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MAY 13-17, 1940

NATIONAL HEADQUARTERS
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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. Grettter; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1903 Pittsburgh, Pa., October 7–9.
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1906 New York, N. Y., April 25–27.
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   President, Mary M. Riddle; Secretary, M. Helena McMillan; Treasurer, Mary W. McKechnie.

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

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

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

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

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

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

1917 Philadelphia, Pa., April 26–May 2.
   President, Sara E. Parsons; Secretary, Effie J. Taylor; Treasurer, Mary W. McKechnie.
1918 Cleveland, Ohio, May 7-11.
President, S. Lillian Clayton; Secretary, Effie J. Taylor; Treasurer, M. Helena McMillan.

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

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

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

President, Anna C. Jammé; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson.

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

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

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

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

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

1931 Atlanta, Ga., May 4-9.
President, Elizabeth C. Burgess; Secretary, Stella Goostray; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.
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1933 Chicago, Ill., June 12–16.
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   President, Nellie X. Hawkinson; Secretary, Stella Goosnay; Treasurer, Marian R. Fleming; Executive Secretary, Claribel A. Wheeler.

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

1940 Philadelphia, Pa., May 12-17.
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American College of Surgeons, 40 East Erie Street, Chicago, Ill.
American Committee on Maternal Welfare, Inc., 650 Rush 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
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-SIXTH ANNUAL CONVENTION
NATIONAL LEAGUE OF NURSING EDUCATION
Philadelphia, Pennsylvania, May 13-17, 1940

Opening Session Conducted by the Advisory Council
Monday, May 13, 2:30 p.m.

Presiding: Nellie X. Hawkinson, R.N., President.
The roll call showed that there were representatives present from 32 state leagues.1

REPORTS OF STATE LEAGUES OF NURSING EDUCATION

We have 40 state leagues this year, South Carolina having been accepted as a state league in January, 1940.

ALABAMA
Members: 40
New members in 1939: 8
Special committees: Committee on the Care of the Child
Committee on Information
Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: The Alabama League has been interested in securing more members during the past year and appointed a chairman for the committee on membership campaign. It has also been interested in securing time on the program of the state convention. An institute on tuberculosis was conducted with outstanding community authorities on the disease taking part in the program. The attendance was excellent. The formation of nursing school committees has been furthered in order to secure lay participation in nursing; and efforts have been made to promote a more thorough study of the Curriculum Guide.

ARKANSAS
Members: 11
New members in 1939: 9
Special committees: Committee on the Care of the Child
Committee on Information
Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: The Arkansas League has held two institutes during the past year, one on Oxygen and Intravenous Therapy, and the other on Opportunities in the Field of Nursing.

1 By-laws—Article XI, Sec. 2—"A quorum of the Advisory Council shall be ten (10) members other than the officers."
2 Number of members in each state whose 1940 dues had reached Headquarters by July 1.
CALIFORNIA

Members: 376
New members in 1939: 64
Local leagues: Southern—Los Angeles—Dorrit D. Sledge, President
Northern—San Francisco—Eleanor Goss, President
Northern Valley—San Joaquin Valley—Helen Olson, President
Special committees: Committee on the Care of the Child
Committee on Information
Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: The California League has worked with the California State Nurses' Association on legislation which has resulted in a new Nurse Practice Act. It has given institutes on child care and guidance and the integration of public health teaching in the basic curriculum. The league has carried on a membership drive; has studied problems in the administration of affiliate courses for basic students; gave $50 to the Florence Nightingale International Foundation; has studied problems concerning the affiliation of state colleges and schools of nursing in California with recommendations for programs of nursing schools affiliated with state colleges; and has studied and planned for courses in psychiatry with the result that an educational director has been appointed to the staff of one of the state hospitals.

The three sections of the California League each plan and carry out their own programs, discussing problems and matters of special interest to their locality.

COLORADO

Members: 119
New members in 1939: 20

Activities: Monthly meetings of the Colorado League were held to discuss problems encountered by nursing educators. Notes were taken at these meetings and all papers saved. These are to be published and presented to the membership for reference.

DELWARE

Members: 39
New members in 1939: 4
Special committees: Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: The Delaware League has had several meetings at which the following programs were given: demonstration of isolation technique by students of the contagious unit of the Wilmington General Hospital; demonstration of oxygen therapy; discussion of affiliations—the psychiatric affiliation was increased to three months on January 1, 1940; talk on thoracoplasty; symposium on curriculum; and a demonstration of prenatal care, baby's bath, instructions to mothers by the Visiting Nurse Association of Wilmington. Extension courses in Principles and Methods of Teaching and Mental Hygiene were secured from the University of Pennsylvania, and for the year 1940-41, arrangements have been made for extension courses in English Literature and the History and Trends in Nursing.

DISTRICT OF COLUMBIA

Members: 108
New members in 1939: 20
Special committees: Committee on the Care of the Child
Committee on Information
Committee on Mental Hygiene and Psychiatric Nursing
Activities: The District of Columbia League has held monthly meetings besides the annual meeting. Under the curriculum committee the league compiled for the schools of nursing a syllabus giving an outline for each course in the curriculum. Under the direction of this committee also, the league is making a detailed study of the ward content to show the clinical material available in the District of Columbia for nursing education. This will be compiled in mimeographed form.

As one of its meetings the league held an all-day institute on Mental Hygiene which was exceedingly well attended. Other meetings have been planned to emphasize the public health aspect of nursing education because it has been felt that there is a great need in the District of Columbia for an understanding by nurses in institutions of the problems encountered in the field of public health. The programs have included one on the care of the child; one on the problem of blindness and sight conservation; one on the problem of deafness and preservation of vision and hearing in children; and one on the community resources and the work of the community chest.

The finance committee has contributed materially to the functioning of the league by working out a very satisfactory budget. The league has attempted to utilize local facilities for programs, and it has been most encouraged to find people in different fields of activity willing to contribute very freely of their time.

**FLORIDA**

*Members: 64*

*New members in 1939: 31*

*Local league: Orlando—Vida Nevison, President*

*Special committees: Committee on Information*
  *Committee on Mental Hygiene and Psychiatric Nursing*
  *Committee on State Board Problems*

**Activities:** The Florida League held a semi-annual meeting with members of the state board of examiners and directors of schools of nursing to discuss the revision of the minimum requirements and the curriculum for accredited schools of nursing prepared by the Curriculum Committee. The committee on membership was very active and produced excellent results by asking all hospitals, schools of nursing, and public health agencies to send a list of names of those nurses eligible to League membership.

A two-day institute on Mental Hygiene and Psychiatric Nursing was held at the Florida State Hospital. A splendid program was given, and the nurses attending the institute had the opportunity to observe case demonstrations of the insulin and metrazol treatments and malarial therapy treatment.

**GEORGIA**

*Members: 78*

*New members in 1939: 27*

*Local league: Atlanta—Lillian Nelson, President*

*Special committees: Committee on Information*
  *Committee on Mental Hygiene and Psychiatric Nursing*

**Activities:** Two meetings of the Board of the Georgia League have been held during the year. One of the outstanding activities has been the "Open House" given for the 1939 graduates of the accredited schools of nursing in Georgia at the headquarters of the Georgia State Nurses' Association, and sponsored by the Fifth District Local League in Atlanta in cooperation with the Georgia League. A scrapbook prepared for each young graduate was filled with interesting professional information. Miss Durice Dickerson, the executive secretary of the state nurses' association, was most untiring in her efforts to make this day a huge success.

An institute on mental hygiene was held at Milledgeville State Hospital on November 16, 1939. The following program was given: The Rôle of the Nurse in Mental
Hygiene Movements; Treatment of Paresis with Malaria; and the Treatment of Psychosis with Metrazol and Insulin.

ILLINOIS

Members: 446
New members in 1939: 98
Special committees: Committee on the Care of the Child
Committee on Information
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: The Illinois League has held institutes in various parts of the state on Psychiatric Nursing, The Handicapped Child, and Teaching Problems in Schools of Nursing. The committee on state board problems has been working toward securing a state supervisor of nursing schools in Illinois, but no definite authorization of this position has yet been secured. This committee has also kept state registration authorities supplied with names of candidates for positions on the State Nurse Examining Committee since the Illinois law does not set a definite tenure for this office.

The league was also hostess at a banquet of the institute for teachers and administrators of schools of nursing at the University of Chicago.

INDIANA

Members: 107
New members in 1939: 30
Special committees: Committee on State Board Problems

Activities: The Indiana League has held several meetings, one devoted to reports and discussion of the convention in New Orleans; one a symposium on bedside nursing; a two-day institute on Psychiatric Nursing; and a meeting devoted to discussion by representatives of the Indiana schools of nursing as to how public health is being incorporated in the curriculum of Indiana schools.

IOWA

Members: 110
New members in 1939: 27
Local league: Des Moines—Catherine Roemers, President
Special committees: Committee on Information

Activities: The following topics were discussed at the annual meeting of the Iowa League: accreditation, psychiatric affiliation program, and the activities of state and local leagues. The curriculum committee has held two meetings placing emphasis on adapting the Curriculum Guide to the schools of nursing in Iowa and gave a report at a meeting in January of the directors and instructors of nursing schools with the state board of nurse examiners. A committee on information was formed to work with the committee of the state nurses’ association and to give financial aid to that committee in giving out materials.

A two-day institute was held on factors necessary in organizing and planning a ward teaching program in the four basic courses.

KANSAS

Members: 44
New members in 1939: 11
Local league: Eastern Division—Kansas City, Topeka, Leavenworth, and Lawrence—Elda Hartung, President
Special committees: Committee on Mental Hygiene and Psychiatric Nursing
Activities: The Kansas League held its annual meeting with the state nurses’ association and the principal subjects discussed were The Head Nurse as a Teacher and nursing school reports in Kansas. A committee was appointed to contact the State Welfare Board with recommendations in regard to nursing affiliations with the state mental institutions. The Eastern Division has held four meetings and a committee planned a local one-day institute in April.

KENTUCKY
Members: 49
New members in 1939: 6
Special committees: Committee on State Board Problems

Activities: The Kentucky League has held several meetings during the year at which the following topics were discussed: Use of the Curriculum Guide; Scholarships and Loans; the convention in New Orleans; What Public Health Has to Offer to Affiliate Students; and at the annual meeting the following—survey of a five-year school of nursing program as conducted at Vanderbilt, does the three-year school have a place in nursing, affiliation of Louisville schools of nursing with Nazareth College, the advantages of public health affiliations, and newer trends in nursing education. An institute is being planned for the coming year.

LOUISIANA
Members: 89
New members in 1939: 29
Local leagues: New Orleans—Harriet L. Mather, President
Shreveport—Elsie M. Valentine, President
Special committees: Committee on Information
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: The annual meeting of the Louisiana League in November was devoted to the subject of accreditation, discussed first as a tool in general education, then specifically in connection with the NLNE program for schools of nursing.

Functioning as its department of education, the league assisted the state nurses’ association in plans for institutes held in each district in the winter months.

An effort is being made to attract students with superior qualifications into schools of nursing. Contact is being made especially with vocational counsellors and other faculty members in the various high schools and colleges in order to promote better understanding of the qualities and preparation desirable in potential students of nursing, and of the opportunities offered by nursing as a profession.

The league’s spring institute will be devoted to methods of introducing preventive and social aspects of nursing into the basic curriculum.

MAINE
Members: 26
New members in 1939: 2
Special committees: Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: This year the Maine League took an active part in the convention of the Maine State Nurses’ Association held in Lewiston, October, 1939. Since this was the league’s year to develop the program, the subjects were principally of interest to nurse educators.
An institute has been planned for June. The league has been invited to send a representative to the meeting of the Association of Secondary School Principals to present the problem of selecting proper candidates for schools of nursing.

MARYLAND

Members: 155
New members in 1939: 40

Activities: The Maryland League has held several meetings at which the following topics were discussed: Methods of Ward Teaching—various methods were presented and discussed; Staff Education—programs used in the different schools were presented and discussed and the purposes and difficulties considered; Curriculum Problems encountered in the various schools in adapting the new curriculum; Orthopedics and Orthopedic Nursing—this meeting was held in one of the orthopedic hospitals and the supplies, equipment, and facilities available were demonstrated; Case Assignment versus the Functional Method of Assignment; Ward Teaching with demonstrations. One of the meetings was given over to a lecture on Drama in Life. During a three-day joint meeting with the other state nursing organizations the Maryland League presented a demonstration on Nursing Care of the Diphtheria Patient and also arranged for a lecture on some of the new drugs in use today. The curriculum committee made a study of ward teaching and was responsible for the meeting on that subject. A special committee appointed to work with the state board of nurse examiners has been very busy on the revision of the Maryland State Curriculum. The committee on membership has also been very active and has secured many new members. The members of the league in this state have displayed much interest by excellent attendance at all meetings and by their willingness to participate in and contribute to the meetings.

MASSACHUSETTS

Members: 350
New members in 1939: 48

Local leagues: Western Massachusetts—Edna S. Lepper, President
Worcester—Laura Robinson, President
Eastern Massachusetts—Bernice J. Sinclair, President

Special committees: Committee on the Care of the Child
Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems
Committee on Staff Education

Activities: The fall meeting of the Massachusetts League included discussions on the social and economic trends as they affected professional education and service; accreditation of schools of nursing; lay participation; methods of teaching nutrition; orientation of nurses to social hygiene needs in the community.

The two-day program of the spring institute was on Guidance. Beginning with a presentation of principles of vocational counseling and techniques for vocational selection, the subject was then followed by discussion of advisement of pre-nursing students; the use of psychological and aptitude tests in counseling students; the rating scale as an instrument of guidance, and guidance through the extra-curricular program.

To coordinate the activities of the state and local leagues, the officers have held several meetings. The local leagues have presented programs at monthly meetings which have been well attended. Much interest has been developed as shown by the increase in membership.

The curriculum committee has undertaken the study of analyzing the courses in the Curriculum Guide in cooperation with representatives of the education committee of
the Massachusetts Organization for Public Health Nursing, for the content basic to health conservation, disease prevention, and care of the sick in the home. Committees on the care of the child and lay participation have been organized and the interest and enthusiasm evidenced promise well. The committee on mental hygiene and psychiatric nursing conducted a study to determine what percentage of nurses graduating from the schools in Massachusetts annually receive psychiatric experience as part of their three-year clinical program; how many schools provide a psychiatric affiliation for all of their students; how many schools provide a lecture course in psychiatry and no practice in psychiatric nursing. Posters showing graphic returns will be on view at the state convention.

The committee on staff education conducted a study of the staff education programs in Massachusetts hospitals, and as an aid to these hospitals, compiled an outline of suggestions relating to staff education programs which have been found helpful. Through the American Journal of Nursing, copies of these suggestions were made available to hospitals throughout the country as requested.

An advisory committee of the League functions in an advisory capacity to the newly organized Division of Nursing Education at the Boston University School of Education.

**MICHIGAN**

*Members: 296*

*New members in 1939: 86*

*Local league: Detroit—Leona Peltier, President*

*Special committees: Committee on Information*
  *Committee on Lay Participation*
  *Committee on Mental Hygiene and Psychiatric Nursing*
  *Committee on State Board Problems*

*Activities: The League’s chief activity this past year has been a membership campaign. The president of the League and the chairman of the membership campaign committee spent four Sundays in the fall visiting key cities throughout the state. Appointments were made ahead of time and directors of nursing in the various hospitals were most cordial in receiving them on their days off to discuss the possibilities of new members.*

Three local leagues are in the process of formation, one with Grand Rapids as center and Kalamazoo, Muskegon, Ludington, St. Joseph, Traverse City, Van Buren, and the districts of the northern peninsula to make up its membership; the second with Flint, Saginaw, and Bay City; and the third with Lansing, Jackson, and Battle Creek. Requests have come from throughout the state for local meetings. As a result three institutes have been held throughout the year in Saginaw, Jackson, and Grand Rapids. The subjects discussed were The Work of the Hospital Supervisor in Relation to Teaching and Administration in Her Department; Obstetric Nursing; and An Administrator Investigates the Curriculum Guide.

The Detroit League held a two-day conference on March 29 and 30 on the subject of Curriculum Development and Revision in Nursing. The committee on curriculum has been very active this year and has recently made a study of the teaching of materia medica in all schools of nursing. The response to the questionnaire has been good, 27 out of 33 schools replying. The committee on information has formulated a speakers bureau so that schools and colleges may secure speakers upon request. This committee functions in conjunction with the Michigan State Nurses’ Association and the chairman is the chairman of both committees.

**MINNESOTA**

*Members: 299*

*New members in 1939: 81*
Special committees: Committee on the Care of the Child
               Committee on Information
               Committee on Lay Participation
               Committee on Mental Hygiene and Psychiatric Nursing
               Committee on State Board Problems

Activities: The program committee of the Minnesota League provided eight monthly meetings, three of which were held jointly with the Third and Fourth Districts of the Minnesota Nurses' Association. The league provided three one-day institutes of illustrative materials, examination techniques, and the state mental hygiene program. The latter institute is to be repeated in three other geographic areas of the state in order to reach all nurses.

The Minnesota League sponsored an extension course in personnel work in school of nursing taught by Dr. John G. Darley, Director of the Testing Bureau, University of Minnesota. It cooperated with the state organization for public health nursing in offering a course in problems of public health for institutional nurses. This course is to assist in the preparation of nursing school faculty for the inclusion of public health and preventive aspects in their ward and formal teaching. The league also conducted a series of seven weekly conferences for head nurses in which a psychiatric nurse analyzed the psychiatric aspects of general ward cases as they might be presented in a ward teaching program by the general head nurse. A briefer series of conferences for head nurses dealing with preventive aspects of hospital cases will be concluded in a few weeks.

MISSOURI

Members: 131
New members in 1939: 35
Local leagues: Kansas City—Irene E. Swenson, President
               St. Louis—Lucy F. Hoblitzelle, President
Special committees: Committee on the Care of the Child
               Committee on Mental Hygiene and Psychiatric Nursing

Activities: The two local leagues held monthly meetings and have sponsored institutes. The membership committee has been active. The number of new members for 1939 is larger than ever before. The committee has made a survey to determine whether or not local leagues are desired in cities other than St. Louis and Kansas City.

The curriculum committee has functioned through the two local leagues. The committee on the care of the child arranged a very interesting round table at the annual meeting. The speakers included a mother, a pediatric supervisor, a student nurse, a juvenile judge, and a psychiatrist.

A special committee is making a detailed study of the question of institutes which would be of interest to all nurses in the state. Questionnaires have been sent to alumnae and district associations and one progress report has been made.

NEBRASKA

Members: 112
New members in 1939: 43
Local leagues: Hastings—Arta Lewis, President
               Lincoln—Leola Scheips, President
               Omaha—Genevieve Artz, President
Special committees: Committee on Care of the Child
               Committee on Lay Participation
               Committee on Mental Hygiene and Psychiatric Nursing
               Committee on State Board Problems
               Committee on Information
Activities: The Nebraska League has held several meetings during the year. The program at the annual meeting was devoted to alumni relationships and vocational guidance. The Omaha League held a three-day institute on Health Integration in Nursing.

The committee on mental hygiene and psychiatric nursing at the fall meeting of the Nebraska State Nurses' Association presented a progress report on the recently established affiliate and graduate school of psychiatric nursing at Hastings State Hospital. A talk before the district nurses' association of Scottsbluff was arranged by this committee. The topic, Newer Therapeutic Concepts in the Field of Neuropsychiatry, was given by one of the state's outstanding psychiatrists.

The committee on the care of the child reports that the 1939 survey made by this committee of facilities for affiliation in pediatrics in Nebraska shows that, at this time, no such affiliation is available within the state.

The newly formed committee on public information is attempting to reach, through counsellors in the state's high schools, colleges and universities, desirable young women of high scholastic rank. Information in the form of letters and League pamphlets is being mailed to school administrators for distribution to interested students. Faculty members have appeared at convocations throughout the state.

The history of nursing committee, organized in 1939 for the purpose of collecting historical data on nursing in Nebraska, is depositing with the State Bureau of Education and Registration for Nurses, memoirs of pioneer nurses, histories of schools, a copy of a thesis on The Development of the Professional Curricula of the Schools of Nursing in the State of Nebraska, notes on nursing in Nebraska from early numbers of the Journal, copies of early laws, and reports of schools.

In view of the stress being placed upon public health in nursing education today, the public health nursing committee is undertaking, by means of a questionnaire, to obtain information regarding methods used by Nebraska schools of nursing to incorporate the health approach in their curricula. Also, the committee hopes to ascertain the extent of the schools' interest in further opportunities in public health nursing for students and faculty.

The curriculum committee, in collaboration with the Bureau of Education and Registration for Nurses, sponsored a one-day conference for directors and instructors of the thirteen schools of nursing in Nebraska. The conference concerned itself with medical and surgical nursing. A conference for supervisors and head nurses on the subject of ward teaching was held April 19.

The committee on membership, made up of chairmen of the membership committees of the local leagues, plan to obtain from the State Bureau of Education and Registration for Nurses names of new faculty members. By this means it is hoped to bring all those eligible into the League.

New Hampshire

Members: 29
New members in 1939: 4

Activities: Meetings of the New Hampshire League have been held quarterly with good attendance. The following topics were discussed: eight-hour duty for students; the incidence of tuberculosis among applicants to schools of nursing and among nurses; accuracy and uniformity in filling out application blanks for registration; the record forms of the NLNE. At the March meeting, a very interesting paper was given by a member of the Christian Medical Council for Overseas Work on Mission Hospitals and the China Incident.

Due to frequent changes of faculty members from one state to another, there is a great deal of fluctuation in the membership; one major problem is how to persuade all members of faculties, especially in hospitals which have no school of nursing, that they should become League members.
There are 14 accredited schools of nursing in the state and their educational interests are well taken care of because four members of the state board of nurse examiners are members of the League. In general the instructors in the various schools have been fairly successful in adapting their class outlines to the new Curriculum Guide.

A member of the state league is chairman of the committee to study the question of subsidiary workers for the New Hampshire State Nurses' Association.

Our plan for the future is to increase membership and to continue to try to build a better state league.

**NEW JERSEY**

*Members*: 326

*New members in 1939*: 51

*Special committees*: Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

*Activities*: The New Jersey League holds monthly Board meetings from September to June and regular league meetings four times during the same period. During the year our general program has been on Preparation for National Accreditation. Committees have been organized in different sections of the state so that the members might hold frequent meetings. Each committee has presented their final results at a league meeting. The committees covered the following subjects: Student Guidance and Student Government; Faculty Organization; Educational Opportunities for Night Supervisors; Correlated Instruction in the Out-patient Department; The Health Program for Students and Graduates; Correlated Instruction in the Operating Room; and Correlated Instruction in the Diet Kitchen. Four of these subjects were presented at an afternoon and evening institute.

For the past two years the New Jersey League has concentrated on bringing people doing similar types of nursing together to do constructive group thinking about their particular subjects and to give them an opportunity to present their findings to the main body of the league.

The committee on lay participation held a luncheon for directors of schools of nursing and lay members of school of nursing committees and will present a program on Trends for School of Nursing Committees at the annual meeting of the New Jersey League held jointly with the New Jersey State Nurses' Association and the New Jersey State Organization for Public Health Nursing.

The New Jersey League has had the cooperation of the Nursing Information Bulletin published by the state nurses' association for publicity for its programs.

**NEW YORK**

*Members*: 814

*New members in 1939*: 160

*Local leagues*: New York City, New York City—Helen Young, President
Hudson Valley, Albany—Marcella Feinauer, President
Central New York, Syracuse—Adele Stahl, President
Genesee Valley, Rochester—Clare Dennison, President
Western New York, Buffalo—A. Grace Scott, President
Mohawk Valley, Utica—Lena Kranz, President

*Special committees*: Committee on the Care of the Child
Committee on Information
Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems
Committee on Sisters' Problems
Activities: The topics discussed at the annual meeting of the New York League were The Accreditation Program, Measuring Achievement, Medical and Surgical Nursing with emphasis on an integrated course as suggested by the Curriculum Guide. Members of the nursing information committee have spoken at colleges and high schools to prospective applicants; the committee on curriculum is studying the teaching of social hygiene subjects in schools of nursing and also the integration of public health nursing into the curriculum; the committee on mental hygiene and psychiatric nursing has prepared a speakers' panel for talks at various meetings on mental hygiene; the committee on Sisters' problems is studying guidance and adjustment of students, and clinical teaching programs; the committee on the care of the child is conducting a questionnaire study covering practices in relation to pediatric nursing in schools of nursing; a committee is working with the state association on vocational guidance problems; and the committee on membership has been very active and has secured lists of eligible nurses in order to urge them to become League members. The study of new postgraduate courses is being continued by the committee on graduate education.

During the year the constitution and by-laws have been revised. The local leagues have presented some very interesting and stimulating programs at their meetings.

NORTH CAROLINA

Members: 76

New members in 1939: 16

Special committees: Committee on Mental Hygiene and Psychiatric Nursing

Activities: The North Carolina League has held two state-wide meetings with good programs and demonstrations and several districts put on League programs. The membership committee has been very active and has secured new members by writing letters, through information given in the state "News Letter," and through the efforts of old League members. Letters were sent to the directors of schools of nursing urging that they endeavor to interest their staff nurses in League membership.

The curriculum committee has been working on a list of suggested revisions for The Circular of Information for Guidance of Schools of Nursing in North Carolina.

There is a movement on foot to organize two local leagues—one in the eastern and one in the western part of the state.

NORTH DAKOTA

Members: 22

New members in 1939: 2

Activities: Three institutes have been conducted in three different North Dakota towns during the year by the league. These were based on The Teaching of Medical and Surgical Nursing According to the Recommendations of the Curriculum Guide. The institute in Fargo was on Peptic Ulcers. The director of a school of nursing, three supervisors, two physicians, and twelve student nurses took part in the demonstration and exhibits.

At Grand Forks the institute was held on Tuberculosis in Relation to the Student Health Program. New equipment was shown and various aspects were discussed by physicians, followed by a case study by a student and a demonstration. At this meeting the president of the league conducted a round table on league developments in the state.

In Minot the institute was on Hyperthyroidism treated from the various aspects—medical, surgical, laboratory and x-ray findings, pharmacological, and dietary.

OHIO

Members: 412

New members in 1939: 148
Local leagues: Cincinnati—Georgia Nobles, President
Columbus—Clara Brouse, President
Cleveland—M. Anna Gillis, President

Special committees: Committee on the Care of the Child
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: The programs of the state and local leagues have been concerned with
the National League’s program of accreditation, the construction of tests in schools of
nursing, and the application of the Curriculum Guide suggestions for schools of nurs-
ing. The committees have been actively engaged in studying the major problems of
each of the special fields with which they are concerned. Outstanding among these
activities is the work of the curriculum committee which has been engaged in working
on a proposed state curriculum guide for schools of nursing in Ohio.
A one-day institute under the auspices of the state league was held in Akron in
April. The program was centered on the standards and specifications of the proposed
state curriculum, and on accreditation.

OKLAHOMA

Members: 36
New members in 1939: 19

Activities: The Oklahoma League held a two-day institute on Psychiatric Nursing
and Mental Hygiene in April. The institute was offered as a Graduate Nurse Short
Course from the Extension Department of the University of Oklahoma. Two hundred
nurses and 300 lay people attended.
The annual meeting was held with the state nurses’ association. Ward Teaching
and Staff Education were the subjects discussed.
During the year the following tests and measurements were made in every school
of nursing in the state: Ohio University Psychological Tests and the Iowa University
Silent Reading Tests.

OREGON

Members: 71
New members in 1939: 10

Special committees: Committee on the Care of the Child
Committee on Information
Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: The membership campaign and eligibility committees have been working
together. Letters have been sent to all institutions and agencies that employ nurses
who might be eligible for membership in the League, asking them to submit the names
of all the nurses who are eligible. These names were divided among the committee
members and personal contact was made with each of the nurses inviting them to at-
tend meetings and to join the League.
The curriculum committee invited the Executive Secretary of the Board for Examina-
tion and Registration to assist them with nursing education problems in general.
The subcommittee on community nursing is a joint committee with the state organi-
zation for public health nursing and the state nurses’ association. Since the study
which this committee expects to undertake will reach into all phases of nursing and
all types of nursing organizations, it was advisable to exercise great care in the organi-
zation of the committee to be sure that all interests were represented. The committee
on lay participation has been active in creating interest in a group formerly known as
the Society for the Advancement of Nursing Education. Other lay people are also
being interested in the league’s activities. One project that the committee has suggested is that of sending student nurses to the state and national conventions and meetings, with the hope that the lay groups would assist financially.

The nursing information committee prepared a pamphlet of information regarding our Oregon schools of nursing for the State Vocational Department of Education and these were sent to all high schools in the state.

PENNSYLVANIA

Members: 526

New members in 1939: 114

Local leagues: Philadelphia—Mrs. Ruth Lettinger, President
Bethlehem—Mrs. Julia Ritter, President
Scranton—Frances Purdy, President
Altoona—Nettie Bealer, President
Pittsburgh—Laura Lehman, President

Special committees: Committee on the Care of the Child
Committee on Information
Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: The chief project of the Pennsylvania League has been the continuation of the study of minimum requirements and the preparation of a possible minimum standard for the schools in Pennsylvania. Activities of the education committee are being directed toward assisting with the resulting problems and informing the administrators’ group.

The membership committee has continued its activity through local leagues and individual contacts with directors of nursing.

As the department of education for the state, a study of high school courses was made and recommendations for prospective students presented to the state association.

RHODE ISLAND

Members: 126

New members in 1939: 37

Special committees: Committee on Information
Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing

Activities: The Rhode Island League has been engaged during the past year in an effort to increase membership; it has sponsored a two-day institute; arranged interschool visits open to all League members; has stimulated interest in accreditation (5 out of the 7 schools have requested accreditation). The curriculum committee is setting up a curriculum based on minimum standards for the state.

SOUTH CAROLINA

Members: 38

New members in 1939: 25

Special committees: Committee on Publicity

Activities: The South Carolina League is a new organization, having been accepted by the Board of Directors of the National League in January, 1940. Since that time a one-day institute was held on Clinical Teaching. Since the last convention several interesting programs have been given in a round table manner on the following topics: Staff Education, Ward Libraries, Ward Clinics, Eight-hour Duty for Student Nurses, and General Problems in Nursing Education.
Besides these activities the league has carried on a membership drive, has distributed accreditation materials to all directors of nursing schools in the state, has distributed pamphlets on nursing to all high schools in the state, and has conducted an essay contest for senior nurses on the topic, The Value of Professional Organizations.

SOUTH DAKOTA

Members: 39

New members in 1939: 7

Special committees: Committee on Exhibits
Committee on State Board Problems

Activities: The theme of the second annual convention of the South Dakota League was Better Nurses for All the People. The program included films on the various nursing procedures; reports on the South Dakota Hospital convention; an institute for clinical instruction; an institute for faculty members in schools of nursing; and an open forum at which questions and problems submitted by all of the South Dakota schools were discussed.

The league is cooperating with the state board of nurse examiners by planning institutes for all the schools of nursing in order to aid the faculty members in their ward teaching programs; and by revising the book which contains the state laws in regard to registration and reciprocity.

TENNESSEE

Members: 66

New members in 1939: 10

Local leagues: Memphis—Mrs. Mary Wolfe White, President
Nashville—Ruth Poindexter, President

Special committees: Committee on the Care of the Child
Committee on Information
Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: The Tennessee League has held one annual meeting and three board meetings during the past year. The league, cooperating with the state nurses’ association and the state organization for public health nursing, conducted five institutes throughout the state—one in Memphis on Newer Nursing Procedures and Techniques; one in Nashville on Sight Conservation and Eye Health; one in Jackson on Pneumonia and Tuberculosis; one in Chattanooga on Orthopedic Nursing; and one in Knoxville on New Treatments and Care in Pneumonia.

The Memphis League again brought Miss Phoebe Kandel, Professor of Nursing at the Colorado State College of Education, to Memphis for a six-week program in Ward Management and Ward Teaching, Curriculum and Methods of Teaching Applied to Nursing, and Trends in Nursing. Forty-six nurses attended these courses.

The Vanderbilt University School of Nursing, in cooperation with the Tennessee League, is planning an institute on Ward Management and Ward Teaching to be held at Vanderbilt on June 13 and 14. The program will include demonstrations of ward teaching, use of records, computing distribution of nursing service, method of assignment, etc.

The curriculum committee has made a survey of the students’ experience in each service in all the schools in the state, and also of the fields of work which the graduates of the various schools have entered and how long they have continued to do this work.

The committee on the care of the child has made an investigation to find all of the nursery schools, kindergartens, well-baby and pediatric clinics in the state which could be used for student observation and teaching.
TEXAS

Members: 199
New members in 1939: 63

Local leagues: Dallas-Fort Worth—Mrs. Mary Price Smith, President
               Houston-Galveston—Marie Luppold, President

Special committees: Committee on Lay Participation
                   Committee on Mental Hygiene and Psychiatric Nursing

Activities: The Texas League, acting as Education Department of the Texas State Nurses’ Association, has succeeded in getting the Regents of the University of Texas to assume financial responsibility for the nursing education program offered at the main University—summer, long session, and extension courses will be given; expand to include public health nursing in the future; take over the $10,000 raised by the Texas State Nurses’ Association and use it as a loan fund for graduate nurses.

