 168 St., New York</td>
</tr>
<tr>
<td>TREADWELL, PRISCILLA</td>
<td>Nathan Littauer Hospital, Gloversville</td>
</tr>
<tr>
<td>TURNER, TERESA MCL.*</td>
<td>365 Riley St., Buffalo</td>
</tr>
<tr>
<td>URQUHART, MARY H.*</td>
<td>621 10 St., Niagara Falls</td>
</tr>
<tr>
<td>VALENTINE, JOSEPHINE</td>
<td>442 State Education Bldg., Albany</td>
</tr>
<tr>
<td>VALFRED, ROSE M.*</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>VANDERBILT, FLORENCE N.</td>
<td>179 Fort Washington Ave., New York</td>
</tr>
<tr>
<td>VAN HEKLE, INA R.</td>
<td>Woman's Hospital, New York</td>
</tr>
<tr>
<td>VESLEY, JULIA</td>
<td>111 E. 76 St., New York</td>
</tr>
<tr>
<td>VICKERY, HELEN L.</td>
<td>899 Culver Rd., Rochester</td>
</tr>
<tr>
<td>WABERSICH, ROSE</td>
<td>Lenox Hill Hospital, New York</td>
</tr>
<tr>
<td>WADSWORTH, IVY M.</td>
<td>City Hospital, Syracuse</td>
</tr>
<tr>
<td>WALKER, MRS. KATHRYN N.</td>
<td>Coney Island Hospital, Brooklyn</td>
</tr>
<tr>
<td>WALNER, E. MAE</td>
<td>Box 175, White Plains</td>
</tr>
<tr>
<td>WALLERS, JEANNETTE</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>WARCHTER, MARGARET E.</td>
<td>610 W. 163 St., New York</td>
</tr>
<tr>
<td>WARD, LEONA F.</td>
<td>Station B, Poughkeepsie</td>
</tr>
<tr>
<td>WARMAN, GRACE A.*</td>
<td>5 E. 98 St., New York</td>
</tr>
<tr>
<td>WARRIN, CORA</td>
<td>130 Spring St., Rochester</td>
</tr>
<tr>
<td>WATTS, ALICE J.*</td>
<td>Willard Parker Hospital, New York</td>
</tr>
<tr>
<td>WEAVER, JESSIE*</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>WEBER, HELEN J.</td>
<td>Syracuse Memorial Hospital, Syracuse</td>
</tr>
<tr>
<td>WEDDGE, DOROTHY</td>
<td>426 E. 26 St., New York</td>
</tr>
<tr>
<td>WOOD, THELMA E.*</td>
<td>506 Sixth St., Brooklyn</td>
</tr>
<tr>
<td>WEINSTEIN, ETHEL</td>
<td>2316 E. 21 St., Brooklyn</td>
</tr>
<tr>
<td>WEINSTEIN, RUTH B.</td>
<td>2411 Lavin Ct., Troy</td>
</tr>
<tr>
<td>WELBORN, DOROTHY*</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>WEST, BEATRICE</td>
<td>521 W. Main St., Rochester</td>
</tr>
<tr>
<td>WEST, MAE H.</td>
<td>Bellevue Hospital, New York</td>
</tr>
<tr>
<td>WEST, MARIAN*</td>
<td>213 Westminster Ave., Syracuse</td>
</tr>
<tr>
<td>WHARTON, HELEN E.</td>
<td>722 W. 168 St., New York</td>
</tr>
<tr>
<td>WHEELER, CLARIBEL A.*</td>
<td>50 W. 50 St., New York</td>
</tr>
<tr>
<td>WHITE, MRS. JEAN M.</td>
<td>Mt. Vernon Hospital, Mt. Vernon</td>
</tr>
<tr>
<td>WICKS, CAROLINE M.</td>
<td>198 North St., Geneva</td>
</tr>
<tr>
<td>WIENENHACH, ERNESTINE</td>
<td>50 W. 50 St., New York</td>
</tr>
<tr>
<td>WILDE, DELPHINE</td>
<td>3312 Giles Pl., New York</td>
</tr>
<tr>
<td>Name</td>
<td>Address/Location</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Wiles, Ruth A</td>
<td>Amsterdam Hospital, Amsterdam</td>
</tr>
<tr>
<td>Williams, Agnes M.</td>
<td>304 E. 20 St., New York</td>
</tr>
<tr>
<td>Williams, Norma E.</td>
<td>Niagara Memorial Hospital, Niagara Falls</td>
</tr>
<tr>
<td>Williams, Ruth C.</td>
<td>635 W. 165 St., New York</td>
</tr>
<tr>
<td>Wilmot, Julia E.*</td>
<td>428 W. 59 St., New York</td>
</tr>
<tr>
<td>Wilson, Arlene*</td>
<td>1520 York Ave., New York</td>
</tr>
<tr>
<td>Wilson, Florence K.*</td>
<td>Syracuse Memorial Hospital, Syracuse</td>
</tr>
<tr>
<td>Wilson, Joan M.</td>
<td>Mt. St. Mary’s Hospital, Niagara Falls</td>
</tr>
<tr>
<td>Wilson, Norma A.</td>
<td>Amsterdam City Hospital, Amsterdam</td>
</tr>
<tr>
<td>Wilson, Ruth M.*</td>
<td>1520 York Ave., New York</td>
</tr>
<tr>
<td>Witham, Edna N.**</td>
<td>Willard Parker Hospital, New York</td>
</tr>
<tr>
<td>Witte, Frances W.</td>
<td>Rockland State Hospital, Orangeburg</td>
</tr>
<tr>
<td>Wolf, Anna D.*</td>
<td>525 E. 68 St., New York</td>
</tr>
<tr>
<td>Wolfson, Bessie I.</td>
<td>5 E. 98 St., New York</td>
</tr>
<tr>
<td>Wood, Gertrude S.</td>
<td>182 Amity St., Brooklyn</td>
</tr>
<tr>
<td>Wood, Letty M.</td>
<td>260 Crittenden Blvd., Rochester</td>
</tr>
<tr>
<td>Wood, Orpha D.*</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Wood, Ruth B.</td>
<td>Methodist Hospital, Brooklyn</td>
</tr>
<tr>
<td>Woodfall, Ruth E.*</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Woodley, Callie D.</td>
<td>Dispensary U. S. Army, First Ave. and 58 St., Brooklyn</td>
</tr>
<tr>
<td>Woods, M. Regina*</td>
<td>Lenox Hill Hospital, New York</td>
</tr>
<tr>
<td>Wright, Alice L.</td>
<td>3975 Broadway, New York</td>
</tr>
<tr>
<td>Wyatt, Margaret E.</td>
<td>1320 York Ave., New York</td>
</tr>
<tr>
<td>Young, Helen**</td>
<td>622 W. 168 St., New York</td>
</tr>
<tr>
<td>Young, Kathleen F.</td>
<td>New Rochelle Hospital, New Rochelle</td>
</tr>
<tr>
<td>Young, Lillian</td>
<td>567 Prospect Pl., Brooklyn</td>
</tr>
<tr>
<td>Young, Lola E.</td>
<td>23 Prospect Ave., Gloversville</td>
</tr>
<tr>
<td>Young, Madeline A.</td>
<td>Madison Square Hotel, New York</td>
</tr>
<tr>
<td>Young, Phyllis M.</td>
<td>664 W. 165 St., New York</td>
</tr>
<tr>
<td>Zabriskie, Louise</td>
<td>522 E. 88 St., New York</td>
</tr>
<tr>
<td>Zachari, Anna A.</td>
<td>1086 Lexington Ave., New York</td>
</tr>
<tr>
<td>Zorn, Katherine*</td>
<td>2325 91 St., Jackson Heights</td>
</tr>
</tbody>
</table>

**NORTH CAROLINA—62**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akers, Irene N.</td>
<td>Rex Hospital, Raleigh</td>
</tr>
<tr>
<td>Baker, Bessie</td>
<td>Duke Hospital, Durham</td>
</tr>
<tr>
<td>Benton, Mrs. Mary B.</td>
<td>Memorial General Hospital, Kinston</td>
</tr>
<tr>
<td>Beverly, Etta S.</td>
<td>Shelby Hospital, Shelby</td>
</tr>
<tr>
<td>Birker, Mary*</td>
<td>St. Leo’s Hospital, Greensboro</td>
</tr>
<tr>
<td>Bridges, Margaret*</td>
<td>Grace Hospital, Banners Elk</td>
</tr>
<tr>
<td>Brownsherger, Mrs. Elsie</td>
<td>Mountain Sanitarium and Hospital, Fletcher</td>
</tr>
<tr>
<td>Burnham, Hilda C.</td>
<td>Duke Hospital, Durham</td>
</tr>
<tr>
<td>Chapman, Bessie M.</td>
<td>Box 1547, Raleigh</td>
</tr>
<tr>
<td>Claiborne, Frances B.</td>
<td>Park View Hospital, Rocky Mount</td>
</tr>
<tr>
<td>Clary, Minnie</td>
<td>St. Peter’s Hospital, Charlotte</td>
</tr>
<tr>
<td>Clinkscale, Lena</td>
<td>Highland Hospital, Asheville</td>
</tr>
<tr>
<td>Corker, Lottie C.</td>
<td>Rex Hospital, Raleigh</td>
</tr>
<tr>
<td>Council, Ruth</td>
<td>Baptist Hospital, Winston-Salem</td>
</tr>
<tr>
<td>Cranfield, Mrs. Maud F.</td>
<td>Rutherford Hospital, Rutherford</td>
</tr>
<tr>
<td>Daniel, Josephine L.</td>
<td>North Carolina State Board of Health, Raleigh</td>
</tr>
<tr>
<td>Dickhut, Hulda G.</td>
<td>City Memorial Hospital, Winston-Salem</td>
</tr>
<tr>
<td>Finlay, Elizabeth</td>
<td>Anson Sanatorium, Wadesboro</td>
</tr>
<tr>
<td>Finnell, Mrs. Pauline H.</td>
<td>State Hospital, Raleigh</td>
</tr>
<tr>
<td>Gardiner, Ann H.</td>
<td>3213 Duke University, Durham</td>
</tr>
</tbody>
</table>
Guffin, Louise R. ....... Appalachian Hall, Asheville
Hales, Ruth .............. North Carolina State Sanatorium, Sanatorium
Halladay, Mrs. Edith P. .. St. Leo's Hospital, Greensboro
Hamilton, Sara .......... Moore County Hospital, Pinehurst
Heinzerling, Edna L. .... Watauga Hospital, Boone
Hill, Elizabeth .......... Davis Hospital, Statesville
Hinson, Margaret E. .... North Carolina Sanatorium, Sanatorium
Hull, Josephine .......... Park View Hospital, Rocky Mount
Johnson, Hazel I. ....... Burrus Memorial Hospital, High Point
Kelley, E. A.** .......... Highsmith Hospital, Fayetteville
Kerr, Josephine .......... Charlotte Sanatorium, Charlotte
Linnell, Grace M. ....... Watts Hospital, Durham
Love, Sara ............... Watts Hospital, Durham
MacNichols, Ella H. .... Shelby Hospital, Shelby
Marshbanks, Fuchsia V. .. 103 N. Person St., Raleigh
May, Mary B. ............. Presbyterian Hospital, Charlotte
McKaye, Virginia O. ..... Mission Hospital, Asheville
Morgan, Evelyn L. ....... Memorial General Hospital, Kinston
Muse, Gilbert ............. Burrus Memorial Hospital, High Point
Newman, Martha C. ....... North Carolina Sanatorium, Sanatorium
Oliver, Harte N.* ......... Route 2, Winston-Salem
Pannill, Ruth C. .......... James Walker Memorial Hospital, Wilmington
Parnell, Eva ............. Box 1062, Lumberton
Pearson, Elizabeth ....... Baker Sanatorium, Lumberton
Perry, Bessie L .......... Watts Hospital, Durham
Peterson, Elizabeth S. ... Rex Hospital, Raleigh
Porter, Mary F. .......... Highland Hospital, Asheville
Rackley, Madge .......... North Carolina Baptist Hospital, Winston-Salem
Roop, Nellie I. .......... Shelby Hospital, Shelby
Ryan, Elizabeth K. ....... Long Hospital, Statesville
Sanders, Elizabeth E.* ... Highland Hospital, Asheville
Sister Cecelia Dunleavy .. St. Leo's Hospital, Greensboro
Sister Mary Paul Chrismar . St. Leo's Hospital, Greensboro
Sister Mary Raphael ...... Mercy Hospital, Charlotte
Synes, Gertrude .......... Highland Hospital, Asheville
Thomas, Savannah* ....... Grace Hospital, Banners Elk
Watson, Bertie Mae ...... Carolina General Hospital, Wilson
Wayne, Montez .......... Rowan Memorial Hospital, Salisbury
Whitley, Sadye T. ......... North Carolina Sanatorium, Sanatorium
Williams, Hazel .......... St. Peter's Hospital, Charlotte
Woodhouse, Anna W. ...... Pittman Hospital, Fayetteville
Worrall, Mrs. Frances A. .. St. Agnes Hospital, Raleigh

NORTH DAKOTA—15

Clark, Mildred .......... General Hospital, Devils Lake
Hadden, Dorothy M. ...... St. Michael's Hospital, Grand Forks
Hertsgaard, Mabel O. .... St. Luke's Hospital, Fargo
Odden, Delia ............. Trinity Hospital, Minot
Paulson, Lucille V.** .. Deaconess Hospital, Grand Forks
Russeth, Sarah .......... Turtle Mountain Hospital, Belcourt
Ryan, Olga M. .......... Good Samaritan Hospital, Rugby
Sister M. Frances Schilling .. St. John's Hospital, Fargo
Sister Mary Catherine** .. St. Alexius Hospital, Bismarck
Sister Mary Evelyn ....... St. Joseph's Hospital, Minot
Sister M. Olive .......... St. John's Hospital, Fargo
MEMBERS

SISTER MAXIMINE FIRMER .......... St. Alexius Hospital, Bismarck
SISTER CLARE RITA .. . St. Michael’s Hospital, Grand Forks
SKEIM, ANNA R. .......... Deaconess Hospital, Grafton
STENNES, JOSEPHINE .. Good Samaritan Hospital, Rugby