An annual joint institute was held in November with the state organization for public health nursing. The program placed emphasis upon Integration of the Health Concept into the Undergraduate Curriculum, and Ward Teaching.

UTAH

Members: 50
New members in 1939: 19

Local league: Salt Lake City

Special committee: Committee on Premature Infant Nursing

Activities: The Utah League has had well-planned and well-attended monthly meetings, with active participation of the younger members. The committee on neuro-psychiatric nursing affiliation has made little progress. Five meetings have been held with the Medical Director of the State Hospital and the hospital superintendents. The committee on premature infant nursing, in cooperation with the State Board of Health, has arranged an institute to be held June 2-16. The league has also been aided by a joint committee from the Utah State Nurses’ Association and the Utah State Organization for Public Health Nursing. The first week of the institute will be held in Salt Lake City with consultations in the various local hospitals. The second week, a field trip through the different districts in the state will be made. Programs and consultations will be held. The league is hopeful of securing considerable lay participation in this project.

VIRGINIA

Members: 98
New members in 1939: 44

Special committees: Committee on Lay Participation
                   Committee on State Board Problems

Activities: The Virginia League has held four regional meetings including a two-day institute at the University of Virginia. The program committee has been successful in securing outstanding speakers from our own and allied professions. One meeting was devoted to the subject of Accreditation of Colleges and Schools of Nursing, another to the Use of Tests and Measurements in the Selection and Orientation of Student Nurses. The programs for the two remaining meetings included papers and demonstrations on the teaching of the courses in Pharmacology, History of Nursing, and Professional Adjustments.

The curriculum committee, through a survey, has attempted to help us to discover the weaknesses and strengths of the Virginia schools and to plan more effectively for future programs.
WASHINGTON

Members: 76
New members in 1939: 14
Local leagues: Western Branch, Seattle—Kathleen M. Leahy, President
Eastern Branch, Spokane—Eline Kraabel, President

Activities: The membership committee, working closely with the finance committee, has been very active in securing new members and sustaining members. The curriculum committee studied and presented recommendations on certain problems connected with the state board examinations. This committee is now considering (a) recommendations regarding the problem of high schools offering as credit for university entrance school of nursing work taken prior to high school, and (b) methods of including public health experience in the basic course in a joint study with the state organization for public health nursing.

The program this year has been based on a study of improving the teaching of orthopedic nursing in the basic curriculum.

WEST VIRGINIA

Members: 41
New members in 1939: 55
Special committees: Committee on Information
Committee on State Board Problems

Activities: The second year of the West Virginia League has been an active one with the committees busy in their particular fields of endeavor. A temporary committee on mental hygiene and psychiatric nursing has been active. A special breakfast and meeting was held on March 31 at Charleston at which the following subject was discussed: Problems Relating to Psychiatric Nursing in West Virginia. A board meeting will follow at which a committee on mental hygiene and psychiatric nursing will be definitely appointed to work toward making training in psychiatric nursing possible for all students in accredited schools of nursing in West Virginia.

A local league in the northern section of the state is being considered.

WISCONSIN

Members: 137
New members in 1939: 31
Local leagues: Milwaukee—Esther Olson, President
Madison—to be elected

Special committees: Committee on Information
Committee on Mental Hygiene and Psychiatric Nursing

Activities: The Board of Directors of the Wisconsin League has held five meetings during the year. Regional meetings have been held in Eau Claire, Green Bay, Milwaukee, and La Crosse, as well as the annual meeting in Fond du Lac. The following topics have been discussed: Guidance, The Place of Public Health in the Undergraduate Curriculum, The Teaching of Medical and Surgical Nursing; and a panel discussion on Schizophrenia planned by the committee on mental hygiene and psychiatric nursing.

The curriculum committee has conducted a survey to determine what different states are doing regarding entrance requirements to the school of nursing beyond high school graduation. It is also conducting a survey in Wisconsin relating to the number of schools offering their students practical experience in psychiatry, tuberculosis, and communicable diseases. The membership committee has asked directors of all schools in the state for the names of those eligible for League membership. It plans to send these names to the National so that these nurses may be invited to join the League. The committee on mental hygiene and psychiatric nursing is continuing its study of the survey made in 1937 by the American Mental Hygiene Association and conducted
a program for a regional meeting. The Milwaukee League has held monthly meetings, and the programs have included the following: the educational program in schools of nursing, visual instruction, physical therapy, evaluating the young child, the nurse's education and her spiritual life, and the prenatal visit as demonstrated by the Visiting Nursing Association.

In February the Madison League members formed a local league.

REPORTS OF EDUCATIONAL SECTIONS OF STATE NURSES' ASSOCIATIONS

CONNECTICUT

Members: 127
New members in 1939: 11

Activities: The Connecticut Section has held several meetings. One in the fall presented a program on Mental Hygiene in Students' Welfare. The annual meeting was devoted to a discussion of Accrediting: Helpful Program for the School of Nursing, the Hospital, and the Community; and Participation by the Faculty in Educational Policies. A two-day institute planned by the education committee was held to which members of the state dietetics association were invited as well as teachers from local schools and teachers colleges. The program was on The Teaching Program for Nutrition (with demonstrations), Incorporation of Public Health in the Curriculum, and Methods of Testing.

MONTANA

Members: 31
New members in 1939: 16

Activities: The Montana Section has held several meetings during the year besides the fall convention. Plans are being made to set up a postgraduate course with college credit in connection with the state mental hospital under the auspices of the state college.

EFFECTIVE METHODS OF ENROLLING SENIOR STUDENTS IN THE RED CROSS NURSING SERVICE

BLANCHE A. BLACKMAN, R.N., Superintendent of Nurses,
The Springfield Hospital, Springfield, Massachusetts

I must confess that I was somewhat surprised when I received the notice from Miss Wheeler asking me if I would speak for three minutes on the enrollment of senior students in the American Red Cross Nursing Service, and then I was further shocked by having her write me and ask for my paper.

I must confess to you right now that I have gone home from nurses' meetings—conventions of the state and national organizations—feeling as though I really were failing in my job, because I would hear people tell of the pageants that they held in their schools of nursing and the various programs that they put on to solicit membership in the Red Cross Nursing Service. I always meant to do that, but somehow I never got around to it. I take it for granted, however, that I have not been an entire failure. Otherwise, I do not believe I would have had that blue letter from Miss Wheeler.

It seems to me that we can facilitate this membership in the Nursing Service by making it easy for nurses to have physical examinations. We
have our Red Cross physical examination done at the same time that we have the final graduation physical examination done, and we find that that helps a bit, because after a nurse has graduated and has left the school, it is not always convenient to go down to a doctor's office and have a physical examination.

Then we do talk about it; we talk about it quite a lot. But I think, after all, the real secret of enrolling members in this Nursing Service is a deep interest on the part of the persons who head our schools. After all, if you yourself are not deeply interested in this matter, you are not going to be able to arouse interest in the young people with whom you come in contact.

And then there is another thing. I know that this is an age of materialism, and we are inclined to close our eyes and our minds and our hearts to the idealistic phase of existence; but after all, these young women who are leaving our schools of nursing are still, a great many of them, in spite of their sophistication, idealists at heart, and I think if we have room to reach those young women, we must have some means of getting across to them the idea of service to humanity.

Figures are interesting. Efficiency is necessary. But, after all, you must arouse in your students the desire to be of service.

**Effective Methods of Enrolling Senior Students in the Red Cross Nursing Service**

**Mary W. White, R.N., Superintendent of Nurses, Methodist Hospital, Memphis, Tennessee**

For several years past, the committee in Memphis has made rather ineffectual efforts to enroll all eligible registered nurses in the Red Cross Nursing Service, but our enrollment was being lessened each year. We found that the older graduate was established in her work, that filling in blanks, going to the doctor for a physical examination, and to the dentist was just too much trouble, and so she just did not enroll. But with 150 students eligible for Red Cross enrollment graduating each year from schools of nursing in the Memphis area, we knew we had material. The question was how to get that material.

First, let me tell briefly of our Local Nursing Service Committee, for much of the success of increased enrollment depends on the committee. The rotation plan, as suggested by the American Red Cross Nursing Service, guarantees new and enthusiastic members coming into the committee yearly. We have found this rotation very stimulating. The selection of committee members is important. We select a nurse from each alumni association in our area and a nurse from each of the nursing sections of the district nurses' association; namely, public health, private duty, and the state league of nursing education. We select nurses who are now teaching classes in Home Hygiene and Care of the Sick. We have found, too, that the nurses who have actually worked as Red Cross nurses make excellent committee material.
We choose nurses who saw overseas duty during the World War, nurses who served in some local disaster or relief work sponsored by the Red Cross. In our area we have had the Tupelo tornado of 1936 and the flood of 1937, both emergencies calling for scores of nurses. When a committee composed of such women as these really sets to work, results will be obtained.

Our committee holds frequent meetings. We have no scheduled date; all meetings are called and they are called on the slightest provocation.

In October, 1939, Miss Helen Dunn of the American Red Cross, spoke at the Tennessee State Nurses' meeting in Chattanooga. She presented the annual report of the American Red Cross Nursing Service, which revealed that Tennessee, the Volunteer State, was below her quota of enrolled Red Cross nurses. This disgraceful report called for a committee meeting, which was held immediately upon our return to Memphis from Chattanooga. The committee decided that before we could increase our enrollment, we would have to promote a publicity or educational program.

We started with the staff nurses of the hospitals having schools of nursing, whose graduates are eligible for enrollment. Our committee feels that in order to interest the young graduate, she should be associated all through her training with graduates who are enrolled Red Cross nurses. So, we went to staff meetings first with our educational program. We found that it was needed. Several young graduates thought themselves enrolled Red Cross nurses because they had contributed a dollar and received a celluloid button during the annual Red Cross drive. Others thought the Red Cross Nursing Service a branch of the government. Still others did not want to leave their positions, thinking that enrollment in the Red Cross Nursing Service would mean they had to report for some phase of government nursing.

We felt that we accomplished much and that talking to staff nurses and obtaining their enrollment was the first step toward interesting the young graduate.

As I have mentioned, every alumni association in the area has representation on our committee and these nurses went to their alumni meetings and talked about Red Cross enrollment. Other committee members went to the district nurses' association meetings. We went to all the section meetings—public health, private duty, and to the state league of nursing education. All of the committee members talked Red Cross enrollment—invited or not invited, we talked Red Cross. We spoke, and we carried application blanks and the American Red Cross pamphlets. At these meetings we did enroll a few, but not enough to satisfy our aims. So, at a committee meeting, we invited the superintendents of nurses of all the schools of nursing to meet with us, and we launched our program for interesting and enrolling the senior students in the Red Cross.

A member of our committee gives talks to all the seniors. We prefer
to meet them in their class in Professional Adjustments II. Our talks cover the following points:

1. What the Red Cross stands for—not only in nursing, but in all its services. We ask a Gray Lady, a Braille worker, and a member of the Surgical Supplies Crew to talk to the students of their Red Cross work.

2. Clarification of the relationship between the Army and Navy Nurse Corps and the American Red Cross Nursing Service.

3. What Red Cross enrollment means to the nurse as a citizen—that is, in every emergency, even war, the nurse’s allegiance, just as that of any citizen, is to our country and not just to the Red Cross.

4. Making students see that enrollment is a privilege rather than a duty. The high standards required for Red Cross enrollment and the careful selection of nurses make the students feel rather special. A member of the committee who enrolled in 1916 states in her talk, "The Red Cross has done more to elevate the training of student nurses and the standards of schools of nursing than any other association."

5. Displaying a number of applications for positions which ask the question, "Are you an enrolled Red Cross nurse?"

6. Showing an annual questionnaire and explaining its purpose and importance.

7. Inviting the students to make some contribution
   a. A short essay on why they think it important to become an enrolled Red Cross nurse.
   b. Talks by students themselves.
   c. Pageants, marionette shows.
   d. Parades. See that senior students ride on floats on Armistice Day, on the Red Cross Roll Call floats, and whenever you are asked to supply nurses.

To show the attitude we attempt to inculcate in the minds of our students, I will quote from one paper. Instead of writing on Why I Want to be a Red Cross Nurse, as she had been asked to do, she turned it around and wrote on, Could Any Nurse Give a Good Reason for Not Belonging to the Red Cross Nursing Service?

It is while we are meeting with these students in the class that we have them fill out their application blanks. The superintendent of nurses has the physical examination blank filled out by the physician at the final physical examination just before the student completes her training. Also, the training school credential blank is filled out at this time. These three blanks are kept in the files of the committee secretary until that student has passed the state board examination and paid her American Nurses’ Association dues. The secretary of the district nurses’ association fills in the blank provided and these four blanks complete the application, which is then sent to headquarters.

The enrollment of this young graduate has certain disadvantages:

1. Early marriage. Last December, 20 applications were sent in. Eight of the nurses married before we could even hear from Washington.

2. Applicant has not become established, is undecided, and changes positions frequently.

3. There may be a radical change in the moral attitude immediately following the advent of her new freedom.

4. More difficult to keep in touch with the younger enrolled nurse because of lack of understanding of the importance of answering the annual questionnaire.
But the advantages far outweigh these objections. We are appreciative of the alert, enthusiastic material which comes to us this way.

Tennessee hopes to work with the state board of nurse examiners on a large scale next year for the new graduates’ enrollment. Our state board examination is held in the four large cities twice yearly. We plan to ask the examiners who are holding the examination to give each nurse being examined, some of whom are still senior students, a Red Cross application blank. This year, March, 1940, every certificate of registration mailed from the Tennessee State Nurses’ Headquarters contained the leaflet, “American Red Cross Nursing Service—Does It Include You?”

What we have done and what we plan to do in Memphis are not original. In the American Red Cross Bulletin No. 710, under “Functions of the Local Committee,” you can read, “A function of the committee is to stimulate interest in enrollment in the Red Cross Nursing Service. It shall definitely plan to place before the graduating classes of schools of nursing which meet requirements, the facts concerning the origin, purpose, and function of the Red Cross Nursing Service.” By following these suggestions, we have increased our enrollment 150 per cent, which proves that the plan proposed by the National Red Cross Nursing Service Committee can be successful. All we have done to increase our enrollment was simply to carry out the function which National expects of her local committees.

**Effective Methods of Enrolling Senior Students in the Red Cross Nursing Service**

G. Alleen Manthey, R.N., Assistant Superintendent of Nurses,  
*The Christ Hospital, Cincinnati, Ohio*

Directors of nursing usually experience some difficulty in effecting a plan whereby a satisfactory number from each graduating class completes application for membership in the American Red Cross Nursing Service. It is not always lack of interest on the part of the young graduate nurse; she is very apt to postpone filling out the application papers until she is assured of state registration and eligibility to membership in the American Nurses’ Association. Since several months may elapse before this is completed, the application papers may be forgotten or misplaced.

In the Christ Hospital School of Nursing in Cincinnati we have found the following plan very satisfactory. Senior students who have indicated a desire to become Red Cross nurses are asked to fill in the application form sometime during their last month in the school. The physical examination form is filled in by the physician at the same time he makes the final health record for the school of nursing; this is usually done within the student’s last month in the school. Thus one physical examination serves for both records. Having the physical examination done before the young graduate leaves the school eliminates not only delay in getting the physical examination record, but it also assures us of a more complete record. The application is then kept on file in the nursing office until we are informed by the
executive secretary of the district association of the applicant’s membership in the American Nurses’ Association. The application papers are then sent by the school of nursing office to the local Red Cross Nursing Committee.

Interest in the Red Cross Nursing Service must be aroused while students are still in the school of nursing. During the first year new students first become interested in the Red Cross Nursing Service in the History of Nursing course. Again in the third year, in the Advanced Professional Adjustment class, a study is made of the American Red Cross Nursing Service, its scope of service, and qualifications for enrollment. We stress in both of these courses that it is a privilege to be a Red Cross nurse, and that it is a recognition of one’s fitness professionally, physically, and morally if she is accepted for enrollment.

In Cincinnati, for the past several years, the program of the March meeting of District Number Eight of the Ohio Nurses’ Association has been planned by the local Red Cross Nursing Service Committee. Each year seniors from all schools of nursing in the district are invited to attend the March meeting. The program is the memorial service to Jane A. Delano. It is planned to interest student nurses and to inspire them to become Red Cross nurses. At this meeting the chairman of the local committee presents a Red Cross flag to the school of nursing having the largest percentage of enrollment from the three preceding graduating classes. The flag is kept by that school for one year, and at the next March meeting it is again awarded to the school having the highest percentage of enrollment. This little ceremony has stimulated interest in enrollment in the Red Cross Nursing Service, and alumni members and outgoing seniors are challenged to keep the flag for another year or to strive for its award at the next March meeting.

**Joint Session**

*American Nurses’ Association*

*National League of Nursing Education*

*National Organization for Public Health Nursing*

*Monday, May 13, 8:30 p.m.*

Presiding: Julia C. Stimson, R.N., President, *American Nurses’ Association*.

After an invocation by the Reverend William B. Stimson, Rector of St. Mary’s Church, West Philadelphia, the convention was welcomed by Dr. Hubley R. Owen, Director of the City of Philadelphia Department of Public Health. Miss Mary A. Rothrock, R.N., President of the Pennsylvania State Nurses’ Association, presented greetings from the State of Pennsylvania.

**Response to Address of Welcome**

NELLIE X. HAWKINSON, R.N., President, *National League of Nursing Education*

It is my great privilege as president of the National League of Nursing Education to respond for the three national nursing organizations to the
cordial welcome to Philadelphia which has been extended to us by Dr. Owen and the nurses of Pennsylvania through Miss Rothrock.

We are indeed happy to have the opportunity of meeting in this friendly city so rich in the history of our nation and of the nursing profession. In a world torn with hatred, bitterness, and selfishness, and where life is being ruthlessly destroyed, we are thankful that we can meet in freedom and in equality to consider problems related to the saving of human life and to the betterment of mankind. Surely there could be no more fitting place to meet for such a purpose than here in this city, the birthplace of our American independence and the city of two great humanitarians, Alice Fisher and Lillian Clayton. In their lives was exemplified one of the essential characteristics of true democracy, a broad humanitarianism and an interest in the welfare of others.

This is not the occasion nor is there time to call your attention to the progress which our organizations have made during the twenty-three years since last we met in Philadelphia nor even of the past biennial period. Achievements there have been and not few in number. The basic curriculum in nursing schools has been broadened and strengthened, more opportunities for advanced study in nursing education have been made available, and nursing service in all of its branches has been improved and expanded in an effort to meet more adequately the health needs of the modern community.

There probably has never been a time in our whole professional history when there has been so much interest in and concern about matters of sickness and health as there is today. The findings of the Committee on the Costs of Medical Care, the extension of maternal and child health services and of public health services under the Social Security Act, the National Health Survey, and the proposed National Health Program, the development of plans for hospital care insurance and for sickness insurance, all of these and other developments have tended to focus attention on the health needs of our people and the responsibility of a democratic society in seeing that these needs are met adequately.

In a report by the 1940 White House Conference, Children in a Democracy, the following significant statement appears:

"The security of the nation and of democratic institutions depends in part on military defense and conservation of material resources. But the most critical line of defense is the health, skill, and morale of the successive generations of the people. The national policy for 1940-50 should be to use the full every tested method to assure the soundness of the population both for the present and for the future."

What a tremendous challenge to nurses and nursing! It is given to us to play an important part in helping to conserve that most important of all national resources, human life.

Miss Annie W. Goodrich, writing on The Objectives of the Nurse in a Democracy a number of years ago, pointed out that "the objective of each and every nurse in a democracy does not, cannot differ wherever or however
she may function,” that “there is not one nurse who has not a part in this great project,” the nurse who goes down the street and up the tenement stairs, the nurse who goes into the homes of the wealthy, and the nurse who watches over the sick in our institutions throughout the country, all these are part of “a veritable mosaic of means” working toward the achievement of a great end.

In this same article, Miss Goodrich points out also the importance of broad educational preparation for this essential community service. Quoting again—"I see added to the basic training of the nurse further and everwidening branches of knowledge. I see every nurse continually adding to her store of knowledge. . . . I am sure that in the future we shall be intelligent enough to understand that education and practical action must go hand in hand, . . . that we shall and must never cease to demand that all available knowledge shall be opened as freely to us through the schools of nursing as it is now open through the schools of agriculture to the agriculturists, through the schools of engineering to the engineer, or the schools of journalism to the journalist. When the doors of knowledge are fully opened, it is quite possible that we shall accomplish in this great democracy of ours, consecrated to the sacredness of humanity, results of which our forefathers never even dreamed."

To such significant aspects of nursing in a democracy as these, we shall give our attention during the next few days.

We are privileged to engage in an essential community service, and to make that service as effective as possible is the major objective of our national nursing organizations. Working separately and yet together their many activities are directed toward this end.

What is true of our organization is true also of us as individuals. Whether engaged in private duty nursing, institutional nursing, or public health nursing, we are all concerned with the achievement of the same objective—that of conserving health and saving human life. Ours is the opportunity for great service in a great work, and I am sure that these meetings will give us the help and inspiration we need to go forth and function more effectively in this great democracy of ours.

Thank you again Dr. Owen and Miss Rothrock and the nurses of this great State of Pennsylvania for your most gracious and cordial welcome.

THE RESPONSIBILITY OF THE PROFESSIONS IN A DEMOCRACY

MILDRED FAIRCHILD, PH.D., Director, Carola Woerishoffer Graduate Department of Social Economy and Social Research, Bryn Mawr College, Bryn Mawr, Pennsylvania

I address this assembly of the organized nurses of the country tonight with some hesitation and with humility. If I am to make real my convictions regarding the topic upon which you asked me to speak, I must illustrate from a specific field of professional activity, and in your field I am a layman. My status was known to your officers when they invited me
here this evening, however, so that I shall assume that you want a layman's point of view wherever my topic brings me into your province.

I shall ask you to remember, also, that I am not a layman when it comes to being a professional worker. I also belong to a profession, as you belong to a profession. What I have to say, therefore, arises from a conviction of the responsibility of my profession, which I take it is as great in my field as is yours in your field, whether my field be reckoned as that of a teacher or social economist. In any event, we may take for granted, I think, that we are all of us moved these days by a deep sense of concern for the well-being of our fellow-men and of our responsibility to contribute our utmost to the securing and maintaining of their welfare.

We become so accustomed to being told that we live in a "changing order" and to being challenged on all accounts from pulpits and rostrums of every variety, that we weary sometimes of the reiterations. Yet nurses, like social workers and teachers, I imagine face many more vital and puzzling challenges in their daily work than any speaker can make vocal. I can only ask you, therefore, to place yourselves in your imaginations back in the hospitals, or homes or the offices that serve these, from which you come as delegates to this convention. As I speak tonight, test by your knowledge of conditions and problems the importance of what I say.

**The Challenge to Democracy**

We, in this country today, stand in an extraordinarily critical situation. The crisis of this last decade has passed somewhat. Our patient is slightly better than in the depths of the depression, but he is by no means out of danger. What should be our program for bringing him to health? Because we are citizens of a democracy, the decision rests with each of us. The political decisions of next November, or of any time, rest upon us individually as citizens of a democracy. This is the essence of our collective will.

The acute crisis in Europe today adds enormously to the weight of our decisions. In Europe the right of free people to govern themselves is being fought out in desperate warfare. This is not the only issue in this war, probably, but, in the opinion of the most of us, it is the only clear issue. Any others must wait pending the settlement of that question. Shall or shall not men have the right to govern themselves in accordance with their own wisdom? And where are the limits of their responsibility or their privilege?

The crisis of democratic government today, here and abroad, lies in the demonstration of the power of democracy to solve its major problems. In Europe, can it wage war to meet the force of totalitarian government? In America, can it find solutions for a vast array of social, economic, and political problems covering our plains and rolling over our horizons?

Decision in both cases waits upon the answers to two great questions: Will the individual citizen be able to see and to understand the interests of his neighbors as well as his own; will he accept responsibility for the social
welfare in its best sense? And, if he can do so, will large groups of people be able to organize, discipline, and control themselves to the point where they will themselves apply the correctives and carry out the programs which as individuals they learn to recognize as necessary for the social good?

Totalitarianism is the symptom and the result of the failure of democratic ideals and programs in certain areas and among certain peoples. The defense of democracy by others of us lies not merely in the show of force that some of us can muster; it is equally and eventually in our ability to meet for our own people the very issues that have given rise to dictatorships abroad.

It is significant and may comfort us, if we need comfort, that the failure of democracy has appeared among those peoples who never for any considerable period had experience enough to learn its techniques. Its defense appears, today, among every people who had such opportunity, even though they have used it falteringlongly. One of the greatest tragedies in Europe today lies in the invasion and disruption from without of those very people, the Scandinavians, who were most completely, by all accounts, demonstrating to the world democratic processes and democratic success.

That fact, to my way of thinking, in no way reflects adversely upon them. It may well stimulate us to new efforts and greater application to the task. Upon us, because of it, rests a greater responsibility to posterity and to civilization to carry on the effort to prove and improve the democratic way of life. Today and in this country, therefore, our task lies at home. It is the task to meet squarely and to solve the social, economic, and political problems that threaten to destroy our peace, that block our happiness, and disrupt our unity. We must approach solution of these problems to find normal, orderly, and desirable ways of life.

**American Issues**

What are these ways of life? The answer was given by a prominent Texan recently who said that "What we Americans want is to think, to speak, to worship as we please—and to eat regular." A very terse way, that, to put a vast array of human needs and human desires. We must let imagination run a bit to cover what our Texan means. Freedom of thought, speech, and worship covers a wide field of spiritual and cultural liberty for individual activity and development. To "eat regular" in these United States means more than a daily diet of rice or corn meal and greens, enough to keep body and soul together in some fashion and for a limited time. That may be what sections or areas of our people have today. It is not what we Americans want. It is not what our ancestors conquered the wilderness to get, or what their children have learned from the parents' dreams to ask for.

Our Texan, also, may have put the order in reverse. Totalitarian governments boast that men want security before they want liberty or adventure. They say that it was because modern civilization had denied the right of security to their people, that democratic forms of social organization are decadent today. One may wonder whether or not Nazism and Facism have proved their ability to give them that right. A daily portion has little value
if to get or to defend it after the getting one must wrest it from a neighboring "neutral" or defenseless people and then die on a battlefield to justify one's action. To my mind, the Nazi or Fascist solution for "eating regular" is a poor one, lacking any security or permanency by its very nature, so long as that solution is founded upon the predatory rights of a so-called superior people. That conviction in no way relieves me as to our necessity to face the same issues. Whether men want them first or last, life and some security, home, and personal relationships are human needs so basic to our existence that no power of mind or spirit can live or rise for long without them. The essence of our problem in modern society, therefore, industrial and agricultural, urban and rural, American, European, and Asiatic, is to organize our ways of life, our social and economic resources and the use of these resources, so that our people may live by them and may rely upon the power to live by them in a reasonable degree.

After the last ten years, it is no news to anyone of us today, that we have not done that. By and large, in the world and in these United States, we may not boast that we have done it. Between four and five million cases on relief and work relief in the United States mean between fifteen and twenty million men, women, and children dependent upon public support. One-third of the total population are in families with incomes under $800 a year, according to the estimates of the National Resources Committee based on extensive sample studies. That means that forty million of our people are on a marginal scale of life, even if they are self-supporting. One may hardly claim that such a standard approximates what we Americans mean by "eating regular." Uncertainty of employment for the vast number of our people who are dependent on wages and salaries for their incomes, uncertainty of markets and the sale of their goods for the most of the rest of our small businessmen and farmers, indeed uncertainty of returns for our supposedly privileged profit-takers, offer little assurance of security to most people in their source of life. If the majority of us eat, for many of us it is hardly a regular or an adequate diet.

Yet we are a rich people; the richest in the world or in the history of the world. Our standards of life, on the average, are the highest of any people; our mortality and morbidity rates, on the average, stand up well with those of any peoples. Hurricane, flood, and drought beset us, but they still do not tear down these highly favorable statistical averages of our relative economic prosperity and relative physical vitality.

Nurses know quite as well as statisticians, I presume, that averages do not tell the whole story. The variation from the average may be the matter in point. And we need not go to Texas or to Louisiana, to the far West or the heart of the industrial East to see the variation. They usually are within a few blocks of where we happen to be at any given moment; and to that the present is no exception.

These variations are our sore points and our sources of disease. These, I submit, are the threats to our orderly, happy; and rational way of living. "The poor ye have always with you." But our poor have become too many
in proportion to the rest; the threat of that poverty is too real a shadow over the lives of the great majority to be ignored and endured indefinitely.

Many of my audience are more familiar than I with the figures on income and expenditures that have been coming out in recent months from the National Resources Committee of the Federal Government, from the Bureau of Home Economics of the Department of Agriculture, and from the Bureau of Labor Statistics of the Department of Labor. They are figures that bear examination again and again by every thoughtful American. In a study which covers 60,000 families in 51 cities, 140 villages, and 66 farm communities in 30 states in 1935-36, the median income of the average American family is found to be approximately $1,100 a year. One-third of our people have a family income of less than $800; only 20 per cent of our families have $2,000 or above for their year’s living and all their future security. The gradations decline steeply thereafter so that only 3 per cent have $5,000 or more a year.

Among non-relief families, nearly 85 per cent of wage earners and nearly 87 per cent of farmers have less than $2,000 a year in both cash and non-cash income. Incidentally, it is interesting to see who are our aristocrats in these United States. According to the same analyses less than 34 per cent of our salaried business men and less than 23 per cent of our independent professionals have less than $2,000 a year. By the same token, while .2 per cent of wage earners and under 1.5 per cent of our farmers have $5,000 or more a year, over 16 per cent of the salaried business men and over 37 per cent of the independent professionals have incomes of $5,000 or more.1

It may be that we are a rich people, but if the most of us spend much for luxuries or gadgets, we go strictly without some of the prime necessaries of life. We do not all have permanent waves and automobiles. And many of us who do so must take the cost of them from already inadequate food and shelter.

Moreover the problem of unemployment sticks in our collective and public threat like the proverbial fishbone. The administration of our unemployment compensation systems in state after state finds that a considerable proportion of workers who are eligible for benefits, must file claims every year, the large majority for the maximum number of weeks that the law allows, whether it is 13, 16, or 18 weeks. In other words, our social security program to help meet the costs of unemployment cares primarily to date for annual seasonal unemployment. It leaves little to accumulate for periods of sharp depression such as we knew only a few years ago; and it cuts down only a little the persistent need for relief by those who cannot qualify for benefits in covered employment or who do not find employment during the period of compensation.2

These figures and these facts are but a few of those with which I might illustrate my point. Undoubtedly our patient, these United States, is in a

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safer and saner position than a few years ago, in 1932 or 1933. But he is far from well of his malady and we should be utterly derelict in the performance of our duty if for one moment we forget it. The problem for democracy today in this country, and in Europe or Asia, wherever men and women have breathing space to consider it, is to remedy those ills. It is of no use to soothe ourselves by saying that unemployment, poverty, and disease have always been with us. In such quantities as exist today we cannot suffer them indefinitely and survive. The more of us who recognize that fact and seriously apply ourselves to it, the better for the peace and security of ourselves and our children in the future.

The Duty of the Professions

In this situation, what are we to do? How find a cure for what seems both a chronic and an acute situation? Who sees ahead the road to health that will insure comfort or peace or security? Let me say now what most of our so-called experts and most of us who are here tonight have been saying for a long time already. There is no royal road to comfort, to peace, or to security. There are no panaceas. Whoever offers a panacea is putting on the market a cheap patent medicine; if not too much of it is consumed, it will probably not kill the patient, but it will not cure him, and, we may be sure, its cost is out of all proportion to its value.

The road we must travel seems to me to be one of experiment, of trial and error, of a continuous and unflagging effort to build new techniques, new social institutions, new forms of social organization and social control to make our elaborate and highly interdependent economic system mesh, run continuously, and supply our needs. If we succeed in doing it, there is offered us a richer reward in life and culture than man has ever known on this planet. If we fail, our own modern science, which all of us here serve, will see to it that the chaos is replete with our agony and our despair—the agony and despair of all mankind. Twenty years ago Woodrow Wilson said: “The fortunes of mankind are now in the hands of the plain people of the world. Satisfy them and you have not only justified their confidence but established peace. Fail to satisfy them and no arrangement that you can make will either set up or steady the peace of the world.”