$OHIO—358

ACOMB, ELIZABETH W. ......... 2139 Auburn Ave., Cincinnati
ADKINS, GLADYS B. .......... Children’s Hospital, Akron
AGERTER, CAROLTTA H. .... 2247 Cummington Rd., Cleveland
ALTHOFF, MARCELLA E. ..... 3259 Elland Ave., Cincinnati
ANDERSON, ELIZABETH M. ... 2613 E. Boulevard, Cleveland
ANDREWS, FERN .......... Grant Hospital, Columbus
ANGELL, EDDYTH E. .......... 1110 Euclid Ave., Cleveland
ARMSTRONG, MARIANNA .... 2332 Burnside Ave., Toledo
ARNDT, WANDA ......... 1110 Euclid Ave., Cleveland
ARNESON, ESTHER .......... 2544 East Blvd., Cleveland
ATWOOD, DOROTHY .......... 2719 E. 116 St., Cleveland
AUSTIN, ANNE L. .......... 2065 Adelbert Rd., Cleveland
BAHRENBURG, ELIZABETH C. .. 2065 Adelbert Rd., Cleveland
BAIRD, HELEN B. ......... The Christian R. Holmes Hospital, Cincinnati
BAKER, CAROLINE E. ....... 664 N. Park St., Columbus
BAKER, JENNIE A. ......... 2060 W. 85 St., Cleveland
BAKER, MRS. LIDA M. ...... 32 Arch St., Akron
BANCROFT, M. CORINNE .... Children’s Hospital, Cincinnati
BARRES, OLIVIA L. ........ Huron Road Hospital, East Cleveland
BEALS, ELIZA M. ......... General Hospital, Portsmouth
BEARINGER, HATTIE V. ...... Toledo Hospital, Toledo
BEIKERT, MARY E. .......... 11100 Euclid Ave., Cleveland
BELGER, ANNE S. .......... 1812 E. 105 St., Cleveland
BENDEROFF, OLGA ...... 3257 E. Scarborough Rd., Cleveland Heights
BERGDOLL, WILDA M. ....... Christ Hospital, Cincinnati
BERRY, EDNA .......... 11100 Euclid Ave., Cleveland
BLACK, ELSIE M. .......... 3259 Elland Ave., Cincinnati
BLACK, IDA L. .......... Children’s Hospital, Akron
BLACK, MARGARET N .... 1618 E. 117 St., Cleveland
BOHANNON, NEIL C. ....... Jewish Hospital, Cincinnati
BOHLMAN, MIRELLIE ...... 3259 Elland Ave., Cincinnati
BOTEN, CATHERINE .... Croxton House, Toledo Hospital, Toledo
BOX, ADELYN E. .......... 3161 Harvey Ave., Cincinnati
BOYD, HENRIETTA K. ...... 3259 Elland Ave., Cincinnati
BOYD, MARY E. .......... City Hospital, East Liverpool
BRANT, RUTH ......... Martins Ferry Hospital, Martins Ferry
BRAUCHER, ELIZABETH S. .... 1051 Carlyon Rd., Cleveland
BRAUCKLE, MABEL M. .... Grant Hospital, Columbus
BRAUN, MARY T .......... St. Vincent’s Hospital, Toledo
BRINER, MILDRED .... 1800 E. 105 St., Cleveland
BROCKSMITH, ANNA R. ...... 2049 Cornell Rd., Cleveland
BROUSE, CLARA C. .... Ohio State Medical Board, Wyandotte Bldg., Columbus
BROWN, FLORA E. .......... 2110 Cornell Rd., Cleveland
BROWNING, HELEN L. ...... Mt. Carmel Hospital, Columbus
BUCKLEY, CATHERINE .... Cincinnati General Hospital, Cincinnati
BUDD, SUSAN .......... 11311 Shaker Blvd., Cleveland
BUKKY, IRIS .......... 1812 E. 105 St., Cleveland
BURNS, EVELYN A. ....... 2063 Adelbert Rd., Cleveland
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campbell, Edith</td>
<td>3212 Burnet Ave., Cincinnati</td>
</tr>
<tr>
<td>Campbell, Emile S.</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Carroll, Harriet J.</td>
<td>General Hospital, Ashtabula</td>
</tr>
<tr>
<td>Chambers, Wilda</td>
<td>3161 Harvey Ave., Cincinnati</td>
</tr>
<tr>
<td>Chapman, Marguerite*</td>
<td>899 E. 128 St., Cleveland</td>
</tr>
<tr>
<td>Christenson, Lettie A.*</td>
<td>Christ Hospital, Cincinnati</td>
</tr>
<tr>
<td>Clark, Laura</td>
<td>11100 Euclid Ave., Cleveland</td>
</tr>
<tr>
<td>Clarke, Florence**</td>
<td>St. Luke's Hospital, Cleveland</td>
</tr>
<tr>
<td>Cogshall, Sarah L.</td>
<td>1806 E. 105 St., Cleveland</td>
</tr>
<tr>
<td>Craig, Marguerite</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Cranmer, Jean M.*</td>
<td>11100 Euclid Ave., Cleveland</td>
</tr>
<tr>
<td>Cranze, Celie</td>
<td>City Hospital, Akron</td>
</tr>
<tr>
<td>Creech, Etta A.</td>
<td>12471 Cedar Rd., Cleveland</td>
</tr>
<tr>
<td>Crepe, Velma D.</td>
<td>Huron Rd. Hospital, Cleveland</td>
</tr>
<tr>
<td>Culbertson, Winifred</td>
<td>2106 Sinton Ave., Cincinnati</td>
</tr>
<tr>
<td>Cutler, Mary H.</td>
<td>Jewish Hospital, Cincinnati</td>
</tr>
<tr>
<td>Dalton, Beulah J.</td>
<td>2125 N. Main St., Cincinnati</td>
</tr>
<tr>
<td>Daly, Eleanor H.**</td>
<td>1803 Valentine Ave., Cleveland</td>
</tr>
<tr>
<td>Darling, Lotta A.</td>
<td>St. Barnabas Guild Home, Cleveland</td>
</tr>
<tr>
<td>Darlington, Mable I.</td>
<td>Ohio State University, Columbus</td>
</tr>
<tr>
<td>Davey, Mae E.</td>
<td>2110 Cornell Rd., Cleveland</td>
</tr>
<tr>
<td>Denehy, Kathryn</td>
<td>451 Ludlow Ave., Cincinnati</td>
</tr>
<tr>
<td>DeWall, Fern M.*</td>
<td>3240 Burnet Ave., Cincinnati</td>
</tr>
<tr>
<td>Dietz, Lena D.</td>
<td>Aultman Hospital, Canton</td>
</tr>
<tr>
<td>Dillon, Mary J.</td>
<td>Jewish Hospital, Cincinnati</td>
</tr>
<tr>
<td>D'O Fenger, Agnete*</td>
<td>2065 Cornell Rd., Apt. 16, Cleveland</td>
</tr>
<tr>
<td>Dudley, Margaret E.</td>
<td>Jewish Hospital, Cincinnati</td>
</tr>
<tr>
<td>Dumke, Dorothy L.*</td>
<td>2110 Cornell Rd., Cleveland</td>
</tr>
<tr>
<td>Dumm, Elizabeth</td>
<td>Christ Hospital, Cincinnati</td>
</tr>
<tr>
<td>Dunham, Rebecca*</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Easley, Bessie M.</td>
<td>83 N. Third St., Martins Ferry</td>
</tr>
<tr>
<td>Eldridge, Lura B.</td>
<td>2057 Adelbert Rd., Cleveland</td>
</tr>
<tr>
<td>Ellison, Mrs. Bessie Van T.</td>
<td>1803 Valentine, Cleveland</td>
</tr>
<tr>
<td>Ernstes, Kathryn B.</td>
<td>2819 Stratford Ave., Cincinnati</td>
</tr>
<tr>
<td>Euler, Mary E.</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Evans, Ruth</td>
<td>13911 Ardenall Ave., East Cleveland</td>
</tr>
<tr>
<td>Evans, Wilma D.</td>
<td>Lima Memorial Hospital, Lima</td>
</tr>
<tr>
<td>Ewing, Mrs. Nan H.</td>
<td>Toledo Hospital, Toledo</td>
</tr>
<tr>
<td>Faddis, Helen W.**</td>
<td>2065 Adelbert Rd., Cleveland</td>
</tr>
<tr>
<td>Faddis, Margene O.</td>
<td>2065 Adelbert Rd., Cleveland</td>
</tr>
<tr>
<td>Feinauer, Mildred E.</td>
<td>2125 N. Main St., Cincinnati</td>
</tr>
<tr>
<td>Flora, Laura G.</td>
<td>9501 Wade Park Ave., Cleveland</td>
</tr>
<tr>
<td>Flora, Mary L.</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Fluent, Marion A.</td>
<td>3500 E. Overlook Rd., Cleveland Heights</td>
</tr>
<tr>
<td>Folkemer, Elizabeth M.</td>
<td>2157 Euclid St., Cleveland</td>
</tr>
<tr>
<td>Frank, Marion L.</td>
<td>De Ette Harrison Detwiler Memorial Hospital, Wauseon</td>
</tr>
<tr>
<td>Freiber, Marie</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Pretter, Leona</td>
<td>2622 N. Moreland, Cleveland</td>
</tr>
<tr>
<td>Froome, Janet H.</td>
<td>Jewish Hospital, Cincinnati</td>
</tr>
<tr>
<td>Gage, Edith B.</td>
<td>1803 Valentine Ave., Cleveland</td>
</tr>
<tr>
<td>Gardner, Bernice</td>
<td>2139 Auburn Ave., Cincinnati</td>
</tr>
<tr>
<td>Gast, Margaret H.</td>
<td>3161 Harvey Ave., Cincinnati</td>
</tr>
<tr>
<td>Gestel, Clara E.</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Gilleland, Evelyn R.</td>
<td>39 Arch St., Akron</td>
</tr>
<tr>
<td>Gillis, M. Anna**</td>
<td>Mt. Sinai Hospital, Cleveland</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Gold, Edna</td>
<td>General Hospital, Cincinnati</td>
</tr>
<tr>
<td>Gosling, Helen M.</td>
<td>St. Alexis Hospital, Cleveland</td>
</tr>
<tr>
<td>Goss, Laura E.</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Graham, Eloise C.</td>
<td>2125 Main St., Cincinnati</td>
</tr>
<tr>
<td>Greene, Helen I.</td>
<td>Aultman Hospital, Canton</td>
</tr>
<tr>
<td>Grimm, Mary Margaret</td>
<td>672 E. 109 St., Cleveland</td>
</tr>
<tr>
<td>Guenther, Helen</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Gustin, Doris E.</td>
<td>2038 Cornell Rd., Cleveland</td>
</tr>
<tr>
<td>Gwiski, Eleanor C.</td>
<td>6719 Euclid Ave., Apt. 45, Cleveland</td>
</tr>
<tr>
<td>Hall, Priscilla K.</td>
<td>Ohio State University Hospital, Columbus</td>
</tr>
<tr>
<td>Halpin, Catherine</td>
<td>Mercy Hospital, Canton</td>
</tr>
<tr>
<td>Halter, Pauline</td>
<td>Mercy Hospital, Canton</td>
</tr>
<tr>
<td>Hammell, Myrtle V.</td>
<td>2110 Cornell Rd., Cleveland</td>
</tr>
<tr>
<td>Hanes, Gladys M.</td>
<td>Fairview Park Hospital, Cleveland</td>
</tr>
<tr>
<td>Hanhauser, Margaret C.</td>
<td>Ohio Valley Hospital, Steubenville</td>
</tr>
<tr>
<td>Harker, Mrs. Goldie D.</td>
<td>11311 Shaker Blvd., Cleveland</td>
</tr>
<tr>
<td>Hartsock, Betty V.</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Harvey, Shirley E.</td>
<td>Buchtel Ave. and Bowery St., Akron</td>
</tr>
<tr>
<td>Haspel, Bertha</td>
<td>Hamilton County Tuberculosis Sanatorium, Cincinnati</td>
</tr>
<tr>
<td>Heazlit, Elsie M.</td>
<td>1812 E. 105 St., Cleveland</td>
</tr>
<tr>
<td>Heinaugh, Auby E.</td>
<td>1812 E. 105 St., Cleveland</td>
</tr>
<tr>
<td>Heise, Henrietta J.</td>
<td>3212 Burnet St., Cincinnati</td>
</tr>
<tr>
<td>Hendrie, Christine MacV.</td>
<td>Massillon City Hospital, Massillon</td>
</tr>
<tr>
<td>Hepekema, Janet B.</td>
<td>2456 Eaton Rd., Cleveland</td>
</tr>
<tr>
<td>Herald, Lula B.</td>
<td>384 Probasco Ave., Cincinnati</td>
</tr>
<tr>
<td>Herrriott, Alice L.</td>
<td>3305 Franklin Ave., Cleveland</td>
</tr>
<tr>
<td>Heslar, Florence</td>
<td>2125 N. Main St., Cincinnati</td>
</tr>
<tr>
<td>Higbee, Hazel</td>
<td>2110 Cornell Rd., Cleveland</td>
</tr>
<tr>
<td>Hill, Anna E.</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Hiltabidle, Katherine K.</td>
<td>810 Thayer St., Akron</td>
</tr>
<tr>
<td>Hilty, Martha</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Hoewischer, Frances</td>
<td>Mansfield General Hospital, Mansfield</td>
</tr>
<tr>
<td>Holway, Mary R.</td>
<td>612 N. Main St., Hubbard</td>
</tr>
<tr>
<td>Hornaday, Maybelle</td>
<td>3212 Burnet Ave., Cincinnati</td>
</tr>
<tr>
<td>Horning, Irene L.</td>
<td>482 Glenwood Ave., Akron</td>
</tr>
<tr>
<td>Horrigan, Mary</td>
<td>St. Elizabeth Hospital, Dayton</td>
</tr>
<tr>
<td>Houck, Anna V.</td>
<td>Lucas County Home and Hospital, Toledo</td>
</tr>
<tr>
<td>House, Dorothy E.</td>
<td>2201 Cummington Rd., Cleveland</td>
</tr>
<tr>
<td>Howell, Marion G.</td>
<td>2069 Adelbert Rd., Cleveland</td>
</tr>
<tr>
<td>Huber, Salma M.</td>
<td>1634 Neil Ave., Columbus</td>
</tr>
<tr>
<td>Hull, Cleo</td>
<td>39 Arch St., Akron</td>
</tr>
<tr>
<td>Hunt, Alice</td>
<td>2654 N. Moreland Blvd., Cleveland</td>
</tr>
<tr>
<td>Inman, Delphia M.</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Jamison, Esther V.</td>
<td>1803 Valentine Ave., Cleveland</td>
</tr>
<tr>
<td>Jansen, Henrietta</td>
<td>3751 Boudinot Ave., Cincinnati</td>
</tr>
<tr>
<td>Janson, Eva E.</td>
<td>Children's Hospital, Columbus</td>
</tr>
<tr>
<td>Jaxtheimer, Mrs. Pauline</td>
<td>11415 Hessler Rd., Cleveland</td>
</tr>
<tr>
<td>Jellison, Jeannette</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Jenntzen, Julia M.</td>
<td>Mt. Carmel School of Nursing, Columbus</td>
</tr>
<tr>
<td>Johnson, Doris*</td>
<td>3340 Burnet Ave., Cincinnati</td>
</tr>
<tr>
<td>Johnson, Ruth L.</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Jorstad, Esther O.</td>
<td>Children's Hospital, Cincinnati</td>
</tr>
<tr>
<td>Joslyn, Pauline M.</td>
<td>1812 E. 105 St., Cleveland</td>
</tr>
<tr>
<td>Juhola, Sophia</td>
<td>Warren City Hospital, Warren</td>
</tr>
<tr>
<td>Jung, Elizabeth C.</td>
<td>21 W. Broad St., Columbus</td>
</tr>
</tbody>
</table>
JOYCE, CLARA R. .......................... 207 College St., Alliance
KAY, ANNA D. .......................... 1803 Valentine Ave., Cleveland
KELLEY, IRENE V. .......................... 1418 W. 80 St., Cleveland
KENNEDY, RUBY M. .......................... 207 Hearne St., Cincinnati
KEWLEY, ELIZABETH D. .......................... 11100 Euclid Ave., Cleveland
KILPATRICK, GOELDA G. .......................... South Side Hospital, Youngstown
KLAHR, ANNE F. .......................... 1803 Valentine Ave., Cleveland
KOCHE, MRS. ESTELLE C. .......................... Cleveland City Hospital, Cleveland
KRUMHANSEL, CATHERINE .......................... 3517 E. Scarborough Rd., Cleveland Heights
KUEHN, MRS. RUTH P. .......................... 155 E. Tulane Rd., Columbus
LA BARRERA, BETTY A. .......................... 3259 Elland Ave., Cincinnati
LAMBERT, FAYE L. .......................... 2102 Cornell Rd., Cleveland
LANE, MARIE G. .......................... 1800 E. 105 St., Cleveland
LAPPIN, RUBY .......................... 3259 Elland Ave., Cincinnati
LAUBENTHAL, FRANCES E. .......................... 1134 Napoleon Rd., Ottawa
LAWSON, EVELYN .......................... 1812 E. 105 St., Cleveland
LEAHY, CHRISTINE .......................... General Hospital, Cincinnati
LEHMANN, HELEN M. .......................... 2110 Cornell Rd., Cleveland
LEHIGEBER, ESTHER M. .......................... 13800 Superior Rd., East Cleveland
LENZ, MARJORIE .......................... 11100 Euclid Ave., Cleveland
LEVERING, NINA M. .......................... 2102 Cornell Rd., Cleveland
LINDSEY, MABEL R. .......................... 3259 Elland Ave., Cincinnati
LINN, DOLORES C. .......................... 11908 Cromwell Ave., Cleveland
LITTLE, ELIZABETH G. .......................... 11100 Euclid Ave., Cleveland
LONGLEY, MRS. MARIE H. .......................... 1803 Valentine Ave., Cleveland
LOTT, MRS. JOSEPHA K. .......................... 3259 Elland Ave., Cincinnati
LUMBATTIS, FLORENC E. .......................... 2719 E. 116 St., Cleveland
LYNCH, BEATRICE R. .......................... 1845 Roxbury Rd., East Cleveland
MACKENZIE, ALENA A. .......................... 2601 E. Boulevard, Cleveland
MANNING, EMMA M. .......................... 2135 Euclid Ave., Cleveland
MANTHEY, GLADYS A. .......................... Christ Hospital, Cincinnati
MARKLEIN, MAUREEN F. .......................... 3336 Burnet Ave., Cleveland
MARTIN, HARRIET .......................... 39 Arch St., Cleveland
MARTIN, HELEN G. .......................... Ohio Valley Hospital, Steubenville
MASSEY, LUCY E. .......................... 2117 Adelbert Rd., Cleveland
MATHews, EMMALINE R. .......................... Christ Hospital, Cincinnati
MAurer, GLADYS S. .......................... 2245 Cummingston Rd., Cleveland
McdAoo, TERESSA E. .......................... 13005 Thornhurst Ave., Cleveland
MCDOW, CORA .......................... Children’s Hospital, Cincinnati
MCCLELAND, FRANCES E. .......................... Ohio Valley Hospital, Steubenville
McClyhon, RUTH I. .......................... Children’s Hospital, Cincinnati
McCORMAN, LUELLA N. .......................... Youngstown Hospital, Youngstown
McCOWN, VIANA .......................... White Cross Hospital, Columbus
McCRAE, MARTHA E. .......................... Youngstown Hospital, North Side, Youngstown
McGALLIARD, VIVA .......................... 3259 Elland Ave., Cincinnati
McGONAGLE, M. DRAN .......................... 2615 E. Boulevard, Cleveland
McGucken, CATHERINE .......................... 3212 Burnet Ave., Cincinnati
McKENNA, FRANCES M. .......................... Fairview Park Hospital, Cleveland
McKINNEY, RUTH M. .......................... 2620 N. Moreland Blvd., Cleveland
McNEILL, ESTA H. .......................... City Hospital, Cleveland
MELERS, ROSALIE C. .......................... 6715 Madison Rd., Cincinnati
MERCER, EVELYN .......................... Cincinnati General Hospital, Cincinnati
MILLER, ELVA .......................... 1921 E. 97 St., Cleveland
MILLER, MRS. HARLIETT A. .......................... 2210 Eldred Ave., Lakewood
MILLER, V. MILDRED .......................... Aultman Hospital, Canton
MINNING, EDITH .......................... 2923 Vaughn St., Cincinnati
MEMBERS

Missel, Evelyn L. ........................................ 2719 E. 116 St., Cleveland
Morison, Lueella J. ....................................... Good Samaritan Hospital, Dayton
Mott, Dorothy ............................................. Good Samaritan Hospital, Cincinnati
Motok, Eugenia C. ......................................... 421 Seventh St., N. E., Massillon
Muehler, Ruth E. ........................................... 10020 Ackley Rd., Parma Heights
Mullen, Margaret ........................................... 39 Arch St., Akron
Nash, Frances L. ........................................... A. N. C. Station Hospital, Fort Hayes, Columbus
Neamam, Mary Z. ........................................... Lima Memorial Hospital, Lima
Nelson, Mary E. ........................................... 13951 Terrace Rd., East Cleveland
Newman, Edna S. ........................................... St. Luke's Hospital, Cleveland
Nicely, Mrs. Ellen D. ..................................... 1418 W. Clifton Blvd., Lakewood
Nicholson, Helen F. ....................................... 1618 E. 117 St., Cleveland
Nicolas, Zella ............................................. Toledo State Hospital, Toledo
Nobles, Georgia G. ......................................... Jewish Hospital, Cincinnati
Northup, Edith R. .......................................... 3259 Elland Ave., Cincinnati
Noxford, Marylone ......................................... 327 Erkenbrecher Ave., Cincinnati
Oakes, Whilma .............................................. Christ Hospital, Cincinnati
O’Connor, Virginia ......................................... 13951 Terrace Rd., East Cleveland
Oschenbacher, Hazel ....................................... 1812 E. 105 St., Cleveland
Patton, Frances M. ......................................... 2125 N. Main St., Cincinnati
Pfeufer, Martha M. ......................................... Bethesda Hospital, Cincinnati
Pingel, Martha M. .......................................... Coshocton Hospital, Coshocton
Powell, Louise ............................................. 1812 E. 105 St., Cleveland
Priem, Elessa G. ........................................... Rainbow Hospital, South Euclid
Proffitt, Ruby M. ........................................... 3259 Elland Ave., Cincinnati
Pugsley, Elizabeth ......................................... 12019 Cromwell, Cleveland
Purcell, Florence ........................................... 98 Buttles Ave., Columbus
Quinby, Joyce ............................................. 2034 Cornell Rd., Cleveland
Ramsey, Regina M. ........................................ 1329 W. 110 St., Cleveland
Read, Ruth A. ............................................. 39 Arch St., Akron
Reber, Anna A. ............................................ 2085 Cornell Rd., Cleveland
Reed, Marie ................................................ 664 N. Park St., Columbus
Reichel, Elsie C. .......................................... Christ Hospital, Cincinnati
Rein, Helen ................................................ 124 Front St., Ripley
Remle, Ethel L. ............................................ 3259 Elland Ave., Cincinnati
Richard, Hazel ............................................. Holzer Hospital, Gallipolis
Richards, Helen M. ....................................... 2830 E. 130 St., Cleveland
Robertson, Eda C. ......................................... 2061 Cornell Rd., Cleveland
Robinson, A. Elizabeth ................................... Rainbow Hospital, South Euclid
Robinson, Mrs. Margaret A. ............................. Ohio Soldiers' and Sailors' Orphans' Home, Xenia
Roppel, Estella .............................................. 402 Catherine St., Cincinnati
Ronsagle, Laura E. ......................................... 3259 Elland Ave., Cincinnati
Rothfus, Alice ............................................. 11100 Euclid Ave., Cleveland
Sargent, Anne E. ........................................... 2028 E. 83 St., Cleveland
Scheiderer, Mrs. Grace G. ................................ White Cross Hospital, Columbus
Schmidt, Harriet ........................................... 414 Portage Trail, Cuyahoga Falls
Schneider, Ida .............................................. Bethesda Hospital, Cincinnati
Schoenbeck, Dorothy E. ................................ 1777 Avalon Rd., Cleveland
Schraub, Hilda T. .......................................... St. Thomas Hospital, Akron
Schroeder, Louise S. ...................................... Miami Valley Hospital, Dayton
Schwarz, Helen G. .......................................... 3259 Elland Ave., Cincinnati
Schwikkart, Katherine M. ................................ Jackson County Health Dept., Jackson
Scott, Margaret ............................................ Christ Hospital, Cincinnati
Seeman, Ruth E. ........................................... 2640 Burnet Ave., Cincinnati
Selph, Mabel F. ............................................ Mansfield General Hospital, Mansfield
Seyler, Mildred ............................................. 11100 Euclid Ave., Cleveland
SEYMOUR, Pauline .................. 3212 Burnet Ave., Cincinnati
SHANK, Helen** .................. 21 W. Broad St., Columbus
SISTER Adelade .................. Good Samaritan Hospital, Cincinnati
SISTER Andrew Hanlon ............ Good Samaritan Hospital, Cincinnati
SISTER Beatrice St. Louis** .... 2201 Cherry St., Toledo
SISTER De Chantal** .............. Good Samaritan Hospital, Cincinnati
SISTER Emmanuel .................. St. Francis Hospital, Cincinnati
SISTER Immaculata Morrison ...... Good Samaritan Hospital, Cincinnati
SISTER Margaret Cortona Kenedy ... Good Samaritan Hospital, Cincinnati
SISTER M. Alvera .................. 5305 McBride Ave., Cleveland
SISTER M. Borgia .................. 2320 E. 24 St., Cleveland
SISTER M. Carmella** .......... St. Thomas Hospital, Akron
SISTER Mary Edith Bailey** ..... Mercy Hospital, Canton
SISTER Mary Elva .................. St. John's Nursing School, Cleveland
SISTER Mary George Lindner .... Good Samaritan Hospital, Cincinnati
SISTER Mary Gervase Barry ...... Mercy Hospital, Hamilton
SISTER M. Hilary .................. Mt. Carmel Hospital, Columbus
SISTER Mary Lawrence ............. 730 Laurel Ave., Zanesville
SISTER M. Loyola .................. St. Rita's Hospital, Lima
SISTER Minalia Harrigan** ...... St. Elizabeth Hospital, Dayton
SISTER Remy Alexander ........... Good Samaritan Hospital, Dayton
SISTER Tarsicia ................... St. Clara Convent, Hartwell, Cincinnati
SISTER Teresa Adelaide Thole ... Good Samaritan Hospital, Cincinnati
SISTER Theodore Sullivan ...... Good Samaritan Hospital, Cincinnati
SKANSE, Audrey* ................. 1805 Valentine Ave., Cleveland
SLATER, Marguerite .............. Christ Hospital, Cincinnati
SMILEY, Virginia* ............... 2064 E. 96 St., Cleveland
SMITH, Gypsie V.* ................ 3259 Elland Ave., Cincinnati
SMITH, M. Ruth** ................. Grant Hospital, Columbus
SMITH, Martha H .................. 2471 Lee Rd., Cleveland Heights
SMITH, Pearl E .................... Huron Road Hospital, East Cleveland
SMITH, Ruth M .................... 3259 Elland Ave., Cincinnati
SNIDER, Ida ....................... Toledo Hospital, Toledo
SNYDER, Louise* .................. 2065 Cornell Rd., Cleveland
SOEHNLIN, Lucy ................... Mercy Hospital, Canton
SOLBERG, Olga ................. 1800 E. 105 St., Cleveland
SPECHT, Florence A ............ Memorial Hospital, Norwalk
STEINER, Mary J .................. 11100 Euclid Ave, Cleveland
STEMLER, Mrs. Mildred MCG ...... 103 W. McMillan St., Cincinnati
STEPHENS, Eleanor M ................ Robinwood Hospital, Toledo
STEVenson, Margaret ............. 13915 Clifton Blvd., Lakewood
STOLTZFUS, Lena M ................ Bethesda Hospital, Cincinnati
SWENSON, Vernice M .............. 134 Apple St., Dayton
THAYER, Thelma B ................. 128 W. Eighth St., Columbus
THIessen, Mavis R ................ 2645 Winchell Rd., Shaker Heights
THOMPSON, Nelle ................. 2125 N. Main St., Cincinnati
TROFF, Gladys H.* ............... 11808 Browning Ave., Cleveland
TRUELSON, Lois* .................. 1812 E. 105 St., Cleveland
TRUCK, Mrs. Alberta P ............ Huron Road Hospital, East Cleveland
VAN BLAIRICON, Ann E.* ........ 11100 Euclid Ave., Cleveland
VANGARD, Mrs. Clara E ........... Bethesda Hospital, Zanesville
WAELCHLL, Anna M ............... Bethesda Hospital, Cincinnati
WA LINGER, Elgie M .......... Children's Hospital, Cincinnati
WALIN, Clara E ................... Miami Valley Hospital, Dayton
WALSH, Mrs. Mary .................. 1805 Valentine Ave., Cleveland
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wareham, Mrs. Alice D.</td>
<td>University Hospital, Columbus</td>
</tr>
<tr>
<td>Warner, Vera F.</td>
<td>Neil Hall, Ohio State University, Columbus</td>
</tr>
<tr>
<td>Warneke, Alvina*</td>
<td>2719 E. 116 St., Cleveland</td>
</tr>
<tr>
<td>Wayne, Anna L.</td>
<td>Toledo Hospital-Croxtont House, Toledo</td>
</tr>
<tr>
<td>Weaver, Rosalie*</td>
<td>11100 Euclid Ave., Cleveland</td>
</tr>
<tr>
<td>Webster, Mrs. Katherine</td>
<td>1800 E. 105 St., Cleveland</td>
</tr>
<tr>
<td>Weiler, Clara S.*</td>
<td>11100 Euclid Ave., Cleveland</td>
</tr>
<tr>
<td>Weiler, Mary C.*</td>
<td>11100 Euclid Ave., Cleveland</td>
</tr>
<tr>
<td>Weinhardt, Ruth*</td>
<td>12635 Woodland Ave., Cleveland</td>
</tr>
<tr>
<td>Weismiller, Mary C.</td>
<td>4773 Glenway Ave., Cincinnati</td>
</tr>
<tr>
<td>Wells, G. Pauline*</td>
<td>2654 N. Moreland Blvd., Cleveland</td>
</tr>
<tr>
<td>Wells, Victoria H.</td>
<td>139 S. Grant Ave., Columbus</td>
</tr>
<tr>
<td>Wenzel, Jessie E.</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>West, Hazel</td>
<td>Elyria Hospital, Elyria</td>
</tr>
<tr>
<td>Wetzel, Mildred*</td>
<td>2060 East Blvd., Cleveland</td>
</tr>
<tr>
<td>Whiteman, Doris</td>
<td>City Hospital, Springfield</td>
</tr>
<tr>
<td>Wilch, Mildred L.*</td>
<td>2125 N. Main St., Cincinnati</td>
</tr>
<tr>
<td>Williams, Helen G.</td>
<td>135 Tulane Rd., Columbus</td>
</tr>
<tr>
<td>Williams, Janice</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Wilson, Marjorie H.</td>
<td>11816 Cronwell Ave., Cleveland</td>
</tr>
<tr>
<td>Windeley, Dorothy</td>
<td>Youngstown Hospital, Youngstown</td>
</tr>
<tr>
<td>Wingardner, Dora A.</td>
<td>1805 Valentine Ave., Cleveland</td>
</tr>
<tr>
<td>Wisler, Mary C.</td>
<td>7359 Euclid Ave., Cleveland</td>
</tr>
<tr>
<td>Wolbach, Flora E.**</td>
<td>39 Arch St., Akron</td>
</tr>
<tr>
<td>Wolf, Eleanor*</td>
<td>2544 East Blvd., Cleveland</td>
</tr>
<tr>
<td>Wood, Beatrice K.</td>
<td>Mt. Carmel Hospital, Columbus</td>
</tr>
<tr>
<td>Wood, Pearl A.*</td>
<td>1803 Valentine Ave., Cleveland</td>
</tr>
<tr>
<td>Worthman, Lillian*</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Yelton, Anne</td>
<td>1812 E. 105 St., Cleveland</td>
</tr>
<tr>
<td>Yoder, Clara</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
<tr>
<td>Yoder, Gernie J.</td>
<td>City Hospital, Warren</td>
</tr>
<tr>
<td>Young, Lenore B.</td>
<td>Women's and Children's Hospital, Toledo</td>
</tr>
<tr>
<td>Zwick, Rita</td>
<td>Mercy Hospital, Canton</td>
</tr>
</tbody>
</table>

\$OKLAHOMA—57

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biddle, Jessie A.</td>
<td>518 N. W. 12 St., Oklahoma City</td>
</tr>
<tr>
<td>Biddler, Thelma M.</td>
<td>Enid General Hospital, Enid</td>
</tr>
<tr>
<td>Castello, Marcella R.</td>
<td>St. Anthony Hospital, Oklahoma City</td>
</tr>
<tr>
<td>Cooke, Doris J.</td>
<td>404 S. Fifth St., Clinton</td>
</tr>
<tr>
<td>Crain, E. Virginia</td>
<td>Oklahoma Baptist Hospital, Muskogee</td>
</tr>
<tr>
<td>Crow, Lois</td>
<td>Western Oklahoma Charity Hospital, Clinton</td>
</tr>
<tr>
<td>Davis, Alice</td>
<td>404 S. Fifth St., Clinton</td>
</tr>
<tr>
<td>Devine, Mary M.</td>
<td>Muskogee General Hospital, Muskogee</td>
</tr>
<tr>
<td>Eldridge, Allie L.</td>
<td>Wesley Hospital, Oklahoma City</td>
</tr>
<tr>
<td>Fleming, V. June</td>
<td>Western Oklahoma Charity Hospital, Clinton</td>
</tr>
<tr>
<td>Foss, Flora L.</td>
<td>1439 S. Norfolk St., Tulsa</td>
</tr>
<tr>
<td>Fritz, Elsie M.</td>
<td>Enid General Hospital Foundation, Enid</td>
</tr>
<tr>
<td>Garrett, Marie</td>
<td>426 N. E. 13 St., Oklahoma City</td>
</tr>
<tr>
<td>Girard, Marguerite</td>
<td>Albert Pike Hospital, McAlester</td>
</tr>
<tr>
<td>Kennedy, Sarah M.</td>
<td>St. Anthony Hospital, Oklahoma City</td>
</tr>
<tr>
<td>Lacy, Ruth</td>
<td>717 W. 29 St., Oklahoma City</td>
</tr>
<tr>
<td>Lewis, Nettie K.</td>
<td>Western Oklahoma Charity Hospital, Clinton</td>
</tr>
<tr>
<td>Lynes, Mattie</td>
<td>Albert Pike Hospital, McAlester</td>
</tr>
<tr>
<td>McMahon, Mary A.</td>
<td>Morningside Hospital, Tulsa</td>
</tr>
<tr>
<td>McMillan, Louise</td>
<td>Chickasha Hospital, Chickasha</td>
</tr>
<tr>
<td>Name</td>
<td>Hospital/Location</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>PARKER, CYNTHIA</td>
<td>Western Oklahoma Charity Hospital, Clinton</td>
</tr>
<tr>
<td>ROCKEFELLER, EDNA M.</td>
<td>Muskogee General Hospital, Muskogee</td>
</tr>
<tr>
<td>SISTER M. GRATIANA</td>
<td>St. John's Hospital, Tulsa</td>
</tr>
<tr>
<td>SISTER MARY HUBERTINE</td>
<td>Ponca City Hospital, Ponca City</td>
</tr>
<tr>
<td>SISTER MARY MARGARET</td>
<td>St. Anthony Hospital, Oklahoma City</td>
</tr>
<tr>
<td>SISTER M. MONICA</td>
<td>St. Anthony Hospital, Oklahoma City</td>
</tr>
<tr>
<td>SISTER MARY PANCRATIA</td>
<td>St. Anthony Hospital, Oklahoma City</td>
</tr>
<tr>
<td>SISTER M. THERESITA SCHRICK</td>
<td>St. John's Hospital, Tulsa</td>
</tr>
<tr>
<td>SLIEF, GOLDA B.</td>
<td>717 Gilbertson Dr., Oklahoma City</td>
</tr>
<tr>
<td>SMITH, CLORIS E.</td>
<td>222 S. 10 St., Clinton</td>
</tr>
<tr>
<td>STRONG, WILLIAMINA H.</td>
<td>Wesley Hospital, Oklahoma City</td>
</tr>
<tr>
<td>TABER, NORA</td>
<td>117 N. 10 St., Duncan</td>
</tr>
<tr>
<td>TOMME, Wincy MCA.</td>
<td>517½ S. Seventh, Clinton</td>
</tr>
<tr>
<td>TRIPLETT, EDythe S.</td>
<td>State University Hospital, Oklahoma City</td>
</tr>
<tr>
<td>TUCK, HAZEL C.</td>
<td>Oklahoma City General Hospital, Oklahoma City</td>
</tr>
<tr>
<td>WILSON, JEWELL L.</td>
<td>222 S. Tenth St., Clinton</td>
</tr>
<tr>
<td>YOUNG, DAISY A.</td>
<td>570 N. Sixth St., Muskogee</td>
</tr>
</tbody>
</table>

OREGON—70

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALEXANDER, MABEL C.</td>
<td>U. S. Veterans' Hospital, Portland</td>
</tr>
<tr>
<td>BAILLIE, GERTRUDE J.</td>
<td>Good Samaritan Hospital, Portland</td>
</tr>
<tr>
<td>BENNETT, JOSEPHINE H.</td>
<td>4522 N. Overlook Blvd., Portland</td>
</tr>
<tr>
<td>BOYLE, JEAN E.**</td>
<td>The Dalles Hospital, The Dalles</td>
</tr>
<tr>
<td>CAMILLO, EVELYN</td>
<td>3211 S. W. 10 Ave., Portland</td>
</tr>
<tr>
<td>CAMPBELL, MARY C.</td>
<td>1001 Public Service Bldg., Portland</td>
</tr>
<tr>
<td>COOK, AMELIA</td>
<td>1529 S. E. Hawthorne, Portland</td>
</tr>
<tr>
<td>COOKSLEY, DOROTHY L.</td>
<td>2800 N. Commercial Ave., Portland</td>
</tr>
<tr>
<td>CROWE, MARION G.</td>
<td>1008 S. W. Sixth Ave., Portland</td>
</tr>
<tr>
<td>EGGERS, JOHANNA</td>
<td>University of Oregon Medical School, Portland</td>
</tr>
<tr>
<td>EICKMAN, LINDA A.</td>
<td>Multnomah County Hospital, Portland</td>
</tr>
<tr>
<td>FEAR, AMELIA A.</td>
<td>University of Oregon Medical School, Portland</td>
</tr>
<tr>
<td>FRED, BEATRICE V.</td>
<td>3211 S. W. Tenth, Apt. 206, Portland</td>
</tr>
<tr>
<td>GALLIEN, JEANNE L.</td>
<td>1008 S. W. Sixth Ave., Portland</td>
</tr>
<tr>
<td>GILL, ELEANOR</td>
<td>Monmouth</td>
</tr>
<tr>
<td>GRISWOLD, H. ROBERTA</td>
<td>654 S. W. Grant, Portland</td>
</tr>
<tr>
<td>HADWEN, SIBYLLA</td>
<td>419 Pittyck Block, Portland</td>
</tr>
<tr>
<td>HAMILTON, JEAN P.</td>
<td>814 N. W. 22 Ave., Portland</td>
</tr>
<tr>
<td>HARBSTAD, LAURA C.</td>
<td>816 Oregon Bldg., Portland</td>
</tr>
<tr>
<td>HEATON, MRS. EMILY C.</td>
<td>Good Samaritan Hospital, Portland</td>
</tr>
<tr>
<td>HIGBY, LUCILE M.**</td>
<td>Doernbecher Memorial Hospital, Portland</td>
</tr>
<tr>
<td>HUMPHREY, LETHA</td>
<td>Shriners' Hospital, Portland</td>
</tr>
<tr>
<td>IMHOFF, VERA C.</td>
<td>612 S. W. Jackson St., Portland</td>
</tr>
<tr>
<td>JOHNSON, GENEVA F.</td>
<td>Multnomah County Hospital, Portland</td>
</tr>
<tr>
<td>JONES, MRS. EMMA E.</td>
<td>Multnomah County Hospital, Portland</td>
</tr>
<tr>
<td>KERBY-MILLER, SALLY C.</td>
<td>3357 S. E. Woodstock Blvd., Portland</td>
</tr>
<tr>
<td>KIDD, GENEVIEVE E.</td>
<td>614 Medical Arts Bldg., Portland</td>
</tr>
<tr>
<td>KOBIELSKI, ANNE</td>
<td>4300 N. E. Alameda, Portland</td>
</tr>
<tr>
<td>LAIRD, MRS. LINNIE</td>
<td>304 Stevens Bldg., Portland</td>
</tr>
<tr>
<td>LEE, BERNICE M.</td>
<td>Salem General Hospital, Salem</td>
</tr>
<tr>
<td>LENNARTZ, FLORENCE L.</td>
<td>The Dalles Hospital, The Dalles</td>
</tr>
<tr>
<td>LOVERIDGE, EMILY L.</td>
<td>2344 N. E. 19 Ave., Portland</td>
</tr>
<tr>
<td>MACKRILL, HELEN</td>
<td>Emanuel Hospital, Portland</td>
</tr>
<tr>
<td>MARLON, VIRGINIA E.**</td>
<td>St. Mary's Hospital, Astoria</td>
</tr>
<tr>
<td>McDoNALD, LILLIAN M.</td>
<td>Salem General Hospital, Salem</td>
</tr>
<tr>
<td>McPherson, Clara N.</td>
<td>Multnomah Hospital, Portland</td>
</tr>
</tbody>
</table>
MILLER, ENOLA ........................................ Emanuel Hospital, Portland
MOUSER, ELIZABETH P. .............................. Good Samaritan Hospital, Portland
MURRAY, PATRICIA L. ................................. 2475 N. W. Westover Rd., Portland
OSBORNE, HARRIET .................................. St. Vincent’s Hospital, Portland
OSWALD, C. JEANETTE ** ............................. University of Oregon Medical School, Portland
PARKER, MALVESON J. ............................... Campbell Court Hotel, Portland
PARRISH, I. AGNES* ................................ Doernbecher Hospital, Portland
PAYTON, MARGARET L. .............................. Court House, Oregon City
PEROZZI, LUCILLE ................................. 816 Oregon Bldg., Portland
PHELPS, GRACE ........................................ Doernbecher Hospital, Portland
PLATT, HELEN M. ...................................... 2475 N. W. Westover Rd., Portland
PORTMAN, MARGARET ............................... 409 W. Third St., The Dalles
REILING, THELMA L. ................................. 2475 N. W. Westover Rd., Portland
ROE, MABEL J. ......................................... Good Samaritan Hospital, Portland
SCOTT, ESTHER R. .................................... Multnomah County Hospital, Portland
SEARS, ETHEL K. ..................................... Doernbecher Hospital, Portland
SHARF, ALICE M. ..................................... 4919 N. E. 36 Ave., Portland
SHEEHY, MARGUERITE ......................... 2003 N. E. Tenth Ave., Portland
SISTER AGNES DE BOHEME .................. 2447 N. W. Westover Rd., Portland
SISTER ANNA DEUERSEN ......................... 665 S. Winter St., Salem
SISTER FLORA MARY ......................... St. Vincent’s Hospital, Portland
SISTER GENEVIEVE ......................... St. Vincent's Hospital, Portland
SKOOG, MYRTLE H. ................................... Emanuel Hospital, Portland
STRATTON, ANNE ................................. Portland Sanitarium, Portland
SYLVESTER, RUTH ............................ 6526 N. E. 27 Ave., Portland
TEMPLIN, ETHEL ..................................... 419 Pittock Block, Portland
THOMSON, ELOIRA E. .............................. University of Oregon Medical School, Portland
TURTLE, BEATRICE .................................. 550 N. Summer St., Salem
VREELAND, JOHANNA R. .......................... 2475 N. W. Westover Rd., Portland
WALKER, HARRIET .................................. University of Oregon Medical School, Portland
WETZEL, MAISIE V. ................................. University of Oregon Medical School, Portland
WHEELOCK, RUTH V. .............................. University of Oregon Medical School, Portland
WHITLOCK, OLIVE ............................. 816 Oregon Building, Portland
WITCHEN, ELISIE ..................................... 605 Woodlark Bldg., Portland

†PENNSYLVANIA—480

ALDER, WILLIE L. ....................................... 1012 Spruce St., Philadelphia
ALLISON, ELLA W.* .................................... 34 and Pine Sts., Philadelphia
AMBLER, FLORENCE A. .............................. Children’s Hospital, Pittsburgh
ANDERSON, EDNA L. ................................... Box 240, Warren
ANDERSON, INEZ M. ................................... Eagleville Sanatorium, Eagleville
AULBACH, HELEN L.* ................................ 410 Franklin Ave., Scranton
AUSTIN, LOIS M. ..................................... Elizabeth Steel Magee Hospital, Pittsburgh
BAILY, EMMA* ........................................ Moses Taylor Hospital, Scranton
BALLAMY, EMMA S. ................................... Wilkes-Barre General Hospital, Wilkes-Barre
BARLOW, MRS. ANNA R. .............................. 223 N. Fourth St., Reading
BARRON, MABEL A. .................................. Western Pennsylvania Hospital, Pittsburgh
BAUMANN, KATHERINE ................................ Eye and Ear Hospital, Pittsburgh
BAUMGARTEN, HILDA G. .............................. Philadelphia General Hospital, Philadelphia
BAYER, OLIVE M. ...................................... Altoona Hospital, Altoona
BEALER, NETTIE E.* .................................. Blair Memorial Hospital, Huntingdon
BEAMER, MARY E. ..................................... Palmerton Hospital, Palmerton
BECK, ALMA E. ........................................ St. Luke’s Hospital, Bethlehem
BELL, SARAH C. ....................................... 3400 Pine St., Philadelphia
BEHMAN, ANNA B. ..................................... Protestant Episcopal Hospital, Philadelphia
BENBOW, ELIZABETH S. 221 Halket St., Pittsburgh
BENSON, MARTHA L. Pittsburgh Homeopathic Hospital, Pittsburgh
BERGER, IRENE Mount Sinai Hospital, Philadelphia
BEST, LILLIAN R. St. Luke’s Hospital, Bethlehem
BEVAN, MABEL Elizabeth Steel Magee Hospital, Pittsburgh
BEZELSKI, LORETTA A. 5230 Center Ave., Pittsburgh
BIGGS, ALMEDA S.* 34 and Pine Sts., Philadelphia
BLACK, ANNA B. D. T. Watson Home for Crippled Children, Leetsdale

BLASER, LYDIA Pennsylvania Hospital, Philadelphia
BOLTZ, MARY K. 218 S. Sixth St., Lebanon
BORLAND, MRS. MARGARET B. Children’s Hospital, Pittsburgh
BOSSET, SUSAN E. Presbyterian Hospital, Philadelphia
BOWER, C. RUTH** University of Pennsylvania, Department of Nursing Education, Philadelphia

BOYER, JOSEPHINE M. St. Joseph’s Hospital, Reading
BRACKETT, MARY E. Geisinger Memorial Hospital, Danville
BRALEY, DOROTHY D. 51 N. 39 St., Philadelphia
BRAUN, EVA M. Suburban General Hospital, Bellevue
BRESNAHAN, MARY A. Allegheny General Hospital, Pittsburgh
BRINTON, JANE Pocopson
BROWN, GRACE D. Hahnemann Hospital, Scranton
BROWN, KATHARINE Jeannes Hospital, Fox Chase, Philadelphia
BRUBAKER, ELIZABETH K. 2600 N. Lawrence St., Philadelphia
BRUNNER, CLARA M. Lancaster General Hospital, Lancaster
BUCKLEY, ELIZABETH M. Allentown State Hospital, Allentown
BURGNER, MAUD M. Allegheny General Hospital, Pittsburgh
BURKHARD, NANNETTE L. Episcopal Hospital, Philadelphia
BUSH, MRS. DORIS J. Presbyterian Hospital, Philadelphia
BUTLER, MIRIAM C. Philadelphia General Hospital, Philadelphia
CAMPBELL, MARIAN A. Pottsville Hospital, Pottsville
CANTWELL, ELSIE B. Methodist Episcopal Hospital, Philadelphia
CARLSON, LOUISE M. Allegheny General Hospital, Pittsburgh
CARSON, LILLIAN H. 2131 N. Natoma St., Philadelphia
CHARON, FLORENCE E. St. Vincent’s Hospital, Erie
CHASE, ADALINE The Fairfax, 43 and Locust Sts., Philadelphia
CHEENEY, ANNA E. Women’s Homeopathic Hospital, Philadelphia
CHILDs, KATHERINE 807 Spruce St., Philadelphia
CHUBB, ALICE M. c/o College Health Service, State College
CLEAVE, K. FRANCES Riverview Manor, Harrisburg
CLEWELL, GRACE N. St. Luke’s Hospital, Bethlehem
CLOUGHER, ANN G. Cresson Sanatorium, Cresson
COBLE, E. ARABELLA Chester County Hospital, West Chester
COBURN, PHYLLIS Easton Hospital, Easton
COCHRAN, MARY L. D. T. Watson Home for Crippled Children, Leetsdale