In this picture of steady, courageous, unflagging endeavor to try new remedies, to check the findings, to alter treatment in accordance with those findings, the professions stand out, leaders, technicians, and servants of the people. If science has precipitated our problems in hundreds of different ways today, science also supplies us with solutions for those problems. Not only physical science, I suggest, but also the social sciences must be admitted to the company of experts. Those who swear by the laboratory must cease to pour contempt upon those of us who must rely upon the measure and evaluation of swiftly moving data, found in the world of living people and events. We, in turn, must learn further from the natural scientists the caution and the intellectual honesty of the scientific method. All of us must test our
emotional reactions, our beliefs, convictions, and predispositions, by the persistent use of the scientific method.

But the responsibility of the professional in this is strictly limited. Would I turn over the future of the democratic process to any group of us, you may ask? Certainly not. To every citizen belongs the right to decide the course that we should take. That is the essence of democratic government. Each of us must be that citizen, casting his vote when the voting season comes for those policies and general programs that seem to him most promising. Whether the emphasis should lie at any given moment in balancing the budget or in supplying services to the needy, we, the people, will decide.

Incidentally, it is worth repeating that the hope of democracy, the very life blood, lies in our readiness to play the game, to abide by majority decisions for the specified period, or to find orderly ways for changing that period. Spain today is an object lesson in its picture of a people who could not keep down their fists when confronted with a majority program that threatened injury to some who found themselves outnumbered and outvoted. It is to the unending credit of our own minority party that it has fought with words, not with guns, these last eight years. And it is even more to the credit of the British opposition party that it has done the same though it may well think today that it faces the present war because of foreign policies which no member of the opposition ever favored. Both Versailles in 1919 and appeasement in these recent years were hotly disputed by the British Labor Party which fights a common battle alongside the Conservative government today. The democratic method must remain the basis of our social and political action.

The duty of the professional carries no right and no obligation to rule. It lies, rather, in the application to the problem for which his training and knowledge prepare him. In common with his colleagues, he must supply that training and knowledge to serve the public need. Let me illustrate.

THE HEALTH PROBLEM OF THE COUNTRY

Probably no problem more deeply concerns the three great national organizations in the biennial convention at this time than the state of health and the care during illness of the people of this country. It is a subject which has been discussed frequently and disputed rather hotly during recent years in this country. The issue and even the figures of present-day national standards of medical care are familiar, I presume, to most of this audience.

According to the extensive studies made during recent years by the National Resources Committee with the aid of the United States Bureau of Labor Statistics and the United States Bureau of Home Economics, the average annual expenditure per family for medical care in the year 1935-36 in this country was $64.00. At different income levels the variation was tremendous. Families with an annual income of under $500 spent an average of $22.00 for medical care. Families with an income between $5,000 and $10,000 spent on the average $248.00, and those with incomes of $20,000
or more spent $837.00 for medical care. The definition of medical care as used here includes the services of physicians, nurses, and all persons providing health care and it includes also medicine, appliances, hospitalization, and clerical and laboratory services.\(^1\) The proportion of the income spent for medical care ranges from seven per cent of the total at the lowest income levels to two per cent at the highest categories. The average was close to four per cent. At the lower levels the amounts and proportions going to medical service were not greatly less than those for clothing for the entire family. When one recognizes, nevertheless, that adequate medical care has been estimated as costing $36.00 per person on the average and between $100.00 and $200.00 for a family of four, one sees the gap between services purchased today and services probably needed. Variations appeared in expenditures in all parts of the country and in both urban and rural areas. At the lower levels, especially, greater expenditures were recorded in the mountain regions of the West than in New York City. Since free medical care was not listed in these figures, but only those expenditures supplementing any free service that was obtainable, one may not assume superior service rendered in the Western Mountain States than in New York City.\(^2\) But are such free services sufficient for the immense differences these figures show?

Supplementing the picture of family expenditures furnished by the National Resources Committee and its cooperating Federal bureaus one needs to see the picture of services received. That picture has been furnished by a number of studies during the past fifteen years, but by none on so comprehensive a scale as by the National Health Survey, carried on over a period of five years under the auspices of the United States Public Health Service and the Surgeon General, Dr. Parran. I recognize that the figures of the survey have been challenged by high authority from within organized medicine in the last two years but not, I think, in ways that have been proved convincing to the majority of the statisticians as well as to many physicians. Let me select a few salient statements from the survey.

In 1936, nearly a quarter of a million women did not have the advantage of a physician at delivery.

Of the one million or so women who did have a physician’s care but in their own houses, the great majority had no nursing service for either mother or baby.

While 71 per cent of births occurred in hospitals in urban areas, only 14 per cent occurred in hospitals in rural areas.

The maternal death rate in the United States in 1936 was 57 per 10,000 live births, more than twice that of Sweden, a small but relatively rich country. Rates vary widely in different states and within different areas within the same state; from 40 in Rhode Island and New Jersey to 91 in Arizona and 90 in South Carolina.

Within the same cities, infant death rates are shown to be three times as high among the low income groups as among families with incomes of

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$3,000 or more. In twenty-two years for which records are available little decline in deaths associated with delivery and little decline in death rates for infants under one month have been achieved in this country.

While death rates for infants between one month and twelve months, especially those due to gastro-intestinal and respiratory diseases, have been lowered appreciably on the average, in some areas they are as high today as twenty-two years ago, showing no advance whatever, while medical science has made great strides forward in infant care.

The advances in national health to which our attention has been called with justifiable pride in recent years have only limited significance for the poor. "It is cause for grave concern and for action that the poor of our large cities experience sickness and mortality rates as high today as were the gross rates of over fifty years ago."

It is precisely these, moreover, whose needs are greatest. Disabling illness takes a toll of nearly nine days each year from the average person in the income group under $1,200; less than four days from those in families having $3,000 a year or more. Among families on relief, disabling illness due to acute causes is 47 per cent higher, and due to chronic causes is 87 per cent higher than it is among families having a yearly income of $3,000 or more.

Medical science has made great strides in the care of tuberculosis, pneumonia, diabetes, even venereal disease, and in the care of mental health. Yet every study shows vast inadequacy in the provision of these services for the poor as compared with the well-to-do, for inhabitants of rural as compared with urban areas.

Forty-seven per cent of the persons in families with incomes under $1,200 received no medical, dental, or eye care in the year 1936, and only 14 per cent of those in the $10,000 a year income class. The latter may be assumed not to want it or to have exercised their divine prerogative not to seek it. For the former, no such assumption is sound.

Among industrial workers the situation is especially acute. As we understand increasingly the problems of industrial disease as well as those of poverty, we comprehend the cause. Expectation of life between twenty and sixty-five years is some eight years less for the industrial worker than for the average person in the country. Deaths from tuberculosis among unskilled laborers are seven times those among professional men; mortality rates among the unskilled industrial workers are 100 per cent in excess of those even among agricultural workers.

One of the requirements for adequate medical care today increasingly recognized is the hospital. It serves not only as the resource for the care of acute illness, but for the clinical and laboratory services without which no modern physician functions if he has them at hand. Increasingly it is becoming the center of the health services of the community and as it does so the quality of the service rises perceptibly.

If the standards are correct, that call for 4.6 beds per thousand persons in general hospitals, for 5.6 beds per thousand persons in nervous and mental hospitals, for two beds per annual deaths in tuberculosis sanatoria, then two-
thirds of our states fall below the standard for general hospitals; nine-tenths are below standards for mental and nervous hospitals; and three-fourths are below standard in provisions for the care of tuberculosis. Nearly 1,300 or 42 per cent of the counties in the United States have no registered general hospitals. These are the rural counties in sparsely populated regions, but eighteen million of our people live in these very counties.

And what about personnel? Of doctors we have enough, it seems, only they need drastic redistribution to be used effectively. Again the rural areas are greatly undermanned, while in the cities under-employment and under-active office hours afflict too many, especially of the younger men and women. Of private duty nurses, our supply has been estimated as adequate, only again they are concentrated in urban areas, since this after all is where payment for their services is likely to be found. But of public health nurses, the supply is less than one-third the estimated need today. If the standard of one public health nurse to each two thousand persons is correct, then in our cities the present ratio of one to five thousand and in our rural areas the present ratio of one to each eleven thousand persons, or estimates something like that, fall far short of our needs. In some states, moreover, the ratio drops as low as one to forty thousand persons.¹

One need not give figures to this audience, I imagine. For every figure I may give you, there must be many persons here who could recite cases by the hundreds. Whether or not the figures of the National Health Survey and whether or not the data marshalled into order by the President’s Interdepartmental Committee to Coordinate Health and Welfare Activities are correct in your opinion, I doubt whether these figures startle the most of you who deal with the men and women who need your services year in and year out, and over this great country.

The Program

The solution of our unmet needs is not caring for itself apparently. If I may be allowed the leniency granted to people of my profession, may I give one more set of figures that indicate our situation. According to the estimates of the President’s Committee, referred to above, total expenditures for health services in this country have been declining during the last decade. In 1929, the estimated totals reached over $3,600,000,000. In 1936, on the other hand, they amounted to $3,200,000,000, nearly one-half billion less. All private sources, patients’ fees, private philanthropy, and industrial programs expended less during the latter year than the former. Only government expenditures rose and these increases were in no appreciable amounts. While medical knowledge had mounted, therefore, it would seem that our facilities for applying that knowledge for the health of our people have declined during this decade. The picture may not be entirely accurate but it is an authoritative approximation.

One item, the free services given by physicians and nurses, is not recorded. Undoubtedly the volume of that free service has risen greatly with increased need and decreased ability to pay. The saga of heroic service among physicians and nurses has not been and never will be written. No people were ever more generous in their self-sacrifice or more persevering in their idealism. The record that the decade has withstood the shock of economic events as it has done must be credited in large part, perhaps, to this source. Yet as one has suggested, I think, that the mounting discrepancy between income and outgo in the field of health care should be met by the generosity and self-sacrifice of the medical personnel, unrewarded. The most ardent advocate of personal charity would hardly assume that was either just or feasible.

The only programs that have aroused any considerable discussion have been those for increasing the one source of income that appears to be expandable on this balance sheet. From the Government, it is suggested, must come the necessary stimulus. The public itself must provide, on the one hand, added facilities, and on the other hand, social organization and institutions that shall redistribute the income that is now available for supplying medical care to our people. The suggestions include federal grants-in-aid for hospitals, for increased maternal and child health, for expanded medical services to children and to the needy, and for greatly augmented public health programs. In addition, they raise the question of compulsory health insurance, whether state or federal in scope, a program that calls for disability and invalidity insurance for the temporary and permanently incapacitated as well as insurance for medical care.

These are new programs in this country; they call for new techniques and new structures in our social organization. They are not new in European countries whose industrial systems are older than our own, but they are new for our country, and the problems which must be met with any introduction of these programs to our country must be met in terms of our conditions, our needs, and our facilities. No student of social insurances abroad recommends the transfer ready-made of such systems from one country to another. Whether or not the treatment of tuberculosis or the provision of prenatal care to expectant mothers is different in the United States from that in England or France or Scandinavia or Germany, I do not know; I do know that government is different, if only because of our size, our federated form of governmental jurisdiction, and our general ineptness in establishing sufficient and responsible local administration. It matters little whether that last characteristic is due to our youth as a people, to our lack of homogeneity, or to the rugged individualism inherited from our recent past. It complicates the problem of expanding the rôle of government in our social and economic life as we are finding ourselves constrained to do. And so, I say, the pattern of any health program, financed and so in part regulated under governmental aegis, requires new knowledge and new duties on our part.

During the last five years, nevertheless, public demand for these very services has steadily and consistently mounted. The complacent assurance that the need will be met eventually under present programs, if, indeed, such a
need exists at all, has brought storms of protest, and ill-concealed bitterness from the public, the consumers, the potential clients themselves. Among organized farmers and organized workers, the plea for increased public services in this field has been unanimous and passionate.

Let me quote from the statements of leaders of organized labor. Miss Florence Greenberg, Educational and Legislative Chairman, Council of Steel Workers' Organizing Committee, spoke at the National Health Conference in Washington in July, 1938.

"I speak to this Health Conference as the representative of the organized unions of workers. My people are asking that our Government take health from the list of luxuries to be bought only with money and add it to the list containing the 'inalienable rights of every citizen.'

"We deeply appreciate the work of experts and specialists in the field of medical sciences who have brought before the public something which every worker and member of a worker's family knows by bitter experience—it is that poverty and sickness go together. . . . I want to say that we feel that an effective health program must be government supported and not subject to the whims of philanthropy and charity." ²

Again from the statement of Dorothy Bellanca, Vice President of the Amalgamated Clothing Workers of America, let me read excerpts:

"The reports presented at this morning's session reflect the wide public attention this problem has aroused. To the workers the data are merely statistical accounts of their acutely personal day-to-day experience. To anybody who has come in daily contact with the workers, as I have, the rows of figures mean individual men, women, and children suffering from lack of medical care, loss of income, destruction of living standards, impairment of health and loss of peace of mind. . . .

"The progress of medical science during the past fifty years has been recorded in its conquests over many dreadful plagues and in its control over many diseases, establishing a basis for preventive medicine and for the protection and extension of health and life. Yet the poor do not realize on these great conquests. . . . The results of medical science have reached those who could afford it. . . ."

And again, "This contrast between the brilliant triumphs of medical science and the backwardness of its utilization presents an urgent social challenge. . . . To enumerate these needs and to place them alongside the positive achievements of medical science is to make a burning indictment against current medical practice." ²

The utterances of these women are amply supported by the statements of the labor conventions and conferences in all parts of the country. They call for Federal aid and for a national program of compulsory health insurance and they ask for it without delay.

The plea of organized labor is stated with even greater force and frankness by the organized farmers of the country. Again let me quote a woman,

¹ Proceedings, National Health Conference, pp. 81-85.
Mrs. H. W. Ahart, President of the Associated Women of the American Farm Bureau Federation.

"Notwithstanding many of the statements made by representatives of the medical profession to the contrary, we know that the picture of rural America in terms of health is neither sensible nor satisfying. . . .

"Many of our rural communities today are in dire need of suitable medical attention and hospitalization. . . .

"When we brag of our machine progressiveness, and of the efficiency of our industrialization, we must temper our boasts by admitting that we are 60 years behind Europe in providing health insurance for the people of the United States."

And again, "Today the demand for health insurance and for adequate medical care for our entire population, both urban and rural, is a force that must be recognized despite any objections expressed by individuals within the medical profession." 1

Into that conference with its pitiless spotlight upon reality and its bitter denunciations, it was once again a woman and a physician who brought to the scene the clarity of mind and the gentle humor that often are characteristic of her. Dr. Alice Hamilton spoke extemporaneously but none the less significantly.

". . . I think that this material has left us all with two impressions: One is the impression of a very great need; and the other the impression of a body of people, the physicians of the country, who have striven hard to meet that need, but now are suddenly faced by an increased demand which they cannot meet alone. . . . After all, it is so largely an economic problem, isn't it? We cannot ask the American Medical Association to build us rural hospitals. We certainly cannot ask the ordinary practitioner to take upon himself more of the burden of medical charity than he has already assumed. In common decency we ought to take a great deal of it off his shoulders. . . .

"If all the groups of the country must help in solving this great problem, that means that the Government will have to do it, doesn't it? And really, the Federal Government is not an invading hostile power that knows nothing about the needs of this country. After all, what is the Government? It is ourselves—ourselves organized. And surely it is more or less susceptible to our influence." 2

And your own Miss Goodrich struck a high note in that assemblage:

"Our army of unemployed youth, unemployed nurses and teachers, physicians and dentists who cannot collect their bills, an ever-shortening span of working years on the one hand, and on the other, understaffed and overcrowded institutions for the mentally and physically ill, and uncared for needs in the home leave no question of the social responsibility involved.

"Cooperation rather than competition is the keynote in achieving the results we are here to further. . . ." 3

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1 Ibid., p. 18.
2 Ibid., p. 132.
3 Ibid., p. 72.
During the last two years or nearly that, since the National Health Conference, the movement to develop health insurance and expanded Federal aid for medical care has gained rather than lost momentum. Extensive hearings on the Wagner Health Bill before a subcommittee of the Senate Committee on Labor and Education brought again a large number of people representing every type of organized citizenry before the public rostrum. Differences of opinion appeared as to who should pay the tax bill and which government agencies should administer the programs. No differences appeared as to the necessity for direction of the program if it were adopted by the best and most experienced of professional experts.

This winter, and at the time of writing this paper, public hearings are proceeding on another proposal, one to provide extensive Federal aid for the construction of new hospitals in needy areas. This bill represents a very considerable retirement from the position of the Wagner National Health Bill which now appears to be buried in committee. But it indicates clearly that even in election year no administration can ignore this issue completely.

To my mind, a governmental program to make available steadily expanded medical services and to provide needed medical facilities unquestionably is before us. Whether it arrives in two years or in ten years, by piecemeal or by blanket legislation, remains to be seen. Prediction at the moment seems useless. At the same time it may be well to remember that this is not a new movement in this country, even though it has burst upon the scene with explosive violence within the last few years. Between 1912 and 1920, a very sizable movement for health insurance was active in many states in this country and legislation was proposed to the Federal Congress. The movement died under the optimism and the prosperity of the years between 1921 and 1929. But the public memory is not always short. The student of social movements knows that social reorganization and new social institutions rise slowly and spasmodically, by phases rather than by continuous progress. Impetus from one phase to another is characteristic rather than exceptional, however. And the concept of distributing costs over periods of time and among large numbers of people, which is the essence of insurance, holds no terrors for the American people. To apply the principle to meeting the hazards of ill health is less difficult, from an economic and social point of view, than to apply it to the hazards of unemployment. The rate of incidence is far more predictable and the demand for application of the social insurance techniques is far more widespread and older. In every other industrial country, health insurance has preceded unemployment insurance.

What remains to be won in this country, therefore, seems primarily to be the cooperation and participation of the great professions whose skills and whose knowledge the public wants. These professions may be listed as at least three in number. First and foremost in importance and in numbers rank the great health professions of this country. Without the expert guidance and control of the ablest of doctors, dentists, nurses of all types, and other technicians, any kind of health program, preventative or curative, is completely useless and highly dangerous. No one can advocate that a hospital
or a clinic under public auspices should be operated less expertly than one under private auspices. We laymen know by our very ignorance and helplessness how dependent we are upon the skill of our experts when our health is concerned. It is the experts who must establish the standards, must estimate need, must evaluate the quality of service rendered. Not only must they serve in every institution and program dealing with health matters, but they must direct procedure at every level of administrative authority. The ablest of our qualified personnel must be induced from each profession to enter the public service in advisory if not administrative capacity.

Second to the medical professions but having a real and necessary service to perform are what we might term the social engineers. Experts in social insurance, in public finance, even at points in community organization, are essential to these new public enterprises if grave errors in planning and in administration are to be avoided.

Finally, the political leaders themselves, the men and women who make our laws and amend them in accordance with administrative needs and the public interest, must be recognized as a vital element in this as in every other government undertaking under a democratic system. There, I hear someone say, comes the rub. It is fear of political leadership that hails progress in this field in the United States. Unquestionably that is true and with some reason.

But it is precisely this fear that must be attacked at its source. Faith that the democratic process, that is the reference to the will of the people, with all its blunders will serve us better in social organization than any other we may substitute, is essential. But accompanying that faith must go a new and continually renewed determination that every individual citizen who knows a public need, and the way to meet that need, shall exercise his rights of citizenship. And citizenship today does not mean simply the casting of a vote at allotted seasons, it means continuous study of public needs and an unflagging effort to educate and to lead the community in ways to meet these needs. If our political leaders are uninformed about health matters, the fault rests squarely at the door of the professional experts in their communities. Responsibility for professional standards in every field extends beyond the area of personal functioning today. It must include community functioning and in wider and wider areas of relationship. The science and the technology that have interrelated our lives and our activities in every field of human endeavor, that have built our industries and our cities, our highways, and our lines of communications, have laid that duty upon us.

Moreover, since the responsibility of the professional expert today does not stop with planning and with education of the public but extends as well to administration of public programs within a given field, whether we like it or not, we in the professional fields must concern ourselves with the techniques of government administration. One of the foremost of these is the procuring and the maintenance of qualified administrative personnel. Should the public health be subject to the variation and the whims of political patronage indefinitely? When it comes to policy-making, the answer is yes, cer-
tainly. In no other way can we compel our government to obey the will of the people. But, with the exception of a few cabinet posts surrounding each executive level, government personnel charged with administering these highly important public programs requiring expert knowledge or skill, must be selected on a merit basis and must be protected in the carrying out of their duties thereafter.

Again, perhaps, the doctor or nurse, like the engineer or the social worker, protests that this is not his or her obligation. Let the experts in civil service programs, the students of government bring about and direct such matters. But democracy, I submit to you, waits for every citizen to be the expert in accordance with his abilities and his knowledge. Who can recognize the standards of personnel needed in public health programs and medical institutions? Who can draw up the examinations or other means of evaluating candidates for posts, fraught with responsibility for the people’s life and health? Not the so-called expert in civil service, certainly. Only the expert in a given field knows that field. Not merely the idea of merit system, in the civil service, must be recognized and given support by our great professional organizations. The detail of its operation and its functioning must rest squarely on the shoulders of this same group. Where knowledge is found, there also must reside responsibility for its application, always.

And so, to you as to three of the great professional organizations capable of answering it, there comes these days in America a great challenge. Obviously, no man or women with any knowledge whatever of professional relations in the field of medicine expects the nurses’ organizations to act alone. Whether or not, on a great social issue such as the health of the American people, the customary relation between doctor and nurse is rational or necessary, traditions that have the fixity of this one do not break easily and their collapse at any point may very well be highly destructive in that area. The method of your functioning and the means at your disposal must be yours to select and to use. But I, as a layman, urge you to recognize and to respect the knowledge and power of the nurses in this country. And I would call to your attention the public confidence in that knowledge and power that exists today and mounts steadily among our people. Both the continuously improved standard of performance by the individual nurse and the steadily rising influence of the professional organizations during the years of your existence are significant.

Your task, moreover, it seems to me is specific as well as general. If greatly expanded public programs are coming to improve the health of the people, how will they affect the nurses? You can answer that question in detail better than can I. But certain fields of development seem apparent to me. Essential, I should suppose, is the increase in the quantity and functioning of public health nursing, is the expansion of hospital nursing with the building and establishing of new facilities in outlying areas, is the development of the home visiting nursing service. Coordinated with these is the understanding of the techniques of selecting government personnel at all levels in these fields.
Have the nurses as well as the doctors a contribution to make to our public welfare along these lines? Should the nurses as well as the doctors sit upon our medical councils of the future, administer our public programs in so far as they relate to their specific functions? My answer is unhesitatingly in the affirmative. And it is affirmative not because I like you but because I care about the welfare of our people. The knowledge of the client, his needs and his problems, and the knowledge of his life and his limitations which the nurse has is no less important to my mind than the much more advertised relation between the physician and his patient. May I suggest that these activities will call for every bit of knowledge of professional technique and of community problems that any professional people will be able to muster.

Let me commend to you, therefore, the purposeful and continuous application to these problems. Preparedness in this field is not only a duty, it is a high privilege. Whether the call to action will come this year or next, we may not know. We may predict safely that when it comes, the pace will be rapid and the rate of expansion will challenge every facility. Just as the problems of administering unemployment and old age relief, in its various forms, and unemployment and old age insurance have taxed the resources of our experts to the breaking point and beyond, so will it tax our knowledge and abilities to provide for the people’s health. If experience is a teacher, may we not use these years of delay in health provision to study and plan for future needs? The program of these organizations to establish committees that may begin to think in terms of community as well as individual needs is one great aspect of the attack. We must have local, state, and national committees of experts who shall collect information and plan programs for the health of our communities. We must recognize the necessity to provide health facilities for our people of all ages, all ranks, and all areas. And we must learn to coordinate these activities into a network of health services that shall protect and safeguard our citizens from infancy to old age. Science has made possible these dreams of mankind. The social-economic organization of our times makes imperative their early realization. And both scientific and social techniques give us the means of progress.

The problems that confront the medical professions are different in detail but not in principle from those that face all professional workers in modern society today. I have illustrated the principle with a specific situation and a specific program to resolve it. As society finds itself compelled to function increasingly on a broad and complex scale, as the interdependence and interrelationship of its individual members intensifies, let us make no mistake as to the place of the individual man or woman in this picture. The ultimate practitioner and the ultimate client are the beginning and the end of our activity. Our social organization and our social structure will be but the sum total of our individual, though it may be our coordinated, strength and weakness.

A sense of responsibility and a sense of deep humility need powerful links if the trained and expert citizen of the future is to function effectively. To the welding of these links there has never been a time, as I see it, when the
fires of deep inspiration had greater need or greater cause to burn brightly. If, broadly speaking, science has created much of our present-day social dilemma, let science be the handmaiden of the people to find the solution. Only so, shall government for and of and by the people not perish from the earth.

The session ended by a historical pageant called Forty Years in a Democracy, sponsored by the American Journal of Nursing Company in commemoration of its fortieth birthday. The pageant depicted the history of the Journal from the time the idea of its publication was conceived up to the present time.

Opening Business Session
Tuesday, May 14, 9:00 a.m.

Presiding: Nellie X. Hawkinson, R.N., President.
Since the roll call indicated that representatives from 30 states were present, the President declared the Forty-sixth Annual Convention in session.¹

REPORT OF THE SECRETARY

The Board of Directors which was elected at the convention in New Orleans met immediately following the meeting and appointed the committees for the year. The number of committees remained as it had been previously except for the Committee on Costs of Nursing Service and Nursing Education; this committee was dissolved with deep appreciation of the services rendered by Miss Pfefferkorn and Mr. Rovetta, directors of the study.

At the midwinter meeting in January, four sessions of the Board were held. The report of the President's activities since May, as presented by Miss Hawkinson, proved so informative that the Board voted that it be made a regular part of the agenda.

A small committee was appointed to consider whether or not the National League of Nursing Education should establish a Committee on Placement and Vocational Guidance. The President was authorized to appoint representatives on two joint committees of the three national nursing organizations, one to work with the Interdepartmental Committee to Coordinate Health and Welfare Activities of the U. S. Government; the other to work with the National Association of Colored Graduate Nurses to help clarify some of their problems.

Upon recommendation of the Executive Secretary, it was decided that supplies such as application blanks and history cards should hereafter be furnished free of charge to the states. Also, upon recommendation of the Executive Secretary, the Board authorized arrangements whereby the Headquarters staff might have regular physical examinations—a part of the expense for the examinations of the clerical staff to be borne by the organization. A payroll deduction group in the Associated Hospital Service Plan of New York of the entire Headquarters staff was also authorized.

¹By-laws—Article XI, Sec. 3—"Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention."
Since the objectives of the Committee on Membership Campaign were felt to be particularly vital this year, the Board approved the suggestion of this committee for a membership rally to be held at the Philadelphia convention.

Items referred by the Board to the Revisions Committee were the matter of change of parliamentary authority from Fox to Robert's Rules of Order; also provision by which Negro nurses might join the National League of Nursing Education through membership in the National Association of Colored Graduate Nurses. The recommendations of the Revisions Committee are found in the call to this meeting.

The Board authorized the Committee on Mental Hygiene and Psychiatric Nursing to make an historical study of courses in psychiatric nursing under the direction of Miss Harriet Bailey and to seek the cooperation of the American Nurses' Association and the American Red Cross in endeavoring to obtain data in regard to the number of nurses in the country who have had experience in psychiatric nursing.

The Committee on Accrediting has been exceedingly active throughout the year and it had ready for presentation to the Board a list of 19 schools which it recommended for approval. These schools were accepted by the Board for accreditation. The Board also approved the combining of the Essentials of a Good School of Nursing and a manual for the Committee on Accrediting, as recommended by both the Publications Committee and the Committee on Accrediting.

With the acceptance of the application of the South Carolina League, there are now 40 state leagues. The total membership for 1939 was 5,981.

During the past year we have learned with regret of the death of the following members:

- Eunice I. Ames .................................................. 1939
- Eleanor Fennessy ............................................. June 9, 1939
- Ellen V. Blackwood ........................................... July 10, 1939
- Mrs. Grace Engblad .......................................... July 16, 1939
- Helen Fagan .................................................... September 24, 1939
- Esther T. Jackson ............................................. September 26, 1939
- Sister M. Ann Patrice ....................................... November 13, 1939
- Dollie F. Thompson ........................................... November 21, 1939
- Mary E. Gladwin .............................................. November 22, 1939
- Muriel M. MacMahon .......................................... December 3, 1939
- Sister M. Theresa Byerly .................................. December 13, 1939
- Mary C. McKenna .............................................. December 26, 1939
- Sister Mary Irene ............................................. January 14, 1940
- Anna M. Holtman .............................................. January 26, 1940
- Lucy C. Ayers .................................................. February 7, 1940
- Sister M. Christopher McGuire ......................... February 9, 1940
- Mary P. Laxton ............................................... February 13, 1940
- Elizabeth F. Miller ......................................... February 27, 1940
- M. Ellen McIntyre ............................................ March 4, 1940

Respectfully submitted,

Marian Durell, Secretary
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, 1939, and present herewith the following two exhibits and four schedules:

Exhibit "A"—Schedule "1"—Advances Received from American Nurses' Association, Inc., for Special Projects—Statement of Receipts and Disbursements for Year Ended December 31, 1939.
Exhibit "A"—Schedule "2"—Statement of Receipts and Disbursements of the Fund for Accrediting for the Year Ended December 31, 1939.
Exhibit "B"—Schedule "1"—Statement of Headquarters Expenses for the Year Ended December 31, 1939.