COLLIGAN, FRANCES 1034 N. 67 St., Philadelphia
COMTOIS, RUTH Geisinger Memorial Hospital, Danville
CONNELL, MRS. EDITH S. 443 Berkeley Rd., Haverford
COOK, OPAL E. Elizabeth Steel Magee Hospital, Pittsburgh
COOPER, NAN 265 N. 46 St., Pittsburgh
CRAGIN, ELLA O. 320 S. 34 Pl., Philadelphia
CRAIG, MR. LE ROY N. 4401 Market St., Philadelphia
CRIFE, SUSIE Homestead Hospital, Homestead
CROMER, KATHARINE L. Allegheny Valley Hospital, Tarentum
<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crossley, Esther W.</td>
<td>Jewish Hospital, Philadelphia</td>
</tr>
<tr>
<td>Crouch, May L.*</td>
<td>Allentown Hospital, Allentown</td>
</tr>
<tr>
<td>Crummer, Mr. Kenneth T.</td>
<td>4401 Market St., Philadelphia</td>
</tr>
<tr>
<td>Cushing, Adelaide B.</td>
<td>Eye and Ear Hospital, Pittsburgh</td>
</tr>
<tr>
<td>DaCur, Joanne M.</td>
<td>3387 Parkview Ave., Pittsburgh</td>
</tr>
<tr>
<td>Dailey, Sara</td>
<td>Hahnemann Hospital, Scranton</td>
</tr>
<tr>
<td>Daly, Lorettta V.</td>
<td>Philadelphia Hospital for Contagious Diseases, Philadelphia</td>
</tr>
<tr>
<td>Daughtrey, Miriam</td>
<td>807 Spruce St., Philadelphia</td>
</tr>
<tr>
<td>Davis, Helen G.*</td>
<td>51 N. 39 St., Philadelphia</td>
</tr>
<tr>
<td>Davis, Ruth M.</td>
<td>Pennsylvania Hospital, Philadelphia</td>
</tr>
<tr>
<td>DeNiss, Anna E.</td>
<td>1535 W. Norris St., Philadelphia</td>
</tr>
<tr>
<td>D'Estil, Ernestine</td>
<td>3400 Pine St., Philadelphia</td>
</tr>
<tr>
<td>Diebel, Margaret E.</td>
<td>Northeastern Hospital, Philadelphia</td>
</tr>
<tr>
<td>Dock, Bessie</td>
<td>34 and Pine Sts., Philadelphia</td>
</tr>
<tr>
<td>Doherty, M. Estelle</td>
<td>White Haven Sanatorium, White Haven</td>
</tr>
<tr>
<td>Doherty, Margaret M.*</td>
<td>Philadelphia General Hospital, Philadelphia</td>
</tr>
<tr>
<td>Donavan, Mrs. Ellen O'C.</td>
<td>Coatesville Hospital, Coatesville</td>
</tr>
<tr>
<td>Dougher, Stella</td>
<td>State Hospital, Scranton</td>
</tr>
<tr>
<td>Douie, Adeline</td>
<td>Bryn Mawr Hospital, Bryn Mawr</td>
</tr>
<tr>
<td>Dowd, Eleanor</td>
<td>3321 N. Broad St., Philadelphia</td>
</tr>
<tr>
<td>Dubois, Helen</td>
<td>State Hospital, Scranton</td>
</tr>
<tr>
<td>Duffy, Hazel M.</td>
<td>South Side Hospital, Pittsburgh</td>
</tr>
<tr>
<td>Dullenkoff, Margaret*</td>
<td>1614 Chew St., Allentown</td>
</tr>
<tr>
<td>Dunn, Maude E.</td>
<td>Philadelphia General Hospital, Philadelphia</td>
</tr>
<tr>
<td>Eatough, Dorothy M.*</td>
<td>34 and Pine Sts., Philadelphia</td>
</tr>
<tr>
<td>Ebbert, Mrs. Gertrude F.</td>
<td>St. Luke's Hospital, Bethlehem</td>
</tr>
<tr>
<td>Edgar, Helen M.*</td>
<td>State Hospital, Allentown</td>
</tr>
<tr>
<td>Edgecombe, Helen M.</td>
<td>34 and Pine Sts., Philadelphia</td>
</tr>
<tr>
<td>Edwards, Rebecca*</td>
<td>Moses Taylor Hospital, Scranton</td>
</tr>
<tr>
<td>Eggle, Evelyn K.</td>
<td>Mt. Sinai Hospital, Philadelphia</td>
</tr>
<tr>
<td>Eichel, Ethelyn L.</td>
<td>Allentown Hospital, Allentown</td>
</tr>
<tr>
<td>Eisler, Marion M.</td>
<td>Protestant Episcopal Hospital, Philadelphia</td>
</tr>
<tr>
<td>English, Mrs. Lulu E.</td>
<td>State Hospital, Danville</td>
</tr>
<tr>
<td>Erb, Alma E.</td>
<td>Montgomery Hospital, Norristown</td>
</tr>
<tr>
<td>Erbe, Lillian</td>
<td>State Hospital, Hazleton</td>
</tr>
<tr>
<td>Erdlley, Florence M.</td>
<td>Episcopal Hospital, Philadelphia</td>
</tr>
<tr>
<td>Erwin, Marion*</td>
<td>34 and Pine Sts., Philadelphia</td>
</tr>
<tr>
<td>Eltringham, Laura M.</td>
<td>51 N. 39 St., Philadelphia</td>
</tr>
<tr>
<td>Evans, Laura C.</td>
<td>Protestant Episcopal Hospital, Philadelphia</td>
</tr>
<tr>
<td>Farrand, Evelyn M.</td>
<td>320 S. 34 St., Philadelphia</td>
</tr>
<tr>
<td>Fenstermacher, Marion S.</td>
<td>York Hospital, York</td>
</tr>
<tr>
<td>Fetzer, Winnetta C.</td>
<td>Pottsville Hospital, Pottsville</td>
</tr>
<tr>
<td>Fletcher, Catherine</td>
<td>D. T. Watson Home, Leetsdale</td>
</tr>
<tr>
<td>Ford, Netta</td>
<td>218 E. Market St., York</td>
</tr>
<tr>
<td>Fowler, Margaret E.</td>
<td>Methodist Episcopal Hospital, Philadelphia</td>
</tr>
<tr>
<td>Francis, Mary L.</td>
<td>Reading Hospital, Reading</td>
</tr>
<tr>
<td>Francis, Susan C.</td>
<td>Children's Hospital, Philadelphia</td>
</tr>
<tr>
<td>Frantz, Mrs. Margaret D.</td>
<td>Babies Hospital, Philadelphia</td>
</tr>
<tr>
<td>Frojin, Olga B.</td>
<td>Medical Dept., J. B. Lippincott Co., Philadelphia</td>
</tr>
<tr>
<td>Frey, Margaret F.</td>
<td>Lankenau Hospital, Philadelphia</td>
</tr>
<tr>
<td>Gallagher, Rita R.</td>
<td>505 W. Fifth St., Erie</td>
</tr>
<tr>
<td>Gear, Dorothy*</td>
<td>Philadelphia General Hospital, Philadelphia</td>
</tr>
<tr>
<td>Geissinger, Estelle M.</td>
<td>Jewish Hospital, Philadelphia</td>
</tr>
<tr>
<td>Gibson, Clarissa F.</td>
<td>Visiting Nurses' Association, 432 Harrison Ave., Scranton</td>
</tr>
</tbody>
</table>
GILBERT, Ethel M. ........................................... Christian H. Buhl Hospital, Sharon
GILBERT, Norma G. ........................................... York Hospital, York
GILCHRIST, Clara M. ........................................... Allegheny General Hospital, Pittsburgh
GILLARD, Ellen A. ........................................... Scranton State Hospital, Scranton
GILLILAND, Margaret R. ....................................... 204 S. Fourth St., Clearfield
GIRVAN, Rachel A. ........................................... Moses Taylor Hospital, Scranton
GLASS, Thelma A. ........................................... 3459 Fifth Ave., Pittsburgh
GNALL, Irene* ................................................... Moses Taylor Hospital, Scranton
GOLDSWORT, Marjorie ........................................... Altoona Hospital, Altoona
GOODEN, Frances L. ........................................... Chester County Hospital, West Chester
GORNEY, Theresa E. ........................................... St. Joseph's Hospital, Reading
GOSS, Madeline E. ........................................... 45 and Calvin Sts., Pittsburgh
GRAHAM, Gertrude A. ........................................... Washington Hospital, Washington
GREENAWALT, Mary G.* ....................................... State Hospital, Allentown
GREENE, Dorothy M. ........................................... St. Luke's Hospital, Bethlehem
GREENLEAF, Alice** ........................................... Bradford Hospital, Bradford
GROVE, Mary E. ............................................... Germantown Hospital, Germantown
GROVES, Sara M. ............................................... Elizabeth Steel Magee Hospital, Pittsburgh
GRUBE, Geraldine E. .......................................... St. Luke's Hospital, Bethlehem
GUILFOYLE, Mary W. .......................................... Presbyterian Hospital, Philadelphia
GUSS, Lucretia M. ........................................... Children's Homeopathic Hospital, Philadelphia
HABIG, Margaret* ........................................... 34 and Pine Sts., Philadelphia
HAHN, Ruth E. .................................................. 113 N. Pennock Ave., Upper Darby
HAKE, Ethel M. .................................................. York Hospital, York
HALDEMAN, Florence E. ..................................... St. Luke's Hospital, Bethlehem
HALL, Almeda M. ............................................. Elizabeth Steel Magee Hospital, Pittsburgh
HAMBLETON, Dorothy ........................................ Frankford Hospital, Frankford
HAMBLIN, Cecile H.* ........................................ Temple University Hospital, Philadelphia
HARDING, Thelma C. ........................................... 131 N. 17th St., Allentown
HARRISON, Suzanne H. ...................................... 4000 Friendship Ave., Pittsburgh
HARSHBERGER, Jane Y. ....................................... 4816 Pine St., Philadelphia
HARTUNG, Lulu K. ........................................... 411 Walnut St., Allentown
HEATLEY, Gertrude L. ........................................ South Side Hospital, Pittsburgh
HELMAN, Mildred E. ......................................... Wernersville State Hospital, Wernersville
HENDRICKS, Arlene* ......................................... 1246 Walnut St., Allentown
HERWIG, R. Delia ........................................... 34 and Pine Sts., Philadelphia
HETKE, Ethel M. ............................................. St. Luke's Hospital, Bethlehem
HILL, Florence S. ........................................... Reading Hospital, West Reading
HINTERLEITNER, Mary G. .................................. Allentown General Hospital, Allentown
HOPFECHEK, Nellie .......................................... Grand View Hospital, Sellersville
HOPFERT, May S. ........................................... 51 N. 39 St., Philadelphia
HOPFMAN, Mary ............................................... 45 S. Main St., Ashley
HOLLER, Katherine ........................................... Protestant Episcopal Hospital, Philadelphia
HOLSTEIN, J. Elizabeth* ................................... 51 N. 39 St., Philadelphia
HONZT, Annette A. ........................................... St. Luke's Hospital, Bethlehem
HOPKINS, Ethel M. .......................................... Jefferson Hospital, Philadelphia
HOUSE, Mary N.** ........................................... St. Luke's Hospital, Bethlehem
HRDINA, Mrs. Julia K. ..................................... Jameson Memorial Hospital, New Castle
HUBBARD, Ruth W. ........................................... 1340 Lombard St., Philadelphia
HUFSCUT, Dorothy L. ........................................ Moses Taylor Hospital, Scranton
HUFF, Jennie M. ............................................. Pittston Hospital, Pittston
HUGO, Gloria V. ........................................... Presbyterian Hospital, Philadelphia
HUISMAN, Margaret ......................................... Children's Hospital, Pittsburgh
HUNT, Margaret ................................................... Citizen's General Hospital, New Kensington
HURST, Alice L. ............................................. Methodist Episcopal Hospital, Philadelphia
HUTCHISON, Dorothy H. ................................... 125 DeSoto St., Pittsburgh
MEMBERS

IPPERT, KATHERINE M. 151 S. Laurel St., Hazleton
IUNGERICH, ZOE 2851 Bedford Ave., Pittsburgh
IVANISIN, ANNA B. Geisinger Memorial Hospital, Danville
JAMES, HARRIETT Allegheny Valley Hospital, Tarentum
JANSKE, THELMA G. Geisinger Memorial Hospital, Danville
JENSEN, Edna S. Allegheny General Hospital, Pittsburgh
JOHNSON, CALLIE M. c/o J. B. Lippincott Co., Philadelphia
JOHNSON, LORETTA M. Philadelphia General Hospital, Philadelphia
JOHNSON, RUTH D. Department of Nursing Education, Duquesne University, Pittsburgh

JOLLEY, RUTH E. J. C. Blair Memorial Hospital, Huntingdon
JONES, MRS. DOROTHY B. Geisinger Memorial Hospital, Danville
JONES, MILDRED B. 3400 Spruce St., Philadelphia
KEESEY, LAURA E. Sewickley Valley Hospital, Sewickley
KEMP, MADELINE Moses Taylor Hospital, Scranton
KING, SUSAN G. 34 and Pine Sts., Philadelphia
KOHUT, HELEN W. State Hospital, Scranton
KRAUSE, MARTHA B. Western Pennsylvania Hospital, Pittsburgh
KUBASKO, CATHERINE T. Scranton State Hospital, Scranton
KUMP, S. LORRAINE Easton Hospital, Easton
LAMBIE, JEANIE S. Polyclinic Hospital, Harrisburg
LANDIS, KATHRYN E. 115 S. Front St., Harrisburg
LAU, MARY R. Westmoreland Hospital, Greensburg
LAUENSTEIN, NANCY E. Scranton State Hospital, Scranton
LAVELLE, Eileen K. Presbyterian Hospital, Philadelphia
LEHR, HELEN J. Elizabeth Steel Magee Hospital, Pittsburgh
LEHMANN, LAURA L. Abington Memorial Hospital, Abington
LETTINGER, MRS. RUTH W. Presbyterian Hospital, Pittsburgh
LEWIS, DOROTHY B. Jefferson Hospital, Philadelphia
LINDNER, RUTH E. 807 Spruce St., Philadelphia
LITAVIS, HELEN T. Sacred Heart Hospital, Allentown
LITTLE, EDNA R. Uniontown Hospital, Uniontown
LOFTUS, CATHERINE R. State Hospital, Scranton
LOFTUS, NELLIE G. 27 N. Loveland Ave., Kingston
LORENTZ, MILDRED L. Allegheny General Hospital, Pittsburgh
LOSEY, MARIAN Jameson Memorial Hospital, New Castle
LOWE, VIRGINIA P. 230 N. Broad St., Philadelphia
LUKENS, HELEN W. 818 13 Ave., Prospect Park
LUSHER, MRS. BERYL W. Philadelphia General Hospital, Philadelphia
LYLE, BARBARA 51 N. 39 St., Philadelphia
LYLE, MAUDE Hahnemann Hospital, Philadelphia
LYNN, MARY C.* 1441 Elizabeth St., Scranton
MABIE, HELEN E. St. Luke's Hospital, Bethlehem
MACAFFEE, NELIE E. 4711 Maripoe St., Pittsburgh
MACDERMID, RACHEL F. Suburban General Hospital, Bellevue
MACELFACTRICK, MRS. MARGARET J. Harrisburg Hospital, Harrisburg
MACMARTIN, CHRISTINE 227 S. Sixth St., Philadelphia
MAKIN, ANNA L. Philadelphia General Hospital, Philadelphia
MALLON, SARA E. Philadelphia General Hospital, Philadelphia
MANLY, JENNIE Homestead Hospital, Homestead
MANNINO, ANTHONY J. 4401 Market St., Philadelphia
MARTIN, ANNA K. Brownsville General Hospital, Brownsville
MARTIN, G. LOUISE Homeopathic Hospital, Wilkes-Barre
MASTEN, LUCY 3400 Spruce St., Philadelphia
Mavri, Katherine .......................... St. Luke’s Hospital, Bethlehem
McCarthy, Nellie* ......................... Moses Taylor Hospital, Scranton
McCaw, Lydia M. ........................... Philadelphia Home for Incurables, Philadelphia
McClelland, Helen G. ...................... Pennsylvania Hospital, Philadelphia
McCormick, Marie G. ...................... Women’s Medical College Hospital, East Falls, Philadelphia
McCowan, Anna E. .......................... Presbyterian Hospital, Philadelphia
McLanahan, Winifred ...................... Allegheny General Hospital, Pittsburgh
McLaughlin, Mary A. ...................... Philadelphia General Hospital, Philadelphia
McLaury, Dorothy L. ...................... Western Pennsylvania Hospital, Pittsburgh
McMahon, Margaret ....................... Homeopathic Hospital, West Chester
McMaster, Martha A. ...................... C. H. Buhl Hospital, Sharon
McMenamin, Cornelia ...................... St. Joseph’s Hospital, Philadelphia
McMillan, Dorothy L.* .................... Philadelphia General Hospital, Philadelphia
Meier, Anna L. ............................ Montefiore Hospital, Pittsburgh
Michel, Louise .............................. 149 Dana St., Wilkes-Barre
Mickey, Hilda .............................. Chester County Hospital, West Chester
Miller, Abele .............................. Allentown Hospital, Allentown
Miller, Elizabeth F. ...................... Norristown State Hospital, Norristown
Miller, Jeanne D. .......................... Geisinger Memorial Hospital, Danville
Miller, Katharine E. F. ................. 400 N. Third St., Harrisburg
Miller, Marie S. ............................ Allentown Hospital, Allentown
Miller, Mary B. ............................ Presbyterian Hospital, Pittsburgh
Miller, Rita E. ............................. 5000 Woodland Ave., Philadelphia
Milligan, Diana G. ......................... 149 Dana St., Wilkes-Barre
Mitchell, Edith F. ......................... State Hospital, Byberry, Philadelphia
Mohney, Florence E. ...................... Columbia Hospital, Wilkinsburg
Moore, Dorothy ............................ Germantown Hospital, Philadelphia
Morris, Anna L. ............................ White Haven Sanatorium, White Haven
Morris, Dorothy ........................... Philadelphia General Hospital, Philadelphia
Morris, Helen L. ........................... St. Agnes Hospital, Philadelphia
Mortzen, Ruth .............................. Second and Polk Sts., Bethlehem
Moser, Ruth K. ............................. Geisinger Memorial Hospital, Danville
Murphy, Helen L. ........................... Philadelphia General Hospital, Philadelphia
Murphy, Helen* ............................ Scranton State Hospital, Scranton
Murphy, Sarah M. ......................... Widener Memorial School, Philadelphia
Murray, Sue A. ............................. Presbyterian Hospital, Philadelphia
Mutch, Edith ................................ Bryn Mawr Hospital, Bryn Mawr
Muthard, Irene E. ......................... 318 Summer Ave., Fullerton
Myers, Ruth V. ............................. Sewickley Valley Hospital, Sewickley
Nantkes, Lillian* ......................... 1818 Lombard St., Philadelphia
Nicolai, Elsie .............................. Philadelphia General Hospital, Philadelphia
Nunemaker, Fern ........................... 1012 Spruce St., Philadelphia
Orndoff, Winifred ......................... 916 Mifflin Ave., Wilkinsburg
Ossar, Sara L. ............................. Montefiore Hospital, Pittsburgh
Ostlie, Sophie L. .......................... Pennsylvania Hospital, Philadelphia
Painter, Ruby H. ........................... 432 Harrison Ave., Scranton
Painley, Nora J. ........................... Temple University Hospital, Philadelphia
Pancoast, Esther J. ....................... St. Luke’s and Children’s Hospital, Philadelphia
Patterson, Helen E.*** .................... 215 W. Montgomery Ave., Pittsburgh
Peeler, Margaret C. ...................... 4519 Spruce St., Philadelphia
Pepis, Nellie E.* ......................... Moses Taylor Hospital, Scranton
Petersen, Anna M. .......................... Hamot Hospital, Erie
Peterson, Dorothy T. ..................... Warren State Hospital, Warren
Pickel, Lillian W. ......................... Allentown General Hospital, Allentown
Pilcher, Caroline L. ...................... 4900 Friendship Ave., Pittsburgh
PITMAN, CHARLOTTE E. .......... Public Health Nursing Ass'n., 519 Smithfield St.,
                                Pittsburgh
PLANSON, ETHEL .................. Jameson Memorial Hospital, New Castle
POLK, ADELE M. .................. St. Margaret Memorial Hospital, Pittsburgh
POPPERT, FLORENCE M. ........... Pottsville Hospital, Pottsville
PORTER, MRS. ELIZABETH K. ..... University of Pennsylvania, Philadelphia
PORTER, HELEN .................. Geisinger Memorial Hospital, Danville
POWELL, CATHERINE .............. 516 Golfax Ave., Scranton
PRATT, HELEN ................... Sewickley Valley Hospital, Sewickley
PRUNTY, KATHERINE A. .......... Philadelphia Hospital for Contagious Diseases,
                                Philadelphia
PURCHASE, MAY F. .............. Philadelphia General Hospital, Philadelphia
PURDY, FRANCES I. .............. Moses Taylor Hospital, Scranton
PURSELL, MARION E. ............. Mid-Valley Hospital, Peckville
QUIVEY, LENA ................... Sewickley Valley Hospital, Sewickley
READ, EDITH L. .................. Passavant Hospital, Pittsburgh
REICHHERT, WILHELMINE ......... Chester County Hospital, West Chester
REILLY, MARJORIE Y.* .......... St. Luke's Hospital, Bethlehem
REITER, MARGUERITE* ........... 224 N. 17 St., Allentown
REYNOLDS-ASH, JOANNA ......... Abington Memorial Hospital, Abington
RICHARDS, DOROTHY M. .......... 51 N. 39 St., Philadelphia
RICHARDS, SARAH E. ............ Coatesville Hospital, Coatesville
RICKARD, CECILE ................ Bradford Hospital, Bradford
RITTER, BEATRICE E. .......... Temple University School of Nursing, Philadelphia
RITTER, MRS. JULIA S. ......... St. Luke's Hospital, Bethlehem
RITTMANN, KATHARINE G. ....... Lankenau Hospital, Philadelphia
ROBERTS, NELLIE V. ............. Chester County Hospital, West Chester
ROBERTSON, SUE H.* ............. 51 N. 39 St., Philadelphia
ROSS, MARY DE N. .............. McHenry Hospital, Danville
ROWAN, KATHLEEN ............... Bryn Mawr Hospital, Bryn Mawr
ROWE, DOROTHY A. .............. Oil City Hospital, Oil City
ROWLAND, M. ISABEL .......... Woman's Hospital, Philadelphia
RUE, CLARA B. ................. Duquesne University, Pittsburgh
RULAND, ANNE M.* ............... 117 S. Webster Ave., Scranton
SAUER, LAURA M. ............... 135 N. Sixth St., Reading
SAVILLE, JUDITH ................. Palmerton Hospital, Palmerton
SCHRECK, MARIAN E. ............ Spencer Hospital, Meadville
SCOTT, BEULAH L.* .............. 34 and Pine Sts., Philadelphia
SCOTT, ELIZABETH H. .......... 520 S. 34 St., Philadelphia
SFAFFER, DOROTHY R. .......... Elizabeth Steel Magee Hospital, Pittsburgh
SHELLENBERGER, MILDRED H.* ** Montefiore Hospital, Pittsburgh
SHERICK, ELLEN ................ Shady Side Hospital, Pittsburgh
SHIELDS, ALLETA ................. 2600 N. Lawrence St., Philadelphia
SHIELDS, ELOISE A. ............. Danville State Hospital, Danville
SHOECKER, NORA E. ............. Jefferson Hospital, Philadelphia
SHUPP, ANNA E. ................. Bryn Mawr Hospital, Bryn Mawr
SIEDZIK, JENNIE A.* ........... 5347 Amber St., Philadelphia
SIMCO, MARIE L. ............... Meadville City Hospital, Meadville
SISTER ANNA MARIE ............. Mercy Hospital, Pittsburgh
SISTER COR MARIAE SCHROTHI.... St. Joseph Hospital, Carbondale
SISTER EDITH E. BUBE .......... Lankenau Hospital, Philadelphia
SISTER HELEN CLAIRE SULLIVAN . St. Vincent's Hospital, Erie
SISTER ISIDORE BOYCE .......... Pittsburgh Hospital, Pittsburgh
SISTER MARIE ALICIA POWERS ..... St. Vincent's Hospital, Erie
SISTER MARY ALACOQUE DOMBROSKI Mercy Hospital, Wilkes-Barre