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 the accompanying two exhibits and four schedules fairly present the financial condition of the corporation at December 31, 1939, 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 22, 1940

EXHIBIT A

Statement of Financial Condition December 31, 1939

<table>
<thead>
<tr>
<th>Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash:</td>
<td></td>
</tr>
<tr>
<td>Checking account</td>
<td>$6,361.50</td>
</tr>
<tr>
<td>Savings bank accounts</td>
<td>13,220.07</td>
</tr>
<tr>
<td>Petty cash fund</td>
<td>40.00</td>
</tr>
<tr>
<td></td>
<td>$19,651.57</td>
</tr>
</tbody>
</table>
Securities—$5,000. Chicago Rock Island & Pacific R. R. Co. 4% due April 1, 1934, (at approximate market value) .................. $268.75
Accounts receivable .................................................. 93.15
Loan receivable from Fund for Accrediting to Fund for Research in Nursing .................................................. 2,000.00

Total Assets ............................................................. $22,013.47

Liabilities
Unexpended balance December 31, 1939, on advances received from the American Nurses’ Association, Inc., for Special Projects, per Schedule “1” ................ $241.16
Loan payable to Fund for Research in Nursing from Fund for Accrediting .................. 2,000.00

Total Liabilities .......................................................... 2,241.16

Net Asset Value .......................................................... $19,772.31

The Net Asset Value Comprises the Following Fund Balances at December 31, 1939:
General Fund, per Exhibit “B” ........................................... $7,644.34
Fund for Accrediting, Deficit, per Schedule “2” ....................... -1,553.22
Fund for Research in Nursing, per Schedule “3” ....................... 13,548.00
Special American Nurses’ Association Fund ............................. 133.19*

Total Funds .............................................................. $19,772.31

EXHIBIT A—SCHEDULE 1

Advances Received from American Nurses’ Association, Inc., for Special Projects—Statement of Receipts and Disbursements for Year Ended December 31, 1939

Unexpended Balance December 31, 1938 .................................. $571.51

Receipts
Received from American Nurses’ Association, Inc. ...................... $2,978.49

Total Receipts ............................................................. 2,978.49

Disbursements
Cost Study:
Salaries ............................................................... $2,390.33
Field travel expense .................................................. 227.76
Printing, mimeographing, postage, etc. ................................ 64.98

$2,683.07

State Board Problems:
Mimeographing ......................................................... 1.25

* There were no changes in this fund during the year.
Committee on Mental Hygiene:

Bibliography .................. $110.29
Travel expenses ................. 93.08
Postage ......................... 1.15

$204.52

Total Disbursements .......... $2,888.84

Add

Transferred to Accrediting Committee, for services 420.00

$3,308.84

Balance December 31, 1939, per Exhibit "A" .......... $241.16

EXHIBIT A—SCHEDULE 2

Statement of Receipts and Disbursements of the Fund for Accrediting for the Year Ended December 31, 1939

Balance December 31, 1938 .......... $3,754.33

Add

Refunds on expenses for year 1938 ........ $309.00
Transfer of unexpended balance December 31, 1938, of Special Funds for Advisory Groups 4,731.79

5,040.79

Adjusted Balance December 31, 1938 ........ $8,795.12

Sale of "Schedules" ................ $262.60
Honoraryum to Secretary ............. 35.00
Applications filed—fees .............. 840.00

Total Receipts .................. $1,137.60

Add

Transferred from other funds for services rendered:

Special American Nurses' Association Fund ................ $420.00
Fund for Research in Nursing ............. 600.00

1,020.00

$2,157.60

$10,952.72

Disbursements

Salaries ......................... $8,534.83
Committee meetings .............. 426.72
Secretaries traveling expenses .... 973.96
Field visitors—salaries and expenses 1,753.64
Miscellaneous office expenses .... 816.79

Total Disbursements .......... 12,505.94

Deficit December 31, 1939, per Exhibit "A" .......... $1,553.22
The Deficit of this fund at December 31, 1939, is made up as follows:

**Assets**
- Cash ........................................... $446.78

**Liabilities**
- Loan payable to Fund for Research in Nursing .......... 2,000.00

**Excess of Liabilities over Assets** ................................ $1,553.22

**EXHIBIT A—SCHEDULE 3**

**Statement of Receipts and Disbursements of the Fund for Research in Nursing for the Year Ended December 31, 1939**

**Balance December 31, 1938** ........................................... $8,895.00

**Receipts**
- Contribution .......................................... $15,000.00

**Total Receipts** ..................................................... $23,895.00

**Disbursements**
- Salaries ............................................... $8,149.01
- Consultant service .................................. 409.00
- Research consultant ................................ 250.00
- Travel expenses .................................... 168.82
- Supplies, telephone, postage, etc. ................. 208.52
- Rent .................................................. 450.00
- Equipment ............................................ 111.65

**Total Disbursements** ............................................... $9,747.00

**Add**
- Transferred to Accrediting Committee, for services... 600.00

**Balance December 31, 1939, per Exhibit "A"** ...................... $13,548.00

The balance of this fund at December 31, 1939, is made up as follows:

**Assets**
- Cash ............................................... $11,548.00
- Loan receivable from Fund for Accrediting ............ 2,000.00

**Total Assets** ..................................................... $13,548.00

**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, 1939**

**Income**
- Membership dues
  - State ............................................. $17,528.00
  - Individual ...................................... 1,124.00

**Total Income** ..................................................... $18,652.00
Contributions ............................................. $1,072.85
Interest on savings bank accounts ............... 261.65
Convention registration fees ...................... 957.00
Special contribution— from American Journal of Nursing .......... 1,500.00
Honorarium to Executive Secretary ............... 20.00
Royalties .................................................. 10.40
Sales of:
  Publications .................................... $2,844.06
  Publication— "Curriculum" ..................... 2,972.20
  Photographs ...................................... 157.50
  Record forms and guide ....................... 7,701.75
  Slides .............................................. 589.20
  List of schools of nursing .................... 771.95
  State League supplies ......................... 118.89
  Rental of films ................................... 71.05
  Total Income ...................................... $37,700.48

Expenses
Officers and Board of Directors expenses ............... $632.99
President's travel expenses .......................... 296.42
Executive Secretary’s travel expenses .............. 210.23
Printing Annual Report ................................ 3,205.94
Stationery ................................................. 112.85
Exhibits .................................................. 92.15
Auditing ................................................... 150.00
Reporting joint board meeting ...................... 32.10
Storing and handling films ......................... 17.05
Miscellaneous ........................................... 58.58

Department of Studies:
Cost Study
  Salaries ............................................. $2,390.33
  Field travel expense ............................. 227.75
  Printing, mimeographing and postage .......... 64.98
  Total ................................................. $2,683.06

Other Activities
  Salaries ............................................. 4,470.00
  Total .................................................. 7,153.06

Committees:
  Care of the Child .................................... $90.91
  Curriculum .......................................... 36.16
  Finance .............................................. 19.55
  Headquarters ....................................... 19.38
  Lay Participation .................................. 3.45
  Membership ......................................... 5.67
  Joint Committee on Nursing Service .......... 86.70
  Eligibility ........................................... 2.00
  Records ............................................. 11.35
<table>
<thead>
<tr>
<th>Relationship of Graduate Nurse</th>
<th>$4.14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sisters</td>
<td>.60</td>
</tr>
<tr>
<td>On tests</td>
<td>17.93</td>
</tr>
</tbody>
</table>

**Convention Expenses:**

<table>
<thead>
<tr>
<th>Officers' expenses</th>
<th>$702.65</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program and speakers</td>
<td>274.99</td>
</tr>
<tr>
<td>Reprints of reports</td>
<td>88.08</td>
</tr>
<tr>
<td>Reporting convention</td>
<td>43.00</td>
</tr>
<tr>
<td>Programs, badges and miscellaneous</td>
<td>166.05</td>
</tr>
</tbody>
</table>

**Printing and other costs of publications, etc. for resale:**

<table>
<thead>
<tr>
<th>Publications</th>
<th>$1,119.78</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photographs</td>
<td>104.50</td>
</tr>
<tr>
<td>Slides</td>
<td>314.49</td>
</tr>
<tr>
<td>Reprinting record forms</td>
<td>3,501.59</td>
</tr>
<tr>
<td>State League supplies</td>
<td>107.42</td>
</tr>
<tr>
<td>List of schools of nursing</td>
<td>1,657.68</td>
</tr>
</tbody>
</table>

**Headquarters expenses, per Schedule "1"**

**Total Expenses**

| $37,614.82 |

| Excess of Income over Expenses | $85.66 |

**GENERAL FUND**

<table>
<thead>
<tr>
<th>Balance December 31, 1938</th>
<th>$7,678.29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add—Additional income—1938 Biennial Exhibit</td>
<td>36.64</td>
</tr>
</tbody>
</table>

**Deduct—Additional depreciation in market value of securities—$5,000 Chicago, Rock Island & Pacific R. R. Co. 4/1934 Bonds**

| 156.25 |

| Balance December 31, 1939, per Exhibit "A" | $7,644.34 |

**EXHIBIT B—SCHEDULE 1**

**Statement of Headquarters Expenses for the Year Ended December 31, 1939**

<table>
<thead>
<tr>
<th>Salaries</th>
<th>$9,546.36</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra stenographic service</td>
<td>748.82</td>
</tr>
<tr>
<td>Rent</td>
<td>2,441.86</td>
</tr>
<tr>
<td>Special office care</td>
<td>39.60</td>
</tr>
<tr>
<td>Telephone</td>
<td>371.22</td>
</tr>
<tr>
<td>Telegrams</td>
<td>61.78</td>
</tr>
<tr>
<td>Supplies</td>
<td>253.81</td>
</tr>
<tr>
<td>Shipping service</td>
<td>885.05</td>
</tr>
<tr>
<td>Postage and express charges</td>
<td>2,043.24</td>
</tr>
<tr>
<td>Library service</td>
<td>150.00</td>
</tr>
<tr>
<td>Entertainment</td>
<td>41.75</td>
</tr>
<tr>
<td>Insurance</td>
<td>95.92</td>
</tr>
</tbody>
</table>
Reference books and reports .................................. $31.13
Equipment ......................................................... 53.50
Mimeographing and multigraphing ......................... 348.66
Miscellaneous .................................................... 162.48

Total Headquarters' Expenses, per Exhibit "B" ........ $17,275.18

Respectfully submitted,

LUCILE PETRY, Treasurer

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 New Orleans in April, 1939.

HEADQUARTERS STAFF

The League is fortunate in having a harmonious, well-coordinated staff at Headquarters—one which has the capacity for turning out a large volume of work in a most cheerful manner. Regular routines go on day in and day out, each worker performing her appointed task, yet each one willing to assume new duties if the occasion requires it. There is sufficient variation and enough humorous situations to keep the work from ever becoming dull or monotonous.

The office space has become entirely inadequate. With the addition of visitors from the Accrediting Committee, who are frequently in the office for desk work, and with extra clerical workers who are often needed in connection with various activities, there is frequently an overcrowded condition which greatly lessens the efficiency of the staff. Space for filing or laying out materials is most inadequate—another condition which makes an untidy office and decreases efficiency. The time is soon coming when more space will be imperative.

The office on the 9th floor, which was sublet to us by the National Committee for Mental Hygiene for the use of the Committee to Study Administration in Schools of Nursing, was needed for another organization. A temporary office for the use of this committee has been made available on the 12th floor of the RCA Building.

In accordance with the action taken by the Board of Directors in January, the office staff have all had physical examinations, including an x-ray of the chest. All the members of the staff are members of the Associated Hospital Service on the payroll deduction plan.

FINANCIAL CONDITION

One of the most encouraging things to report is the state of the treasury of the League. Our income in 1939 exceeded our estimates. This was due to several factors. The membership reached a new high of 5,981 members, giving us an increase in dues of $2,652 over what was estimated. At the
request of the American Journal of Nursing, publication of the List of Schools of Nursing Meeting Minimum Requirements Set by Law was rushed in order that it might be ready at the time when it would be of maximum service to the Journal. The Journal paid $1,500 for this service. The sale of records and other publications was much greater than expected. Finally, some of the states have responded most generously to the appeal made for funds in accordance with the vote taken at the annual convention in New Orleans. Instead of being in the red to the extent of about $5,000 as was anticipated, there is no deficit to record in the general account.

Contributions which have been received in response to our request since the convention are as follows:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona State Nurses' Association</td>
<td>$38.40</td>
</tr>
<tr>
<td>Illinois League</td>
<td>250.00</td>
</tr>
<tr>
<td>Kansas League, Eastern Division</td>
<td>40.00</td>
</tr>
<tr>
<td>Louisiana League</td>
<td>200.00</td>
</tr>
<tr>
<td>Maryland League</td>
<td>50.00</td>
</tr>
<tr>
<td>Massachusetts General Hospital Alumnae</td>
<td>50.00</td>
</tr>
<tr>
<td>Massachusetts League</td>
<td>100.00</td>
</tr>
<tr>
<td>Massachusetts State Nurses' Association, Fifth District</td>
<td>50.00</td>
</tr>
<tr>
<td>Minnesota League</td>
<td>200.00</td>
</tr>
<tr>
<td>New York League</td>
<td>150.00</td>
</tr>
<tr>
<td>Ohio League</td>
<td>100.00</td>
</tr>
<tr>
<td>Rhode Island State Nurses' Association</td>
<td>50.00</td>
</tr>
<tr>
<td>Tennessee League</td>
<td>25.00</td>
</tr>
<tr>
<td>Washington League</td>
<td>50.00</td>
</tr>
<tr>
<td>Anonymous</td>
<td>50.00</td>
</tr>
</tbody>
</table>

$1,405.40

CORRESPONDENCE

The correspondence continues to grow. The average number of pieces of mail received daily is 65. Often as many as 200 letters in one day are received. The following analysis will show the classification and the amount of incoming mail and outgoing mail during the year 1939:

Incoming mail

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational</td>
<td>7,676</td>
</tr>
<tr>
<td>Publications, dues, etc</td>
<td>8,854</td>
</tr>
<tr>
<td>Department of Studies</td>
<td>1,258</td>
</tr>
<tr>
<td>Committee on Accrediting</td>
<td>1,298</td>
</tr>
</tbody>
</table>

Total                               | 19,086 |

Outgoing mail

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational</td>
<td>6,637</td>
</tr>
<tr>
<td>Publications, dues, etc</td>
<td>11,922</td>
</tr>
<tr>
<td>Form letters</td>
<td>9,001</td>
</tr>
<tr>
<td>Department of Studies</td>
<td>1,370</td>
</tr>
<tr>
<td>Committee on Accrediting</td>
<td>1,847</td>
</tr>
</tbody>
</table>

Total                               | 30,777 |
COMMITTEE MEETINGS AND CONFERENCES

It seems impossible to keep a record of interviews, conferences, and meetings. The Executive Secretary attended approximately 46 national committee meetings during 1939, not including meetings of the Headquarters cabinet and staff conferences. These committee meetings consume a great deal of time, not only in attendance but in preparation for them.

Although the Board of Directors approved the policy of holding committee meetings in the fall, it was impossible to make this arrangement in regard to all committees this past year. In the future this policy should be followed in so far as possible. Exceptions will, of course, have to be made for such committees as the Accrediting Committee and certain special committees.

Committee meetings held just prior to the Board meetings have two distinct disadvantages—their reports cannot be properly prepared for the Board, and they require time on the part of the staff which is needed for other activities.

WORK WITH STATE LEAGUES

Frequent communications have been sent to the state leagues during the year. This has included both letters to the state officers and chairman of state committees. The more our state and local branches feel that they are actually working with and are a part of the National organization, the stronger the League will be.

The following form letters have been sent from Headquarters to state leagues and state boards since the last convention:

June 22—To secretaries of state boards from the chairman of the Subcommittee on Tests of the Committee on State Board Problems asking for an opinion as to how extensively state boards believed the tests would be used if they were available and how interested state boards were in them.

June 28—To presidents of state leagues enclosing program suggested for 1939-40 and calling attention to membership campaign.

August 22—To presidents of state leagues from the president concerning the estimated deficit in the League funds and asking for suggestions as to means of raising money so work could be carried on.

August 22—To presidents of state leagues from the president—a clarifying statement concerning the use of Smith-Hughes funds for nursing education.

September 11—To state league presidents from the chairman of the Committee on Curriculum informing them of new projects of the committee, thanking them for their cooperation in returning certain questionnaires, and informing them of the topics which seemed worthy of study since they were mentioned as problems in many schools.

October 9—To secretaries of state boards from the chairman of the Subcommittee on Records of the Committee on State Board Problems informing them that the League was working on records for use in clinical teaching and asking for copies of records now in use in the various states.
October 28—To treasurers of state leagues sending the 1940 membership cards.

November 27—To presidents of state leagues from the chairman of the Committee on Membership Campaign thanking them for their cooperation in sending in names of representatives for the committee and asking assistance with the membership campaign for the coming year.

December 27—To secretaries of state boards of nurse examiners from the chairman of the Committee on the Care of the Child asking for a list of institutions giving vocational courses for the preparation of nurse maids and other non-professional workers caring for children.

February 5—To chairmen of the state league committees on mental hygiene and psychiatric nursing from the chairman of the National Committee on Mental Hygiene and Psychiatric Nursing offering suggestions for the planning of their program for the coming year.

February 13—To members of the former Production Committees of the Curriculum Committee and other selected people asking for assistance in the revision of the Basic Book List.

March 2—To presidents of state leagues in the states where there are state organizations for public health nursing from the chairman of the Curriculum Committee asking the cooperation of state leagues with state organizations for public health nursing in studying methods of integrating the health and social aspects of nursing into the three-year basic program.

March 15—To presidents of state leagues from the president—yearly message inviting them to the convention and thanking them for their cooperation and support during the year.

March 16—To members of the Committee on Membership Campaign (members are state league membership committee chairmen) telling them of the membership rally luncheon to be held at the convention and urging their support.

Since it is found that supplies such as application blanks and membership cards which are sent to state leagues are inexpensive, they are now being furnished free of charge.

FIELD ACTIVITIES

AMERICAN COUNCIL ON EDUCATION

With the President, Miss Nellie X. Hawkinson, the Executive Secretary represented the National League of Nursing Education at the Twenty-second Annual Meeting of the American Council on Education held in Washington, D. C., May 5-6, 1939. This proved to be a most interesting and stimulating meeting because so many of the discussions on general education could be applied to nursing education. The subjects which were of particular interest were Current Trends in the Development of General Education presented by Vivian T. Thayer, Chairman, Commission on Secondary School Curriculum of the Progressive Education Association; the report of the Commission on Teacher Education; and a panel discussion on General Education in the
United States with Mark A. May as leader and noted educators as participants.

Another interesting speaker was Daniel A. Prescott, author of *Emotion and the Educative Process*, who spoke on General Education and the Individual. Considerable emphasis was given throughout the conference to the effort which is being made in education in many places to reorganize education based on students' needs.

Mr. George F. Zook, in his president's report, in speaking of accrediting agencies and the attacks which have been directed against them, said "Personally, I believe that the accrediting agencies have performed a noteworthy service in America's higher education. I believe that they are still needed both for identifying inferior institutions and for stimulating others to self-improvement." 1

**AMERICAN CONGRESS ON OBSTETRICS**

The Executive Secretary represented the League at the First American Congress on Obstetrics and Gynecology held in Cleveland, Ohio, September 11-15, and presided at a nursing round table on The Postpartum Phase. There was a registration of from 2,500 to 2,600. The nursing meetings were arranged by the National Organization for Public Health Nursing. Ruth Houlton was chairman of the nursing subcommittee.

It was a fine example of a group of doctors and nurses cooperating to produce a stimulating program. There was a session on Postgraduate Education of Nurses for Maternity Care at which Miss Verda Hickcox presented the Content of a Program of Graduate Study in the Hospital and Out-Patient Department. Miss Georgia Hukill, the League representative on the American Committee on Maternal Welfare, was chairman of the subcommittee on exhibits for the Congress, and Miss Verda Hickcox represented the League on Miss Houlton's committee.

**CONVENTION OF THE AMERICAN HOSPITAL ASSOCIATION**

The Executive Secretary had charge of the exhibits for both the American Nurses' Association and the League at the annual convention of the American Hospital Association held in Toronto, Canada, September 26-29, 1939.

The exhibit consisted of the publications of the two organizations, of American Nurses' Association charts showing findings from registry studies, and League charts taken from the Cost Study findings.

Although some people who visited the booth did not register, 162 people representing Canada and 28 states in the United States registered. Of the 65 Canadians registered, 42 were from Toronto. The largest number from any one state (22) were from New York State.

**STATE CONVENTIONS**

The requests for attendance at state conventions could not all be met because some of the state groups were not able to pay expenses and travel funds.

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for the Executive Secretary were limited. Florida and South Dakota were two of the states whose invitations had to be declined. An invitation to West Virginia was accepted since a new league had just been formed there and they needed assistance with organization problems. This state has made great progress recently. Their convention was well arranged and stimulating. There is considerable enthusiasm over the new state league. In 1938 West Virginia had only 13 members and in 1939 they had raised the number to 50—a most noteworthy accomplishment in one year. The Executive Secretary also attended the convention of the Iowa League of Nursing Education held in Des Moines, October 9, 1939.

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS

The Executive Secretary was invited to preside at a special luncheon meeting of the National Society for the Prevention of Blindness on October 26. This program was part of a nursing session arranged by Miss Eleanor Mumford.

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

The League, functioning as the Department of Education of the American Nurses' Association, has been engaged in the following activities:

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.

Since all of these activities are given in detail in committee reports, they will not be enlarged upon in this report.

THE AMERICAN JOURNAL OF NURSING AND THE NURSING INFORMATION BUREAU

The American Journal of Nursing and the Nursing Information Bureau have as usual been generous in giving publicity to certain activities which needed to be brought before the profession. The League is fortunate in having such splendid mediums for the interpretation of its activities.

ACTIVITIES WITH THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

There are several phases of nursing education which concern both the League and the National Organization for Public Health Nursing. They have to do with

1. Problems of integrating the social and health aspects of nursing in the curriculum, arranging student affiliations, or developing alternatives such as experience in the out-patient department, etc.
2. Basic and postgraduate preparation in orthopedic nursing
Both the League and the National Organization for Public Health Nursing are having many requests for assistance with the first subject, i.e. integration of the health aspects of nursing in the curriculum or suggested alternatives for student affiliation with a public health agency.

The two organizations are working together in an attempt to solve these problems.

**NATIONAL ASSOCIATION OF COLORED GRADUATE NURSES**

The National Association of Colored Graduate Nurses has on its Advisory Council the presidents and chief executive officers of the three national nursing organizations. This council was organized because of a felt need on the part of the Negro nurses for assistance and advice from the other national nursing organizations. The first meeting of the Council was held on November 3, 1939, and some of the problems which the Negro nurses are facing were discussed. Negro nurses are not admitted to state nurses’ associations in some of the states. In those states a Negro nurse, no matter how well qualified, finds it impossible to become a member of the League unless she is a member of the American Nurses’ Association from some other state. In certain states she has been refused membership even though she was a member of the ANA through another state. Negro nurses are finding limited opportunities since there are few postgraduate or even supplementary courses in clinical nursing open to them. Salaries are lower for Negro nurses. Furthermore, they feel the need for bringing their own group more closely together.

At the meeting a recommendation was made that there be a joint committee of the three national nursing organizations and the National Association of Colored Graduate Nurses to study the problems and to make recommendations regarding the needs of Negro nurses. Since this committee could not be formed until after the meetings of the boards of directors of the three national nursing organizations, the three presidents appointed three representatives of their organizations to meet together until a joint committee could be authorized. In January it was voted to form a joint committee of the three national nursing organizations to work with the National Association of Colored Graduate Nurses.

**WORK AHEAD**

Walter Lippmann has made this significant statement, “If I am right in my conviction that conscious effort by the mass of men to produce an ordered society is the determining element of this age, then for a long time to come we shall not be allowed to rest and take our ease, living on the consolidated achievements of our forefathers.” This is precisely the position of the nursing profession—we cannot rest on the accomplishments of the past. There never was a time when the League needed to be more active and alert to the changing conditions of society. It is true that we are doing all we can with a limited budget and an inadequate personnel, but the fact remains
that we are not doing all the things that should be done to meet the needs of our members or of schools of nursing.

As a profession we are not making rapid strides. So long as there are schools of nursing throughout the country which graduate inadequately prepared nurses, so long as there is such a wide difference in the equipment of people who are allowed by state laws to write R.N. after their names, the League has not fulfilled its mission in society. In some states minimum requirements are pathetically low. Years ago one lone woman, Dorothea Dix, singlehanded, was able to so influence legislators that laws were passed in many states to release the chains which bound mentally ill patients to a life of horror. An organization of women 6,000 strong should be aggressive enough to change public opinion, and to convince authorities responsible for schools of nursing that poor schools and poorly prepared nurses are a needless public expense as well as a menace to human life.

The accrediting program of the League will help, to be sure, but there are other programs which should be carried forward with accrediting if schools are to be given the assistance they need. Some of these things are so urgent that funds should in some way be secured, and the personnel provided to do this work.

At the present time the staff at Headquarters does not have adequate materials with which to work. The publications, such as we have, are most helpful, and the addition of the findings of the cost study and the study on administration will be useful tools in meeting the needs of our daily correspondence. We should have, however, much more up-to-the-minute data, such as pamphlets, reading lists, etc. An additional worker could spend almost all of her time with correspondence concerned with vocational guidance and counseling.

A full-time worker in the field who could serve as a consultant to schools and state boards, and who could conduct institutes, would do much to further our program. The field visitors for the Accrediting Committee will not have time for this type of work. Judging from the daily requests which are received at Headquarters, schools are eager for assistance in integrating the social and health aspects of nursing, mental hygiene, and social hygiene in the curriculum. They are seeking ways in which they can secure clinical experience for their students in psychiatry, tuberculosis, and communicable disease nursing.

The League needs a carefully guided public information program to acquaint people generally with the objectives and needs of nursing education. Some of the programs of public information carried on by national groups make our poor attempts look small indeed. We have an excellent medium through the Nursing Information Bureau, but there should be either a professional person in the League office or a committee which could give such a program major consideration and prepare pertinent information for release by the Bureau.

Finally, if the League is to become a strong organization, then some one must be constantly working in the field on problems of membership and
organization. A strong National organization is built only upon strong state and local branches, and the history of organization work shows that this can best be done by a worker who spends most of her time in the field.

You may say these projects are visionary and there is no way of bringing them to pass. My reply is that no worthwhile work has ever been accomplished without first visualizing an ideal, making a plan for carrying it out, and then striving for it valiantly. The League has a great work before it, and ways must be found for enlarging and broadening its program.

In closing this report may I express my appreciation of the privilege which is mine in serving the officers and directors of the League and our members in the states.

Respectfully submitted,

CLARIBEL A. WHEELER, Executive Secretary

REPORT OF THE DIRECTOR OF STUDIES

THE STUDY TO DEVELOP METHODS FOR DETERMINING NURSING COSTS

The activity which has occupied the major part of the time of the personnel of the Department of Studies during the past year has again been the Cost Study. In May, 1939, the Director of Studies spent four weeks at The University of Chicago working with Mr. Rovetta, Associate Director of the Cost Study, and in June the report was presented to the Joint Committee. Following the June meeting, the report had a thorough-going revision. It was then presented to the Reviewing Committee, a subcommittee of the Joint Committee, which made some further changes. After these changes had been incorporated, five copies were prepared for Doctor Faxon for distribution among the American Hospital Association representatives. On January 16, the report was delivered to the printer.

The Cost Study was begun in March, 1937. The fact that the report is now off the press is evidence that the study is concluded, which is rather hard to believe. While, necessarily, the directors of the study were responsible for outlining the purposes of the study and for developing methods and collecting data for effecting these purposes, the committee, both as a whole and as individual members, have taken an active part in the preparation of the report. This activity has taken the form of pertinent suggestions concerned both with content and with the general arrangement of content and other editorial details, and some of the members have written and rewritten particular paragraphs with the director. The committee has given generously in time and painstakingly in consideration of the final form which the report should take.

In the office preparation of material, able assistance has been rendered by my co-workers, Miss Taylor and Mrs. Dresser. They have participated in one way or another in every phase of the Cost Study and have assumed the major responsibility for the statistical and clerical work. Miss Taylor also prepared the greater part of the manuscript for Chapters 5 and 11.
SPECIAL STUDIES

The studies indicated as "special" refer to studies requested by individual organizations. Negotiations for two such studies were completed during the year: one for an extensive survey of a midwestern school of nursing and the other for a survey of the nursing service of a large western hospital. The field work for both of these projects has been completed; the reports are yet to be prepared.

WORK ON ACCREDITING

No record has been kept of the time devoted to work for the accrediting program by members of the Department of Studies staff. The major part of this work has been concerned with the statistical aspects of accrediting. Some assistance has also been given in typing and in computing and tabulating scores, and with that part of the Manual dealing with the procedure for gathering nursing service data.

PREPARATION OF THE 1939 LIST OF SCHOOLS OF NURSING MEETING MINIMUM REQUIREMENTS SET BY LAW

The questionnaire for this list was mailed on December 30, 1938. Because of the Cost Study, it was not possible to begin tabulating the data until May. The first part of the material was sent to the printer by the middle of July, and the list was available for distribution the first week in September.

Some changes and refinements have been made in the new list. One of these is the inclusion of a brief statement directly beneath the name of each school which offers a course leading both to a diploma and to a degree giving the length of time a student must spend in college and in the hospital and the period during the program when the college work is taken. Considerable difficulty was met in an effort to get accurate information concerning this item.

In the compiling of this list, many letters were written to individual schools because they either had omitted answering one or more questions on the questionnaire or had given information on one question which could not be reconciled with that given on another. Letters were written concerning 768 such questions. This does not mean that 768 individual letters were written for sometimes three or more questions had to be checked up for one school but, although a separate record of the number of such letters was not kept, it may be estimated that at least 350 were sent. Correspondence involved in such checking adds greatly to the expense and time necessary for the preparation of such a list. In addition to these letters, some 250 letters and questionnaires were sent to schools offering affiliating courses, two sets of letters went to the state boards, and each of the 79 schools offering degree courses received a copy of the statement made about their program.

Reporting information for 1,330 schools called for the tabulating and checking of 51,870 individual items in the main body of the book alone.

So far, one article has been prepared by Miss Taylor from the data in the new list for the American Journal of Nursing. This article dealt with
changes in the number of students and the number of schools since the last list was compiled. A second article concerned with minimum educational requirements is ready for release. Other statistical summaries in preparation are those relating to weekly hours on duty day and night, weeks of vacation, allowances and tuition, and the number of schools giving experience in the so-called "special subjects"—psychiatric, tuberculosis, other communicable disease, and out-patient nursing, and affiliation with a community health agency.

Other uses made of the data collected on the questionnaire were the revision and bringing up to date of the list of schools of nursing connected with colleges and universities offering an undergraduate program leading to both the diploma in nursing and to a degree, the list of schools for men students, and the list of schools for Negro students.

LIST OF CLINICAL COURSES AVAILABLE FOR GRADUATE NURSES

A new set of lists of clinical courses offered to graduate nurses has been compiled from a questionnaire sent out in October, 1939. Provision was made on the form for the institution to classify each clinical course it reported as either supplementary or advanced. The new lists now specify in which of these groups each course belongs. Sometimes it was stated that the course was given both as a supplementary and as an advanced course.

DIGEST OF THE LAWS OF STATES REQUIRING REGISTRATION FOR NURSES AND ATTENDANTS

The preparation of the new Digest is being directed by the Department of Studies. The present Digest has been carefully analyzed and a new form drafted which, it is believed, will facilitate comparisons between the different states of the various factors pertaining to their respective laws and regulations. It seems likely that the new Digest will include, in addition to one or two major tables, a number of smaller tables which may be consulted for particular aspects of the law.

JOINT COMMITTEE ON COMMUNITY NURSING SERVICE

With the withdrawal of the Executive Secretary of the Joint Committee on Community Nursing Service, the giving of advice and the evaluation of hospital nursing service or nursing school activities in a community nursing study devolved upon the League's Department of Studies. One such study, only, has been referred to the League, and the amount of time given to it so far has been negligible.

RECORDS

The work on records carried on in the Department of Studies is given in the report of the Committee on Records.

INQUIRIES CONCERNING STUDIES

The requests for studies from the field have heretofore been largely concerned with the programs in schools of nursing or hospital nursing services. These requests have come from individual schools, from state groups, and
boards of nurse examiners. As already reported, two such studies were arranged for during the year.

Other inquiries received during the year included: (1) a study of the activities of subsidiary workers, and (2) a study of nursing time given to medical education.

In addition, three inquiries were received concerning cost analyses—the fee for and the availability of the League Department of Studies for making such analyses. All three inquiries came from schools of nursing either already having a college connection or considering a university relationship.

Respectfully submitted,

BLANCHE PFEFFERKORN, Director of Studies

THE PRESIDENT’S REPORT

A Brief Summary of National League of Nursing Education Progress, 1936-40

Again it is my privilege to come before you and to present a report of the work of the National League of Nursing Education. This year, concluding as it does a four-year term of office, it seems appropriate that my report to you be a brief summary of the highlights of the past four years, supplemented by a few personal observations in relation to the work of the League. This summary, although dealing with the activities of a limited period of four years, is really a story of the continuation of the ideas, ideals, and activities thought and dreamed and initiated by numerous nurse educators who have been active in the work of this organization over the forty-seven years of its existence.

This continuity of activity is well illustrated in the recent curriculum project completed in 1937 with the publication of A Curriculum Guide for Schools of Nursing. This tremendously important piece of work, begun in 1934 during the presidency of Effie J. Taylor and carried forward under the able chairmanship of Isabel M. Stewart, was a continuation of earlier curriculum studies, the first begun more than twenty-five years ago under the leadership of M. A. Nutting and resulting in 1917 in the publication of A Standard Curriculum for Schools of Nursing, the first edition of the present curriculum publication.

The results of the curriculum project have been most gratifying. It has challenged many schools to constructive effort in the development of their curricula, which gives promise of resulting in considerable improvement in nursing education. Encouraging also is the more general acceptance of the idea of curriculum revision as a continuing activity and as one in which all those participating in the educational work of the school should have a part.

The follow-up program, undertaken by the Curriculum Committee during the year 1938-39 with a view to determining what successes and difficulties schools were experiencing in adapting the League curriculum to their own particular situation, brought many valuable comments and suggestions. There are many evidences that a continuation of this follow-up program is essential,
and it is important also that further study and investigation of significant
curriculum problems be encouraged.

During the past three years state leagues and boards of nurse examiners
have been active in stimulating the schools in their states to study their
curricula, with a view to making needed changes and in providing guidance
to those seeking help in meeting their curriculum problems.

The Committees on Mental Hygiene and Psychiatric Nursing and on the
Care of the Child, working in these special curriculum areas, have made
valuable contributions to the list of League publications in the form of an-
notated bibliographies. Both of these bibliographies were made available in
1939, one on Psychiatry and Allied Subjects, and the other on Suggested
Readings and Materials Pertaining to Child Development and Parent Educa-
tion. These publications represent only one of many important activities in
which these committees have engaged.

The past four years have seen also the preparation of a number of nursing
school records with an accompanying guide for their use. Those now avail-
able are the admission records and the nursing course records. A third set,
called clinical teaching records, is now under preparation. With increased
emphasis on educational guidance and the individualization of instruction,
records have become an important educational tool. They provide the basis
for sound educational planning and are an essential factor in the work of a
school. Assistance in building an adequate record system has long been
needed by schools of nursing. That it has finally been made available is a
noteworthy accomplishment.

The accrediting program, authorized at the Los Angeles meeting in 1936,
is now well under way. You will recall that the first year, 1936-37, was
spent in organizing the committee and the second, 1937-38, in visiting
fifty-one schools to secure needed data for determining criteria and also
fees. These visits were completed April 1, 1939, and the two professional
secretaries, Miss Quereau and Miss Thompson, then devoted their time to
analyzing the data collected. On the basis of this analysis the tentative
criteria and schedules which had been used for the fifty-one visits were re-
vised, a statement of policy prepared, a scoring plan developed, and a manual
prepared for the use of visitors. A pattern map was also designed for the
purpose of showing the percentile position of the school with relation to the
major characteristics on which the school is evaluated.

In June, 1939, it was announced in the American Journal of Nursing that
the League was ready to accept applications from schools desiring to be con-
sidered for accreditation and that the first list of schools would be published
when all those which applied between July 1 and December 31 had been
visited and acted upon by the committee and the Board of Directors.

On January 1, 1940, seventy-five applications had been received; sixteen
more were received a little late but have been included in this second group.
In addition, thirty-one of the first group of fifty-one schools submitted ap-
lications, making a total of 122 schools from which applications have been
received. The visits to the ninety-one schools included in this second group began on February 19.

The thirty-one schools of the first group of fifty-one which applied for accreditation have been acted upon, and they have received notification of the action taken. The first list of accredited schools will not be published, however, until after the schools in the group now being visited have been considered and action taken concerning them.

The Committee on Accrediting, in developing this program, has sought the advice of its several consultants at every step of the way and has endeavored to proceed as soundly as possible. The project, however, has not gone forward without some criticism. This has come largely from hospital administrators and is concerned primarily with our plan of organization and with the cost to institutions applying for accreditation. The present discontent about all types of accrediting agencies is, no doubt, at least in part responsible for some of the criticism of our program. Worrisome as this criticism has been at times, it will, I believe, serve a useful purpose in that it will make us even more cautious as we proceed with the work. There are several evils which we must make every effort to avoid, particularly those of rigidity, dogmatism, and the duplication of accrediting activities within our own professional field.

Through the use of qualitative criteria for the evaluation of schools and through making the procedure of visiting a constructive and stimulating experience leading to self-improvement, we can, I believe, go a long way in avoiding the first two evils, and the third, that of duplication of accrediting activities, is already being taken under advisement by a joint committee of the Association of Collegiate Schools of Nursing, the National Organization for Public Health Nursing, and the National League of Nursing Education.

Optimism about this educational venture is, I believe, justified. Already there is evidence that several of the first fifty-one schools visited were stimulated to self-improvement through the procedure, and that programs for the correction of weaknesses are actually under way. Even though accrediting practices are considered outdated in some fields of education, may it not be that we in nursing education are still in a stage of development where much value can accrue through the constructive use of this procedure. The next few years will answer that question for us.

Closely related to the work of the Committee on Accrediting is that of the Committee on Tests, appointed last year at the New Orleans meeting. This committee supersedes a Joint Committee on Tests which had previously been organized by the Association of Collegiate Schools of Nursing. The work of these two committees, the Committee on Accrediting and the Committee on Tests, is closely related because of their common concern with the quality of the product of nursing schools. If, through evaluation devices, it is found possible to determine in a reliable manner the quality of graduates of individual schools, the work of the Accrediting Committee will be greatly facilitated.

The effort of the Committee on Tests to secure financial support for the
establishment of a national nursing test service has not been successful so far but we are still hopeful that financial support for this project may in some way be provided. In the meantime, the committee has not been inactive. Following the annual meeting of last year, a questionnaire was sent out to a selected number of nursing schools and to state boards of nurse examiners to ascertain what the possible demand for the proposed types of tests might be. The results were most encouraging and in the words of the Chairman, Isabel M. Stewart, evidenced "that the nursing profession is actively interested and ready to go ahead" as soon as the test materials can be provided.

In line with the suggested plan of procedure presented at the 1939 annual meeting, the secretary of the committee has this year collected names of well-qualified people who might be invited to serve on test production committees or as consultants for such committees. The committee has been particularly fortunate in having had the interest and support of Dr. Herbert E. Hawkes, Chairman, Committee on Measurement and Guidance of the American Council on Education, of Dr. Ben Wood, Director of the Cooperative Test Service, and of other members of the American Council on Education. This interested support is encouraging and makes us hopeful that financial assistance for this much needed activity may be secured in the near future.

Important among the activities in which the League has been engaged during the past four years is that of the study of the costs of nursing education and nursing service. The committee which sponsored this study was organized in the spring of 1937 and was composed of members of the American Hospital Association, American Nurses' Association, and the National League of Nursing Education. Blanche Pfefferkorn directed the study and was ably assisted by Charles A. Rovetta of the School of Business, The University of Chicago, who served as Associate Director.

With the publication of its report, *Administrative Cost Analysis for Nursing Service and Nursing Education*, which has just come off the press, the work of the committee is completed. It has made available a valuable tool through the use of which nursing service and nursing education costs can readily be determined and which will make possible a valid comparison of these costs in one institution with those in another.

The results of this study have great potential value but whether or not this value is realized depends entirely upon how extensively they are used by hospital and nursing administrators. It would seem that the sponsoring organizations should assume some responsibility for seeing that effective use is made of this valuable tool. Whether this should be done through providing a consultant service, through developing a few cooperating centers in which the suggested procedures could be demonstrated, or through some other plan would, of course, be for these organizations to decide. The important thing is that something be done to make more effective the results of this study in bringing about improvement in nursing education and nursing service.
Another project which got under way during the four-year period on which I am reporting is the Study of Administration in Nursing Schools. In the work of this committee, we have been particularly fortunate in a number of ways. In the first place, we are fortunate in having as chairman of this committee one who has had wide experience in the field of administration, Effie J. Taylor; in the second place, the committee is operating on a special fund which has made possible expert consultant service, a full-time secretary, Elizabeth Pierce, and for the past year the services of a research worker, Mr. Roy W. Bixler. After three years of careful exploration and study of the problem of administration, the committee report is now nearing completion, and there is every indication that it will be a most significant and valuable contribution, a companion volume to *A Curriculum Guide for Schools of Nursing*.

Cooperative relationships both with our national nursing organizations and with organizations outside of the nursing profession have tended to increase over the years. As the Department of Education of the American Nurses' Association, the League has continued to work cooperatively with that organization on educational problems that have implications for all nurses and nursing. Significant among these have been problems related to the work of state boards of nurse examiners, to mental hygiene and psychiatric nursing, and to the costs of nursing education and nursing service. This year the American Nurses' Association has contributed also to the support of the work of the Committee on Accrediting.

The League has cooperated likewise with the American Hospital Association, the American Nurses' Association, and the National Organization for Public Health Nursing in studying problems related to the graduate staff nurse and the use of the subsidiary worker. The Curriculum Committee of the League and the Education Committee of the National Organization for Public Health Nursing have engaged during the past year in a study of how health and social elements can best be integrated in the basic curriculum and also in the preparation of advanced courses for graduate nurses in the fields of orthopedic and maternity nursing.

The National Society for the Prevention of Blindness, the National Tuberculosis Association, and the American Social Hygiene Association are other organizations with which the League has worked very closely during the past few years.

In 1936 the League became an associate member of the American Council on Education. The contact with educators in other fields which this membership makes possible is, I believe, of inestimable value to our organization. Since the American Council on Education is vitally concerned with accrediting, measurement and guidance, and other educational activities in which the League is now engaged, it would seem that it might be advisable to strengthen this relationship by changing our associate membership to that of a constituent member.

The most recent joint committee to be appointed is one to consult with the President's Interdepartmental Committee to Coordinate Health and Wel-
fare Activities. The appointment of this committee was authorized by the Joint Board in January. Its membership is both professional and lay, as is true of most of the joint committees.

Lay participation in the work of our professional organizations has continued to increase and is a hopeful sign because it evidences an acceptance of the principle that nursing care and nursing education are community responsibilities and not the responsibility of the nursing profession alone. Within the League, the Committee on Lay Participation has done much to foster this idea and has encouraged, both nationally and in the states, a more active participation of lay persons in the activities of our association and in the work of nursing schools.

I believe there never has been a time when it was more important for the League to work cooperatively with other groups and to make itself felt nationally than it is today. Adequate nursing in a democracy requires adequate preparation. With relation to this the League is well qualified to speak. It is true also that education for public service is a community responsibility and it would seem that the League might well become as aggressive as are other educational groups in getting its needs before the public. "If the hill will not come to Mahomet," I believe Mahomet should go to the hill.

There is much more that might be reported with relation to the work of our standing and special committees. Only a few of the highlights have been touched upon. A recording of all of the activities in which these several committees have engaged during the past four years would make an exceedingly interesting but far too lengthy report for this occasion. Before passing on, however, I should like to record my deep appreciation of the services of all those of our members who have served so willingly on these many committees during my term of office and who by so doing have made possible the achievements reported and many others that must go unrecorded in this brief report.

May I turn now for a few moments to those activities of the League which have to do primarily with organization, administration, and finance.

During the past four years, seven new state leagues have been organized, increasing the number from thirty-three in 1936, to forty at the present time. These new leagues were formed in the following states: Alabama, Maine, Ohio, South Carolina, South Dakota, Virginia, and West Virginia. This increase in the number of state branches is most heartening since the effectiveness of our national program depends in large part on the implementation that takes place in states and in the schools of nursing located in these states.

The membership of our association has increased from 4,315 in 1936, to a new high of 6,093, an increase of 1,778 members. This encouraging growth is due largely to the efforts of the Membership Campaign Committee working with similar committees in states. Our goal of 6,000 members set for last year has now been reached. This is a splendid achievement, but we cannot be satisfied until we have working in the League a much larger
proportion of the estimated 30,000 eligible members than this 6,000 represents. One-fifth is fine, but two-fifths would be better! Shall we not work toward that objective and make our goal for 1941 7,000 members?

The financial picture of the League is less gloomy this year than it was last. You will recall that in New Orleans an estimated deficit of $5,488.62 was reported, and an appeal was made to state leagues to assist in meeting this deficit. The response was very gratifying; a total of approximately $1,500.00 was contributed by states. This, with income from other sources, made possible the balancing of the budget.

From the American Journal of Nursing Company a sum of $1,500 was received this past year to facilitate the completion of the list of schools of nursing approved by law in the various states. This generous contribution of the Journal made a difficult task much easier, and the League here records its deep appreciation of this assistance.

During the four years from 1936-40, the League has received from an interested friend of nursing through the Children’s Hospital Research Foundation of Cincinnati, Ohio, a sum of $60,000 for research in nursing education. This most generous gift made possible the curriculum study completed in 1937, the present study on the administration of nursing schools, and it helped the Committee on Accrediting over a difficult period. It is encouraging indeed to have had this financial support for these important pieces of work, and as we look to the future it is hoped that other sources of income may be found to make possible further research in nursing education.

And, finally, may I say a few words about our National Headquarters, the heart of our organization. Miss Wheeler, our Executive Secretary, recently spoke of it as a beehive. It is truly that, with all workers and no drones. To this center come literally thousands of requests for information, help, and guidance, and from it go an equal number of replies in the form of printed material, letters, and help given through personal conferences. You have heard from year to year the reports of our Executive Secretary and of our Director of Studies, and you are familiar with the ever increasing volume of work which seems always to be met by the same small staff. This, however, cannot go on indefinitely and sooner or later the Board of Directors must face the problem of increasing the Headquarters’ budget in order that this load may be lightened and also to make possible further expansion of League activities.

In this connection, may I call your attention also to a matter which should be given immediate consideration. I refer to the need for establishing a plan whereby all studies carried on by League committees would be cleared through the Department of Studies. The League program has expanded to such an extent that some centralization of study and research activities seems essential for effective functioning.

In concluding this report, may I express my deep appreciation of the never failing support and assistance give me during my term of office by our Executive Secretary, Miss Wheeler, and Director of Studies, Miss Pfefferkorn.
May I express, also, my sincere thanks to the other members of the Headquarters' staff, to the Board of Directors, and to all others who have helped me to carry on as president of this organization. It has been a delightful and educational experience, beset with problems at times, but always stimulating and challenging and demanding the best one has to give.

Our League has become more and more effective as the years have passed and, although in this uncertain world one hardly dares speak for the future, it seems safe to predict that the years ahead will see its influence constantly expanding and spreading into new and now untitled fields of activity.

NELLIE X. HAWKINSON

REPORT OF THE COMMITTEE ON ACCREDITING

The Committee on Accrediting has not met as a whole since we reported to you in New Orleans. A meeting, however, is to be held this afternoon following the program to be presented under the auspices of the committee.

The Executive Committee has had an active year. It met with consultants for an entire day on November 25, 1939, at which time the schedules, the application form, the fees, and the pattern map were discussed. A one-day meeting of the Executive Committee followed this on November 26. Meetings have also been held as follows: June 29/39, all day; January 25/40, all day; January 26/40, all day; January 28/40, from 11 a.m. to 6 p.m.; January 29/40, from 8 p.m. to 11 p.m.; April 5/40, from 3 p.m. to 9:30 p.m.; April 6/40, from 9 a.m. to 9:45 p.m.; April 7/40, from 9:15 a.m. to 5 p.m.

A much longer time than had been anticipated was needed for the study of the data provided by the schools which participated in the preliminary survey. These data gave the committee a basis for its procedures. They assisted in the revision of the schedules and in the preparation of the manual for the use of the visitors. This manual gave the visitors their general directions for the visit and specific directions for scoring. This manual is not available to other than visitors.

The manual for the schools has yet to be prepared. It will duplicate to some extent and will enlarge upon the material now in print as the Essentials of a Good School of Nursing and will be the pamphlet which will be placed in the hands of schools applying for accreditation to be used as a guide. It will probably also take the place of a revision of the Essentials of a Good School of Nursing.

The committee has received applications for accreditation from a number of the schools among the 51 which participated in the preliminary survey. Of those which have made application, 20 have been recommended to the Board of the National League of Nursing Education for accreditation.

In accordance with the statements made by the committee there will be no published list of accredited schools until all the schools applying between July 1, 1939, and January 1, 1940, have been acted upon.

In June, 1939, the announcement was made in the American Journal of
Nursing that the committee would receive applications from July 1, 1939, until January 1, 1940. It was the expectation at that time that the visitors would be able to get into the field by September 1. We were unable to do this, however, and visits were not begun until February, 1940. However, we have four visitors in the field at present and visits arranged for up to the middle of June. After that there will come vacation periods for the staff. It is a good time, since the schools will not want visitors during July and August.

You will be interested in knowing that between July 1 and January 1 91 applications were filed. No further applications will be received until later, when the committee will again announce through the American Journal of Nursing dates for the receipt of the second group of applications. In the meantime we hope the Manual for Schools will be ready, and that many who are planning to apply for accreditation will be studying it.

We want you to know that our visitors have been cordially received, and also that it has been a real pleasure to have had many letters and personal statements from the schools which have been visited, expressing satisfaction with and interest in the visits. Individually and as a committee we thank all of you who have so kindly cooperated. We shall at all times welcome your advice and criticism.

I believe I should in this report refer to an unfortunate editorial which appeared in the February, 1940, issue of Hospitals. The reply which was written to this editorial was not committee action, but was approved by committee members when sent to them by the chairman.

The editorial referred to, and which I am sure many of you saw, started out by saying "The American Hospital Association has not approved the program for the accreditation of nursing schools." It then proceeded to discuss the cost to the hospitals if 1,400 schools were to be visited, and among other matters made the following statement: "We believe the best training that can be provided in good schools of nursing should be placed at the disposal of the student nurses. We certainly cannot believe that the large majority of our nursing schools have failed to do this."

It is because the reply to this editorial was not published and therefore the editorial may appear to you to have been quite overlooked by the committee and its chairman that I am reading the reply.

"To the Editor of Hospitals:

"May I ask your courtesy in publishing this statement relating to the editorial entitled 'Accrediting of Nursing Schools' which appears in the February issue of Hospitals? The statement is made in this editorial that:

"'The American Hospital Association has not approved the program for the accreditation of nursing schools.'"

I am assuming that the statement means that the American Hospital Association has not yet officially approved the program, but unfortunately many readers will think that the American Hospital Association has taken definite
action disapproving the program. The American Hospital Association has
given evidence of its interest and cooperation in the program of accrediting
schools of nursing by appointing as consultants to the Accrediting Committee
two of its members. Both of these members, together with the representa-
tives of the American College of Surgeons and the Council on Medical Edu-
cation and others, have given us valuable counsel. No meeting of the con-
sultants with the Executive Committee has been held without either one or
both of the American Hospital Association’s representatives being present,
and we are counting on their help in the future. We cannot reconcile the
critical tone of the editorial with the very helpful attitude of these repre-
sentatives.

"The editorial says:

"We believe the best training that can be provided in good schools of nursing
should be at the disposal of student nurses. We certainly cannot believe that the
large majority of nursing schools have failed to do this."

The National League of Nursing Education agrees with the first statement.
It is one of the most important and fundamental reasons for setting up the
program of accreditation, but the fact is that the 'best training' is not as
yet at the disposal of the many desirable candidates, for they do not know,
nor is there at present a way by which they may find out, which schools are
good and which are mediocre. The legal requirements for the registration
of graduate nurses set by the several states differ greatly. The requirements
in all cases are on a minimum basis. The writer of your editorial would be
greatly concerned if he knew, as he apparently does not know, how low
these requirements are and how many schools fail to do more than meet the
technical requirements of the law. Accreditation by the National League of
Nursing Education will not interfere with the legal requirements for the
practice of nursing. It will give encouragement to the schools that are mak-
ing an effort to go beyond these minimum requirements in an effort to pro-
vide 'best training.'

"We have no means of knowing how many of the schools of nursing will
seek to appear on the list of 'accredited schools.' Perhaps the fact that over
80 schools have filed their applications for accreditation, and that included
in these are many 'with an important student registration, graduating well-
trained nurses,' may be taken as an indication of how the schools and the
hospitals or universities which conduct them are receiving the plan.

"The question of cost to the schools is raised in the editorial and it is indi-
cated that a large sum of money would be paid out by the hospitals if 1,400
schools were to be visited. It is quite unlikely that 1,400 schools will even
apply for accreditation, much less be visited. Visits will not be made if in-
formation supplied by the school indicates the unlikelihood of immediate
accreditation, although if under such circumstances a visit is desired, no
school will be denied any help which may be given. The National League
of Nursing Education, while it must make a charge for the service it gives,
believes the school will receive full benefit from the service. During the
past two years in its inauguration of the program the cost to the National League of Nursing Education has already been over $27,000.

"It may be of interest in this connection to recall the financial contributions made some years ago to the program for the Grading of Nursing Schools. That study made a valuable contribution to both hospitals and nursing schools, but neither hospitals nor schools of nursing contributed to its support. The total cost of $281,213 was met as follows:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses, individually and through their organizations</td>
<td>$136,992</td>
</tr>
<tr>
<td>Friends of nurses and of nursing education</td>
<td>94,121</td>
</tr>
<tr>
<td>The Rockefeller Foundation</td>
<td>30,000</td>
</tr>
<tr>
<td>The Commonwealth Fund</td>
<td>10,000</td>
</tr>
<tr>
<td>The American Medical Association</td>
<td>5,000</td>
</tr>
<tr>
<td>The American Hospital Association</td>
<td>4,000</td>
</tr>
<tr>
<td>The American Public Health Association</td>
<td>1,100</td>
</tr>
</tbody>
</table>

$281,213

"As soon as a first list of schools has been secured, which will probably not be for about a year since it has been promised that no list will be published until all who have applied between July 1, 1939, and January 1, 1940, have been visited and passed upon, the schools on this list will be asked to send representatives to a meeting with the committee and consultants in order that the ideas and recommendations of the schools themselves may be considered in planning next steps in the program.

"In the meantime, it is our plan to keep the schools and hospitals fully informed on the program of the committee."

The fact that the American Hospital Association had not taken action disapproving the program was later confirmed by members of the American Hospital Association. It was, however, unfortunate that we found no way of directly reaching the hospital superintendents who might have been misled by the editorial. You may have read the editorial which appeared in the American Journal of Nursing.

We regret to report the loss from our staff of Miss Barbara Thompson who because of illness was obliged to resign the position of Assistant Secretary in the late fall. On April first Miss Adelaide Mayo, who had been released by the Russell Sage College of Nursing some months previous to assist the committee, resigned from the Russell Sage College and was appointed in Miss Thompson's place, the title of the position to be Field Visitor rather than Assistant Secretary.

Those who up to this time have assisted the committee as visitors are: Miss Augusta Patton; Miss Faye Crabbe, lent to us by the Newton Hospital School of Nursing; Sister Cyril from the Seton School of Nursing, Colorado Springs, Colorado; and Miss Adelaide Mayo.

Since the report of last year Miss Charlotte Pfeiffer, a member of the committee, has been added to the Executive Committee; and Dr. Malcolm MacEachern has replaced Dr. Newquist as the representative of the American College of Surgeons in our consultant group.
An important recommendation of the committee to the Board of Directors of the National League of Nursing Education was made in January and approved by that Board. It was referred to in the above letter written to Hospitals. This provides that "the Accrediting Committee shall hold one meeting a year after the program is established following the publication of the first list of schools to which representatives of the accredited schools will be invited for the purpose of an interchange of opinion on procedure, studies to be made and other matters of mutual interest."

I cannot close this report without expressing the committee's great obligation to our professional secretary, Miss Quereau, who has been carrying on valiantly under a very strenuous program.

Respectfully submitted,

ELIZABETH C. BURGESS, Chairman

REPORT OF THE CURRICULUM COMMITTEE

Although only one meeting has been held since the New Orleans meeting, the Curriculum Committee has been occupied with a variety of projects.

As the supply of both the Basic Book List and the Illustrative Materials for Use in Nursing Schools has been depleted, preparations are under way for revision of both these supplements to the Curriculum Guide. A subcommittee working under Miss Emma Chaffin of the Bellevue Nursing School library is at work on the analysis of the present content of the Basic Book List and the preparation of a new and up-to-date list. Miss Chaffin's committee, consisting of Miss Virginia Henderson, Miss Harriet Frost, Miss Elizabeth Bixler, Mrs. Helen Munson, and Miss Eleanor Lee, is being assisted by five librarians appointed by the American Library Association.

The Illustrative Materials for Use in Nursing Schools is being revised by a committee of fourteen, consisting of members of the Curriculum Committee and nurse experts chosen from special subject areas of the curriculum.

A subcommittee with Miss Eleanor Mumford as chairman is preparing materials to aid in the better integration of eye health and eye care in the basic curriculum. Serving with Miss Mumford from the Curriculum Committee are Miss Ames, Miss Bunge, Miss Mathis, Miss Petry, and Miss Rich. As nurse experts on the subcommittee are Miss Cora Shaw, Miss Charlotte Skooglund, Miss Hedwig Toelle, and Miss Mildred Newton.

A fourth subcommittee is about to begin a study of social hygiene in the basic curriculum. The chairman, Miss Katherine Loughrey and her committee will work closely with Dr. Walter Clarke, Executive Director of the American Social Hygiene Association, who will act as consultant to the committee.

In answer to the many requests for information, a list of the colleges and universities offering courses for graduate nurses has been prepared. The list will be available through the League Headquarters Office.

Following a meeting of the chairman with the National Organization for Public Health Nursing Council of Branches, plans were made through the
Curriculum Committee and the NOPHN for a cooperative study of the integration of public health in the basic curriculum by the state leagues and the state public health nursing organizations.

The Curriculum Committee in cooperation with the Council on Maternity and Child Health of the National Organization for Public Health Nursing is working upon an outline for a postgraduate course in maternity nursing. Approximately eight subcommittees are also at work in centers throughout the country where postgraduate courses are given and where outpatient service is available.

As its contribution to the project on postgraduate courses, now being conducted by the Education Committee of the International Council of Nursing, the Curriculum Committee is preparing to make a study of postgraduate clinical courses.

The chairman wishes to thank both the members of the Curriculum Committee and the other members of the League who have participated so generously in the work of the year.

Respectfully submitted,

RUTH SLEEPER, Chairman

REPORT OF THE COMMITTEE ON ELIGIBILITY

During the past year forty-nine applications to membership in the League have been received. The classification is as follows:

Active .................................................. 31
Junior active ......................................... 16
Associate .............................................. 1
Sustaining ............................................. 1

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Of these, forty-six were recommended for membership without reservation. Two were presented to the Board for special consideration after a study of their qualifications which presented certain irregularities. One application was not recommended. The geographical distribution is as follows:

Arizona .............................................. 1
Connecticut ......................................... 20
Hawaii ............................................... 1
Idaho .................................................. 4
Mississippi ......................................... 2
Montana ............................................. 9
Puerto Rico ......................................... 1
South Carolina ..................................... 10
Vermont .............................................. 1

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Applications of the following have been acted upon by this committee:

Sustaining Member

Stone, Pearl Churchill, 46 Nichols Street, Rutland, Vermont
Associate Member

Sister Grace Edna Seiler, 20 Marina Street, Ponce, Puerto Rico

Active Members

Adams, Dovie, Methodist Hospital, Hattiesburg, Mississippi
Arndt, Helen E., 1401 Harden Street, Columbia, South Carolina
Barnes, Sarah N., Montana State College, Bozeman, Montana
Bolt, Mary Lila, Anderson County Hospital, Anderson, South Carolina
Bryer, Margaret E., Grant Street, Bridgeport, Connecticut
Burns, Zaida E., Billings Deaconess Hospital, Billings, Montana
Clark, Mrs. Dorothy MacF., 181 Cook Avenue, Meriden, Connecticut
Dean, Annabel, 620 North Fant Street, Anderson, South Carolina
Dennely, Teresa, 28 Ridge Street, New Haven, Connecticut
Fisher, Irma J., St. Joseph’s Hospital, Phoenix, Arizona
Greene, Allie, Ridgewood Tuberculosis Camp, Columbia, South Carolina
Hardin, Lily M., 1519 Marion Street, Columbia, South Carolina
Janshion, Alda M., 37 Jefferson Street, Hartford, Connecticut
Jervey, Jessie M., 283 Calhoun Street, Charleston, South Carolina
Mangum, Emily, Samaritan Hospital, Nampa, Idaho
McCabe, Kathryn, 1219 North Sixth Street, Boise, Idaho
Miffin, Helen M., South Mississippi Infirmary, Hattiesburg, Mississippi
Nelson, Ellie C., 41 Church Street, Charleston, South Carolina
Olson, Ruth M. E., Samaritan Hospital, Nampa, Idaho
Rheinlander, M. Sue, St. Francis Hospital School of Nursing, Honolulu, Hawaii
Rish, Sara E., 1401 Harden Street, Columbia, South Carolina
Sister Celeste Cummings, St. Vincent’s Hospital, Bridgeport, Connecticut
Sister Frances Edward Bauman, Idaho and Mercury, Butte, Montana
Sister Mary Basil Vollmer, Idaho and Mercury, Butte, Montana
Sister Mary Fanahan Casey, 320 South Jordan Avenue, Miles City, Montana
Sister Mary Wilfred Kiser, Silver and Idaho, Butte, Montana
Smith, Martha E., Columbia Hospital, Columbia, South Carolina
Toelle, Hedwig C., 512 Townsend Avenue, New Haven, Connecticut
Walters, Sylvia, Stamford Hospital, Stamford, Connecticut
Watson, Mildred D., 31 Dwight Street, New Haven, Connecticut

Junior Active Members

Alexander, Ruth, Deaconess Hospital, Bozeman, Montana
Beaglier, Mary M., 31 Dwight Street, New Haven, Connecticut
Chalker, Margaret E., 350 Congress Avenue, New Haven, Connecticut
Cotter, Margaret, 27 High Street, New Haven, Connecticut
Dudley, Muriel G., Hartford Hospital, Hartford, Connecticut
Freeman, Elsie, 112 West Lamme, Bozeman, Montana
Henry, Mary L., 34 Park Street, New Haven, Connecticut
Marshall, Mary Annie Laurie, 58 Wall Street, New Haven, Connecticut
Northrop, Harriet L., 54 Park Street, New Haven, Connecticut
Ogden, Ruth P., 34 Park Street, New Haven, Connecticut
Stotz, Evelyn T., 350 Congress Avenue, New Haven, Connecticut
Thompson, Adena C., 31 South, New Haven, Connecticut
Van Dyken, Annette, 15 West Lamme, Bozeman, Montana
Vaughan, Marion, 837 Howard Avenue, New Haven, Connecticut
Wesebe, Helen, 350 Congress Avenue, New Haven, Connecticut
Worley, Esther V., 310 First Street, Boise, Idaho

Respectfully submitted,

AUGUSTA PATTON, Chairman
# Forty-Sixth Annual Report

## Report of the Committee on Finance

The Committee on Finance submits the following budgets for the year 1940.

### General Account

**Budget for 1940**

*Estimated Income*

<table>
<thead>
<tr>
<th>Item</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>Records and Guides</td>
<td>10,000.00</td>
</tr>
<tr>
<td>Slides</td>
<td>400.00</td>
</tr>
<tr>
<td>Films (rental)</td>
<td>100.00</td>
</tr>
<tr>
<td>Membership dues</td>
<td>20,000.00</td>
</tr>
<tr>
<td>Contributions</td>
<td>400.00</td>
</tr>
<tr>
<td>Interest on Savings Accounts</td>
<td>250.00</td>
</tr>
<tr>
<td>Registration Fees</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Biennial Exhibit</td>
<td>2,500.00</td>
</tr>
<tr>
<td>Fees—Department of Studies</td>
<td>925.00</td>
</tr>
<tr>
<td>List of Schools of Nursing</td>
<td>875.00</td>
</tr>
<tr>
<td>Cost Study Report</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Study on Administration</td>
<td>500.00</td>
</tr>
</tbody>
</table>

**Total Estimated Income:** $44,100.00

*Estimated Expenses*

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Report</td>
<td>$3,500.00</td>
</tr>
<tr>
<td>Auditor's Fees</td>
<td>150.00</td>
</tr>
<tr>
<td>Board of Directors Meeting (January)—Officers and Directors</td>
<td>800.00</td>
</tr>
<tr>
<td>Exhibits</td>
<td>125.00</td>
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</tbody>
</table>

**Committees:**

<table>
<thead>
<tr>
<th>Committee</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>$125.00</td>
</tr>
<tr>
<td>Community Nursing Service</td>
<td>100.00</td>
</tr>
<tr>
<td>Curriculum</td>
<td>150.00</td>
</tr>
<tr>
<td>Eligibility</td>
<td>5.00</td>
</tr>
<tr>
<td>Finance</td>
<td>50.00</td>
</tr>
<tr>
<td>Headquarters</td>
<td>50.00</td>
</tr>
<tr>
<td>Lay Participation</td>
<td>75.00</td>
</tr>
<tr>
<td>Membership</td>
<td>25.00</td>
</tr>
<tr>
<td>Nominating</td>
<td>15.00</td>
</tr>
<tr>
<td>Records</td>
<td>50.00</td>
</tr>
<tr>
<td>Relationship of Graduate Nurse (Joint)</td>
<td>20.00</td>
</tr>
<tr>
<td>Revisions</td>
<td>5.00</td>
</tr>
<tr>
<td>Sisters</td>
<td>5.00</td>
</tr>
<tr>
<td>Studies</td>
<td>100.00</td>
</tr>
<tr>
<td>Subsidiary Workers</td>
<td>25.00</td>
</tr>
<tr>
<td>Tests</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Convention Expenses:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs, Badges, Miscellaneous</td>
<td>150.00</td>
</tr>
<tr>
<td>Officers' Expenses</td>
<td>700.00</td>
</tr>
<tr>
<td>Program and Speakers</td>
<td>300.00</td>
</tr>
<tr>
<td>Preprints of Report</td>
<td>90.00</td>
</tr>
<tr>
<td>Reporting Convention</td>
<td>100.00</td>
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</tbody>
</table>
CONVENTION PROCEEDINGS

$18,116.92

75.00
30.00
100.00

Headquarters Budget
Miscellaneous
Reporting Joint Board Meeting
Photographs

Publications:
- Printing Basic Book List: $300.00
- Digest of Laws: 100.00
- Illustrative Materials: 300.00
- Index for Annual Reports: 200.00
- Reprints and Other Publications: 520.00
- Biographical Sketches: 280.00

1,700.00
800.00
3,500.00
200.00
125.00
125.00
300.00
300.00
20.00

Printing Cost Study
Record Forms—Reprinting
Slides
State League Supplies
Stationery
Travel Expense—President
Travel Expense—Executive Secretary
Storing and Handling of Films

Department of Studies:
- Salaries: $9,040.00
- Field Travel: 150.00
- Postage, Mimeographing, etc.: 50.00

9,240.00

$41,446.92

2,653.08

$44,100.00

Estimated Balance as of Dec. 31, 1940

HEADQUARTERS
Budget for 1940

Estimated Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$10,860.00</td>
</tr>
<tr>
<td>Rent</td>
<td>2,441.92</td>
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<tr>
<td>Telephone</td>
<td>385.00</td>
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<tr>
<td>Supplies</td>
<td>250.00</td>
</tr>
<tr>
<td>Postage and Express</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Mimeographing and Multigraphing</td>
<td>350.00</td>
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<tr>
<td>Library Service</td>
<td>150.00</td>
</tr>
<tr>
<td>Shipping Service</td>
<td>850.00</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>100.00</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>100.00</td>
</tr>
<tr>
<td>Reference Books and Reports</td>
<td>25.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>300.00</td>
</tr>
</tbody>
</table>

$18,116.92
## Special ANA Fund

### Budget for 1940

#### Income

<table>
<thead>
<tr>
<th>Income from ANA</th>
<th>$2,350.00</th>
</tr>
</thead>
</table>

#### Estimated Expenses

<table>
<thead>
<tr>
<th>Committee on State Board Problems:</th>
<th>$150.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>State board conference, Philadelphia</td>
<td>$50.00</td>
</tr>
<tr>
<td>Travel expenses</td>
<td>50.00</td>
</tr>
<tr>
<td>Stenographic service, mimeographing, etc.</td>
<td>50.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Committee on Mental Hygiene and Psychiatric Nursing:</th>
<th>200.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work on History of Affiliation in Psychiatric Nursing</td>
<td>$100.00</td>
</tr>
<tr>
<td>Travel expenses</td>
<td>75.00</td>
</tr>
<tr>
<td>Stenographic service, mimeographing, etc.</td>
<td>25.00</td>
</tr>
</tbody>
</table>

For Accrediting Program | 2,000.00 | $2,350.00

#### COMMITTEE ON ACCREDITING

### Budget for 1940

#### Estimated Income

<table>
<thead>
<tr>
<th>Balance, December 31, 1939</th>
<th>$446.78</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 applications filed at $15.00</td>
<td>360.00</td>
</tr>
<tr>
<td>64 schools to be visited at $235.00</td>
<td>15,040.00</td>
</tr>
<tr>
<td>20 schools already visited at $250.00</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Estimate 15 additional applications at $15.00</td>
<td>225.00</td>
</tr>
<tr>
<td>12 schools to be visited at $235.00</td>
<td>2,820.00</td>
</tr>
</tbody>
</table>

Rent and Light contributed by NLNE (Assistance of Director of Studies and other members of that Department contributed by the NLNE) | $23,891.78 |
| Deficit | 1,522.26 | $25,414.04

#### Estimated Expenses

| Salaries | $9,200.00 |
| Committee Meetings: | $23,414.04 |
| Executive Committees—Jan., May, Sept., Dec., 4 at $75.00 | 300.00 |
| Executive Committee with Consultants, 2 at $275.00 | 550.00 |
| Travel for secretaries when not acting as visitors | 125.00 |
| Printing and office expense including additional typing | 1,000.00 |
| Field Visitors—2 Visitors: 76 schools, 456 days per school, 346.56 days at $20.00 per day | 6,931.20 |
| Maintenance and Travel—76 schools at $69.84 per school | 5,307.54 |

Loan to be returned to Research Fund | 2,000.00 | $25,414.04
FUND FOR RESEARCH IN NURSING
Budget for 1940

Balance on hand, January 1, 1940 ............................................. $13,548.00

Estimated Expenses

<table>
<thead>
<tr>
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Respectfully submitted,

CARRIE M. HALL, Chairman

REPORT OF THE COMMITTEE ON HEADQUARTERS

The Committee on Headquarters has held only one meeting during the interim between Board meetings. A report of this meeting, held on September 19, 1939, was sent to each Board member.