13
Sister M. Ambrose Morgan ...... Mercy Hospital, Pittsburgh
Sister Mary Anselm .......... Mercy Hospital, Scranton
Sister M. Baptista Jochum ...... St. John's General Hospital, Pittsburgh
Sister M. Bertin Paulus ....... St. Francis Hospital, Pittsburgh
Sister M. Boniface .......... Mercy Hospital, Pittsburgh
Sister Mary Carlotta ...... Mercy Hospital, Pittsburgh
Sister Mary Clement ........ Mercy Hospital, Scranton
Sister M. Daniel Havelak ...... Pittsburgh Hospital, Pittsburgh
Sister Mary de Chantal ......... Mercy Hospital, Johnstown
Sister M. Dolorosa .......... St. Francis Hospital, Pittsburgh
Sister M. Dympna Deasy ...... St. Joseph's Hospital, Pittsburgh
Sister Mary Edwin .......... Mercy Hospital, Wilkes-Barre
Sister M. Elaine ............ St. Joseph's Hospital, Lancaster
Sister M. Elizabeth Herbst .... Braddock General Hospital, Braddock
Sister M. Elizabeth Smith ...... 930 Hickory St., Scranton
Sister M. Evrard .............. St. Agnes Hospital, Philadelphia
Sister Mary Felicia Grace ...... Braddock General Hospital, Braddock
Sister Mary Francis Burke .... Mercy Hospital, Wilkes-Barre
Sister M. Francis de Sales ...... Mercy Hospital, Pittsburgh
Sister Mary Geraldine ...... St. Joseph’s Hospital, Reading
Sister M. Gilbert Cawley ...... St. Joseph’s Hospital, Carbondale
Sister Mary Helen Joseph ...... 390 Hickory St., Scranton
Sister M. Joan ................. Mercy Hospital, Wilkes-Barre
Sister Mary John Evans ......... St. Francis Hospital, Pittsburgh
Sister Mary John Joseph Flinn , Mercy Hospital, Johnstown
Sister M. Laurencita Klekotka , St. Joseph’s Hospital, Reading
Sister M. Lauretine* ** ...... St. Francis Hospital, Pittsburgh
Sister Mary Leonard Buck ...... Mercy Hospital, Pittsburgh
Sister Mary Lucian Scott ...... St. Francis Hospital, Pittsburgh
Sister M. Marcella .......... 3339 McClure Ave., Pittsburgh
Sister Mary Martina Boyle ...... Mercy Hospital, Scranton
Sister Mary Martina Helmsbeter ......... New Castle Hospital, New Castle
Sister M. Mercy ............... Mercy Hospital, Pittsburgh
Sister M. Monica ............. Misericordia Hospital, Philadelphia
Sister Mary Pierre Desmond .... 930 Hickory St., Scranton
Sister M. Placide McCoy ...... Mercy Hospital, Pittsburgh
Sister Mary Regina ............ Mercy Hospital, Wilkes-Barre
Sister Mary Rita Hartnett ...... Pittsburgh Hospital, Pittsburgh
Sister Mary Roberts ............ 930 Hickory St., Scranton
Sister M. Rosalita Boyle ...... St. Vincent’s Hospital, Erie
Sister M. Scholastica Brinkmeier , St. Francis Hospital, Pittsburgh
Sister M. Thomas Charles ...... Mercy Hospital, Wilkes-Barre
Sister Mary Thomasella .......... Mercy Hospital, Wilkes-Barre
Sister Miriam J. Okum .......... Lankenau Hospital, Philadelphia
Sister Miriam Francis Cunning- ham .......... Pittsburgh Hospital, Pittsburgh
Sister Rita Quinan .......... St. Joseph's Hospital, Philadelphia
Skooglund, Charlotte C.* * ...... Philadelphia General Hospital, Philadelphia
Smith, Ethel R. .......... Philadelphia General Hospital, Philadelphia
Smith, Eunice E. ............. St. Luke's Hospital, Bethlehem
Smith, Gertrude A. ............ 6645 Chestnut St., Upper Darby
Smith, Helen M. .............. Allentown State Hospital, Allentown
Smith, Mrs. Mildred J.* ......... Moses Taylor Hospital, Scranton
Smith, Nina A. ............... Robert Packer Hospital, Sayre
Smith, Sarah H. .............. McKeesport Hospital, McKeesport
SMITTEN, Florence E. ......... 3065 Delwood Ave., Station 16, Pittsburgh
SNOW, Elmina L. ............. Good Samaritan Hospital, Lebanon
SNYDER, E. Mildred .......... 2600 N. Lawrence St., Philadelphia
SNYDER, Eleanor M. .......... Protestant Episcopal Hospital, Philadelphia
SNYDER, Louise M. .......... Riverview Manor, Harrisburg
SPENGLER, Josephine C.* .. Philadelphia General Hospital, Philadelphia
STANLEY, Anna .............. McKeesport Hospital, McKeesport
STAPLETON, Veronica N. ..... Crescent Park, Warren
STAUFF, Dorothy H. ......... Shadyside Hospital, Pittsburgh
STEFANKO, Anna M.* ...... Corrigan Maternity Hospital, Hazelton
STEHMAN, Mary E. .......... 320 S. 54 St., Philadelphia
STELZ, Mrs. Sue F. .......... Allentown Hospital, Allentown
STEVENS, Helen V. .......... Public Health Nursing Ass'n., 519 Smithfield St.,
                           Pittsburgh
STEVENVSON, Ernestine F. .. Homestead Hospital, Homestead
STEWART, Alice E. .......... c/o Tuberculosis League, Pittsburgh
STINE, Anna F. ............... Germantown Hospital, Germantown
STOCKFORD, Emily M. ....... Presbyterian Hospital, Pittsburgh
STONER, Besse V. ............ South Side Hospital, Pittsburgh
SUTHERLAND, Gertrude ...... Scranton State Hospital, Scranton
SWANK, Iroda C. ............ Conemaugh Valley Memorial Hospital, Johnstown
SWEENEY, Mrs. Rose C. ...... Pottsville Hospital, Pottsville
TAITE, Mrs. Emily A. ....... West Side Hospital, Scranton
THOMAS, Edith R. ............ Sewickley Valley Hospital, Sewickley
THOMPSON, LaVerne R. ...... Temple University Hospital, Philadelphia
THUMM, Helen M. .......... Christian H. Buhl Hospital, Sharon
TINSLEY, Esther J. .......... Pittston Hospital, Pittston
TOBIN, Mary W. ............. Duquesne University, Pittsburgh
TRIMBLE, Mary J. .......... St. Luke's Hospital, Bethlehem
TRONELL, Alma M. .......... Oil City Hospital, Oil City
TUCKER, Katharine .......... Department of Nursing Education, University of
                            Pennsylvania, Philadelphia
TURNBULL, Jessie J. ......... Elizabeth Steel Magee Hospital, Pittsburgh
UNRUH, Edith W. ............ 330 W. School Lane, Germantown, Philadelphia
URFFER, Alma M. .......... Allentown Hospital, Allentown
URQUHART, Jessie G. ....... Jewish Hospital, Philadelphia
VAN BUSKirk, Ida .......... St. Luke's Hospital, Bethlehem
VANDERHOOF, Gladys B. ...... State Hospital, Phillipsburg
VAN SICKEL, Mildred ......... State Hospital, Warren
VLAVHOVICH, Fanny* ......... 45 and Calvin Sts., Pittsburgh
WAGNER, Sara P. ............ Presbyterian Hospital, Philadelphia
WAKEFIELD, Eva L. .......... Presbyterian Hospital, Philadelphia
WALDER, Marguerite J. ..... 2600 N. Lawrence St., Philadelphia
WALLS, Alta C. .............. J. B. Lippincott Co., Medical Dept., Philadelphia
WALSH, Mary R.* .......... State Hospital, Scranton
WALTON, Katie L. .......... Philadelphia General Hospital, Philadelphia
WANCHOW, Frances .......... St. Vincent's Hospital, Erie
WANE, Dorothy A.* ......... St. Luke's Hospital, Bethlehem
WARD, Ann K. ............... Scranton State Hospital, Scranton
WARLICK, Lula G. .......... Mercy Hospital, Philadelphia
WARMBROAT, Bertha ...... Shadyside Hospital, Pittsburgh
WEIDNER, Ruth R. .......... Mae Allister Hall, State College
WELLS, Mrs. Thelma G. .... 201 State St., Erie
WELSH, Margaret A. ......... Presbyterian Hospital, Philadelphia
WENK, Elizabeth E. ........ Ashland State Hospital, Ashland
WENRICH, Marian .......... "Oakcroft," Wernersville, Berks County
WERDMAN, RELLA M. .................................. St. Luke's Hospital, Bethlehem
WERRY, MINNIE ........................................ McKeesport Hospital, McKeesport
WHITE, RENA L. ......................................... Mt. Sinai Hospital, Philadelphia
WHISNER, WILHELMINA L. ......................... Philadelphia General Hospital, Philadelphia
WHITAKER, PAULINE ................................... State Hospital, Allentown
WHITTERN, HAZEL B. ................................ Hahnemann Hospital, Philadelphia
WILLETTS, LILLIAN E. ............................. Western Pennsylvania Hospital, Pittsburgh
WILLIAMS, ARTIE I. .................................. State Hospital, Danville
WILLIAMSON, MARGARET O. ....................... Montgomery Hospital, Norristown
WILSON, MRS. HELEN F. ............................ 15 Calvin Court, Bradford
WILSON, LETITIA ....................................... 4401 Market St., Philadelphia
WISER, EDNA R.* ...................................... 727 S. Hall St., Allentown
WHITMER, MARGARET G. ........................... 51 N. 39 St., Philadelphia
WITWER, EVA O. ....................................... Presbyterian Hospital, Philadelphia
WOELPEL, ARCOLA M. ............................... Montgomery Hospital, Norristown
WOLPERT, FLORA ..................................... Homeopathic Hospital, Pittsburgh
WOODHEAD, MILDRED M. ......................... Allegheny Valley Hospital Tarentum
WORKINGER, MARJORIE ......................... Frankford Nurses' Home, Philadelphia
WRAY, ANNA C. ....................................... 1222 N. Third St., Harrisburg
WURTS, ANNE B. ...................................... 5214 Schuyler St., Germantown
YINGST, EDITH E. .................................... 115 S. Front St., Harrisburg
YOST, MRS. GLADYS B. ......................... Chestnut Hill Hospital, Philadelphia
YOUNG, ALMA I. ...................................... 326 Twelfth Ave., New Brighton
YOUNG, BEATRICE E.* ............................... 51 N. 39 St., Philadelphia
YOUNG, HARRIET F. .................................. 27 W. Jackson St., Wilkes-Barre
YOUNGKEN, MARY M.* ....................... St. Luke's Hospital, Bethlehem
YOWLER, GRACE E. .................................. Harrisburg State Hospital, Harrisburg
ZAVONIA, MARTHA C. ......................... 250 Lathrop, Pittsburgh

RHODE ISLAND—137

ANYON, FRANCES M. .................................. State Hospital, Howard
AVERY, L. M. BELLE ................................... Rhode Island Hospital, Providence
AYERS, LUCY C. ....................................... 459 Carrington Ave., Woonsocket
BAKER, MARY V. ..................................... Butler Hospital, Providence
BALLOU, SHIRLEY* ................................... Homeopathic Hospital, Providence
BARRY, ELIZABETH ..................................... State Hospital, Howard
BEDELL, M. JOSEPHINE ............................ Newport Hospital, Newport
BLINN, ELLEN L.* ................................... St. Joseph's Hospital, Providence
BOWEN, CAROLYN ...................................... 100 N. Main St., Providence
BRITCLIFFE, LILLIAN A. ......................... St. Joseph's Hospital, Providence
BROWN, MRS. MARION H. ........................ Homeopathic Hospital, Providence
BYERS, SUSAN A. ................................... Rhode Island Hospital, Providence
CALWELL, EMMA ...................................... Homeopathic Hospital, Providence
CARROLL, MARGARET T.* ....................... Homeopathic Hospital, Providence
CARUOLO, VIRGINIA M.* ....................... 180 Knight St., Providence
CASAVANT, BEATRICE D. ..................... St. Joseph's Hospital, Providence
CHAPIN, WILMA B.* ............................... 825 Chalkstone Ave., Providence
CHASE, HARRIET E. ................................ 83 Pleasant View Ave., Providence
CHASE, LOUISE E. .................................. Memorial Hospital, Pawtucket
CONROY, HELEN T.* ................................ 63 Rosedale St., Providence
CONNORS, HELEN B. ................................ 56 Lockwood St., Providence
COSGROVE, CATHERINE* ....................... Memorial Hospital, Pawtucket
COURSER, MARGARET T.* ...................... St. Joseph's Hospital, Providence
COX, ALICE E. ....................................... 125 Governor St., Providence
CURRAN, MARGUERITE E. ....................... Rhode Island Hospital, Providence
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curran, Mary F.</td>
<td>50 Maude St., Providence</td>
</tr>
<tr>
<td>Craig, Esther M.*</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>Cranston, Margaret L.</td>
<td>825 Chalkstone Ave., Providence</td>
</tr>
<tr>
<td>Dailey, Margaret M.</td>
<td>Newport Hospital, Newport</td>
</tr>
<tr>
<td>Davis, Hazel C.</td>
<td>50 Maude St., Providence</td>
</tr>
<tr>
<td>Deasy, Agnes C.*</td>
<td>68 Vine St., East Providence</td>
</tr>
<tr>
<td>Delmore, Anna J.</td>
<td>State Infirmary, Howard</td>
</tr>
<tr>
<td>Des Isles, Mary S.</td>
<td>Charles V. Chapin Hospital, Providence</td>
</tr>
<tr>
<td>Dill, Madeline F.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>Dillon, Nellie R.</td>
<td>100 N. Main St., Providence</td>
</tr>
<tr>
<td>Dockham, Clara O.</td>
<td>Crawford Allen Hospital, East Greenwich</td>
</tr>
<tr>
<td>Dodds, Marion C.*</td>
<td>651 Chalkstone Ave., Providence</td>
</tr>
<tr>
<td>Donilon, Eleanor M.*</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>Doolan, Mary G.*</td>
<td>720 Mt. Pleasant Ave., Providence</td>
</tr>
<tr>
<td>Durfee, Janet*</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>Dykstra, Matilda E.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>Earley, Annie M.**</td>
<td>72 Hilltop Ave., Providence</td>
</tr>
<tr>
<td>Eaton, Charlotte</td>
<td>88 Taft Ave., Providence</td>
</tr>
<tr>
<td>Edwards, Doris</td>
<td>Charles V. Chapin Hospital, Providence</td>
</tr>
<tr>
<td>Estey, M. Jean</td>
<td>State Hospital, Howard</td>
</tr>
<tr>
<td>Finn, Mary E.*</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>Fitzpatrick, Winifred L.</td>
<td>62 Forest St., Providence</td>
</tr>
<tr>
<td>Foley, Frances J.</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>Fratantuono, Anna R.*</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>Frost, E. Margaret</td>
<td>Newport Hospital, Newport</td>
</tr>
<tr>
<td>Gage, Nina D.**</td>
<td>Newport Hospital, Newport</td>
</tr>
<tr>
<td>Gardner, Mary S.</td>
<td>302 Angell St., Providence</td>
</tr>
<tr>
<td>Garrick, Helen</td>
<td>Memorial Hospital, Pawtucket</td>
</tr>
<tr>
<td>Gilpin, Clarice I.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>Groves, Barbara</td>
<td>Memorial Hospital, Pawtucket</td>
</tr>
<tr>
<td>Hall, Sarah</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>Hellman, Ruth*</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>Henry, Maebelle F.</td>
<td>825 Chalkstone Ave., Providence</td>
</tr>
<tr>
<td>Holland, Ethel</td>
<td>Newport Hospital, Newport</td>
</tr>
<tr>
<td>Horan, Catherine M.</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>Howard, Alice G.</td>
<td>Newport Hospital, Newport</td>
</tr>
<tr>
<td>Hughes, Eva N.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>Johnson, Ruth M.*</td>
<td>27 Blade St., Natick</td>
</tr>
<tr>
<td>Johnston, Dorothy M.</td>
<td>Butler Hospital, Providence</td>
</tr>
<tr>
<td>Jutras, Bertha E.</td>
<td>109 Woodbine St., Cranston</td>
</tr>
<tr>
<td>Keenan, Sarah I.*</td>
<td>Butler Hospital, Providence</td>
</tr>
<tr>
<td>Kivell, Anne E.</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>Laborde, Helen</td>
<td>Memorial Hospital, Pawtucket</td>
</tr>
<tr>
<td>Laskowski, Helen C.*</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>Lee, Mildred T.</td>
<td>151 Ocean Ave., Edgewood</td>
</tr>
<tr>
<td>Macintosh, Annie E.</td>
<td>Jane Brown Memorial Hospital, Providence</td>
</tr>
<tr>
<td>MacKenzie, Agnes B.</td>
<td>Memorial Hospital, Pawtucket</td>
</tr>
<tr>
<td>MacLean, Mary</td>
<td>Butler Hospital, Providence</td>
</tr>
<tr>
<td>MacLean, Sybil</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>Mallory, Olga A.</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>McCorkle, Edna M.*</td>
<td>56 Lockwood St., Providence</td>
</tr>
<tr>
<td>McDermott, Catherine M.</td>
<td>100 N. Main St., Providence</td>
</tr>
<tr>
<td>McGibbon, Anna K.</td>
<td>Butler Hospital, Providence</td>
</tr>
<tr>
<td>McGlynn, Anna E.</td>
<td>50 Maude St., Providence</td>
</tr>
<tr>
<td>McPartlin, Mary</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>McPhee, Alice E.</td>
<td>50 Maude St., Providence</td>
</tr>
<tr>
<td>Name</td>
<td>Hospital/Location</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>MILKS, HELEN M.</td>
<td>Butler Hospital, Providence</td>
</tr>
<tr>
<td>MITCHELL, ZULAH P.</td>
<td>State Infirmary, Howard</td>
</tr>
<tr>
<td>MOREAU, ALEXINA O.</td>
<td>Charles V. Chapin Hospital, Providence</td>
</tr>
<tr>
<td>MORTENSON, ALICE</td>
<td>Memorial Hospital, Pawtucket</td>
</tr>
<tr>
<td>MOTHER M. EVANGELIST</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>MOULSON, RUTH</td>
<td>Memorial Hospital, Pawtucket</td>
</tr>
<tr>
<td>MULVANY, MARY C.</td>
<td>69 Armington Ave., Providence</td>
</tr>
<tr>
<td>MURDOCH, HELEN E.</td>
<td>50 Maude St., Providence</td>
</tr>
<tr>
<td>MURPHY, HELEN L.*</td>
<td>Memorial Hospital, Pawtucket</td>
</tr>
<tr>
<td>MURPHY, MARGARET V.*</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>MURPHY, RUBY C.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>MYERS, EDNA G.*</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>NIZIOLEK, GENEVIEVE C.</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>NOLAN, GENEVIEVE E.*</td>
<td>Douglas Road, Harrisville</td>
</tr>
<tr>
<td>O'GARA, MARY E.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>OLIVER, MRS. CHRISTY R.</td>
<td>12 Esten St., Providence</td>
</tr>
<tr>
<td>ORTH, PAULA C.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>PARKER, EUNICE P.*</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>PARKER, HOPE</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>PATerson, JEAN M.</td>
<td>26 Cabot St., Providence</td>
</tr>
<tr>
<td>PEARCE, VERA S.</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>PEIRCE, MILDRED G.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>PETKUS, BERTHA C.</td>
<td>Butler Hospital, Providence</td>
</tr>
<tr>
<td>PIGNOLET, LUCY J.*</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>QUINN, GERTRUDE M.*</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>RADICAN, RITA E.*</td>
<td>508 Chalkstone Ave., Providence</td>
</tr>
<tr>
<td>RCHFORD, RUTH L.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>ROWEN, MARGARET E.</td>
<td>State Hospital, Howard</td>
</tr>
<tr>
<td>SAGE, VIRGINIA*</td>
<td>Butler Hospital, Providence</td>
</tr>
<tr>
<td>SCHINZEL, IRENE F.</td>
<td>50 Maude St., Providence</td>
</tr>
<tr>
<td>SCHROEDER, MADELEINE M.**</td>
<td>Memorial Hospital, Pawtucket</td>
</tr>
<tr>
<td>SHERMAN, ELIZABETH F.</td>
<td>11 Medway St., Providence</td>
</tr>
<tr>
<td>SISTER MARY GABRIEL</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>SISTER MARY PAUL</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>SISTER MARY PAULA</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>SLAYTON, EDNA A.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>SMITH, EUNICE</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>SMITH, HARRIET E.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>STEVENS, RUBY G.</td>
<td>50 Maude St., Providence</td>
</tr>
<tr>
<td>STONE, ALMA M.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>SULLIVAN, MARY G.*</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>TALTY, ELIZABETH*</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>TANZI, SUSIE E.*</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>THIELBAR, FRANCES C.**</td>
<td>Butler Hospital, Providence</td>
</tr>
<tr>
<td>THOMPSON, HELEN C.*</td>
<td>State Infirmary, Howard</td>
</tr>
<tr>
<td>TILTON, MARION E.</td>
<td>Charles V. Chapin Hospital, Providence</td>
</tr>
<tr>
<td>TRACY, CATHERINE D.</td>
<td>345 Lloyd Ave., Providence</td>
</tr>
<tr>
<td>TRACY, MARION O.</td>
<td>50 Maude St., Providence</td>
</tr>
<tr>
<td>VOTOLATO, LILLIAN*</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>WALSH, CECILIA E.</td>
<td>136 Whitford Ave., Providence</td>
</tr>
<tr>
<td>WARD, HELEN G.</td>
<td>50 Maude St., Providence</td>
</tr>
<tr>
<td>WEIGNER, FLORENCE M.</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>WEGYAND, MRS. DOROTHY M.*</td>
<td>Homeopathic Hospital, Providence</td>
</tr>
<tr>
<td>WHITE, LOUISA</td>
<td>287 Highland Ave., Providence</td>
</tr>
<tr>
<td>WILSON, AGNES E.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>YOUNG, MARY</td>
<td>Memorial Hospital, Pawtucket</td>
</tr>
</tbody>
</table>
MEMBERS

SOUTH CAROLINA—50

Andell, Marguerite .......... Roper Hospital, Charleston
Ballentine, Autumn T. .......... State Hospital, Columbia
Baxter, Blanche .......... Riverside Infirmary, Charleston
Bowling, Lucy I. .......... Greenville General Hospital, Greenville
Bouknight, Sadie C. .......... Columbia Hospital, Columbia
Chamberlin, Ruth C. .......... Roper Hospital, Charleston
Corley, Mary L. .......... Columbia Hospital, Columbia
Cunningham, Nellie C. .......... 306 Carolina Life Bldg., Columbia
Dixon, Irene L. .......... Roper Hospital, Charleston
Gardner, Beulah L. .......... State Hospital, Columbia
Gilchrist, Helen* .......... State Training School, Clinton
Gonsor, Helen R. .......... c/o Dr. J. R. Howell, Aiken
Huff, Kathleen .......... General Hospital, Spartanburg
Kingsley, Laura M. .......... Roper Hospital, Charleston
Lilienthal, Friedriska .......... Roper Hospital, Charleston
Macdowell, Martha E. .......... Roper Hospital, Charleston
McAllister, Mary C. .......... 134 Broad St., Charleston
McKnight, Kathryn .......... General Hospital, Greenville
Moseley, Kittie M. .......... Columbia Hospital, Columbia
Oliver, Hattie L. .......... Columbia Hospital, Columbia
Phillips, Virginia C. .......... McLeod Infirmary, Florence
Roberts, Ouida .......... Tri-County Hospital, Orangeburg
Scheps, Edna M. .......... General Hospital, Greenville
Sigmon, Mrs. B. M. .......... Cherokee County Hospital, Gaffney
Trentham, Jean .......... McLeod Infirmary, Florence
Wedgeworth, Ola .......... Spartanburg General Hospital, Spartanburg
Welch, Marguerite J. .......... Columbia Hospital, Columbia
Woodside, Mrs. Grace B. .......... 1507 Augusta St., Greenville
Wyant, Annie L. .......... Greenville General Hospital, Greenville
Yongue, Margaret .......... General Hospital, Greenville

SOUTH DAKOTA—37

Anderson, Belle S. .......... Dakota Hospital, Vermillion
Berdahl, Mrs. Anna H. .......... Sioux Valley Hospital, Sioux Falls
Blake, Mary E. .......... Luther Hospital, Watertown
Brewick, Mrs. Faye .......... Methodist State Hospital, Mitchell
Chak, Clara A. .......... St. Joseph's Hospital, Mitchell
Cliff, Carrie E. .......... Box 543, Rapid City
Erickson, R. Esther .......... South Dakota State College, Brookings
Fisher, Irene M. .......... Sioux Valley Hospital, Sioux Falls
Given, Leila I. .......... South Dakota State College, Department of Nursing, Brookings
Hagel, Mrs. L. P. .......... Mound City
Haugum, Ella A. .......... Sioux Valley Hospital, Sioux Falls
Holtan, Mabel .......... Luther Hospital, Watertown
Hubbs, Hazel I. .......... Methodist Hospital, Mitchell
Keenan, Margaret .......... McKennan Hospital, Sioux Falls
Keller, Lyda H. .......... Martin
McKillop, Katherine .......... Peabody Hospital, Webster
McLean, Dorothy H. .......... Luther Hospital, Watertown
Moore, Mary B.** .......... St. Joseph's Hospital, Deadwood
Nelson, Elvira .......... Plankinton
Olson, Anna C. .......... Peabody Hospital, Webster
Parden, Loretta A. .......... St. Luke's Hospital, Aberdeen
REAGAN, GENEVIEVE .......... Sioux Valley Hospital, Sioux Falls
RICE, MRS. CLARA M. .......... Britton Hospital, Britton
SISTER M. AGATHA .......... St. Mary’s Hospital, Pierre
SISTER M. BONAVENTURE HOFFMAN .......... McKennan Hospital, Sioux Falls
SISTER MARY CONCEPTION DOYLE .......... St. Luke’s Hospital, Aberdeen
SISTER M. DESIDERIA HIRSCH .......... Sacred Heart Hospital, Yankton
SISTER M. EMERENTIA .......... Sacred Heart Hospital, Yankton
SISTER MARY ITA .......... St. Luke’s Hospital, Aberdeen
SISTER M. JULIANNA GRAF .......... Sacred Heart Hospital, Yankton
SISTER M. LAURENTIA .......... St. Joseph’s Hospital, Deadwood
SISTER M. NORBERT .......... St. Joseph’s Hospital, Mitchell
SISTER MARY RICHARD .......... St. Joseph’s Hospital, Mitchell
SUNDSTROM, ADELIA M. .......... Methodist State Hospital, Mitchell
THOMPSON, AGNES B. .......... Sioux Valley Hospital, Sioux Falls
WARD, MARGARET .......... 1004 Pine St., Yankton
WOODS, MABEL O. .......... Methodist State Hospital, Mitchell