At the meeting the committee accepted six active and two junior active members from states which have no leagues.

The Executive Secretary presented certain communications from the Saint Louis League regarding the eligibility of Negro nurses to League membership. The Missouri State Nurses' Association does not accept Negro nurses, and there is some hesitation about accepting them in the League even though they are members of the ANA through another state. The committee voted that this matter be presented to the Board of Directors because it may be necessary to make some provision for Negro nurses from states which do not accept them in the state nurses' associations.

The committee reviewed a statement of the main items of income and expense up to September first as compared with the 1939 budget. The statement showed the expenses were within the budget for the general account. The Committee on Accrediting would, however, considerably exceed the amount allocated in the budget for that committee. The Headquarters Committee voted to recommend to the Committee on Finance that a sum up to $2,000 be borrowed from the Fund for Research in Nursing to make up this deficit.

The following people were appointed to a special committee to consider consolidation of the three national nursing organizations: Miss Elizabeth C. Burgess, Chairman, Miss Marian Durell, and Miss Edna S. Newman.
The chairman was given the privilege of appointing others to serve on the committee if so desired.

A letter from Miss Mary A. Beard, Director, Nursing Service, American Red Cross, was read. This letter contained a request for assistance in the projects which the Red Cross is undertaking:

"1. To assist in increasing the enrollment in the First Reserve by sending a letter to each accredited school of nursing, putting before them the importance of increasing the enrollment of their graduates in the Red Cross Nursing Service.

"2. A paper plan to be used to assist in expanding the number of desirable students admitted to schools of nursing to insure that a larger number be graduated."

Since this was a matter needing immediate action, the President announced that she had appointed a committee composed of Miss Elizabeth C. Burgess, Miss Stella Goosstray, Miss Isabel M. Stewart, and Miss Effie J. Taylor.

The committee gave some suggestions regarding the League program for the Philadelphia convention to Miss Ruth Hubbard who presented a preliminary report at the meeting.

Respectfully submitted,

NELLIE X. HAWKINSON, Chairman

REPORT OF THE COMMITTEE ON NOMINATIONS

The Committee on Nominations of the National League of Nursing Education submits the following report. All of the candidates have signified willingness to serve if elected.

President: Edna S. Newman, Chicago, Illinois
            Stella Goosstray, Boston, Massachusetts
Treasurer: Agnes Gelinus, Saratoga Springs, New York
            Lucile Petry, Minneapolis, Minnesota
Directors: C. Ruth Bower, Philadelphia, Pennsylvania
           Elizabeth C. Burgess, New York, New York
           Henrietta Froehlke, Kansas City, Kansas
           Nellie X. Hawkinson, Chicago, Illinois
           Maria Johnson, Salt Lake City, Utah
           Gabrielle T. Mulvane, San Bernardino, California
           Dorothy Rogers, Chicago, Illinois
           Effie J. Taylor, New Haven, Connecticut

Respectfully submitted,

FRANCES HELEN ZEIGLER, Chairman
C. RUTH BOWER
KATHARINE J. DENSFORD
EDNA B. GROPPE
APPOINTMENTS

The President at this time made the following appointments:

Ruth Chamberlin, South Carolina, chairman of Tellers and Inspectors of Election.

Tellers: Helen Wright, Maryland; Helen Bunge, Wisconsin; Myrtle Hollo, Virginia.

Inspectors of Election: Sara Scott, Iowa; Irene Zwisler, Maine; Anna Taylor, Massachusetts.

Committee on Resolutions: Margene Faddis, Ohio, chairman; Mrs. Ruth Lettinger, Pennsylvania; Mrs. Priscilla W. Halpert, Louisiana.

Committee on Nominations for 1941: June Ramsey, Michigan, chairman; Pearl Castile, California. Nominations made from the floor were: Anna McGibbon, Rhode Island; Charlotte Skooglund, Pennsylvania; Grace Warman, New York.

REPORT OF THE COMMITTEE ON PROGRAM

The Committee on Program presents the completed program for the League convention to be held in Philadelphia, May 12 to 17, 1940.

The committee expresses appreciation of the helpful suggestions given by many of the state leagues, as well as assistance received from the committees who arranged their own programs, to the National officers, and to the Executive Secretary, who was untiring in her effort to arrange interesting sessions.

Respectfully submitted,

C. RUTH BOWER, Chairman

REPORT OF THE COMMITTEE ON PUBLICATIONS

The Committee on Publications held one meeting during the year, on March 20, 1940, at Headquarters.

The sale of publications has been most gratifying and the income therefore has exceeded all expectations. The income from all publications including records was $14,389.94 for the year 1939. It must be remembered in this connection that the profit on most publications is small. Complimentary copies of all publications except books are sent to the sustaining members of the League, and many other publications, particularly reprints, (for which no charge is made) are used in answering correspondence.

The League has added to its list of publications this year the results of the cost study, a 202-page book. It has the imposing title of Administrative Cost Analysis for Nursing Service and Nursing Education.

Through the generosity of Miss Maxine Bailey, formerly librarian of the Massachusetts General Hospital Training School for Nurses, we have an index to the Annual Reports of the League from the first report published
in 1894, through the year 1939. Under the direction of the Department of Studies, the List of Schools of Nursing Meeting Minimum Requirements Set by Law, and the list of Clinical Courses in Nursing for Graduate Nurses have been revised. The American Journal of Nursing made a contribution of $1,500 to make it possible to secure extra workers so that the List of Schools might be available at a time when it would be of maximum service to the Journal.

A list of schools of nursing which have combined programs leading to a diploma in nursing and a degree has also been revised. With the assistance of the Curriculum Committee a list of advanced programs in nursing with considerations in selecting college curricula for advanced specialization in nursing has been prepared.

A few carefully selected reprints have been added to the list, although experience has proven that there is only a limited sale for reprints. The ones which have sold best are those dealing with the history of nursing, special studies, and course outlines. The Committee on Publications believes that the practice of using a selected list should be continued.

The League records are selling well. During 1939, 628,207 records were sold, and there is every promise of a flourishing record business for the future. It is most encouraging to know the records are being so generally used in schools of nursing.

Nearly 1,000 copies of the Curriculum Guide for Schools of Nursing were sold last year, bringing the total number of copies of the 1937 revision sold up to 6,128. The Manual of Essentials of Good Hospital Nursing Service and the Essentials of a Good School of Nursing continue to be in demand. The Manual was reprinted during the year.

Illustrative Materials for Use in Nursing Schools and the Basic Book List are being revised by subcommittees of the Curriculum Committee. The supply of the Nursing School Faculty is completely exhausted. It will not be reprinted since it needs revision. Over 100 copies have been sold since January. When the supply of such publications is exhausted, the amount of correspondence in the office is tremendously increased.

Several new biographical sketches have been written and added to our list. There are still some sketches on the original list which have not yet been written, either because no one could be secured to write them, or because those who promised have been slow in doing the work. A number of those invited have refused to have biographies written.

The committee has voted to bring the sketches of the Leaders of American Nursing which have appeared in book form up to date and to publish them in the same form as the newer sketches.

The price of the present set of biographies will be reduced to $2.50 per set and if a stiff snap cover is desired it may be purchased for fifty cents.

Respectfully submitted,

CLARIBEL A. WHEELER, Chairman
CONVENTION PROCEEDINGS

REPORT OF THE COMMITTEE ON REVISIONS

The Committee on Revisions has held one meeting during the year. The By-laws of the South Carolina League of Nursing Education were approved. South Carolina became the fortieth state league organization, when accepted by the Board of Directors at the January meeting.

The committee was asked by the Board of Directors to prepare amendments to the by-laws to provide that Negro nurses, who are not eligible for membership in the American Nurses' Association through state nurses' associations, may become individual members through their own national organization, the National Association of Colored Graduate Nurses. A change in parliamentary authority from Fox to Robert's *Rules of Order* was suggested.

The proposed amendments were prepared and have been sent to the membership with the call to the meeting. These amendments are as follows:

**BY-LAWS**

**ARTICLE I**

**Membership**

**PRESENT READING OF BY-LAWS**

Sec. 2c. Being a member of the American Nurses' Association;

Sec. 3c. Being a member of the American Nurses' Association;

Sec. 6c. Being a member of the American Nurses' Association;

**PROPOSED REVISION**

Sec. 2c. Being a member of the American Nurses' Association or the National Association of Colored Graduate Nurses;

Sec. 3c. Being a member of the American Nurses' Association or the National Association of Colored Graduate Nurses;

Sec. 6c. Being a member of the American Nurses' Association or the National Association of Colored Graduate Nurses;

**ARTICLE XV**

**Parliamentary Authority**

**PRESENT READING OF BY-LAWS**

Deliberations of all meetings of the National League shall be governed by *Parliamentary Usage for Women's Clubs*, by Mrs. Emma A. Fox.

**PROPOSED REVISION**

Deliberations of all meetings of the National League shall be governed by Robert's *Rules of Order Revised*.

Respectfully submitted,

MRS. ADA R. CROCKER, *Chairman*

The President explained that the Board of Directors did not accept the proposed revision of Article I as submitted by the Committee on Revisions for the reason that, if it were accepted, it would mean every state league would have to revise its by-laws. The Board of Directors had prepared a substitute amendment, the President stated, and since it had not been circulated to the members, it would be necessary to have a unanimous vote in order to pass it at that session.
The proposed revision to Section 5 of Article I was then presented as follows:

PRESENT READING

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.

PROPOSED READING

Sec. 5. An applicant for active or junior active membership in the National League of Nursing Education may be accepted in one of four 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;

d. As an individual member in states where Negro nurses are not eligible for membership in state leagues of nursing education. Membership in the National Association of Colored Graduate Nurses will be accepted in lieu of membership in the American Nurses' Association.

It was unanimously voted to accept this amendment.

It was also voted to accept the proposed amendment to Article XV changing the parliamentary authority from Parliamentary Usage for Women's Clubs by Mrs. Emma A. Fox, to Robert's Rules of Order Revised.

REPORT OF THE COMMITTEE ON STUDIES

While there have been no meetings of the Committee on Studies since the 1939 convention, much correspondence has passed between the chairman of the committee and the Director of Studies. The projects carried on during the year have represented either projects already planned, projects already begun, or routine activities not requiring committee action.

In addition, the Committee on Studies has cooperated with the Committee on Accrediting in the work on accrediting. It seems likely that, as the accrediting program proceeds, it will be necessary for the Department of Studies to give more and more time, not only to routine statistical work involved in the accrediting procedure, but also in carrying on special studies contributing to the development of the program.

The details of the work of the Department of Studies are given in the report of the Director of Studies.

Respectfully submitted,

NELLIE X. HAWKINSON, Chairman
REPORT OF THE COMMITTEE ON THE CARE OF THE CHILD

During the past year the Committee on the Care of the Child held one meeting which took place at the National League of Nursing Education Headquarters on Friday, January 12, 1940.

A progress report by the chairman brought out the following:

1. The emphasis of the committee during the past year has been upon a curricular outline for a course in orthopedic nursing and an outline for a course in pediatric nursing, both of graduate level.

2. In the former project the committee worked with the Council on Orthopedic Nursing of the National Organization for Public Health Nursing. A subcommittee from the Chicago area formed by the late Miss Howe submitted an outline for a course in orthopedic nursing to this Council. This report, together with other outlines for courses, was the basis for the preliminary outline of a course compiled by the Pilot ing Committee of the Council.

In the discussions of this preliminary outline and in the revisions of it, the Committee on the Care of the Child has been consistently concerned with the importance of emphasis upon the developmental point of view in the care of a child with an orthopedic condition.

Miss Bancroft met with Miss Dorothy Rood and later with Miss Elgie Wallinger, to discuss plans for the study of a course in advanced pediatric nursing to be made by the Committee on the Care of the Child. It was decided to use the course as given by the Children's Hospital in connection with the University of Cincinnati, as the basis for the study.

As a representative of the Committee on the Care of the Child, Miss Bancroft met with Dr. Merlin Cooper, chairman of the Committee on Nursing Education of the Academy of Pediatrics. The function of this latter committee was discussed. It was brought out, in this discussion, that the committee of the Academy wishes to become better acquainted with the aims of pediatric nursing education. Through a reciprocal relationship of the two committees, it hopes to be able to give the kind of help that is needed in pediatric nursing education.

The Nebraska State Committee on the Care of the Child reports that during the past year its members have been studying the problem of adequate preparation of students for pediatric nursing. This problem has arisen because of the lack of clinical material necessary to meet state requirements of pediatric nursing education. They reported that out-of-state affiliations with children's hospitals were also difficult to arrange.

The Committee on the Care of the Child of the Illinois State League of Nursing Education held an institute on the Handicapped Child on November 30, 1939. The program included a discussion of orthopedic conditions; a discussion of national and state programs for handicapped children, and the care of the handicapped child in the hospital, home, and school.

The Committee on the Care of the Child of the Cincinnati League of Nursing Education plans to hold an institute in October, 1940. The program has not yet been determined.
Miss Bancroft presented the resignation of Miss Hazel Bowles due to illness. The members agreed to accept this resignation with sincere regret for the loss of her constructive influence, and with best wishes for her speedy recovery.

Miss Eleanor Dowd, who is in charge of the pediatric nursing program, Yale University School of Nursing, accepted the invitation of the committee to become a member to fill the vacancy left by the resignation of Miss Bowles.

Consideration was given to unfinished projects of the committee:

1. Preparation of the lay workers for the care of children.

   Miss Kaltenbach reported that the subcommittee formed to secure information on the preparation of lay persons, chiefly nurse maids, for the care of children, had sent out letters of inquiry to the state boards of nurse examiners on this problem. To date all but eight states have answered. Most of the state boards have no information on this subject but some of them advised that this committee write to the state welfare associations.

   The large number of workers in this field, particularly in orphanages and other institutions was emphasized, and the need stressed that these workers be qualified to work constructively with children.

   It was agreed that the committee should proceed with this problem in the following way: That this committee should ask the Board of Directors of the National League of Nursing Education for permission to form a subcommittee, Miss Winifred Kaltenbach to be chairman, for Study of the Preparation of Lay Workers for the Care of Children, this study to have these objectives in mind:

   a. The formulation of definite recommendations, as a result of its investigation, for the preparation of this lay group.

   b. That pertinent information including these recommendations should be submitted to the Joint Committee to Outline Principles and Policies for the Control of Subsidiary Workers in the Care of the Sick, of the three national nursing organizations.

2. The study of clothing and appliances of children in hospitals.

   The need for information on clothing and appliances for the use of children in hospitals was discussed. It was felt that a simple pamphlet, perhaps in picture form, with information that represents the thinking and experiences of leaders in pediatric nursing be compiled. The committee voted that Miss Dowd prepare such a study.

3. Outline of Course in Pediatric Nursing:

   The outline of the advanced course in pediatric nursing as given in the Children's Hospital and the University of Cincinnati, under the direction of Miss Bancroft, was next discussed. Copies of this outline had been sent previously to all members.

   The chairman briefly presented the outline of the course.

   From the discussion that followed this presentation, these suggestions were adopted by the committee: That a further study of graduate courses be made through subcommittees in various areas. That the committee hold a breakfast meeting at the convention in May, in Philadelphia, to discuss work of the subcommittees on the advanced course in pediatric nursing.

The committee met in the afternoon of the same day with representatives of the Council on Orthopedic Nursing of the National Organization for
Public Health Nursing to discuss the tentative outline for an advanced course in orthopedic nursing.

Respectfully submitted,

M. CORINNE BANCROFT, Chairman

REPORT OF THE COMMITTEE ON LAY PARTICIPATION

The committee has carried on most of its work by correspondence and several conferences have been held with the chairman of the state committees.

We are pleased to report that fourteen states have reported the formation of committees on lay participation. These committees are in the District of Columbia, Illinois, Maine, Massachusetts, Michigan, Minnesota, New York, New Jersey, North Carolina, Oregon, Pennsylvania, Rhode Island, Tennessee, and Virginia.

The committee is sponsoring a luncheon meeting in Philadelphia on May 15. An interesting program has been arranged.

Respectfully submitted,

GRACE A. WARMAN, Chairman

REPORT OF THE COMMITTEE ON MEMBERSHIP CAMPAIGN

The augmenting of this committee to include a representative from each state league of nursing education has resulted in decentralization of activities. No committee meetings have been held and communication is carried on by correspondence, a burden which has been assumed by the staff at National Headquarters.

At its January, 1940, meeting, the Board of Directors adopted the following recommendations of the committee:

1. That nominations for members to this committee be solicited from state leagues in order that the Board may appoint the committee at the forthcoming spring convention.
2. That the present list be brought up to date before the spring meeting.
3. That 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) may be given recognition.
4. That a report from each state representative on the committee be included in the annual report sent by the state league presidents for the Advisory Council meeting.

The special membership rally luncheon will be held on Friday, May 17th at 12: 30 p.m. at the Benjamin Franklin Hotel. Speakers have been selected from the Membership Campaign Committee. The theme of the rally is the celebration of our past achievements in membership gains and inspiration for future efforts in that direction.

Respectfully submitted,

EDNA S. NEWMAN, Chairman
REPORT OF THE COMMITTEE ON MENTAL HYGIENE AND PSYCHIATRIC NURSING

The Committee on Mental Hygiene and Psychiatric Nursing held one meeting during the year of 1939 at which time definite suggestions were made regarding the activities to be undertaken by the various state committees, and the special projects of the National Committee for the coming year.

Shortly after this meeting the chairman sent a letter to the chairman of each state committee suggesting that the following might be interesting activities for the state groups during the coming year:

1. State committees should endeavor to establish a closer relationship between nursing organizations and the public welfare department of their respective states.
2. An effort should be made to extend the educational programs by planning:
   a. Single lectures for laity and nursing groups
   b. A series of lectures for laity and nursing groups
   c. Courses for graduate and undergraduate students.
3. Studies and surveys should be made of the:
   a. Facilities available for study in the fields of psychiatric nursing and mental hygiene
   b. Patient care in state institutions, the number of hours of care per patient, the number of graduates and attendants giving the care
   c. General hospital schools of nursing giving courses in psychiatric nursing and mental hygiene
   d. Number of nurses prepared to do psychiatric nursing
   e. Number of nurses who have had courses in psychiatric nursing and mental hygiene as undergraduate students.

The committee is very much interested in having a historical study of courses in psychiatric nursing and mental hygiene for undergraduate students, and has suggested to the Board of Directors that this be undertaken as soon as possible by a qualified person who can give full time to the study.

A report was given on the Resident Training Project of the State Hospital at Las Vegas, New Mexico. This movement has raised a great deal of interest in our group. The following excerpt from a mimeographed circular sent to those interested in enrolling for the project gives a very brief statement of the plan:

"The National Youth Administration will operate a Resident Project for young men and women at Las Vegas under the co-sponsorship of the New Mexico State Hospital. Opportunities for work experience and training will be made available to eligible young people in the field of practical nursing and institutional care.

"The Project will be operated on a state-wide basis with enrollment open to qualified applicants from any part of the state. The first term of enrollment will extend over a period of six months, beginning May 1, 1939. The quota for the first session will be twenty male and female enrollees (total of twenty enrollees)."

The committee was unable to endorse this activity because of the meager information. We hope that some member of our committee may visit this hospital in the near future and obtain more definite information.
An effort is being made to get a list of speakers in the various states who are prepared to give lectures on psychiatric nursing or mental hygiene, singly or in a series. The list will include psychologists, psychiatrists, mental hygienists, social workers, welfare workers, and nurses especially interested in the subject. This information will be available at National Headquarters and the Executive Office of each state association of graduate nurses to all those who are interested.

The committee is making an effort to list and have on file the names of all nurses who have had preparation in psychiatric nursing. It is very important to have this information available for those who are interested in procuring nurses qualified in the subject. These data would also be valuable in the event of a national emergency, when psychiatric nurses might be needed on short notice.

There has been considerable discussion at committee meetings, and by individual nurses, on the necessity of having a nurse prepared in psychiatric nursing and mental hygiene available to assist nurses, lay groups, and organizations in the promotion of psychiatric nursing and mental hygiene in their respective states. The work of such a person would be similar to that now carried on by the chairman of the Committee on Mental Hygiene and Psychiatric Nursing; that is, she would furnish information in response to requests, plan lecture courses and institutes, assist in outlining courses for graduate and undergraduate students, make surveys of facilities in hospitals, advise hospital administrators regarding steps to be taken to meet the requirement for a satisfactory educational program for student nurses, suggest ways of improving nursing care in mental institutions, and arouse the interest of nurse educators in the importance of all nurses having some psychiatry in the basic professional course. Since there is a department of mental hygiene in the United States Public Health Service, it was the unanimous opinion of the committee that there should be a nurse in that department qualified to render such service to the community.

The committee is still interested in making a survey of nursing care needed by patients suffering from various types of mental illnesses. There was considerable discussion of this subject, with the result that a committee was formed to study the feasibility of making such a study. Miss Pfefferkorn will be asked to assist with this study, and Dr. Charles Fitzpatrick, Chairman of the Nursing Committee of the American Psychiatric Association, will be a consultant.

The chairman had the privilege of attending the annual meeting of the American Psychiatric Association in Chicago. There was a round table on nursing conducted by Dr. Stevenson of London, Ontario, who was formerly the chairman of the Nursing Committee. There was a spirited discussion regarding the graduate nurse in the mental hospitals. There were many doctors present who still favor the state hospital school for the preparation of the psychiatric nurse. Several superintendents related personal experiences of how the general hospital nurse, although she had had some experience in psychiatric nursing, was not as satisfactory as the nurse graduating from
the mental hospital school of nursing. Others told of how they had made every effort to have a school for affiliating and graduate students, but the number of students sent to them was too small to warrant the continuance of the school. In some instances the students were of such poor caliber and had manifested so little interest in mental nursing that the institution was not interested in continuing the school.

The chairman has had several conferences during the year with individual nurses and psychiatrists interested in nursing subjects, and there has been considerable correspondence.

Respectfully submitted,
MAY KENNEDY, Chairman

REPORT OF THE COMMITTEE ON RECORDS

INCREASE IN SALE OF RECORDS

The total number of records sold during 1939 was 628,207, or almost 300,000 more than the number (357,831) sold during 1938. The proportionate increase in the sale of the "D" records, or in-school set, was greater than that of the "B" and "C" records. This increase is as one might expect, since the "D" records became available only in 1938 and the "B" and "C" records have been on sale since 1935.

COMMITTEE CHAIRMAN AND MEETINGS HELD

Miss Elizabeth Melby, named by the Board of Directors as Chairman of the Committee on Records, preferred not to act as chairman but to remain on the committee as a member. Because of Miss Melby's decision, Blanche Pfefferkorn continued as chairman. Since October, the committee has held four meetings which were largely given over to consideration of clinical teaching records.

CONSIDERATION OF RECORDS AT THE ANNUAL MEETING

Prior to the convention in New Orleans, Miss Ohlson, Chairman of the Subcommittee on Records of the Committee on State Board Problems, requested from members of the state boards suggestions and comments on the League records available. Some excellent comments were received. These comments provided stimulating discussion at the meeting of the State Board Problems Committee in New Orleans.

CLINICAL TEACHING RECORDS

Preliminary to the work on clinical teaching records, two letters were sent out. One of these letters, signed by Miss Ohlson, was sent to the secretaries of state boards of nurse examiners. This letter asked state boards to:

1. Review the clinical teaching forms in use at present in their respective states
2. Send to the chairman of the Committee on Records copies of forms that include features that have been helpful
3. Send any suggestions on clinical teaching records that members of the state boards might have.

The second letter was addressed to thirty-four selected schools by the chairman of the committee. It requested five sets of the clinical teaching records used by the school, explaining that they were for study by the members of the Records Committee. The letter further stated that it would be helpful to the committee to know:

1. The use the director of the school makes of the clinical teaching records
2. The use the supervisor makes of these forms
3. The use the head nurse makes of them
4. The use the student makes of them
5. If the school were of the opinion that its records gave the information concerning the clinical teaching program in effect which it considered important.

As a result of these letters, a large number of records were received, some of which will undoubtedly be helpful to the committee. In the majority of instances, too, the schools sent in rather full answers to the questions above.

At the meeting of the committee on January 4, the committee agreed to begin drafting the following eight clinical teaching forms and to work toward completing them this year. These forms are:

1. Basic or elementary technical procedure record
2. Weekly assignment plan
3. Ward assignment plan
4. Time record of students: instruction and practice
5. Case study outline
6. Case experience outline
7. Student medication card
8. Summary reports for two services: medical and surgical.

REVISION OF RECORDS

As a result of suggestions received from the field, minor revisions of some of the forms have been made. These revisions are concerned with the Application for Admission, the Personality Report, and the Secondary School Record. The committee welcomes comments from the field. Only by receiving such comments can the records serve their most useful purpose.

Respectfully submitted,

BLANCHE PFEFFERKORN, Chairman

REPORT OF THE SISTERS' COMMITTEE

A meeting of the Sisters' Committee was held in New Orleans, Louisiana, on April 23, 1939, and was attended by 84 Sisters, representing 43 schools. Sister Raymunda Klinkhammer, St. Mary's School of Nursing, Rochester, Minnesota, reported on a study of Present Status of Educational Programs
Offered to Graduate Nurses in the Advanced Clinical Specialty of Operating Room Technique. Discussion of the study centered around the two points:

Medico-Moral Problems
The Catholic teaching concerning medico-moral problems should have an adequate place in the advanced educational program for graduate nurses in the clinical specialty of operating room technique.

Studying the Patient As a Whole
The postgraduate student should be given ample opportunity to study the patient as a whole, pre-operatively and post-operatively as well as during the operation. It was agreed that if the enrollment did not exceed four students twice yearly, the right kind of program could be worked out whereby the student could study the patient as a whole without doing actual bedside nursing.

A round table on Accreditation was led by Sister Berenice Beck and Sister Laurentine. With the consent of the chairman of the Committee on Accrediting, Sister Laurentine read from the Report of the Secretary of the Committee on Accrediting some of the common weak points found in the schools which have been visited by the secretaries. The weak points are as follows:

1. Ward teaching programs are either entirely lacking or badly organized
2. Members of faculties are poorly prepared and in spite of college courses in supervision many seem unable to apply their knowledge
3. A system of ward records which will promote efficiency in the care of patients and constructively guide the education of students is badly needed
4. Clinical experience for students in some of the major fields seems limited in the home hospital as well as in adjacent cities
5. Nursing techniques are often complicated and time-consuming.

A discussion of accreditation centered around the following points:

1. What methods and criteria will be used in selecting examiners
2. Whether full-time examiners covering the whole United States would be preferable to regional part-time examiners
3. The advisability and practicability of having Sisters serve as examiners
4. Regarding Sisters as examiners: what would be the attitude of our lay leaders? What would be the attitude of the Superiors of Communities?
5. What percentage of representation could the Sisters hope to have?

Those present seemed to be unanimous in their desire to have Sisters serve as examiners.

Respectfully submitted,
SISTER OLIVIA, Chairman

REPORT OF THE COMMITTEE ON STATE BOARD PROBLEMS
The Committee on State Board Problems has held one meeting since the convention in New Orleans. This meeting was held at Headquarters on September 20, 1939.
The activities which are being carried on by the committee at the present time are:
A study of the use of cooperative tests.
A study preparatory to setting up minimum qualifications for members of the nursing school faculty.

A study of the use of League records.

Mrs. Louise McManus, Chairman of the Subcommittee on Tests, has been carrying on an extensive correspondence with state boards, and has been greatly encouraged at the response she has received. A report of the work of her committee will be given at the special conference of the state boards following the convention.

Miss M. Cordelia Cowan is chairman of the subcommittee studying the nursing school faculty and will also report at this conference.

Since the subcommittee studying the use of League records had sent out a questionnaire to state boards last year, it was felt that it would be better to wait until another year before checking up on the use of records in the various states.

The committee has prepared a program for the special conference of state boards of nurse examiners to be held on Saturday afternoon, May 18. The secretaries of the state boards of nurse examiners have sent in many questions on problems for discussion at this meeting. The problem of student affiliation with public health agencies will be discussed both from the viewpoint of the state boards and of the agencies.

Respectfully submitted,

JOSEPHINE McLEOD, Chairman

REPORT OF THE COMMITTEE TO STUDY ADMINISTRATION IN SCHOOLS OF NURSING

It is with great pleasure and not without some satisfaction that we may report to you accomplishment, rather than just progress, as we did last year. Your committee was charged with a tremendous responsibility when it undertook so comprehensive and so interwoven a study. We are of the opinion that had we realized the many highways and by-ways into which we should have to go and the many knots we should have to make an attempt, at least, to unravel, we would not have had sufficient courage to begin the task.

While the committee has retained its primary objectives in making the study, viz.:

To ascertain what are the most stable and/or satisfactory organization or organizations by which the objectives of schools of nursing can be attained

To study the various methods by which these organizations may be made effective

To consider in what types of institutions, schools of nursing can best function

To compile the results in some usable form,

the report will be presented in a somewhat different form from that originally conceived. It will not be a manual but simply a guide in which the purpose of a school is defined and certain principles set forth to preserve its integrity.
It is the hope of the committee that when the work is completed, the findings will be both useful and helpful to school and hospital administrators, to boards of trustees, to faculty members, and to students in administration.

When we made our report to the Board in January, we hoped that the manuscript would be ready by this meeting, but it is not yet in form to be published and there are still parts of the study in process of writing. We expect, however, that it will be issued before the summer begins. The committee has been at work since 1937. During the first two years, Miss Elizabeth Pierce, the Executive Secretary, was engaged in fact finding and in making certain analyses which would form the structure upon which the report might be written. We were fortunate in obtaining Dr. Helen Davis and Dr. Roy Bixler to work with the committee, carry on research, and analyze the findings. Dr. Floyd B. O'Rear has acted as an official consultant to the research workers and also to the committee. Both of our research assistants have had considerable experience in making studies in other fields of administration, social service, and higher education.

While a large number of meetings of the Executive Committee have been held during the time the study has been in progress, it was not until February 16, 1940, that the full committee, with the consultants, met in New York to go over the study in its unfinished form.

You will recall that the committee members represent a very wide area and various activities and for this reason it was not expedient to bring them together until a sufficient amount of material was in shape for their review. The report, which has been written by Dr. Bixler and compiled from a number of sources and original research by Miss Pierce, is in three parts.