§TEENNESSEE—62 §

ARCHER, MYRTLE .......... Baptist Memorial Hospital, Memphis
BONNER, ELIZABETH .......... 718 Court, Memphis
BORGERS, HANNAH M. .......... Baptist Memorial Hospital, Memphis
BURTON, ETHEL F. .......... John Gaston Hospital, Memphis
CAREY, ALICE .......... Methodist Hospital, Memphis
CAWTWON, MRS. BRIDE L. .......... 1634 North Parkway, Memphis
CLACK, ANNA .......... Protestant Hospital, Nashville
CREIGHTON, MARGUERITE .......... Baptist Memorial Hospital, Memphis
CUNNINGHAM, FRANCES .......... John Gaston Hospital, Memphis
DENHAM, MARGARET .......... Peabody College, Nashville
EASTER, ADDIE* .......... Nashville General Hospital, Nashville
EBBS, DOROTHY D. .......... Baroness Erlanger Hospital, Chattanooga
ELLINGSON, EVELYN A. .......... Hume-Fogg High School, Nashville
ELROD, VIRGIE K. .......... John Gaston Hospital, Memphis
FALLER, MRS. HELEN L.* .......... Nashville General Hospital, Nashville
FISHERS, MRS. JULIA B. .......... Methodist Hospital, Memphis
GARRETT, MARGARET E. .......... 1255 Eastmoreland, Memphis
GILLEN, ROSE M. .......... St. Thomas’ Hospital, Nashville
GILMORE, BETTIE J. .......... Gartly-Ramsay Hospital, Memphis
GLASGOW, MRS. LOUISE* .......... Protestant Hospital, Nashville
GRAHAM, ALMA L.* .......... Nashville General Hospital, Nashville
HARWARD, MARY J. .......... Baptist Memorial Hospital, Memphis
HELM, ELEANOR M. .......... Mary Kirkland Hall, Vanderbilt University, Nashville
HEREFORD, JULA .......... Mary Kirkland Hall, Vanderbilt University, Nashville
HINTON, ELLA G. .......... John Gaston Hospital, Memphis
HOCK, SARAH M. .......... Baroness Erlanger Hospital, Chattanooga
KILLEFER, ELIZABETH H. .......... Fort Sanders Hospital, Knoxville
KIRK, VIRGINIA .......... County Health Dept., Franklin
LATHAM, JESSIE .......... Methodist Hospital, Memphis
LAWSON, CHARLOTTE C. .......... Haywood County Memorial Hospital, Brownsville
LEITZKE, ELLA G. .......... John Gaston Hospital, Memphis
LEWIS, EDNA .......... Peabody College, Nashville
LINGHAM, GERTRUDE E. .......... Madison College, Madison
MARR, Leta M. .......... Mary Kirkland Hall, Vanderbilt University, Nashville
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin, Jennie R.</td>
<td>Nashville General Hospital, Nashville</td>
</tr>
<tr>
<td>Miller, Alma</td>
<td>John Gaston Hospital, Memphis</td>
</tr>
<tr>
<td>Morris, Lillian B.</td>
<td>Nashville General Hospital, Nashville</td>
</tr>
<tr>
<td>Morris, Virginia M.</td>
<td>Nashville General Hospital, Nashville</td>
</tr>
<tr>
<td>Murray, Ruth N.</td>
<td>860 Madison Ave., Memphis</td>
</tr>
<tr>
<td>Nather, Gertrude E.</td>
<td>St. Thomas Hospital, Nashville</td>
</tr>
<tr>
<td>Norman, Mabel</td>
<td>Baroness Erlanger Hospital, Chattanooga</td>
</tr>
<tr>
<td>Parker, Mrs. Elizabeth N.</td>
<td>1001 East Third St., Chattanooga</td>
</tr>
<tr>
<td>Poinder, Ruth W.</td>
<td>Vanderbilt University School of Nursing, Nashville</td>
</tr>
<tr>
<td>Potts, Aurelia B.</td>
<td>George Peabody College for Teachers, Nashville</td>
</tr>
<tr>
<td>Rast, George M.</td>
<td>Methodist Hospital, Memphis</td>
</tr>
<tr>
<td>Reaves, Lynda M.</td>
<td>Nashville General Hospital, Nashville</td>
</tr>
<tr>
<td>Reiser, Rosamond</td>
<td>St. Joseph’s Hospital, Memphis</td>
</tr>
<tr>
<td>Simmons, Nola</td>
<td>Nashville General Hospital, Nashville</td>
</tr>
<tr>
<td>Sister Clementine Nee</td>
<td>St. Thomas Hospital, Nashville</td>
</tr>
<tr>
<td>Sister Florence Urbine</td>
<td>St. Thomas Hospital, Nashville</td>
</tr>
<tr>
<td>Sister Mary Celeste</td>
<td>St. Mary’s Hospital, Knoxville</td>
</tr>
<tr>
<td>Sloan, Ermine J.</td>
<td>860 Madison Ave., Memphis</td>
</tr>
<tr>
<td>Smiley, Lillian</td>
<td>Vanderbilt University Hospital, Nashville</td>
</tr>
<tr>
<td>Smith, F. Elise</td>
<td>Baptist Memorial Hospital, Memphis</td>
</tr>
<tr>
<td>Taylor, Anne D.</td>
<td>John Gaston Hospital, Memphis</td>
</tr>
<tr>
<td>Wallace, Mrs. Marguerite C.</td>
<td>Madison College, Madison</td>
</tr>
<tr>
<td>Weismann, Garnet L.</td>
<td>Methodist Hospital, Memphis</td>
</tr>
<tr>
<td>White, Lucy G.</td>
<td>Vanderbilt School of Nursing, Nashville</td>
</tr>
<tr>
<td>White, Mrs. Mary W.</td>
<td>Methodist Hospital, Memphis</td>
</tr>
<tr>
<td>Wolf, Lulu K.</td>
<td>Vanderbilt University, Nashville</td>
</tr>
<tr>
<td>Wootton, Nina E.</td>
<td>414 Cotton State Bldg., Nashville</td>
</tr>
<tr>
<td>Zeigler, Frances H.</td>
<td>Vanderbilt University, Nashville</td>
</tr>
</tbody>
</table>

‡Texas—115

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhael, Inez</td>
<td>St. Joseph’s Hospital, Fort Worth</td>
</tr>
<tr>
<td>Bolk, Juanita</td>
<td>King’s Daughters’ Hospital, Temple</td>
</tr>
<tr>
<td>Bowles, Mary B.</td>
<td>Providence Hospital, Waco</td>
</tr>
<tr>
<td>Breihan, Olga M.</td>
<td>Baylor University Hospital, Dallas</td>
</tr>
<tr>
<td>Burgdorf, Flora</td>
<td>2701 Cleburne, Houston</td>
</tr>
<tr>
<td>Coffey, Mrs. Lillian*</td>
<td>Memorial Hospital, Houston</td>
</tr>
<tr>
<td>Cole, Beryl</td>
<td>Robert B. Green Memorial Hospital, San Antonio</td>
</tr>
<tr>
<td>Cole, Laura</td>
<td>Scott and White Hospital, Temple</td>
</tr>
<tr>
<td>Collins, Grace C.</td>
<td>815 Avenue C, Galveston</td>
</tr>
<tr>
<td>Cooper, Joanna</td>
<td>575 Main St., Texarkana</td>
</tr>
<tr>
<td>Coote, Maud</td>
<td>Medical and Surgical Hospital, Brownwood</td>
</tr>
<tr>
<td>Cunningham, Margueritte</td>
<td>1100 Lipscomb St., Fort Worth</td>
</tr>
<tr>
<td>Dietrich, A. Louise</td>
<td>1001 E. Nevada St., El Paso</td>
</tr>
<tr>
<td>Dillon, Margaret*</td>
<td>John Sealy Hospital, Galveston</td>
</tr>
<tr>
<td>Dryden, Mary V.</td>
<td>Lubbock Sanitarium, Lubbock</td>
</tr>
<tr>
<td>Ellett, Lena M.</td>
<td>Scott and White Hospital, Temple</td>
</tr>
<tr>
<td>Engle, Edna</td>
<td>1302 Main St., Lubbock</td>
</tr>
<tr>
<td>Ericson, Agnes</td>
<td>Seton Infirmary, Austin</td>
</tr>
<tr>
<td>Fahey, Mollie</td>
<td>St. Paul’s Sanitarium, Dallas</td>
</tr>
<tr>
<td>Fiedler, Mrs. Zora Mca</td>
<td>Baylor University Hospital, Dallas</td>
</tr>
<tr>
<td>Gants, Florence</td>
<td>Texarkana Hospital, Texarkana</td>
</tr>
<tr>
<td>Garrett, Mildred E.</td>
<td>State Dept. of Health, Austin</td>
</tr>
<tr>
<td>Garrett, Virginia L.</td>
<td>John Sealy Hospital, Galveston</td>
</tr>
<tr>
<td>Golibart, Ernestine</td>
<td>1210 San Francisco St., San Antonio</td>
</tr>
<tr>
<td>Name</td>
<td>Hospital/Location</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>GROTE, Emma</td>
<td>St. David's Hospital, Austin</td>
</tr>
<tr>
<td>HANNAH, KATHERINE D.</td>
<td>3921 Potomac, Dallas</td>
</tr>
<tr>
<td>HART, MINNIE H.</td>
<td>Methodist Hospital, Dallas</td>
</tr>
<tr>
<td>HASSELL, ALFRED P.</td>
<td>Medical and Surgical Hospital, San Antonio</td>
</tr>
<tr>
<td>HENDERSON, MRS. IRENE</td>
<td>Robert B. Green Memorial Hospital, San Antonio</td>
</tr>
<tr>
<td>HERRINGTON, CATHERINE</td>
<td>City and County Hospital, Fort Worth</td>
</tr>
<tr>
<td>HOLLOWAY, SADIE L.</td>
<td>4228 Bowser Ave., Dallas</td>
</tr>
<tr>
<td>HUGHES, JEANETTE</td>
<td>Methodist Hospital, Dallas</td>
</tr>
<tr>
<td>IVY, MRS. LOIS B.</td>
<td>Parkland Hospital, Dallas</td>
</tr>
<tr>
<td>JACOBS, ALMA</td>
<td>3020 San Jacinto, Houston</td>
</tr>
<tr>
<td>JACOBSON, MARIE A.</td>
<td>1401 Truxillo St., Houston</td>
</tr>
<tr>
<td>KASMEIER, JULIA C.</td>
<td>609 Milam Bldg., San Antonio</td>
</tr>
<tr>
<td>KIBBE, MRS. R. L.</td>
<td>5604 Georgetown Rd., Austin</td>
</tr>
<tr>
<td>KIRCHHOFF, NETTIE L.</td>
<td>Hillcrest Memorial Hospital, Waco</td>
</tr>
<tr>
<td>KLEIN, HELEN A.</td>
<td>Hotel Dieu, El Paso</td>
</tr>
<tr>
<td>LANG, SELMA A.</td>
<td>King's Daughters' Hospital, Temple</td>
</tr>
<tr>
<td>LAVELLE, CATHERINE</td>
<td>Robert B. Green Memorial Hospital, San Antonio</td>
</tr>
<tr>
<td>LEHMANN, MRS. HELEN H.**</td>
<td>Baylor University Hospital, Dallas</td>
</tr>
<tr>
<td>LE LACHEUR, HELEN</td>
<td>700 Brazos St., Austin</td>
</tr>
<tr>
<td>LE SURUK, HAZEL K.</td>
<td>Hendrick Memorial Hospital, Abilene</td>
</tr>
<tr>
<td>LINDLEY, MRS. ETHEL W.</td>
<td>607 N. High, Uvalde</td>
</tr>
<tr>
<td>LITTLE, LAURA B.</td>
<td>Hendrick Hospital, Abilene</td>
</tr>
<tr>
<td>LUPFOLD, MARIE L.</td>
<td>Methodist Hospital, Houston</td>
</tr>
<tr>
<td>MACLEOD, DOROTHY C.</td>
<td>John Sealy Hospital, Galveston</td>
</tr>
<tr>
<td>MAYNE, MRS. OLA T.</td>
<td>803 E. Ashby, San Antonio</td>
</tr>
<tr>
<td>MATHIS, DORA</td>
<td>John Sealy Hospital, Galveston</td>
</tr>
<tr>
<td>MAXSON, MRS. RUTH A.</td>
<td>Memorial Hospital, Houston</td>
</tr>
<tr>
<td>MAYFIELD, IVAN</td>
<td>Baylor Hospital, Dallas</td>
</tr>
<tr>
<td>McCLESKY, OLA</td>
<td>Bradford Memorial Hospital for Children, Dallas</td>
</tr>
<tr>
<td>McCUNE, MRS. DORIS K.</td>
<td>Lubbock Sanitarium, Lubbock</td>
</tr>
<tr>
<td>MCELWREATH, ATHRISTIA**</td>
<td>1028 Fifth Ave., Fort Worth</td>
</tr>
<tr>
<td>McGOWEN, NELLIE</td>
<td>Jefferson Davis Hospital, Houston</td>
</tr>
<tr>
<td>McKINNON, MRS. BEADIE S.</td>
<td>Jefferson Davis Hospital, Houston</td>
</tr>
<tr>
<td>McLaughlin, Katherine</td>
<td>Baylor University Hospital, Dallas</td>
</tr>
<tr>
<td>McLILLAN, JANET R.</td>
<td>King's Daughters' Hospital, Temple</td>
</tr>
<tr>
<td>MILLER, LAURETTA M.**</td>
<td>Memorial Hospital, Houston</td>
</tr>
<tr>
<td>MOLMEN, MOLLIE</td>
<td>St. Joseph's Hospital, Fort Worth</td>
</tr>
<tr>
<td>MOORE, DAISY R.</td>
<td>Memorial Hospital, Houston</td>
</tr>
<tr>
<td>MURRAY, IVA L.</td>
<td>City and County Hospital, Dallas</td>
</tr>
<tr>
<td>NEWBILL, JOSEPHINE</td>
<td>American Red Cross Nursing Service, Galveston</td>
</tr>
<tr>
<td>O'SULLIVAN, MRS. OTIE D.</td>
<td>Robert B. Green Hospital, San Antonio</td>
</tr>
<tr>
<td>PARK, ADIE H.</td>
<td>King's Daughters' Hospital, Temple</td>
</tr>
<tr>
<td>PAYNE, DOROTHY B.</td>
<td>City Hospital, McKinney</td>
</tr>
<tr>
<td>PHILLIPS, MARION C.*</td>
<td>John Sealy Hospital, Galveston</td>
</tr>
<tr>
<td>PITTMAN, M. HELEN</td>
<td>3220 Binz St., Houston</td>
</tr>
<tr>
<td>POPE, EMMA</td>
<td>Parkland Hospital, Dallas</td>
</tr>
<tr>
<td>POST, MRS. JOSEPHINE N.</td>
<td>Jefferson Davis Hospital, Houston</td>
</tr>
<tr>
<td>POWERS, MARELLA*</td>
<td>John Sealy Hospital, Galveston</td>
</tr>
<tr>
<td>PUYEAR, MABEL S.*</td>
<td>McAllister Hospital, Houston</td>
</tr>
<tr>
<td>RADCLIFFE, ROSE M.</td>
<td>Northwest Texas Hospital, Amarillo</td>
</tr>
<tr>
<td>RAB, MARGUERITE</td>
<td>Baylor University Hospital, Dallas</td>
</tr>
<tr>
<td>REGAN, IRENE T.</td>
<td>Parkland Hospital, Dallas</td>
</tr>
<tr>
<td>RIDINGS, DOROTHY E.</td>
<td>Jefferson Davis Hospital, Houston</td>
</tr>
<tr>
<td>ROBERTS, NANNIE B.</td>
<td>Parkland Hospital, Dallas</td>
</tr>
<tr>
<td>RUFFING, MARGUERITE E.</td>
<td>St. Paul's Hospital, Dallas</td>
</tr>
<tr>
<td>SANE, ALETHA</td>
<td>Wichita General Hospital, Wichita Falls</td>
</tr>
</tbody>
</table>
SCHELLHAS, ESTELLE ................................. 141 Taylor St., San Antonio  
SISTER ALPHONSA AUCOIN ...................... Seton Infirmary, Austin  
SISTER ANNA JOSEPH ......................... St. Joseph’s Hospital, Fort Worth  
SISTER ANTONIO O’DONOHUE** .............. St. Paul’s Hospital, Dallas  
SISTER MARY CELESTE ....................... St. Mary’s Infirmary, Galveston  
SISTER MARY CHARLES ....................... Santa Rosa Hospital, San Antonio  
SISTER M. ELIGIUS ......................... Hotel Dieu, El Paso  
SISTER MARY ENDA MURPHY .......... St. Mary’s Infirmary, Galveston  
SISTER MARY FIDELIS ....................... St. Joseph’s Hospital, Houston  
SISTER MARY GERTRUDE GIBLIN ........... Seton Infirmary, Austin  
SISTER MARY JOHN EVANGELINE ...... St. Joseph’s Infirmary, Houston  
SISTER MARY GONZAGUE ..................... St. Joseph’s Hospital, Houston  
SISTER MARY SAUCIER ....................... Providence Hospital, Waco  
SISTER MARY VICTORY LEWIS .............. Incarnate Word College, San Antonio  
SISTER MARY VINCENT O’DONnell........... St. Joseph’s Hospital, Fort Worth  
SIZER, MRS. ED R. .......................... Fred Roberts Memorial Hospital, Corpus Christi  
SMITH, ANN B.** ........................... City Hospital, McKinney  
SMITH, MARY L. ................................ John Sealy Hospital, Galveston  
SMITH, MARY P. ............................... Parkland Hospital, Dallas  
SPICER, MRS. IVA MCC. .................. Memorial Hospital, Houston  
STUMBLELS, GERTRUDE L. ................. Methodist Hospital, Houston  
TAYLOR, MILDRED E. ...................... John Sealy Hospital, Galveston  
THOMAS, LENA B.** ......................... Cantrell Hospital, Greenville  
THOMSON, JEANNE ...................... Lubbock Sanitarium, Lubbock  
TRAVIS, SUB T.** ......................... Santa Rosa Hospital, San Antonio  
TURNER, MRS. EDITH H. .......... Physicians and Surgeons Hospital, San Antonio  
WALKER, HILDA M.* ....................... John Sealy Hospital, Galveston  
WALTHERS, LILLIE ......................... John Sealy Hospital, Galveston  
WEINRICH, MARGARET L. .............. Jefferson Davis Hospital, Houston  
WELLS, MYRTLE M. ......................... Parkland Hospital, Dallas  
WILCOX, OLIVE ......................... John Sealy Hospital, Galveston  
WILLICH, SOPHIA ......................... Jefferson Davis Hospital, Houston  
WILSON, RUTH ....................... Fred Roberts Memorial Hospital, Corpus Christi  
WOLFE, CLARA E. ...................... King’s Daughters’ Hospital, Temple  
WOLFER, ELLA ............................ John Sealy Hospital, Galveston

‡UTAH—40

BEERY, ECHO ........................................ 2431 Van Buren St., Salt Lake City  
BILGER, ANNETTA J. ........................ Salt Lake General Hospital, Salt Lake City  
BISSELL, BLANCHE* ........................ St. Mark’s Hospital, Salt Lake City  
BUCKINGHAM, ATTALIE M. ....... Latter Day Saints Hospital, Salt Lake City  
DAVIDSON, ALLENE* ......................... St. Mark’s Hospital, Salt Lake City  
DITCHFIELD, ALDA L. .................... 2205 S. State St., Salt Lake City  
ERCAINBRACK, RETTA ................. Salt Lake General Hospital, Salt Lake City  
GIBBS, ANNE ................................. 2440 Harrison Ave., Ogden  
GLEASON, ALTA ....................... Holy Cross Hospital, Salt Lake City  
GREENHAGEN, MILDRED E. .......... 1628 S. Sixth St., Salt Lake City  
HAGERMAN, LILY ......................... 336 E. S. Temple St., Salt Lake City  
HICKS, MAUD ................................. Holy Cross Hospital, Salt Lake City  
HYATT, LUella ....................... Salt Lake General Hospital, Salt Lake City  
INGRAM, LESSIA O.* ................. 540 N. Second St., W., Salt Lake City  
JACOBSEN, MARY C. .................. St. Mark’s Hospital, Salt Lake City  
JIMMERSON, EVA W. ..................... 1252 25 St., Ogden  
JOHNSON, MARIA** ..................... Latter Day Saints Hospital, Salt Lake City  
LAWTON, ELIZABETH .............. 303 E. Second, N., Logan
Mahaney, Louella .................. Salt Lake General Hospital, Salt Lake City
Mainwaring, Cathryn .................. 305 E. Second St., N., Logan
Mason, Neoma T. .................. Latter Day Saints Hospital, Salt Lake City
McClure, Mary H.* .................. 2001 S. Seventh St., E., Salt Lake City
Mikals, Julia M. .................. Latter Day Saints Hospital, Salt Lake City
Miller, Amelia* .................. Thomas D. Dee Memorial Hospital, Ogden
Miner, Rhoda W. .................. Apt. 14, Holly Rue, Ogden
Moore, Naomi .................. .950 E. 33 St., S., Salt Lake City
Mumford, Ruth W. .................. 621 W. Third St., N., Salt Lake City
Parkhurst, Mary F.* .................. 236 E. 48 St., S., Murray
Pike, Helen G.* .................. St. Mark’s Hospital, Salt Lake City
Rosenberg, Fannie P. .................. Latter Day Saints Hospital, Salt Lake City
Scham, Marie* .................. Shriners Hospital, Salt Lake City
Scoville, Louise* .................. 831 22 St., Ogden
Severe, Juanita McGu.* .................. 1244 Roosevelt Ave., Salt Lake City
Sister M. Ann Patrice .................. Holy Cross Hospital, Salt Lake City
Stewart, Mary Belle W. .................. St. Mark’s Hospital, Salt Lake City
Taylor, Lucille .................. 854 Washington Ave., Ogden
Thompson, Leah F.* .................. St. Mark’s Hospital, Salt Lake City
Wallace, Helen .................. St. Mark’s Hospital, Salt Lake City
Westling, Sarah H.* .................. 658 S. Seventh St., W., Salt Lake City
White, Mrs. Ethelyn J. .................. Thomas D. Dee Memorial Hospital, Ogden

VERMONT—5

Baker, Mary A. .................. Putnam Memorial Hospital, Bennington
Berry, Ruth H. .................. 46 Nichols St., Rutland
Brian, Celia E. .................. Brattleboro Memorial Hospital, Brattleboro
Churchill, Helen C. .................. 28 E. State St., Montpelier
Keirstead, Mrs. Hazel E. .................. Brattleboro Memorial Hospital, Brattleboro

$VIRGINIA—88

Allon, Martha B. .................. Rockingham Memorial Hospital, Harrisonburg
Amory, Mrs. Gladys B. .................. 250 52 St., Newport News
Anderson, Lela S. .................. 104 W. 30 St., Richmond
Beazley, Roy C. .................. McKim Hall, University
Bake, Mary .................. 142 S. Main St., Danville
Branscombe, N. Maude .................. 738 S. Mason St., Harrisonburg
Burkholder, Claudine P. .................. Petersburg Hospital, Petersburg
Buxton, Elizabeth S. .................. 511 Chesapeake Ave., Newport News
Calloway, Ruth .................. Norfolk General Hospital, Norfolk
Clayton, Mrs. Anne C. .................. Stuart Circle Hospital, Richmond
Cowling, Mary F. .................. Virginia Baptist Hospital, Lynchburg
Cox, Katharine C. .................. Chesapeake and Ohio Hospital, Clifton Forge
Cox, Mrs. Madeline W. .................. Elizabeth Buxton Hospital, Newport News
Curtis, Natalie J. .................. 1008 E. Clay St., Richmond
Decker, Anna C. .................. Blue Ridge Sanatorium, Charlottesville
De Witt, Marie .................. University of Virginia Hospital, University
Doherty, Catherine .................. McKim Hall, Charlottesville
Dyer, Mrs. Margaret L. .................. 1005 W. High St., Petersburg
Eberly, Virginia .................. Route 5, Richmond
Elder, Nancy M. .................. Stuart Circle Hospital, Richmond
Epperson, Ruth B. .................. 840 Raleigh Ave., Norfolk
Faris, Mrs. Jessie W. .................. 3015 E. Broad St., Richmond
Gary, Katherine R. .................. Stuart Circle Hospital, Richmond
George, Esther L. .................. Stuart Circle Hospital, Richmond
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glenn, Mrs. Mildred L.</td>
<td>King's Daughters Hospital, Portsmouth</td>
<td></td>
</tr>
<tr>
<td>Grant, E. Louise</td>
<td>Cabaniss Hall, Medical College of Virginia, Richmond</td>
<td></td>
</tr>
<tr>
<td>Green, Mary L.</td>
<td>Norfolk General Hospital, Norfolk</td>
<td></td>
</tr>
<tr>
<td>Guthrie, Ayleen E.</td>
<td>District Hospital, Manassas</td>
<td></td>
</tr>
<tr>
<td>Hahn, C. Viola</td>
<td>3301 North Ave., Richmond</td>
<td></td>
</tr>
<tr>
<td>Hammock, E. Walton</td>
<td>St. Elizabeth's Hospital, Richmond</td>
<td></td>
</tr>
<tr>
<td>Hamner, Mrs. Mae L.</td>
<td>3600 Monument Ave., Richmond</td>
<td></td>
</tr>
<tr>
<td>Harness, Mrs. Ella C.</td>
<td>Johnston-Willis Hospital, Richmond</td>
<td></td>
</tr>
<tr>
<td>Henley, Ruth N.</td>
<td>Cabaniss Hall, Richmond</td>
<td></td>
</tr>
<tr>
<td>Hill, Emily T.</td>
<td>1202 Redgate Ave., Norfolk</td>
<td></td>
</tr>
<tr>
<td>Holbrook, Margaret E.</td>
<td>Jefferson Hospital, Roanoke</td>
<td></td>
</tr>
<tr>
<td>Hollo, Myrtle M. **</td>
<td>521 Valley Rd., University</td>
<td></td>
</tr>
<tr>
<td>Holmes, Louise L.</td>
<td>University of Virginia Hospital, Charlottesville</td>
<td></td>
</tr>
<tr>
<td>Hoover, Ferma E. **</td>
<td>142 S. Main St., Danville</td>
<td></td>
</tr>
<tr>
<td>Howey, Eleanor E.</td>
<td>Virginia Baptist Hospital, Lynchburg</td>
<td></td>
</tr>
<tr>
<td>Hudson, Nora</td>
<td>Norfolk General Hospital, Norfolk</td>
<td></td>
</tr>
<tr>
<td>Jordan, Charlotte</td>
<td>1614 Grove Ave., Richmond</td>
<td></td>
</tr>
<tr>
<td>Kellam, Mrs. Lucille C.</td>
<td>Leigh Memorial Hospital, Norfolk</td>
<td></td>
</tr>
<tr>
<td>Knibb, Maude H.</td>
<td>Grace Hospital, Richmond</td>
<td></td>
</tr>
<tr>
<td>Lambeth, Bessie L.</td>
<td>Johnston-Willis Hospital, Richmond</td>
<td></td>
</tr>
<tr>
<td>Lanford, Eloise M.</td>
<td>St. Elizabeth Hospital, Richmond</td>
<td></td>
</tr>
<tr>
<td>Lewis, Clara G.</td>
<td>Hampton Institute, Hampton</td>
<td></td>
</tr>
<tr>
<td>Loope, Juania V.</td>
<td>1222 E. Broad St., Richmond</td>
<td></td>
</tr>
<tr>
<td>Malone, Nell L.</td>
<td>St. Vincent's Hospital, Norfolk</td>
<td></td>
</tr>
<tr>
<td>Marshall, Maxine</td>
<td>McKim Hall, University</td>
<td></td>
</tr>
<tr>
<td>Matthews, Audrey G.</td>
<td>Rockingham Memorial Hospital, Harrisonburg</td>
<td></td>
</tr>
<tr>
<td>McLeod, Josephine **</td>
<td>Grace American Bank Bldg., Richmond</td>
<td></td>
</tr>
<tr>
<td>Mew, Geraldine H.</td>
<td>St. Vincent's Hospital, Norfolk</td>
<td></td>
</tr>
<tr>
<td>Montgomery, Mable</td>
<td>McKim Hall, University of Virginia Hospital, Charlottesville</td>
<td></td>
</tr>
<tr>
<td>Morrison, Ruby A.</td>
<td>Norfolk General Hospital, Norfolk</td>
<td></td>
</tr>
<tr>
<td>Moses, Evelyn K.</td>
<td>Memorial Hospital, Danville</td>
<td></td>
</tr>
<tr>
<td>Nicholson, Marguerite G.</td>
<td>Cabaniss Hall, Richmond</td>
<td></td>
</tr>
<tr>
<td>Oates, Louise</td>
<td>Cabaniss Memorial School of Nursing Education, University</td>
<td></td>
</tr>
<tr>
<td>Overby, Eunice W.</td>
<td>Johnston-Willis Hospital, Richmond</td>
<td></td>
</tr>
<tr>
<td>Parsons, Anne F.</td>
<td>Cabaniss Hall, Richmond</td>
<td></td>
</tr>
<tr>
<td>Patteson, Harriette A.</td>
<td>Petersburg Hospital, Petersburg</td>
<td></td>
</tr>
<tr>
<td>Perkins, Kathryn Z.</td>
<td>Rockingham Memorial Hospital, Harrisonburg</td>
<td></td>
</tr>
<tr>
<td>Pfeiffer, Charlotte **</td>
<td>Stuart Circle Hospital, Richmond</td>
<td></td>
</tr>
<tr>
<td>Pickarski, Leone</td>
<td>Hampton Institute, Hampton</td>
<td></td>
</tr>
<tr>
<td>Pope, Pearl</td>
<td>Chesapeake and Ohio Hospital, Clifton Forge</td>
<td></td>
</tr>
<tr>
<td>Pugh, Hattie E.</td>
<td>Cabaniss Hall, Richmond</td>
<td></td>
</tr>
<tr>
<td>Roach, Mrs. Rosalind W. *</td>
<td>R. F. D. No 1, Fairfax</td>
<td></td>
</tr>
<tr>
<td>Rosenblatt, Anna</td>
<td>Cabaniss Hall, Richmond</td>
<td></td>
</tr>
<tr>
<td>Saunders, Mrs. Virginia L.</td>
<td>Norfolk General Hospital, Norfolk</td>
<td></td>
</tr>
<tr>
<td>Seay, Nellie E.</td>
<td>Johnston Memorial Hospital, Abingdon</td>
<td></td>
</tr>
<tr>
<td>Seering, Mrs. Bertha MCA.</td>
<td>4737 24 Rd., N., Arlington</td>
<td></td>
</tr>
<tr>
<td>Showalter, Marie</td>
<td>Norfolk General Hospital, Norfolk</td>
<td></td>
</tr>
<tr>
<td>Simpson, Helen M.</td>
<td>135 Lucay Ave., Front Royal</td>
<td></td>
</tr>
<tr>
<td>Sister Louise Driscoll</td>
<td>Hospital of St. Vincent de Paul, Norfolk</td>
<td></td>
</tr>
<tr>
<td>Smith, Ethel M.</td>
<td>Craigsville</td>
<td></td>
</tr>
<tr>
<td>Staton, Martha</td>
<td>Henry A. Wise Memorial Hospital, Norfolk</td>
<td></td>
</tr>
<tr>
<td>Summers, Nellie</td>
<td>Childrens Hospital, Lynchburg</td>
<td></td>
</tr>
<tr>
<td>Tatum, Dorothy B.</td>
<td>Johnston-Willis Hospital, Richmond</td>
<td></td>
</tr>
</tbody>
</table>
TOWENSEND, Edna J. .......... Cabaniss Hall, Richmond
VAN VORT, Rose Z. ............. 2314 E. Grace St., Richmond
VAUGHAN, Mary H. .......... Elizabeth Buxton Hospital, Newport News
WALLACE, Marie E. ........... 5828 N. Chesterbrook Rd., Arlington
WALLER, Ethel D. ............. 509 North St., Portsmouth
WALTER, Agnes M. .......... 300 W. York St., Norfolk
WANGEN, Clare M. .......... University of Virginia Hospital, University
WHITE, Anne P. .......... Stuart Circle Hospital, Richmond
WILLIAMS, Mae B. .......... Cabaniss Hall, Richmond
WILLIAMS, Virginia L. .......... Crippled Children's Hospital, Richmond
WOODS, Juanita G. .......... 223 S. Cherry St., Richmond

‡WASHINGTON—60

ADAMS, Henrietta M. .......... University of Washington School of Nursing,
Seattle
ADAMS, Mary E. .......... St. Luke's Hospital, Spokane
ANDERSON, Nell E. .......... Everett General Hospital, Everett
BONEN, Margaret .......... Columbus Hospital, Seattle
BORG, Martha .......... Children's Orthopedic Hospital, Seattle
BORM, Vaunda M. .......... St. Luke's Hospital, Bellingham
BUOB, Mary B.** .......... Deaconess Hospital, Spokane
BUSH, Patricia* .......... Harborview Hospital, Seattle
COOLIDGE, Mary C. .......... University of Washington School of Nursing,
Seattle
CORNELISON, Sophia .......... Harborview Hospital, Seattle
CROSS, Harriet .......... Harborview Hospital, Seattle
DEICH, Isadora .......... Deaconess Hospital, Spokane
DOLTZ, Henrietta .......... Harborview Hospital, Seattle
DOWLER, Mrs. Charlotte .......... St. Luke's Hospital, Spokane
DRAKE, Mrs. Jewell D. .......... Tacoma General Hospital, Tacoma
EBERHART, Lucile* .......... Children's Orthopedic Hospital, Seattle
FELTON, Margaret .......... Providence Hospital, Seattle
FEINLER, Marie S. .......... Sacred Heart Hospital, Spokane
FORMAN, Marie L. .......... Harborview Hospital, Seattle
GANTZ, Ella .......... Sacred Heart Hospital, Spokane
GReeB, Helen .......... State Dept. of Health, Seattle
GUSTAFSON, Katherine T. .......... Swedish Hospital, Seattle
HALL, Evelyn H. .......... Mercer Island, Seattle
HANDorf, Lola* .......... Western State Hospital, Fort Steilacoom
HARVEY, Cleda G. .......... Harborview Hospital, Seattle
Hjort, Vera M. .......... Children's Orthopedic Hospital, Seattle
Hoffman, Katherine J. .......... Tacoma General Hospital, Tacoma
Kent, Marian G. .......... Harborview Hospital, Seattle
Kraabel, R. Eline .......... Deaconess Hospital, Spokane
LaRue, Ione .......... Tacoma General Hospital, Tacoma
Leahy, Kathleen M. .......... University of Washington School of Nursing,
Seattle
Lowman, Gladys .......... Children's Orthopedic Hospital, Seattle
MacIvor, Virginia* .......... Children's Orthopedic Hospital, Seattle
MacKenzie, Christine .......... 4009 15 St., N. E., Seattle
Martin, Glee G. .......... 327 Cobb Bldg., Seattle
McDonough, Mrs. Gladys C. .......... St. Joseph's Hospital, Tacoma
Nelson, Mrs. Grace H. .......... Virginia Mason Hospital, Seattle
Odde, Solveig .......... Sacred Heart Hospital, Spokane
OLcOTT, Virginia .......... Harborview Hospital, Seattle
MEMBERS

Ossinger, Mary S. 317 Cedar St., Bellingham
Pedersen, Thyra E. U. S. Veterans’ Hospital, American Lake
Prouse, Mrs. Lolla R. Columbus Hospital, Seattle
Radford, Anne E.* Department of Licenses, Legislative Bldg., Olympia
Riggs, Helen Columbus Hospital, Seattle
Sidebeck, Mrs. Hazel General Hospital, Everett
Sister John of the Cross Providence Hospital, Seattle
Sister Joseph Anthime St. Mary’s School of Nursing, Walla Walla
Sister Magdalene of Providence Sacred Heart Hospital, Spokane
Sister Mary Christina Sacred Heart Hospital, Spokane
Sister Mary Cyril St. Joseph’s Hospital, Bellingham
Sister Miriam Sacred Heart Hospital, Spokane
Sormula, Melga* Children’s Orthopedic Hospital, Seattle
Soule, Mrs. Elizabeth S.* University of Washington School of Nursing, Seattle
Spry, Mrs. Cecile T. Everett General Hospital, Everett
Steele, Coralee Harborview Hospital, Seattle
Timmermann, Aetna A. Tacoma General Hospital, Tacoma
Tunnard, Gertrude Everett General Hospital, Everett
Warner, Eugenia Deaconess Hospital, Spokane
Wold, Signe C. Everett General Hospital, Everett
Young, Lucy C. St. Luke’s Hospital, Spokane

‡WEST VIRGINIA—50

Arnett, Ruby* Ohio Valley General Hospital, Wheeling
Bingaman, Josephine C. Kanawha Valley Hospital, Charleston
Bloomheart, Ella Camden-Clark Hospital, Parkersburg
Bolon, Emma J.* Ohio Valley General Hospital, Wheeling
Campion, Frances M. Davis Memorial Hospital, Elkins
Campion, Ora A. Davis Memorial Hospital, Elkins
Cleary, Nelle R. 19 St. and Murdock Ave., Parkersburg
Clenenden, Esther Davis Memorial Hospital, Elkins
Corbitt, Alma C. Charleston General Hospital, Charleston
Currens, Margaret E. Charleston General Hospital, Charleston
Dauber, Helen H.* 125 N. 16 St., Wheeling
Friedman, Margaret D. 5504 Virginia Ave., Charleston
Fuller, Mabel C. 204 E. King St., Martinsburg
Hall, Jane L. 109 Main St., Wheeling
Hauser, Pauline H. Woodlawn Ave., Beckley
Hickman, Evelyn L.* 522 North Market, Wheeling
Kecskler, Helen A. Charleston General Hospital, Charleston
Lough, Eleanor M.* Ohio Valley General Hospital, Wheeling
Maloney, May M. 47 Capital City Bldg., Charleston
Mapes, Nora S.* Ohio Valley General Hospital, Wheeling
Merriam, Barbara Charleston General Hospital, Charleston
Meyer, Ruth J.* Ohio Valley General Hospital, Wheeling
Mooney, Zelma T. Ohio Valley General Hospital, Wheeling
Morgan, Edna Route 4, Box 111, Mannington
O’Neill, Anna M. Ohio Valley General Hospital, Wheeling
Pettus, Margaret S. 1307 Lee, Charleston
Ralston, Irene* Ohio Valley General Hospital, Wheeling
Robb, Elizabeth N. Beech Glen, Wheeling
Robertson, Marie Cook Hospital, Fairmont
Rock, Mary E.* Eoff Street, Wheeling
Ronyak, Rose E.* Ohio Valley General Hospital, Wheeling
Sister M. Carola Jehle ...... 2901 First Ave., Huntington
Sister Mary de Lourdes ...... 333 Laidley St., Charleston
Sister M. Frances ........... 2901 First Ave., Huntington
Sister M. Pia ................ 2901 First Ave., Huntington
Sister Mary Ruth-Owen ...... 109 Main St., Wheeling
Sister M. Zita McGuinn ...... St. Joseph’s Hospital, Parkersburg
Scott, Helene C. .......... Ohio Valley General Hospital, Wheeling
Snafe, Connie* .......... Ohio Valley General Hospital, Wheeling
Spedden, Holly V. ......... Davis Memorial Hospital, Elkins
Spindel, Mrs. Clarice B. .... 407 City Hall, Charleston
Thigpen, Lorena I. ......... Davis Memorial Hospital, Elkins
Thomas, A. Myra .......... Ohio Valley General Hospital, Wheeling
Tobin, Irene ................. Logan General Hospital, Logan
Trussell, Nellie E.* ...... Ohio Valley General Hospital, Wheeling
Wales, Frances L. ........ Ohio Valley General Hospital, Wheeling
Walraven, Esther C. ....... Children’s Bureau, Charleston
Walter, Dorothy* .......... 183 Stone Church St., Elm Grove, Wheeling
Wieck, Leona P. ............ 113 Fairmont Ave., Fairmont
Wilson, Mrs. Jennie F.* .... 1300 Byron St., Wheeling