At the time of the meeting, the first part of the report, which previously had many writings and revisions, was submitted for review, together with an outline of the material which was to be included in the two remaining sections. Copies of this material were distributed to the members of the League Board at its January meeting and sent also for study to each member of the committee and to the consultants.

An all-day session was held on February 16 in the Roosevelt Hotel, attended by 25 persons. The manuscript was subjected to a thoughtful and critical analysis, which the committee and Dr. Bixler accepted with gratitude and appreciation. At this time we will not discuss the content of the report for the reason that later on, during the convention, the program committee has planned a session on administration at which Dr. Bixler will present the concept of administration in schools of nursing accepted by the committee, after which three members of the committee will discuss some of the important factors which have been dealt with in the study. Following the session, a round table will afford opportunity for questions and for discussion.

The committee feels that when the report is published, it will have dealt with only the basic principles of so complicated a subject, and while this present committee will hope to be discharged, it begs to recommend that under suitable conditions further detailed studies of certain important phases of administration be undertaken by the Department of Studies in collabora-
tion with committees made up of experts in schools of nursing administra-
tion, who will have associated with them consultants in hospital administra-
tion and administration in higher education.

Respectfully submitted,

EFFIE J. TAYLOR, Chairman

REPORT OF THE COMMITTEE ON NURSING TESTS

After the New Orleans meeting in 1939, the NLNE Board decided to
establish the Committee on Nursing Tests as a regular committee of the
League instead of as a joint committee of the League, representatives from
Teachers College, and the Association of Collegiate Schools of Nursing. This
was with the approval of the other bodies that were represented on the tempo-
rary committee formed last year. The original members continued to serve
with the exception of Miss Elizabeth Sullivan, and later three others were
added—Miss Buell and Miss Fox, who will represent the public health nurs-
ing group, and Miss Quereau, to represent the group especially concerned
with accrediting. Mrs. McManus continues to act as secretary and to relate
the work of this committee to the subcommittee of the Committee on State
Board Problems on which she serves also as chairman. Mrs. McManus has
carried most of the detail work of our committee, the chairman being con-
cerned especially with efforts to secure funds to support the proposed Test
Project which was outlined in our meeting last year.

This Project, briefly, was to develop a nursing test service as a branch
of the Cooperative Test Service which functions under the Committee on
Measurement and Guidance of the American Council on Education whose
chairman is Dean Hawkes of Columbia University. Dr. Ben Wood, the
director of the Cooperative Test Service, spoke at our meetings in New
Orleans, and convinced most of us, I think, of the importance of research
work in the field of tests and of the practical value of such work in pro-
fessional as well as in general education.

I need not tell you here of all our efforts to secure funds, first by out-
lining our project in great detail, having it scrutinized by Dean Hawkes' 
Committee, then referred by this committee, with a strong recommendation,
to the Carnegie Corporation. We sent out a questionnaire last summer to
100 selected schools of nursing and to secretaries of all state boards of nurse
examiners to ascertain the extent of interest in the cooperative test project,
Opinions as to its value, and the probable use of the tests, etc. Briefly, the 59
schools replying assured us that they believed the proposed tests would be
distinctly valuable, or of marked value, and estimated that schools and indi-
vidual students would use 15,000 of the preclinical and 18,000 of the basic
preparatory tests per year. Twenty-four state boards responded favorably
and many individual letters were sent to us and to Dean Hawkes expressing
the hope that the work could be launched as soon as possible. In spite
of these and other efforts, the request was not successful. A number of
factors, including the international situation, contributed to the decision, but it was a great disappointment to all of us.

We are not going to give up, however, because of this setback. The returns we have had from the field and the growing interest of nursing groups as shown by requests for addresses and institutes on tests, and the favorable comments of test experts consulted about our prospects, make us more determined than ever to find some way of carrying on the project. We are now making a modified plan which will call for a less expensive setup to be established at League Headquarters. It is our hope that funds may be secured for this. We have every assurance that this work can be made self-supporting in a short time and that there is a real demand for it in the nursing field.

The following recommendation was made by the committee to the NLNE Board and the committee has been authorized to proceed on this basis:

That the Committee on Nursing Tests be empowered to seek funds for the purpose of setting up a nursing test project in the NLNE, the purpose of which shall be: (a) to prepare valid, reliable, objective tests of achievement in basic nursing (including nursing in each clinical area and preclinical nursing) and other tests of achievement if advisable for special purposes, through the cooperative efforts of volunteer groups of nurses; (b) to maintain a test consultant service to state boards of nurse examiners and other groups desiring help in various aspects of testing and to give advice to nursing schools and other organizations in the selection and use of suitable non-nursing and nursing tests; also to provide service in scoring, tabulating, reporting, and interpreting the results of such tests in terms of norms which would be developed for nurses. It is understood that as soon as funds are assured that the committee would submit specific plans which would insure the effective operation of the project within the limits of the resources available for it.

The secretary of the committee has been kept very busy responding to requests for talks at state board meetings and institutes. These requests seem to indicate a live interest in tests and measurements. The secretary also compiled a file of names and qualifications of people who will serve on voluntary committees for the preparation of test questions to be used in the construction of standard tests. These people have shown much interest and some have written asking us when we are to call on them. Unfortunately we cannot begin until we have someone who can give her entire time—or at least a good part of her time—to this work.

We are anxious to have an expression of opinion from this group to indicate whether you agree with the members of this committee that the development of better measures of nursing achievement is urgently needed by our schools, state boards, and other educational agencies; and whether you can see any way by which the state and local leagues can help to supply the initial funds needed to get this program launched without further delay.

The committee has planned the Round Table on Tests for the Friday morning program and hopes to have a further discussion of this whole problem at that time.

Isabel M. Stewart, Chairman
REPORT OF SPECIAL COMMITTEE APPOINTED TO CONSULT WITH
THE AMERICAN RED CROSS NURSING SERVICE

I should like to report to you as chairman of a special committee which
was appointed last autumn at the request of the Advisory Committee to the
American Red Cross Nursing Service. The request which came to the Na-
tional League for the appointment of this special committee indicated that
the American Red Cross Nursing Service was eager to have the help of the
League on two special matters: first, to cooperate with the American Red
Cross Nursing Service in helping to increase enrollment in the First Reserve;
and second, to set up a plan suggesting what might be done to increase the
supply in the First Reserve in case of a national emergency.

In order to meet the first request, the League has done several things, but
I am going to speak of only two. In the first place, a letter went out to the
director of every school of nursing, under the signature of the President, ask-
ing you to cooperate in every way possible in encouraging your students to
become members of the American Red Cross Nursing Service. In the second
place, we agreed to place on the program of the Advisory Council meeting
at this national convention an opportunity to discuss this matter. Those of
you who were at the Advisory Council meeting yesterday know that we did
have three reports on how to encourage senior students to become members
of the American Red Cross Nursing Service upon graduation. We may have
more opportunity for discussion of that before the convention closes.

In relation to the second request, the committee set up a very brief skeleton
of a plan which might be followed in case of a national emergency, and I
think it might be well for me to read that to you at this time, so that you
will know what the committee has presented, through the Board of Directors
of the League, to the American Red Cross Nursing Service.

A. Present supply

294,189 (graduates and students, according to 1930 U. S. Census fig-
ures—latest figures available).

This number is augmented each year by approximately 20,000 new
graduates. On January 1, 1939, there were 82,095 student nurses en-
rolled in schools of nursing approved by state boards of nurse examiners.
If the same proportion of students enrolled on the first of January are
graduated during 1939 as were graduated during 1938, there will be
about 23,000 new recruits added to the profession during the year 1939.
Of this number, approximately 21,500 will be graduated from schools
connected with hospitals having a daily average of 50 or more patients.

B. Suggestions for increasing supply

1. Increase student enrollment in good schools of nursing.

The extent to which this could be done is not now known, but
should the need arise it could be determined fairly easily. The com-
mittee is strongly of the opinion that any suggestion to increase stu-
dent enrollment should be guarded carefully and that increase in the
number of students in a school of nursing should not go beyond the point where a sound program of nursing education could be made effective.

2. Organize a campaign to recruit students on a national basis in cooperation with and under the direction of the Nursing Information Bureau.

This Bureau is well prepared to carry forward this type of campaign should the need arise.

3. Graduate student nurses from some of our very good schools of nursing in a somewhat shorter period of time than three years, if the urgency of the situation should demand it.

In the opinion of the committee, this step should not be considered unless the need was urgent and unless schools of nursing could rearrange their curriculum offerings in such a way that the students' preparation would not be materially weakened. State board requirements for admission to examinations should also be considered before such a plan were made effective. It is also the opinion of this committee that those graduated with less than three years (and other younger graduates) should in most cases be employed in hospitals at home, thus making possible the release of older and more experienced graduates for overseas service.

4. Draw upon graduate nurses in the Second Reserve of the American Red Cross Nursing Service and also upon the fairly large group of graduate nurses who are not actively engaged in nursing for service in civilian hospitals and public health nursing agencies, thus making it possible for these institutions and agencies to release the members of their staffs eligible for government service without jeopardizing the care of patients and greatly curtailing their service to the community.

Alumnae associations would undoubtedly be of great assistance in helping institutions to get in touch with those of their members not actively engaged in nursing.

5. Use fairly large numbers of aides working under graduate nurse supervision to help meet the needs of civilian hospitals, and perhaps to a less degree those of military hospitals at home.

6. Seek the assistance of institutions of higher education to provide instruction, particularly in such subjects as the biological, physical, and social sciences, in order that a high level of instruction might be maintained in the face of a possible depletion of faculty groups in schools of nursing.

Projects similar to the Vassar Training Camp might also be considered provided sufficient financial support could be secured.

7. Consider the advisability of reopening the Army School of Nursing, if the need for qualified graduate nurses could not be met in other ways.

Respectfully submitted,

NELLIE X. HAWKINSON, Chairman
JOINT ADVISORY COMMITTEE ON LEGISLATION OF THE ANA AND NLNE

This committee reported to you at the Biennial Convention held in April, 1938, that it was to take charge of the afternoon program for members of state boards of nurse examiners. (April 30, 1938.)

The program proved to be a stimulating one for the members of the committee. There was a lively discussion of the principles and policies involved in the consideration of nurse practice acts, and judging from the increased amount of correspondence and requests for assistance from those concerned with the nurse practice acts in various states which followed, the conference was also stimulating to those in attendance.

The matters which have been brought to the committee have in the main related to proposed amendments to existing nurse practice acts, but suggestions have also been sought on what steps should be taken in light of the needs for more progressive and adequate laws.

Four meetings of the committee have been held, September 29 and November 30, 1938, and on January 3 and February 13, 1939.

One state association sent representatives to discuss proposed amendments and following this meeting a considerable correspondence was carried on, which resulted in changes being made in the amendments which were introduced into the legislation. I should say that this service was greatly appreciated by the state in question.

A considerable correspondence has been carried on with many states, the results of which have been seen in some of the progressive legislation of the past two years.

An interesting question came from one state regarding the possibility of setting up some plan for the certification of nurses, i.e., as specifically qualified in certain nursing specialties, through the professional organizations. This was a matter somewhat out of the ordinary, and involving policy. It was therefore passed on for the consideration of the Boards of Directors of the ANA and the NLNE. The matter as presented seemed to the committee impracticable and confusing.

Since the spring of 1939, there has been less activity. The committee, however, continues to desire to give help in these matters, and invites correspondence.

Respectfully submitted,

ELIZABETH C. BURGESS, Chairman

JOINT COMMITTEE ON COMMUNITY NURSING SERVICE

REPORT

The Joint Committee on Community Nursing Service has held two regular meetings since the 1938 Biennial Convention, one in December, 1938, and one in December, 1939. In addition, there have been a number of meetings of the subcommittees responsible for the preparation of material and for
work in connection with the general program agreed upon at the regular or
annual meetings.

The committee's report to the House of Delegates at the 1938 Biennial
Convention gave a fairly detailed account of its organization, the committee's
personnel, the objectives, and policies governing its activities. These same
general principles have served as bases for the committee's program of work
during the past two years. In view of this, it has been suggested that it
would be helpful at this time to review our accomplishments and plans for
the coming year.

In this connection, the committee suggests a discussion of the following
questions:

1. What led to the appointment of the Joint Committee on Community Nursing?
2. What are some of the obvious results achieved thus far?
3. What assistance are the national organizations prepared to give to local groups
interested in undertaking a reorganization of nursing service?
4. What are the responsibilities of local nursing groups in promoting, or in work-
ing for a more effective nursing service for all groups of people in their com-
munities?

Committee

The developments that led to the appointment of the present Joint Com-
mittee on Community Nursing Service in 1935 have come about in a logical
way and are based on facts provided by studies covering a period of several
decades. The findings of the Rockefeller Report, the Committee on the
Costs of Medical Care, and the report of the Committee on Grading of
Nursing Schools, proved beyond a doubt that nursing was faced with the
major problems of distribution of nurses and also with the problem of sup-
plying nursing service to the large numbers of people unable to obtain such
service. The first step by the national organizations to meet this need re-
sulted in the appointment, in 1928, of a Joint Committee on the Distribution
of Nursing Service. The early objectives of this committee were to develop
standards of hourly and group nursing and to organize councils to study the
needs of communities. The objectives were later summarized as "the attempt
of organized nursing to formulate and execute a plan which will bring the
well-prepared nurse in contact with those situations in which her services are
needed, and in which her services will be available to all patients, under
conditions which will allow for satisfaction in workmanship to the nurse."

This committee was reorganized in 1932 and became a committee of the
ANA. It was discontinued after presenting its final report to the Board of
Directors in January, 1934.

Later that same year, the NOPHN was asked by the ANA to appoint a
Committee on Community Nursing Service because of the need for pro-
moting interest in nursing problems among lay groups. This request was
made of the NOPHN because that organization included lay members.

However, it soon became evident that the problem of trying to provide a
more adequate nursing service in communities was a joint responsibility of
the ANA, NLNE, and NOPHN. In January, 1935, the Joint Board of Directors approved the formation of a Joint Committee on Community Nursing Service.

The committee outlined its functions as follows:

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 like interest and action in other communities

Since 1937 the committee has concentrated on the preparation of material or tools which would serve as guides to local groups preparing to organize for a community study of its nursing resources.

Outline, Guides for Formation of Councils, Tentative Outline for Surveys

The first step in this connection was the preparation of a Guide for the Formation of Councils on Community Nursing. The council provides a meeting ground, through broad representation, for the discussion of plans relating to nursing service from the point of the public served, as well as that of the nurses giving the service. It also provides for the study of problems from the point of view of all concerned, rather than from the viewpoint of isolated organizations' needs. It serves as a connecting link between the community and the agencies providing nursing service, thereby establishing sound public relations. The council also assists in setting up machinery for the establishment of a coordinated nursing service.

The organization of councils or committees with clearly defined objectives will lead to the study of nursing resources, needs, gaps, and duplications. The Tentative Outline for a Survey of Community Nursing Service was prepared to meet this need, and with its interpretative material, was made available early in 1939. Due also to the confusion regarding the terms used, the committee published in these outlines the following definitions:

1. A community includes all the people in a selected geographic area

2. Community Nursing Service includes all types of nursing needed in a community. Those rendering the service may be privately employed or may work under the auspices of hospitals, health departments, schools, industries, community nursing bureaus, nurses' professional registries, voluntary public health nursing associations, or other organized groups

3. A Council on Community Nursing is a group composed of representatives of agencies distributing nursing services within the community, and nurses, members of allied professions, and laymen, formed to study nursing needs and resources and to develop and complete nursing service to be rendered by well-qualified personnel

4. A Community Nursing Bureau is a community agency organized for the purpose of giving information concerning all nursing facilities and agencies in the community and distributing nursing services not otherwise supplied. It should be administered by a board representing nursing and the various community interests; it should have financial support to make it possible to give service to those who cannot pay; it should maintain a high quality of service through careful selection, placement, supervision, and education of personnel
Evidences of Progress as a Result of the Committee’s Activities Are

1. That, due to the field and consultant work by the Executive Secretary, Miss Lulu St. Clair, from 1937 to 1939, the articles published in the nursing journals, and addresses on the subject, there is much evidence of interest in Community Nursing.

2. Requests for the Guide for the Formation of Councils have been received from communities in practically every state and from Canada. The present outline was patterned after the councils that were organized in Cleveland and Cincinnati, Ohio; Chicago, Illinois; and Detroit, Michigan, prior to 1935. Since then, councils have been formed in Saginaw, Michigan; Essex County, New Jersey; Rochester, New York; and Duluth, Minnesota, and Boston, Massachusetts, report the reorganization of theirs to meet present needs. Sixteen other cities are considering the formation of councils.

3. The Tentative Outline for a Survey of Community Nursing Service, the interpretative material, and the article by Miss Alma C. Haupt in the January, 1939, issue of the American Journal of Nursing on Why Study Your Community Nursing Service, have stimulated a great deal of interest. To date, more than 200 copies of the outline have been purchased by nurses and in some instances by others interested in the subject. Recently requests for help with surveys and with plans for programs have been received from Houston, Texas; Chicago, Illinois; Bridgeport, Connecticut; New Rochelle, New York.

4. The organization of the Community Nursing Service in Rhinebeck, New York, was realized during the past year after considerable consultation.

It is difficult to determine or to measure the full extent of the progress made. This is due in a large measure to the fact that we are still in the discussional stage of the work. There is every reason, however, to believe that we may expect some actual experimentation from now on.

Plans for the Coming Year

The curtailment of funds from the national organizations made it necessary to discontinue the services of Miss St. Clair. It is difficult to evaluate adequately her two years of service as executive secretary. It is safe to assume that a great deal of the interest that has been created in community nursing can be attributed to her field service, interviews, correspondence, talks to groups, and her help in preparation of the material now available to groups and individuals.

In anticipation of possible difficulties in securing financial assistance from outside sources it was voted, in 1938, to appoint a small subcommittee to prepare an alternate plan to provide for continuance of the committee without a paid worker, with the understanding that the Joint Board of Directors would designate the organization to carry on the work.

The Board of Directors of the American Nurses’ Association accepted this plan which provides for the committee to continue under the aegis of the ANA, with the help and cooperation of the National League of Nursing Education and the National Organization for Public Health Nursing. It was also agreed that the personnel of the committee and the subcommittees remain the same for the coming year.

The committee accepted with regret the resignation of Lyda Anderson,
R.N., representing the ANA, and Alma C. Haupt, R.N., and Mrs. Chester Brooks of Cleveland, Ohio, both representing the National Organization for Public Health Nursing. Mrs. Lulu St. Clair Blaine succeeds Miss Haupt.

Because of the necessity of dispensing with the services of the executive secretary, the committee is confronted with the problem of deciding on what it can do to give groups the help they need in the interpretation of community nursing in the formation of councils, the making of surveys, the analysis of the findings, and in helping them with plans for the establishment of a better nursing service. The committee believes too that the problems resulting from the confusion in the minds of many individuals regarding the participation of each of the national organizations in the promotion of community nursing, in the newer sense, make it increasingly more important to continue the work on a joint basis.

Why We Need to Consider Plans for Community Nursing Service

From the committee's surveys on community nursing services which have been made, and from many other sources, we know that our large cities, regardless of the fact that they have many agencies rendering some type of nursing, are not providing the community with a coordinated or an effective system of community nursing service. The agencies frequently function independently of one another, with no effort on their part to visualize the sum total of all services rendered in terms of community needs.

These isolated and unrelated efforts on the part of official and private agencies, in our large cities, the smaller towns or cities, and in our rural communities, regardless of the quality of service, inevitably result in duplication, waste along many lines, and in leaving some fields or groups without service. It is the consensus that the organized nursing groups in communities must assume leadership in the development of a more satisfactory system of nursing service.

The committee would like to suggest that the districts of the state associations, or other organized groups appoint a committee to:

1. Review and study the Guide for the Formation of Councils and the Tentative Outline for a Survey of Community Nursing Service

2. Discuss the material with representatives from agencies giving nursing service, a group of doctors, social workers, and lay people

The preliminary discussion will, in all probability, lead to questions of an organization or a council and the making of a survey. Nurse leaders and others must recognize that the proposed steps will require many meetings and much time. The process of building an effective system of community nursing service will require dealing with many groups and individuals. It will require a carefully planned program of publicity and education to fully acquaint the nurses and the public with the advantages and opportunities of a well-organized and an efficiently directed community nursing service.

Respectfully submitted,

ELSBETH H. VAUGHAN, Chairman
REPORT OF THE JOINT COMMITTEE ON THE COSTS OF NURSING SERVICE AND NURSING EDUCATION

The report of the study on nursing costs was sent to the Joint Committee on June 15, 1939, and on June 30 a meeting of the committee was held. All members were present except Miss Effie Taylor.

At this meeting the report was approved as a whole by the committee with certain suggestions for revision of text and re-arrangement of chapters. A small subcommittee, consisting of the chairman, Miss Goostrey, Dr. Faxon, and Mr. Rorem, was appointed to review the report when revised.

At the Board meeting in April, 1939, the League Board of Directors had delegated authority for final approval of the report to its representatives on the Joint Committee. For acceptance by the American Hospital Association, it was necessary that the report be submitted to the Council on Professional Practice of that body for recommendations to the Coordinating Committee and, through the Coordinating Committee, to the Board of Trustees. In December, action was taken by the Board of Trustees of the American Hospital Association. The Association voted to publish the report jointly with the nursing associations and to send a copy to each of its institutional members having schools of nursing.

The committee is very happy to report that the study is now available. In accordance with action taken at the League Board meeting in April, 1939, the Joint Committee will now be dissolved.

At this time, the committee desires to record its deep appreciation of the service of Miss Pfefferkorn and Mr. Rovetta, directors of the study, in carrying forward to a satisfactory completion this most difficult piece of work and of the splendid contribution which they have made to the fields of nursing education, nursing service, and hospital administration by placing at our disposal such a valuable tool.

Respectfully submitted,

NELLIE X. HAWKINSON, Chairman

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

During the past two years the Joint Committee to Outline Principles and Policies for the Control of Subsidiary Workers in the Care of the Sick has been actively engaged in securing and providing information on the problem of the subsidiary worker in the care of the sick.

There was so much active discussion of the problem of subsidiary workers at the meetings of this committee, that it was deemed advisable to clarify the thinking of the members by reviewing the policies previously adopted by the Board of the three national nursing organizations on this subject and to issue these together with certain definitions for the purpose of informing
members of the nursing and medical professions, as well as lay persons, about the stand which the three national nursing organizations have taken on this subject.

In December, 1939, a letter was sent to the presidents of all state nurses’ associations asking for information about their activities regarding the care of the sick by subsidiary workers.

Eighteen state nurses’ associations responded to this letter. Four have completed studies. These are located in Pennsylvania, New Jersey, Wisconsin, and Delaware. The New York Department of Education conducted and published a study, Nursing Education and Practice in New York State with Suggested Remedial Measures, in 1934 and the New York State Nurses’ Association through its present Nurse Practice Act has accomplished a great deal. Some of the state nurses’ associations are awaiting information from that association before presenting a bill to the legislative bodies in their respective states concerning subsidiary workers.

In eight states the state nurses’ associations are either making studies or planning to do so. These states are: California, Illinois, Maryland, Minnesota, New Hampshire, Oregon, Tennessee, and Washington. Reports from state nurses’ associations in six states indicate that no studies of subsidiary workers are to be sponsored by them. These states are: Indiana, Louisiana, Michigan, Missouri, North Carolina, and Ohio.

At the annual meeting of the Joint Board of Directors of the three national nursing organizations held in January, 1940, the Joint Board voted:

1. That the Joint Board of Directors authorize a study of legislation to be enacted in states which wish to provide for the licensing and control of the practice of these workers by reorganization of the present Committee to Outline Principles and Policies for the Control of Subsidiary Workers in the Care of the Sick

2. Realizing the importance of safeguarding the public in the use of subsidiary workers in the care of the sick, that an attempt be made through our professional journals and the Nursing Information Bureau to bring clearly before the nursing profession, the medical profession, and the public definite information as to the extent and limitations of the field of practice of subsidiary workers

In view of the fact that it was necessary to release information regarding the question of Subsidiary Workers in the Care of the Sick at the earliest possible moment following the January meetings of the Board of Directors of the three national nursing organizations, the following section of this report has been printed and given wide distribution in preprint form through the Headquarters offices of these national organizations.

SUBSIDIARY WORKERS IN THE CARE OF THE SICK

As a profession, nursing recognizes responsibility for safeguarding the public in the use of both professional registered nurses and of subsidiary workers. Many years of effort have gone into establishing sound legal standards for the protection of the public in the employment of professional nurses. The importance of providing similar safeguards in the use of subsidiary workers is apparent on every hand. An effort has therefore been made to
provide definite information regarding the extent and limitations of the field of practice for subsidiary workers. These are being made available to the nursing profession, the medical profession, and the public.

POLICIES ADOPTED BY THE
THREE NATIONAL NURSING ORGANIZATIONS

The Joint Boards of Directors of the three National Nursing Organizations have gone on record as stating that

(1) In their opinion it is the responsibility of the nursing profession to outline the principles and policies for the control of subsidiary workers in the care of the sick

(2) They favor the state licensing of all those who nurse for hire

(3) No formal courses for the preparation of subsidiary workers should be encouraged until such time as a method for the control of their practice is devised

(4) Ward helpers and orderlies should be prepared on the job for the specific tasks they are to perform in connection with that particular job.

In line with these recommendations, the Joint Committee of the three National Nursing Organizations to Outline Principles and Policies for the Control of Subsidiary Workers in the Care of the Sick has prepared suggestions for state nurses' associations regarding state studies which might be conducted for the purpose of securing information relative to the need for subsidiary workers and the demand for their services. Further, it has outlined a course for the preparation of subsidiary workers in the home, who are placed by nursing agencies. Also, it has prepared a list of duties and described the type of supervision needed for these workers as well as the activities of ward helpers and orderlies.

It is recognized that these outlines will not fit every situation. No doubt, they will need modifications if they are to be adapted in various institutions and communities. However, it is the hope of the three National Nursing Organizations that they may serve as a guide in establishing courses where some measure for the control of the practice of subsidiary workers has been devised and that they may be of assistance in assigning and supervising this subsidiary group.

DEFINITIONS OUTLINED BY THE
THREE NATIONAL NURSING ORGANIZATIONS

Subsidiary Workers

The term "subsidiary workers" includes all persons, other than graduate registered nurses, who are employed in the care of the sick, such as so-called "practical nurses," attendants, trained attendants, licensed attendants, licensed undergraduate nurses, licensed practical nurses, ward helpers and orderlies, nurses' aides, nursing aides, etc.
Ward Helpers and Orderlies

(1) Ward Helpers

Ward helpers are women, assigned to the nursing department of a hospital, who perform certain routine duties, largely housekeeping in nature, on hospital wards. They may also assist with some of the simpler routine procedures concerned with the personal care of patients. (See pages 13-15.)

(2) Orderlies

Orderlies are men, assigned to the nursing department of a hospital, who perform certain routine duties, largely housekeeping in nature, on hospital wards. They may also assist with some of the simpler routine procedures concerned with the personal care of patients. (See pages 13-15.)

Nurses' Professional Registry

A nurses' professional registry in a given community is that registry which has been so designated by the local district nurses' association and has been approved as such by the state nurses' association. Where there is no district nurses' association the state nurses' association is to designate and approve the nurses' professional registry.

Voluntary Public Health Nursing Agency

A voluntary public health nursing agency is a non-profit organization which employs public health nurses to carry on public health nursing functions in the community. Public health nursing service may be given also by a health department or a board of education.

PREPARATION AND DUTIES OF SUBSIDIARY WORKERS

Suggestions regarding the preparation, supervision and duties of subsidiary workers have been prepared by a Joint Committee of the three National Nursing Organizations, with the assistance of representatives appointed by the American Home Economics Association. This material was approved by the Joint Boards of Directors of the three National Nursing Organizations, namely, the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing, in January 1940, and is as follows:

1. Subsidiary Workers in Nursing Agencies
   a. Suggested Outline of Course for the Preparation of Subsidiary Workers
   b. Suggested types of supervision and list of duties for subsidiary workers under nursing agencies

2. Activities of Ward Helpers and Orderlies in Hospitals

SUBSIDIARY WORKERS IN NURSING AGENCIES

Suggested Outline of Course for the Preparation of Subsidiary Workers

A. Aim of the Course

To prepare qualified individuals to help meet community needs in assisting with the care of the sick in the home where the preparation and skill of a registered nurse is not required for continuous service as determined by the physician.
B. Objectives

1. To give the student information and a working knowledge of
   a. the principles and practices of good housekeeping
   b. the selection, preparation, and care of food
   c. care of well children and infants
   d. care of the mildly ill, chronic, convalescent, handicapped, or aged
      persons who do not require the expert, full-time service of a reg-
      istered nurse, or to assist with the care of more severely ill pa-
      tients under the supervision of a registered nurse

2. To give the student a definite realization of the extent of the field,
   and her responsibility in relation to the family, physician, registered
   nurse, or a home economics supervisor, the agency, and the com-
   munity.

C. Initiation of Programs

1. Courses should not be established in an area unless survey or study
   demonstrates the need for such workers in that area

2. Minimum requirements for establishing these programs should be:
   a. a qualified director
   b. adequate supervision
   c. proper physical facilities
   d. a practice field
   e. an advisory committee representing lay and professional groups
   f. adequate support both by financial and community interests

3. Provision for the establishment and conduct of such courses should
   be made in the statutes of the states and the accrediting of such
   courses should rest with the body responsible for the accreditation
   of schools of nursing.

D. Personnel

The course director should be a registered nurse, graduated from an
accredited school of nursing, with administrative and teaching ability
and preparation. She should have had experience in nursing sickness in
the home and it is desirable that she shall have had public health nurs-
ing experience.

The classes in foods and home management should be conducted by
a home economist who is a graduate of a 4-year course in an accredited
school in home economics, and who has had some experience in home
problems.

E. Practice Field and Supervision

The students' practice should be under the guidance of the course
director, and very closely supervised in all practice fields. She may be
assisted in home supervision by properly qualified nurses from the visit-
ing nurse association or a nurses' professional registry. Supervision
should be shared with the home economist.
The students' practice field may be set up under the direction of a visiting nurse association or a nurses' professional registry where actual experience in the care of patients in the home may be given. Additional experience may be secured in hospitals, or divisions of hospitals, which do not admit acutely ill patients and neither conduct accredited schools of nursing nor offer affiliations for students enrolled in such schools. This experience may be secured in hospitals which include the care of chronic and convalescent patients, in homes for aged, orphanages, maternity homes, and day nurseries.

F. Minimum Qualifications for Applicants

1. Age—20 years of age or older.
2. Legal status—citizenship in the United States or legal declaration of becoming a citizen.
3. Education—for the present applicants under 25 years of age should have completed two years of high school or its equivalent. Applicants over 25 years of age should have completed at least the eighth grade or its equivalent.
4. Health—applicants should be required to have at their own expense a physical examination, including an x-ray of the lungs, a test for syphilis, successful vaccination against smallpox (within last 5 years), immunization against typhoid fever, diphtheria, and should be in good physical condition.
5. Personality—References as to good character, personality, emotional stability, and ability to get along with other people should be secured. A suitable background of experience in the home should be required. A personal interview with the applicant is essential before acceptance.

G. Suggested Courses of Study *

1. It is suggested that the length of the course be six to nine months.
2. The hospital and home experience should be confined to the care of convalescent, chronic, and mildly ill patients, and of maternity patients after normal delivery.

Division of Time

2 months devoted to classroom instruction
1-3 months in the home
1-3 months in homes caring for mildly ill, chronic, and convalescent patients
2 months in care of well children

3. Theory and Classroom Practice. (To be given in the first month and concurrently with correlated practice.)

200 clock hours of classroom work to be divided as follows:
Care of Self .............................................. 8 hours
Behavior and Working Relationships ................. 8 “

* Adapted from the "Tentative Course of Study and Practice for the Guidance of Schools for the Training of Practical Nurses," prepared by the State Board of Nurse Examiners, Department of Education, New York State.
Housekeeping .................................................. 30 hours
Food and Cooking .................................................. 45 "
Elementary Home Care of the Sick .................................. 90 "
Care of the Mother and Newborn Infant after Normal Delivery .................................................. 8 "
Care of Children .................................................. 5 "
Care of Convalescent, Chronic, and Aged Patients .................. 6 "

200 hours

The subjects of classroom work above outlined to include a range of instruction as follows:

Care of Self—8 hours

Personal hygiene—cleanliness, bathing, care of hands, teeth, feet, diet, elimination, sleep, rest, recreation, dress, minor ailments.
Personal development—continued education; recreation; planning for economic and social security; budgeting income, time.