†WISCONSIN—135

Albrecht, Mrs. Agnes M. .... Wisconsin General Hospital, Madison
Altenberg, Helen I.* ...... Wisconsin General Hospital, Madison
Altreuter, M. B. ............ 959 N. 14 St., Milwaukee
Aelsom, Synovia E.* ....... Wisconsin General Hospital, Madison
Averill, Margaret D. ....... 721 N. 17 St., Milwaukee
Barteau, Norma J. .......... 908 N. 12 St., Milwaukee
Behrens, Irma .............. Luther Hospital, Eau Claire
Berg, Estelle ............... 1821 W. Wisconsin Ave., Milwaukee
Berger, Esther .............. Luther Hospital, Eau Claire
Bergenhold, Mrs. Doris R.* Mt. Sinai Hospital, Milwaukee
Bluemnerdicht, Ruth* ...... 2200 W. Kilbourn Ave., Milwaukee
Block, Irma A. ............. Luther Hospital, Eau Claire
Brauer, Mrs. Clara* ........ 825 N. 25 St., Milwaukee
Brink, Frances V. .......... Milwaukee County General Hospital, Wauwatosa
Brozovich, Anne ........... Mt. Sinai Hospital, Milwaukee
Bruley, Ruth J.* .......... Mt. Sinai Hospital, Milwaukee
Bumiller, Clara M. .......... 726 N. 12 St., Milwaukee
Bunge, Helen L. ............. Wisconsin General Hospital, Madison
Carey, Gladys K. .......... Wisconsin General Hospital, Madison
Church, Ellen ............... Milwaukee County Hospital, Milwaukee
Collings, Ida A. ........... Madison General Hospital, Madison
Corrigan, Hazel ............ Milwaukee County Hospital, Milwaukee
Crump, Margaret C. ....... Wisconsin General Hospital, Madison
Daly, Vergil ............... 5321 N. Maryland, Milwaukee
Dyer, Dorothy, G. .......... Luther Hospital, Eau Claire
DeWitte, Mrs. Gretta T. .... Madison Methodist Hospital, Madison
di Donato, Caroline E. ..... 3038 N. 51 St., Milwaukee
Dierchsmeier, Madeline* ... 1029 N. 14 St., Milwaukee
Dix, Agnes A. .............. 908 N. 12 St., Milwaukee
Dokken, Carrie M. .......... 20 N. Carroll St., Madison
Downey, Catherine* ....... 605 N. 23 St., Milwaukee
Draper, Josephine M. ...... Wisconsin General Hospital, Madison
Emanuel, Margaret .......... Wisconsin General Hospital, Madison
Erdman, Lucy J. .......... Soeeyer Branch, Sturgeon Bay
Erickson, Sabra ............ Mt. Sinai Hospital School of Nursing, Milwaukee
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esval, Sigrid</td>
<td>Luther Hospital, Eau Claire</td>
</tr>
<tr>
<td>Ficig, Lorraine</td>
<td>3321 N. Maryland Ave., Milwaukee</td>
</tr>
<tr>
<td>Fletcher, Lila B.</td>
<td>Wisconsin General Hospital, Madison</td>
</tr>
<tr>
<td>Gierhahn, Olga L.</td>
<td>Mt. Sinai Hospital, Milwaukee</td>
</tr>
<tr>
<td>Goedert, Teresa</td>
<td>St. Mary's Hospital, Milwaukee</td>
</tr>
<tr>
<td>Haemmerlie, Rosema E.</td>
<td>444 N. Charter St., Madison</td>
</tr>
<tr>
<td>Hallam, Altha</td>
<td>Route No. 4, Box 311, Waukesha</td>
</tr>
<tr>
<td>Halverson, Amy</td>
<td>865 N. 15 St., Manitowac</td>
</tr>
<tr>
<td>Hanson, Elizabeth M.</td>
<td>1330 N. Prospect Ave., Milwaukee</td>
</tr>
<tr>
<td>Hays, Jeanette M.</td>
<td>1410 N. Prospect Ave., Milwaukee</td>
</tr>
<tr>
<td>Hendricks, Adeline M.</td>
<td>3521 N. Maryland Ave., Milwaukee</td>
</tr>
<tr>
<td>Henning, Elizabeth</td>
<td>Luther Hospital, Eau Claire</td>
</tr>
<tr>
<td>Herin, Bernice</td>
<td>726 N. 12 St., Milwaukee</td>
</tr>
<tr>
<td>Hoffmann, Clara</td>
<td>8900 W. Wisconsin Ave., Wauwatosa</td>
</tr>
<tr>
<td>Hollenstein, Eulalia</td>
<td>3321 N. Maryland Ave., Milwaukee</td>
</tr>
<tr>
<td>Jordheim, Olga M.</td>
<td>St. Luke's Hospital, Racine</td>
</tr>
<tr>
<td>Kain, Catherine M.</td>
<td>St. Mary's Hospital, Milwaukee</td>
</tr>
<tr>
<td>Klingman, Esther</td>
<td>Sheboygan Memorial Hospital, Sheboygan</td>
</tr>
<tr>
<td>Kowalke, Erna M.</td>
<td>787 N. Van Buren St., Milwaukee</td>
</tr>
<tr>
<td>Laflin, Maxine</td>
<td>Luther Hospital, Eau Claire</td>
</tr>
<tr>
<td>Larsen, Lorraine</td>
<td>1915 N. Prospect Ave., Milwaukee</td>
</tr>
<tr>
<td>Leibfried, Florence</td>
<td>Milwaukee County Hospital, Milwaukee</td>
</tr>
<tr>
<td>Lesch, Lorraine</td>
<td>Mt. Sinai Hospital, Milwaukee</td>
</tr>
<tr>
<td>Levering, Mrs. Irene</td>
<td>Milwaukee County Hospital, Milwaukee</td>
</tr>
<tr>
<td>Lubbers, Ruth</td>
<td>611 N. 20 St., Milwaukee</td>
</tr>
<tr>
<td>Lund, Mrs. Constance</td>
<td>Madison General Hospital, Madison</td>
</tr>
<tr>
<td>McCulloch, Mrs. Marjorie</td>
<td>1821 W. Wisconsin Ave., Milwaukee</td>
</tr>
<tr>
<td>McKenzie, Margaret E.</td>
<td>Mercy Hospital, Oshkosh</td>
</tr>
<tr>
<td>Meagher, Marion A.</td>
<td>St. Mary's Hospital, Milwaukee</td>
</tr>
<tr>
<td>Mulliken, Mildred B.</td>
<td>143 Division St., Mauston</td>
</tr>
<tr>
<td>Murphy, Mary M.</td>
<td>6956 Hackett Ave., Milwaukee</td>
</tr>
<tr>
<td>Murray, Christina C.</td>
<td>Wisconsin General Hospital, Madison</td>
</tr>
<tr>
<td>Newbold, Agnes A.</td>
<td>Luther Hospital, Eau Claire</td>
</tr>
<tr>
<td>Nicholison, Mrs. Golden S.</td>
<td>3734 N. 28 St., Milwaukee</td>
</tr>
<tr>
<td>Notth, Rita M.</td>
<td>St. Joseph's Hospital, Marshfield</td>
</tr>
<tr>
<td>Olson, Alice M.</td>
<td>721 N. 17 St., Milwaukee</td>
</tr>
<tr>
<td>Olson, Esther</td>
<td>Deaconess Hospital, Milwaukee</td>
</tr>
<tr>
<td>Olstad, Myrtle A.</td>
<td>St. Luke's Hospital, Racine</td>
</tr>
<tr>
<td>O'Neill, Marion</td>
<td>2206 N. 70 St., Milwaukee</td>
</tr>
<tr>
<td>Otterblad, Helen</td>
<td>3321 N. Maryland, Milwaukee</td>
</tr>
<tr>
<td>Paquin, Marjorie C.</td>
<td>Wisconsin General Hospital, Madison</td>
</tr>
<tr>
<td>Peetz, Helen</td>
<td>636 W. Atkinson Ave., Milwaukee</td>
</tr>
<tr>
<td>Plath, Mrs. Lydia</td>
<td>Luther Hospital, Eau Claire</td>
</tr>
<tr>
<td>Powers, Ellen D.</td>
<td>8700 W. Wisconsin Ave., Wauwatosa</td>
</tr>
<tr>
<td>Puehler, Ruth M.</td>
<td>St. Joseph's Hospital, Green Bay</td>
</tr>
<tr>
<td>Rahn, Jean D.</td>
<td>Milwaukee County Hospital, Milwaukee</td>
</tr>
<tr>
<td>Rentmeister, Whilome</td>
<td>Board of Health, Manitowoc</td>
</tr>
<tr>
<td>Rieckman, Bernice</td>
<td>8900 W. Wisconsin Ave., Wauwatosa</td>
</tr>
<tr>
<td>Sager, Maude</td>
<td>Methodist Hospital, Madison</td>
</tr>
<tr>
<td>Scott, Mary E.</td>
<td>460 E. Division St., Fond du Lac</td>
</tr>
<tr>
<td>Seberg, Mrs. Grace K.</td>
<td>Wisconsin General Hospital, Madison</td>
</tr>
<tr>
<td>Sedmihradsky, Lillian</td>
<td>814 E. Lake St., Ladysmith</td>
</tr>
<tr>
<td>Seidl, Elizabeth B.</td>
<td>2944 N. 29 St., Milwaukee</td>
</tr>
<tr>
<td>Selmer, Arleen E.</td>
<td>3321 N. Maryland Ave., Milwaukee</td>
</tr>
<tr>
<td>Shields, Sallalah M.</td>
<td>St. Mary's Hospital, Milwaukee</td>
</tr>
</tbody>
</table>
SISTER ADELINDA LASKOSKI ..St. Mary’s Hospital, Wausau
SISTER CATHERINE FAUSS ..2320 N. Lake Dr., Milwaukee
SISTER EMMA LERCH ..Milwaukee Hospital, Milwaukee
SISTER HERMINE REGAN ..2320 N. Lake Dr., Milwaukee
SISTER KEGEL M. LIBORIA ..Western Ave., Manitowoc
SISTER MARGARET MURPHY ..2320 N. Lake Dr., Milwaukee
SISTER M. AUGUSTA WOELFEL ..St. Joseph’s Hospital, Milwaukee
SISTER M. BARTHOLOMEA BETZEN ..Mercy Hospital, Oshkosh
SISTER MARY BERENICE BECK ..St. Joseph’s Hospital, Milwaukee
SISTER M. CAPISTRANA UHL ..Mercy Hospital, Oshkosh
SISTER M. CHRISTOPHER MCGUIRE ..Sacred Heart Sanitarium, Milwaukee
SISTER M. COR MARIE FLANNERY ..Mercy Hospital, Janesville
SISTER M. DIGNA DESCH ..St. Agnes Hospital, Fond du Lac
SISTER M. DOROTHY BREETER ..St. Joseph’s Hospital, Marshfield
SISTER M. EDITHRUDIS WINNING ..St. Joseph’s Hospital, Ashland
SISTER MARY ETHELREDA EBEL ..3058 N. 51 St., Milwaukee
SISTER M. FLORINA NIELAND** ..St. Francis Hospital, La Crosse
SISTER M. FORTUNA BAUMANN ..1545 S. Layton Blvd., Milwaukee
SISTER MARY MARCELLINE KOLL-MEYER ..St. Mary’s Hospital, Madison
SISTER M. MAURICE GRADY ..St. Agnes Hospital, Fond du Lac
SISTER M. OLYMPIA HEUEL ..St. Mary’s Hospital, Wausau
SISTER MARY PRUDENTIA BLAKE ..Mercy Hospital, Janesville
SISTER M. VICTORIA BERGUES ..St. Francis Hospital, La Crosse
SISTER M. VICTORIA KUECH ..St. Joseph’s Hospital, Ashland
SISTER MERCEDES ..2320 N. Lake Dr., Milwaukee
SISTER ST. ETHELREDA HANNEN** ..St. Mary’s Hospital, Green Bay
SISTER ST. THERESA LAROCHE ..Misericordia Hospital, Milwaukee
SISTER ULBRICH M. SILVANA ..Western Ave., Manitowoc
STEHLE, EDITH A. ..Wisconsin General Hospital, Madison
STOLEN, THERESA ..433 Lorch St., Madison
STRIEGL, CAROLINE A.* ..2200 W. Kilbourne Ave., Milwaukee
SVENDSON, LILLY ..2200 W. Kilbourne Ave., Milwaukee
SWAN, MAE ..St. Francis Hospital, La Crosse
SWIGGUM, ELAINE R.* ..Wisconsin General Hospital, Madison
TESLOW, DOROTHY A ..3321 N. Maryland Ave., Milwaukee
TOUENTHOOFD, KOREEN E. ..Mt. Sinai Hospital, Milwaukee
URETTE, FANNY ..1846 N. 13 St., Milwaukee
VALLETTE, ALICE M. ..Veterans’ Administration, Wood
VOGLER, VILMA E. ..Luther Hospital, Eau Claire
WATSON, SHIRLEY ..Wisconsin General Hospital, Madison
WEISS, ROSE M. ..St. Mary’s Hospital, Milwaukee
WELTON, CAROLYN ..460 E. Division St., Fond du Lac
YOEGR, SOPHIE ..Milwaukee Children’s Hospital, Milwaukee
ZIEGEL, ERNA E. ..1226 W. Dayton St., Madison
ZINZOW, MRS. ROSSELLE* ..1377 N. 54 St., Milwaukee

WYOMING—3

ESCHWIG, MARY A. ..Natrona Memorial Hospital, Casper
GIST, ELLON G. ..Natrona Memorial Hospital, Casper
YOCKEY, MILDRED A. ..Sheridan Memorial Hospital, Sheridan

ALASKA—1

TIBER, BERTHA M. ..Box 2822, Juneau
MEMBERS

CANADA—2

CARLING, FLORENCE E. .......... 73 Cheritan Ave., Toronto
ROSS, ELIZABETH B. .......... Homeopathic Hospital, Montreal

CANAL ZONE—1

DAVIS, MARY E. .......... Colon Hospital, Colon Beach, Cristobal

CHINA—2

HIRST, ELIZABETH .......... Peiping Union Medical College, Peiping
HODGMAN, GERTRUDE E.* .......... Peiping Union Medical College, Peiping

HAWAII—5

AYERS, ADA G. .......... Hilo Memorial Hospital, Hilo
FLOYD, THEODORA A. .......... 2417 Halelea Pl., Honolulu
PECK, HELEN C. .......... Palama Settlement, Honolulu
WILLIAMS, ANNA G. .......... C. N. Wilcox Memorial Hospital, Tihue, Kauai
WILLIAMS, MARY* .......... Board of Health, Honolulu

INDIA—1

CRAIG, MARGARETTA* .......... Miraj Medical Center, Miraj, S. M. C.

PUERTO RICO—1

SISTER ROSITA MARIA CULLUM* .......... 20 Marina St., Ponce

ASSOCIATE MEMBERS—18

ANDREJESHI, IRENE R. .......... Hartford Retreat, Hartford, Connecticut
BARRY, CONSTANCE .......... St. Francis Hospital, Honolulu, Hawaii
CONOVER, ELLA H. .......... P. O. Box 2194, Salt Lake City, Utah
ELLIS, KATHLEEN W. .......... University of Saskatchewan, Regina, Saskatchewan, Canada
FREY, VIRGINIA .......... St. Francis Hospital School of Nursing, Honolulu, Hawaii
FULTON, JANET .......... American Hospital, Teheran, Iran
GABRIEL, RUTH M. .......... 69 Sylvan Ave., Meriden, Connecticut
JOHNS, ETHEL .......... Canadian Nurse, 1411 Crescent St., Montreal, Canada
LAWRENCE, EDNA M. .......... Severance Hospital, Seoul, Korea
LANDSMA, BERTHA .......... P. O. Box 101, Jerusalem, Palestine
LUDY, MARY B. .......... 1494 Cherry Ave., San Jose, California
MASK, MRS. WILLIE B. .......... 615 Exposition Blvd., New Orleans, Louisiana
MORRISON, PEARL L. .......... General and Marine Hospital, Owen Sound, Ontario, Canada
REUTER, MAGDA .......... 201 W. 104 St., New York, New York
RICHMOND, ISABEL D. .......... 27 Bold St., Hamilton, Ontario, Canada
SAUNBY, DORA .......... Ellen T. Cowen Memorial Hospital, Kolar, South India
VAN ZANDT, JANE E. .......... American University of Beirut, Beirut, Lebanon
WYNE, MARGARET R. .......... Peiping Union Medical College, Peiping, China
TOTAL MEMBERSHIP

Honorary members ........................................................... 9
Life members ................................................................. 1
Sustaining members ......................................................... 262
Active members .............................................................. 4,647
Junior active members ..................................................... 698
Associate members ........................................................ 18

Total .................................................................................. 5,635*

DECEASED MEMBERS

Names from 1893 to June 1938, are given in previous Annual Reports. The names of members whose deaths have been reported since June 1938, are:

FLORINDA O. ABRAHAMSON .............................................. May 8, 1938
ALMA BRUNK ................................................................. July 17, 1938
SISTER M. BRIGID BROUSSARD ......................................... August, 1938
EDITH ROBBINS .............................................................. September 3, 1938
I. MALINDE HAYE ........................................................... September 7, 1938
HELEN FALVEY ............................................................... September 10, 1938
GRACE W INSTFRED SORNBERGER .................................. September 14, 1938
ELIZABETH M. GRIFFIN .................................................. September 29, 1938
SISTER MARY MAURICE DOYLE ....................................... October 3, 1938
RUTH F. GAMBER .......................................................... October 21, 1938
ELLA P. CRANDALL ......................................................... October 24, 1938
MARY B. BETHLE .......................................................... October 28, 1938
ELIZABETH WHITE ........................................................ November 28, 1938
CATHERINE G. O’NEILL ................................................... December 6, 1938
NELLY HOWARD ............................................................ December 12, 1938
CAROLYN E. GRAY ........................................................ December 29, 1938
SISTER M. FELICIAN OWENS ........................................... December 30, 1938
LYLILDA EKLUND ............................................................ January 6, 1939
BENA M. HENDERSON ..................................................... January 25, 1939
ANNA MCLAUGHLIN ....................................................... February 19, 1939
FLORENCE G. SMITH ...................................................... March 15, 1939
JANE E. HITCHCOCK ....................................................... April 8, 1939
LYDIA E. ANDERSON ....................................................... April 11, 1939
EDITH M. REDWINE ....................................................... May 11, 1939
VERA SHIPLEY BRANDT .................................................. May 14, 1939
MARGARET MARY FITZGERALD ....................................... May 18, 1939
HELEN MACLEAN .......................................................... May 19, 1939
MINNIE E. HOWE .......................................................... June 23, 1939
ANNA C. JAMME .......................................................... July 4, 1939
IDA A. NUTTER ............................................................. July 4, 1939

* Since the Report went to press on July 1, we have received the dues of 206 members, making the total membership 5,841. We are sorry that the names were received too late to be included in the membership list.
INDEX

Accrediting, report of committee on, 50; report of secretary of committee on, 42
Accreditation—help or hindrance? (McGrath), 90
Advisory council
   Members, 6
   Open session conducted by, 130
Affiliations with other organizations, 19
Address of welcome (Halpert), 104
Appointments
   Committee on resolutions, 67; Inspectors of election, 67; Tellers, 67
Cary, Edward H.
   Plans and proposals of the Interdepartmental Committee to Coordinate Health
   and Welfare Activities from the point of view of the medical profession, 251
Certificate of incorporation and by-laws, 290
Citizenship
   Obligations of, 257
   Preparing the nurse for, 260
Clinical supervisor, essentials in the preparation of, 170
Clinical teaching
   In obstetric nursing, 279
   In pediatric nursing, 273
   Of medical nursing, 269
   Of surgical nursing, 273
   Summary of symposium on, 281
Clinical teaching in obstetric nursing (Coggin), 279
Clinical teaching in pediatric nursing (Wallinger), 275
Clinical teaching of surgical nursing (Keller), 273
Coggin, Mildred G.
   Clinical teaching in obstetric nursing, the, 279
Committees
   Appointment of: Inspectors of Election, 67; Nominations for 1940, 286; Resolu-
   tions, 67; Tellers, 67
   Membership of Standing: Accrediting, 7; Curriculum, 8; Eligibility, 8; Fi-
   nance, 8; Headquarters, 8; Nominations, 9; Program, 9; Publications, 9;
   Revisions, 9; Studies, 9
   Membership of Special: Administration in Schools of Nursing, 9; Care of the
   Child, 10; Exhibits, 10; Lay Participation, 10; Membership Campaign, 11;
   Mental Hygiene and Psychiatric Nursing, 12; Nursing Tests, 12; Records,
   12; Sisters' Problems, 13; State Board Problems, 13
   Membership of Joint: Community Nursing Service, 13; To Outline Principles
   and Policies for the Control of Subsidiary Workers in the Care of the Sick, 14;
   Isabel Hampton Robb Memorial Fund, 15; Legislation, 15; On the
   Status and Problems of the Hospital Staff Nurse, 16; Costs of Nursing
   Service and Nursing Education, 16
   Reports of Standing: Accrediting, 50; Convention Arrangements, 51; Curriculum,
   52; Eligibility, 55; Finance, 58; Headquarters, 62; Nominations, 63; Pro-
   gram, 64; Publications, 64; Revisions, 66; Studies, 66
   Reports of Special: Administration in Schools of Nursing, 67; Care of the
   Child, 68; Exhibits, 71; Lay Participation, 71; Membership Campaign, 72;
   Mental Hygiene and Psychiatric Nursing, 73; Records, 75; Resolutions, 287;
   Sisters' Problems, 76; State Board Problems, 76; Tellers and Inspectors of
   Election, 288
   Reports of Joint: Advisory Committee on Legislation, 77; Community Nursing
   Service, 77; Costs of Nursing Service and Nursing Education, 85; On the
   Status and Problems of the Hospital Staff Nurse, 86; Isabel Hampton Robb
   Memorial Fund, 89; Outline Principles and Policies for the Control of
   Subsidiary Workers in the Care of the Sick, 86
Cost analysis as an administrative tool (Rorem), 148
INDEX

Costs of nursing service and nursing education, report of joint committee on, 38; some findings of the study on, 153
Course in advanced pediatric nursing (Wallinger), 211
Deferrari, Roy J.
Schools of nursing—a part of the educational system of the country, 109
Draper, Warren E.
National health program and the nurse, the, 242
Dunbar, Virginia M.
Red Cross nurse as a citizen, the, 265
Essentials in the preparation of the clinical supervisor (Mathis), 170
Essentials in the preparation of the head nurse (Perkins), 162
Executive secretary, report of, 28
Extra-professional program
In the school of nursing (Beck), 202
Social and cultural aspects of (Petry), 194
Faddis, Margene O.
Teaching of medical nursing, the, 269
Federal funds, use of, 282
Funds
Need of to make up deficit, 285
Use of Smith-Hughes, 282
Groves, Sara M.
Problems related to postgraduate education, 175
Halpert, Priscilla W.
Address of welcome, 104
Harris, Rufus Carrolton
Obligations of citizenship, the, 257
Hawkinson, Nellie X.
Address of the president, 44
Response to the address of welcome, 105
Head nurse, essentials in preparation of, 162
How can we develop objective techniques for measuring the professional achievement of student and graduate nurses, 204, 232
Importance of the lay point of view, the (Pratt), 236
Ingram, Ruth
Student government, 199
Integrating work of state leagues and state boards of nurse examiners for the benefit of schools of nursing (Moran), 145
Interdepartmental Committee to Coordinate Health and Welfare Activities, plans and proposals of, 251
Johnson, Sally
Nursing school advisory committee, 237
Jones, Virginia A.
Progress report of the Committee on the Care of the Child and the Orthopedic Council of the National Organization for Public Health Nursing, 217
Keller, Caroline
Clinical teaching of surgical nursing, the, 273
Land, Charlotte F.
Problems related to postgraduate education from the hospital school point of view, 179
Leadership (Many), 191
Leipziger, Rabbi Emil
Why hospital authorities want lay committees interested in schools of nursing, 236
Many, Anna E.
Leadership, 191
Mathis, Dora
Essentials in the preparation of the clinical supervisor, 170
Measurements, in nursing education, 232
Members
Active, list, 299; total, 404
Associate, list, 403; total, 404
Deceased, 404
INDEX

Members—Continued
Honorary, list, 299; total, 404
Life, list, 299; total, 404
Sustaining, list, 299; total, 404

Moran, Elizabeth S.
Integrating work of state leagues and state boards of nurse examiners for the benefit of schools of nursing, 145

McGrath, Earl J.
Accreditation—help or hindrance, 90
Public support of nursing education, 119

McManus, R. Louise
How can we develop objective techniques for measuring the professional achievement of student and graduate nurses, 204

National health program and the nurse (Draper), 242
Need for funds to make up anticipated deficit in 1939 budget, 285
Need for vocational guidance as seen in a placement service (Tittman), 220

Nursing education, measurements in, 232; psychiatry in (Watters), 188; public support of, 119

Nursing information bureau, report on program of (Roberts), 87

Nursing school advisory committee (Johnson), 237

Obligations of citizenship, the (Harris), 257

Obstetric nursing, clinical teaching in, 279

Officers, 1939-40, 5; 1893-1939, 17; new, 288

Outline for a suggested vocational guidance program for schools of nursing (Spalding), 225

Pediatric nursing
Clinical teaching in, 275; course in advanced, 211

Perkins, Sylvia
Essentials in the preparation of the head nurse, 162

Petry, Lucile
Social and cultural aspects of the extra-professional program, 194

Pfeiferkorn, Blanche
Some findings of the nursing service and nursing education cost study, 153

Plans and proposals of the Interdepartmental Committee to Coordinate Health and Welfare Activities from the point of view of the medical profession (Cary), 251

Porter, Elizabeth K.
Principles underlying postgraduate education, 154

Postgraduate education
Principles underlying, 154
Problems related to, 175
Problems related to from the hospital school point of view, 179

Pratt, Mrs. John
The importance of the lay point of view, 236

Preparing the nurse for citizenship (Urch), 260

President, address of, 44

Principles underlying postgraduate education (Porter), 154

Problems related to postgraduate education (Groves), 175

Problems related to postgraduate education from the hospital school point of view (Landt), 179

Progress report of Committee on the Care of the Child and the Orthopedic Council of the National Organization for Public Health Nursing (Jones), 217

Psychiatry in nursing education (Watters), 188

Public support of nursing education (McGrath), 119

Purpose, program, and product of the school of nursing (Quereau), 98

Quereau, Clara
Purpose, program, and product of the school of nursing, the, 98

Recent developments in the measurement of subject matter achievement at high school and college levels (Wood), 204

Red Cross nurse as a citizen, the (Dunbar), 265

Reports of committees (see Committees)

Reports of state leagues (see Advisory Council)
Rorem, C. Rtfus
Cost analysis as an administrative tool, 148
Response to the address of welcome (Hawkinson), 105
Round table on advanced programs in pediatric nursing, including orthopedic nursing, 210
Round table on lay participation, 236
Round table on measurements in nursing education, 232
Round table on vocational guidance, 220
Rovetta, Charles A.
Some findings of the nursing service and nursing education cost study, 153

Schools of nursing
Advisory committee of, 237
Extra-professional program in, 202
Integrating work of state leagues and state boards for benefit of, 145
Part of educational system of country, 109
Problems related to postgraduate education in, 179
Purpose, program, and product of, 98
Round table on vocational guidance in, 220
Suggested vocational guidance program for, 220
Why hospital authorities want lay committees interested in, 236

Schools of nursing—a part of the educational system of the country (Deferrari), 109
Secretary, report of, 21; special vote of thanks to, 289
Securing lay interest and support for nursing through state committees on lay participation (Warman), 146

Sister M. Berenice Beck
Extra-professional program in the school of nursing, the, 202

Smith-Hughes funds, use of, 282
Social and cultural aspects of the extra-professional program (Petry), 194
Some findings of the nursing service and nursing education cost study (Pfefferkorn and Rovetta), 153

Spalding, Eugenia K.
Outline for a suggested vocational guidance program for schools of nursing offering basic curricula, 225

Student government (Ingram), 199
Summary of symposium on clinical teaching, 281
Surgical nursing, clinical teaching of, 273
Teaching of medical nursing, the, (Faddis), 269

Tittman, Anna L.
Need for vocational guidance as seen in a placement service, 220

Treasurer, report of, 25

Urch, Daisy Dean
Preparing the nurse for citizenship, 260
Use of Smith-Hughes funds, 282

Vocational guidance
Need for as seen in a placement service, 220
Round table on, 220
Suggested outline for program in schools of nursing, 225

Wallinger, Elgie M.
Clinical teaching in pediatric nursing, 275
Course in advanced pediatric nursing, 211

Warman, Grace A.
Securing lay interest and support for nursing through state committees on lay participation, 146

Watters, Theodore A.
Psychiatry in nursing education, 188

Wood, Ben
Recent developments in the measurement of subject matter achievement at high school and college levels, 204
Why hospital authorities want lay committees interested in schools of nursing (Leipziger), 236