Behavior and Working Relationships—8 hours

The field of the subsidiary worker; attitude toward supervision; attitude toward physicians, nurses, and other workers; attitude toward patients and members of household; etiquette.
License to practice, registry relationships, relationships with visiting nurse associations and other agencies; readiness for calls, making economic arrangements with patient or family, and leaving cases.

Housekeeping—30 hours (5 hours class, 25 hours practice)

Household management and hygiene and care of the home; daily and weekly routines; housekeeping methods, cleaning, sweeping, dusting, care of bath rooms, tubs, toilets, drains, care of equipment, furniture, linen; removal of stains; simple household repairing; disposal of refuse, garbage; community sanitation; safe drinking water.

Food and Cooking—45 hours (15 hours class, 30 hours practice)

Care of kitchen and equipment.
Food values, planning of meals, choice of foods, purchasing and care.
Preparation and cooking of foods; serving of meals.
Adaptation of family dietary to patient’s needs.

Elementary Home Care of the Sick—90 hours (discussion and demonstration)

Hygiene and physical care; mental, physical, and emotional reactions to illness.
Normal structure and functions of the body.
Indications of illness.
Causes of disease; methods of communication; prevention of disease; immunization; sanitation.
Sickroom procedures

Principles of elementary home care of the sick.
Adaptation of household to illness needs; planning of household schedule; order; adaptation of cleaning methods.
Beds and bed making.
Making the patient comfortable in bed, and attending to physical needs.
Moving and carrying helpless patients.
Bathing patients, tub bath, bed bath, care of mouth, hair, etc.
Care of skin; methods of preventing bedsores, treatment of bedsores.
Relief of common discomforts—their causes, prevention, and treatment.
Improvising equipment.
What to observe and record about a sick person's condition.
Temperature, pulse, and respiration.
Keeping a simple chart.
Assistance in examination of patient.
Administration of common medication.
Local applications for inflammation and congestion; ice bag, compresses, hot
water bag, electric pad, poultices, mustard plaster, mustard foot bath, arm
and foot immersion baths.
Preparation for gynecological or genito-urinary examinations and treatment.
Simple enema, stimulating enema.
Sponge bath, alcohol rub.
Measures for prevention of simple infectious conditions, simple aseptic tech-
nic, isolation; disinfection of dishes, linen, etc.
First aid and simple bandaging.
Diversional entertainment and occupation of patient in accordance with
physician's recommendation: reading, crafts, games, etc.
Care of the body after death.
Common diseases likely to be cared for by subsidiary workers: Manifestations
and simple home care of persons suffering from colds, grippe, chronic
heart disease, chronic arthritis, chronic paralysis, cancer, diabetes, chronic
nephritis.

Convalescent care of the Mother and Newborn Infant after Normal Delivery
—8 hours

Adaptation of nursing procedures to particular condition of mother; bath, irri-
gating, care of breasts, feeding.
Care of baby—bathing, care of skin; importance of breast feeding, preparation of
formula when ordered by physician; growth and development; clothing, sleep,
routine.

Care of Children—5 hours

Growth and development; daily routine; bathing, clothing; rest and sleep;
elimination; adaptation of family dietary; behavior; play; minor illnesses;
emergency treatment of convulsions, croup, colic.

Care of Convalescent, Chronic, and Aged Patients—6 hours

Convalescent

Adaptation of household and of sickroom procedures to meet gradually
changing condition; provision for purposeful activity on gradual basis;
mental, physical, and emotional rehabilitation of patient.

Chronic

Special needs according to condition; modification of diet; activity and
diversion; problems of adjustment.

Aged

Special provisions for comfort; temperature and ventilation of room; food;
elimination; physical activity; mental changes and adjustments; protec-
tion; physical care.
SUBSIDIARY WORKERS IN NURSING AGENCIES

Suggested types of supervision and list of duties for subsidiary workers under nursing agencies

The term "subsidiary workers" as used in this outline includes all persons, other than graduate registered nurses, who are employed in the care of the sick, such as so-called "practical nurses," attendants, trained attendants, licensed attendants, licensed undergraduate nurses, licensed practical nurses, nurses' aides, nursing aides, etc.

I. Types of supervision:
A plan for careful supervision of subsidiary workers placed through nursing agencies is imperative and is essential to an effective service.

This supervision should include:

A. Selection:
Workers should be selected in relation to the situations they are to meet and the services they will need to contribute for the relief of suffering and the restoration of normal conditions in the homes to which they are called. Some of the qualifications essential for the subsidiary worker are:
1. Good health (complete physical examination).
2. No serious physical handicap.
3. Willingness and ability to do housework.
4. Pleasing personality.
5. Understanding of limitations but enough self-confidence to give family confidence in her.
6. Attention to personal hygiene and neat, clean appearance.
7. Sympathetic understanding of problems of the family.
8. Sense of humor and ability to get along well with people, but maintain dignity and avoid gossip.

B. Placement:
This is one of the most important of all the points in supervision. Things to be taken into consideration when placing a subsidiary worker are:
1. Type of situation.
2. Preparation of worker to meet the situation.
3. Personalities involved.
4. Religious prejudices, if any.
5. Racial prejudices, if any.

C. Introduction to the field:
When subsidiary workers are placed by nursing agencies, they should receive instruction as to policies of the agency and the procedures to be carried out by the worker. This can most effectively be given by an introductory period of from one week to ten days, including:
1. Lectures.
2. Demonstrations.
3. Discussion meetings.
   a. Continued instruction by periodic group discussions of problems as they arise.
   b. Discussion of individual cases with the supervisor upon her visit to the home. The number of visits by the supervisor will depend upon the type of situation and the amount of guidance and help needed by the individual worker. A minimum of one visit for each place a worker is placed and additional visits as required for instruction in regard to new or special procedures is suggested.
D. Records:
1. Instruction in keeping records is given by the supervisor.
2. The supervisor makes use of records for the purpose of supervision.

II. Duties:
The following is a tentatively suggested list of duties for subsidiary workers in homes where illness necessitates their employment:

A. Home management:
This may include assistance to the mother or housekeeper; direct charge of the home during illness in the absence of the mother; or teaching other members of the family—such as the daughter or the son of suitable age, the husband, or a relative or friend—to assume at least partial responsibility for the care of the home.
The worker’s duties will depend on the situation in the home. The duties may include:
1. The care of well children, with special attention to their regular routine of rising, bathing, dressing, eating, playing, and attendance at school.
   a. Cleanliness: Give baths or see that bathing is done if necessary.
   b. Clothing: Dress the children or see that they are properly dressed according to the weather and their activities.

C. Activity: Direct the play of small children and the activities of older children as the situation demands.
2. The planning of meals and the buying, preparing, and serving of food according to the needs and income of the family.
3. The responsibility for the regular family routine including such household tasks as cleaning, ventilating, and keeping the house in order; airing and making beds; and washing dishes.
4. Such washing, ironing, and mending of clothes as time permits and is necessary to keep the family presentable.

B. Care of well infants. This may include:
1. Preparation of formula under the direction and supervision of a registered, professional nurse according to the doctor’s orders.
2. Preparation of other food such as cereals, vegetables, etc, according to the doctor’s orders, and under the direction and supervision of a registered professional nurse.
4. Following of the accepted routine of habit training for the infant; that is, regular hours of sleeping, eating, using toilet, etc.

C. The care of mildly ill, chronic, convalescent, handicapped, or aged persons who do not require the expert care of a registered, professional nurse; or the care of more severely ill patients in intervals be-

1 Unless there is a special understanding between the subsidiary worker, the family, and the supervisor, the worker should not be expected to do such work as spring or fall housecleaning; cleaning walls and windows; heavy laundry such as blankets and an unreasonable number of sheets or other heavy articles; making of garments; or doing the work in connection with parties for various members of the family.

2 Any special treatment or care in connection with any complication or unusual condition associated with the routine procedures listed in this outline must be administered or carried on only in the explicit order of the physician and under the careful supervision of the registered professional nurse supervisor. For example, brushing the teeth of a patient with a sore mouth is more than just a routine cleansing procedure.
tween the visits of a registered professional nurse.

The services include:

1. Making, airing, and changing the patient's bed.
2. Changing the linen of the bed occupied by the patient when necessary to keep the patient clean and comfortable.
   a. Washing the face and hands or assisting with same.
   b. Cleaning the teeth or assisting with same.
   c. Preparing the tub for a tub bath or shower and assisting the patient to take a tub bath or shower.
   d. Caring for the patient's hair and nails (finger and toe).
   e. Changing the patient's night clothes.
   f. Maintaining a daily routine for the comfort of the patient, including:

(1) **Morning care:**
Give bedpan (cleaning afterward); wash face and hands; brush teeth; give bath; give back rub; change bed linen if necessary; comb hair; care for nails; give fresh water; adjust window and shades; tidy room; prepare and serve breakfast (assist or feed as necessary); brush out crumbs; give book, newspaper, glasses, etc.; desired; care for flowers.

(2) **Other care during day:**
Give bedpan (cleaning afterward); give fresh water; prepare and serve lunch; adjust pillows, et cetera.

(3) **Evening care:**
Wash face, hands, and back; brush teeth; give back rub; prepare and serve supper; give fresh water.

(4) **Night care:**
Give bedpan (cleaning afterward); give back rub; smooth sheets; adjust pillows; adjust windows and shades; give extra blanket (if necessary); extinguish lights as indicated.

(5) **Changing position**
(Moving and lifting of patient with acute illness, fracture, or other injury should be taught and demonstrated individually by the registered, professional nurse supervisor).

(6) **Food for the sick**
(The diet will be prescribed by the physician). This includes: preparing food, serving attractively; using appropriate methods—drinking tube or straw, glass, spoon, or feeder; assisting patient.

**D. Responsibilities in relationship to physician.** The worker:

1. Helps to maintain the patient's confidence in the physician.
2. Avoids any criticism of the physician.
3. Reports signs of changes of the patient's condition to the physician.
4. Follows explicitly orders of the physician.

special diets are prescribed by the physician. The preparation should be taught by a nutritionist or registered, professional nurse. This is considered a special treatment and the same rule applies to all special treatments; that is, such treatment must be ordered by the doctor, and the execution of it taught and supervised by the supervising nurse.
E. Responsibilities to the nurse supervisor. The worker:

1. Reports all new orders of the physician to the nurse supervisor in order to provide for instruction, demonstration, and supervision.

2. Discusses problems of management of work with the nurse supervisor.

3. Reports to the nurse supervisor before leaving the case.

4. Keeps and turns over to the nursing agency such records and reports as are required by the agency and the physician.

ACTIVITIES OF WARD HELPERS AND ORDERLIES IN HOSPITALS

I. General Statement

A. Definition of Terms:

1. Ward helpers are women assigned to the nursing department of a hospital who perform certain routine duties, largely housekeeping in nature, on hospital wards. They may also assist with some of the simpler routine procedures, as given in the following lists, concerned with the personal care of patients.

2. Orderlies are men assigned to the nursing department of a hospital who perform certain routine duties, largely housekeeping in nature, on hospital wards. They may also assist with some of the simpler routine procedures, as given in the following lists, concerned with the personal care of patients.

The committee in preparing the duties of ward helpers and orderlies does so with the recommendation that these workers be trained on the job for the duties to which they are to be assigned. It is suggested that these workers not be transferred frequently from one type of work to another. They must not be confused with persons who have had short courses leading to diplomas or certificates designating them as trained attendants, practical nurses, nurses' aids, or any other title used in nurse practice acts in the laws of certain states.

For purposes of efficient functioning of the service, for safeguarding the patients, for the growth of ward helpers and orderlies and in line with general trends in industry and business, hospitals should institute a well-planned program of conferences for these workers under the direction of the nursing department such as it provides for other members of the hospital personnel.

The routine procedures concerned with the personal care of patients that may be assigned to ward helpers cannot be fixed by an arbitrary classification. A function which in one instance may properly be delegated to a ward helper may in another instance be that of a professional nurse. Thus, a ward helper may wash the hands and face of a convalescing surgical patient, whereas she should not perform the same service for a patient with pneumonia. In such instances as ward helpers give personal care to patients, their assignment should be restricted to patients who are mildly ill or convalescent. They should not give active care to patients who are known to have any form of transmissible infection, or to those who require isolation.
It is important for the good conduct of the nursing service that proper provision be made for the direction and supervision of ward helpers and orderlies. A written list of duties should be posted in an easily accessible place where it can be easily read and should be accompanied by definite instructions. When the Manual of Essentials of Good Hospital Nursing Service was published by the National League of Nursing Education and the American Hospital Association, the joint committee preparing the material was unanimous in the belief that "The use of such workers is fraught with danger to the well-being of the patient unless carefully supervised and controlled." *

The committee has purposely omitted from the duties of orderlies those procedures which are the function of the registered nurse. Orderlies should render to men patients only such care as ward helpers give to women patients. Hospitals will raise the standard of their nursing care by employing men nurses in sufficient number to perform duties for men patients which cannot fittingly be delegated to women nurses and which are now in many institutions carried out by orderlies.

II. Duties of Ward Helpers and Orderlies.

It is understood that certain of these activities will be delegated to ward helpers in the case of women patients, while others will be delegated to orderlies in the case of men patients. Many of the activities listed may be performed by either ward helpers or orderlies.

A. Duties in connection with admission of mildly ill ambulatory patients after inspection by registered nurse or examination by physician:
1. Give shower, tub, or sponge bath
2. Give shampoo
3. Accompany mildly ill ambulatory patients from admission floor to wards
4. List clothes of new patients for approval by nurse.†

B. Duties in connection with the personal care of bed patients with which these workers may assist:
1. Comb hair
2. Give mouth wash
3. Pass wash water
4. Pass bedpan
5. Remove bedpan and report to nurse
6. Wash face and hands
7. Assist patients in and out of bed
8. Assist patients in walking
9. Assist patients to dress
10. Take patients to treatment room, x-ray room, clinic, etc.

† Items checked under A to J on pages 136, 137, and 138, are the only items under these headings which have been approved by the Officers of the Private Duty Section of the American Nurses' Association.
11. Answer patients' call light to ascertain the need
12. Weigh patients
13. Assist with Sitz bath
   a. Take patient to the bath
   b. Stay with patient during treatment
   c. Take patient to ward following treatment
14. Assist with application of restraints
✓ 15. Take patients to cashier's office on discharge.

C. Duties in connection with serving meals and nourishment:
   1. Carry trays to patients
   2. Feed certain patients unable to help themselves
   ✓ 3. Collect trays and return to pantry
   4. Pass nourishments
   ✓ 5. Collect glasses after nourishment
   ✓ 6. Wash glasses and replace
   ✓ 7. Cleanse and distribute water pitchers after checked by registered nurse
   ✓ 8. Cleanse and distribute water glasses after checked by registered nurse
   ✓ 9. Care of dishes or equipment in serving kitchen in absence of kitchen maid.

D. Duties in connection with other ward routines:
   ✓ 1. Care of bedpans
      ✓ a. Cleanse and sterilize bedpans and urinals
      ✓ b. Remove soiled bedpan covers
      ✓ c. Replace with clean bedpan covers
   2. Keep suction and drainage bottles clean
   3. Collect sputum cups for non-isolated chronic patients only; cleanse, sterilize and replace
   4. Fill ice caps and ice collars
   ✓ 5. Make empty beds.

E. Duties in care of body after death:
   1. Assist with care of body
   ✓ 2. Accompany nurse to mortuary with the body
   ✓ 3. Clean complete patient unit
   ✓ 4. Replace necessary items in mortuary box.

F. Duties in care of soiled linens:
   ✓ 1. Sort and bag soiled linens
   ✓ 2. Throw linen down clothes chute after rinsing out stained linen or diapers
   ✓ 3. Count linen if required
   ✓ 4. Replace soiled bag with clean one in all hampers.

G. Duties in care of clean linen and linen room:
   ✓ 1. Keep linen room clean
   ✓ 2. Place clean linen on shelves
   ✓ 3. Count and record clean linen delivered from linen room or laundry
   ✓ 4. Distribute clean linen for bed making.

H. Duties in connection with preparation of supplies for sterilization:
   1. Assist with the preparation of surgical and obstetrical supplies for sterilization
   ✓ 2. Assist in packing drums.
I. Duties in connection with care of furniture and equipment:

✓ 1. Clean bedside tables inside and out
   ✓ a. Wash and sterilize contents of bedside table
   ✓ b. Place new cake of soap in soap dish
   ✓ c. Place clean towels and wash cloth on bar provided for this purpose
   ✓ d. Replace roll of toilet paper p.r.n.

2. Clean miscellaneous equipment
   ✓ a. Beds
   ✓ b. Chairs (including reclining and wheel chairs)
   ✓ c. Stretchers
   ✓ d. Over-bed tables
   ✓ e. Instruments
   ✓ f. Irrigation standards
   ✓ g. Foot stools
   ✓ h. Floor lamps
   ✓ i. Sterilizers
   ✓ j. Cubicle partitions

✓ 3. Wash and care for rubber goods
   ✓ a. Aprons
   ✓ b. Kelly pads
   ✓ c. Treatment rubbers
   ✓ d. Pillow cases
   ✓ e. Sheets
   ✓ f. Hot water bottles
   ✓ g. Ice caps
   h. Gloves: (1) Wash and boil
       (2) Mend
       (3) Powder

✓ 4. Dust all furniture including charting desks and head nurses' desks

✓ 5. Mop and sweep wards during intervals between regular cleaning by maids and porters

✓ 6. Take mattresses and pillows for sterilization, and to and from storerooms

✓ 7. Keep ward unit in order
   a. Beds in alignment
   b. Window shades on same level
   c. Chairs and stools properly placed

✓ 8. Charge cubicle curtains and screen curtains

9. Keep oxygen apparatus in order
   ✓ a. Bring tent to floor when needed
   ✓ b. Keep container filled with ice
   ✓ c. Empty drainage pans
   d. Change oxygen tank when necessary
   ✓ e. Return tent to proper place after it has been cleaned

10. Assist in care of serving room equipment
    ✓ a. Refrigerator
    ✓ b. Gas and electric stoves.

J. Other duties:

✓ 1. Assist in preparing ward for rest period
   a. Open windows
   b. Draw shades

✓ 2. Messenger service to storeroom, laboratory, laundry, pharmacy, etc.

✓ 3. Care for patients' flowers.
This material is being presented for the information and use of those who are interested in the question of subsidiary workers in the care of the sick. If additional assistance is required, it is suggested that communications be addressed to the Joint Committee of the ANA, the NLNE, and the NOPHN to Outline Principles and Policies for the Control of Subsidiary Workers in the Care of the Sick, in care of the American Nurses' Association, 50 West 50 Street, New York, New York.

Respectfully submitted,

ELL A HASENJAEGE R, Chairman

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND

(Three National Nursing Organizations)

Isabel Hampton Robb Scholarship Fund

We beg to report that the usual business has been transacted during 1938 and 1939.

The members of the Executive Committee for 1938 and 1939 were: Alta E. Dines, Chairman, Elsie M. Lawler, Katharine DeWitt, Laura M. Grant, and Mrs. Mary C. Eden, Secretary-Treasurer.

In 1938 there were 44 candidates for Robb scholarships, representing 23 states and 36 schools. Seven of these candidates had degrees. It is interesting to note that 15 were American Journal of Nursing subscribers and 8 were Public Health Nursing subscribers.

The fields of work desired were:

- Administration—7
- Nursing education—11
- Public Health—24
- Undecided—2

Places of study chosen were:

14 Teachers College, Columbia University
5 University of Minnesota
4 Western Reserve University
3 each University of Chicago
Peabody College
2 each University of Pennsylvania
Vanderbilt University
University of Washington
Loyola University of Chicago
1 each University of Cincinnati
University of Michigan
Simmons College
William and Mary College, Richmond, Virginia
St. Louis University
University of California
The seven successful candidates were:
Miss Hazel Altman, North Judson, Indiana
Mrs. Mary Stickels Ossinger, Seattle, Washington
Miss Anna Maude Fillmore, Salt Lake City, Utah
Miss Roberta Lindberg, Los Angeles, California
Miss Lucille S. Spalding, St. Louis, Missouri
Miss Frances King Clyde, Rome, New York
Miss Jessie B. Black, Chicago, Illinois

In 1939 scholarships were limited to those nurses working for a Baccalaureate degree. Thirty-seven candidates representing 20 states and 35 schools applied. Twenty-three subscribed to the American Journal of Nursing and 9 were Public Health Nursing subscribers.

The fields of work desired were:

Administration—9
Teaching in Schools of Nursing—13
Public Health—15

Places of study chosen were:

16 Teachers College, Columbia University
4 University of Minnesota
3 Simmons College
2 each Catholic University of America
   Peabody College
   Western Reserve University
1 each Chicago University
   Indiana University
   University of Kentucky
   Vanderbilt University
   DePauw University, Chicago
   Marquette University, Milwaukee
   Morningside College, Sioux City

Seven scholarships of three hundred dollars each were given to the following:

Miss Ethel Marie Koolzer, Jordan, Minnesota
Miss Helen Marie Edgar, Allentown, Pennsylvania
Miss Virginia Rodgers Marr, East Orange, New Jersey
Miss Marcella Marie Feinauer, New Port, Kentucky
Miss Joy Elora Suters, Hamilton, New York
Miss Opal Stine, Roseville, Ohio
Miss Irma Fay Monlux, Favinia, South Dakota

Amendments to the By-laws were made necessary because of the combining of the offices of the secretary and treasurer.

At the annual meeting in 1939 the following were elected to the general committee: Virginia Dunbar, Agnes Gelinas, C. Ruth Bower to replace Anna C. Janné, Ella Best, and Mrs. Helen I. Denne.

The application blanks for both funds were revised and physical examination blanks included.

During the latter part of 1939 Miss DeWitt wrote a history of the Isabel Hampton Robb Memorial Fund which was printed and sent (in February,
1940) in leaflet form to 3,664 nurses throughout the country. As a result of this appeal we have received, to March 31, 1940, the sum of $495.00, of which $250.00 came from one scholar.

Due to a change in policy of the American Journal of Nursing Board, we can no longer send our yearly Bulletin of Information concerning the Robb scholarship with the Green Letter to the nurses throughout the country. In the future this information will appear in the February and March issues of the Journal.

During 1938-39 contributions to the Robb Fund amounted to—$2,162.50
During 1938-39 the expenses of the Robb Fund amounted to— $938.70

The McIsaac Loan Fund

During 1938 and 1939 there were 45 loans granted, amounting to $8,000.00, to nurses from the following states:

1 Arkansas  2 Maryland  3 Illinois
2 California  9 Massachusetts  3 Indiana
2 Connecticut  1 Michigan  2 New Hampshire
1 District of Columbia  3 Minnesota 1 New Mexico
1 New Mexico  4 New York  2 Tennessee
4 New York  5 Pennsylvania 3 Texas
5 Pennsylvania 2 Tennessee 1 Utah

Contributions from alumnae, district, and state nurses’ associations and state leagues of nursing education amount to $1,744.50 for 1938-39. Repayments on loans for the two years amounted to $7,048.03. To date 228 loans were granted. The expenses for the two-year period were $732.81.

Respectfully submitted,

MARY C. EDEN, Secretary-Treasurer

General Session

Tuesday, May 14, 2:30 p.m.

Presiding: Elizabeth C. Burgess, R.N., Chairman, Committee on Accrediting.

Topic: The Accrediting Program.

REPORT OF THE SECRETARY OF THE COMMITTEE ON ACCREDITING

When the report of the secretary of the Committee on Accrediting was submitted last year, surveys had just been completed in the 51 schools selected for the initial study. At that time it was believed that criteria could be formulated on the basis of accumulated data and the necessary preparations made for the beginning of survey work by the fall of 1939. The actual work, however, proved to be much more time-consuming than had been anticipated and it was the middle of February, 1940, before the first visitors were sent into the field.

The most engrossing part of the year’s work was the formulation of our plan of evaluation by which the eligibility of schools for accreditation will
be determined. The various stages of this project included the drafting, building, and application of the plan. The first step in the development of this measuring device consisted of the selection of items of information needed in judging the characteristics of a good school. These items of information were drawn from such authoritative sources as our own Statement of Policy, the Essentials of a Good School of Nursing, the Curriculum Guide for Schools of Nursing and many other publications of the League. Arrangement of these items under major headings such as control, faculty, students, curriculum, etc., was the next step. The items were then grouped under subheadings, where the points were definitely related to each other, and within each area scores of relative weight were given according to the importance of the item.

After much conference work with members of our committee and also with our consultants, followed by many revisions and considerable experimentation in the application of this material, a plan was eventually formulated for temporary use. The plan provides for the graphic presentation of data in such a manner that each school will be able to see its standing, in relation to other schools, in each of the areas of investigation.

The methods used in measuring a school's accomplishment are objective yet flexible and developed in accordance with the established policy of the committee that, "Superiority in certain areas may be considered as offsetting, to some extent, limitations or defects in others. The data upon which evaluations will be based will be both qualitative and quantitative in character." It is expected that the plan will be modified and strengthened from time to time wherever and whenever the need is felt. In other words, we do not consider that it is perfect, but it serves our present need and it will be further refined on the basis of our experience in using it. This material has been prepared in the form of a manual for the use of visitors and committee members only. As was explained this morning, another manual is to be published for schools that are preparing for accreditation. This will amplify the Statement of Policy and the Essentials of a Good School of Nursing.

Upon completion of the plan of evaluation the schedules were revised in such a manner that accumulation of the exact data needed for scoring will be facilitated. Those who seek accreditation will be glad to know that these forms are considerably less voluminous than the original schedules. The number of pages is about one-third the number in the first set.

Attention should be called to the fact that the schedules used for the study of the 51 schools are no longer available. You will recall that these were sold at cost to study groups in the various states and criticisms and suggestions were solicited. Some very helpful comments were submitted, although it must be admitted that these were not as numerous as we had hoped they might be. The new schedules are available only to the schools that make application for accreditation. It has seemed desirable to limit the distribution of this material because it is constantly changing. So, equipped with our plan of evaluation and new schedules, we were ready to begin surveys.

The total number of applications received in time to be considered for
the first list was 122. Of this number, 31 were from schools visited last year, leaving 91 new schools to be visited. The next step was the preparation of visitors.

The introduction of our first field workers was facilitated by the fact that Miss Adelaide Mayo and Miss Augusta Patton had joined our staff in the fall of 1939. After assisting with the plan of evaluation and revision of the schedules Miss Mayo and Miss Patton were especially well prepared to test the application of this material in schools that had applied for accreditation. On February 19 survey work was started in New York City. Three schools, representing different types of institutions, were selected for this first trial of the new material, and the secretary accompanied the two visitors in order to observe the problems encountered in its use. Upon the completion of these surveys the two visitors proceeded with field work in other states.

On April 11 our staff of field workers was further augmented. Arrangements were made with Miss Faye Crabbe of the Newton Hospital School of Nursing, Newton, Massachusetts, and Sister Cyril of the Seton School of Nursing, Colorado Springs, Colorado, to assist us for temporary periods. After a day spent in conference in the office, each of our more experienced visitors began work with one of the newer members, the secretary again accompanying one of the new members of the visiting staff. These two teams of investigators have proceeded into other states and by the middle of June we shall have completed twenty-six surveys in states as far south as Virginia and as far west as Ohio. Since one of our visitors must return on May 25 to the school in which she is employed, we have been fortunate in securing the services of Sister M. Laurentine, a member of our executive committee, who will assist in the completion of the surveys scheduled for the spring season. Itineraries which will take our representatives into the southern and western states will be arranged for the fall months.

The time spent in each school has been approximately three days as planned, including the visit to the affiliating school. We are often asked if more than one visit to an affiliating school is necessary if several schools send students to the same institution. It should be understood that not more than one survey is made regardless of the number of schools that send students to such a center. It is usually possible also to make such visits within the three-day period provided for the home school.

Some experiments are being tried in order that we may make the best possible use of time during the survey. Schools are being asked to make out some of the schedules and return them to headquarters before the survey is made. This procedure allows persons who make out these forms as much time as they wish to consider and answer the questions, and permits the visitor to begin the survey with a very good understanding of conditions in the institution. It is the consensus that the school receives greater value from the survey under this plan.

Survey work will be resumed at once following Labor Day. We expect to have visited all schools that have applied before the end of the calendar year. If this can be done, the first list of accredited schools will be ready
for publication early in 1941. No public announcement of schools that have been accredited will be made until all applications filed prior to January, 1940, have been acted upon.

Many inquiries are being received concerning the date on which applications may be filed for the second list. This date has not been determined but a number of schools have already signified their interest in receiving the necessary forms as soon as the committee is ready to go forward with the next group of schools. Since the total number of requests would give the committee some idea of the preparations necessary to meet this demand we would be glad to have you advise us if you wish the name of your school placed on a list to receive the application blanks.

Although some invitations to address interested groups concerning the accrediting project have been accepted during the past year by the secretary, concentration upon the work described has demanded most of the time available. Wherever the subject has been presented, however, abundant interest in the accrediting movement has been shown and the opportunity for discussion has corrected some erroneous impressions. Many encouraging and stimulating letters have been received from schools that have been visited. A number have stated that the values derived from the survey far exceeded the expenditure. Others have expressed the belief that the benefits to be derived from accreditation seem to them so numerous that they could not afford to do without it.

There have been moments of discouragement, of course, but as I have felt the warm handclasp of the director of a school at the end of a survey and heard the sincerely expressed statement, "It has been a stimulating experience," I have left with the renewed conviction (if I needed it) that accrediting is worth while.

Respectfully submitted,

CLARA QUEREAU, Secretary

THE PROGRAM OF ACCREDITING AS VIEWED BY THE HOSPITAL SUPERINTENDENT

NATHANIEL W. FAXON, M.D., Director, Massachusetts General Hospital, Boston, Massachusetts; and consultant to the Committee on Accrediting

The present plan for the accrediting of nursing schools is the culmination of a movement that began in 1911. (Miss Nutting's recommendation that a study of nursing education be made.) The first foundation stones were laid by the publication of a standard curriculum in 1917. This was revised in 1927 and 1937. Next came the Committee on the Grading of Nursing Schools, which published its first report in 1928, followed in 1934 by Nursing Schools—Today and Tomorrow and An Activity Analysis of Nursing, their final reports.

As a result of data gathered and knowledge gained by the studies of these committees, certain "standards" for nursing schools were evolved, resulting
in three excellent publications—*The Nursing School Faculty* in 1934, *Essentials of a Good School of Nursing* in 1936, and *The Manual of the Essentials of Good Hospital Nursing Service* in 1936, this last a joint publication of the National League of Nursing Education and the American Hospital Association. The latest publication in this long list is the one on *Administrative Cost Analysis for Nursing Service and Nursing Education*, likewise a joint effort of the League and the American Hospital Association.

These studies and publications placed before hospitals and nursing schools valuable information. Many of them accepted and used it; others did not. Logically, the idea of accrediting schools followed as the best means of giving recognition and standing to those schools which adopted standards and procedures that were generally recognized as desirable. Consequently, a Special Committee on Accrediting was set up in 1936. This committee, with Miss Anna D. Wolf as chairman, consisted of fifteen members and consultants: From the American Hospital Association, Dr. Nathaniel W. Faxon and Reverend John G. Martin; from the American College of Surgeons, Dr. M. N. Newquist; from the American Nurses' Association, Mrs. Ethel P. Clarke; from the National Organization for Public Health Nursing, Marion Howell; and by invitation, Mr. George Works, Secretary of the North Central Association; Mr. Edward Evenden of Columbia University, and Reverend Alphonse M. Schwitalla, President of the North Central Association.

This idea or plan of accrediting was suggested by the gratifying results which followed the Flexner report on medical schools when many unsatisfactory schools were eliminated, and likewise, the improvement in hospitals following the accrediting of hospitals by the American College of Surgeons and the listing of hospitals suitable for residencies and internships by the American Medical Association.

It must be recognized by all that there is a wide variation in the quality of nursing schools in regard to their ability to offer a course that will teach their students nursing with all that that term implies. Mere size need not be considered essential but it is obvious that there are few, if any, hospitals of less than fifty beds that can support an adequate teaching personnel or supply adequate clinical facilities. Satisfactory nursing education requires both.

I believe that the objective of the plan for accrediting nursing schools is sound; namely, to give public recognition to those schools which examination has shown (1) to have adequate teaching personnel; (2) to follow accepted principles of teaching, through a satisfactory curriculum with controlled hours of study and work; and (3) to have programs supported by adequate clinical facilities. Such a list will allow students to make intelligent choice of schools, a situation which does not now exist.

Fear has been expressed by some that it is the intention of the League to force all schools into the type of collegiate school. I do not share this fear. I believe there is need for both collegiate and hospital schools and I see nothing in the plan that would eliminate the hospital school. I believe that the motive of the League is one of high idealism and that it will remain so.
Many meetings of the Committee on Accrediting were held, and agreement was reached on almost all points. I think it is fair to state that at present there is general agreement among hospital administrators as follows:

1. The objective aimed at in the movement for accreditation of schools, namely, the development of schools that will give an adequate training so that all graduate nurses will have had a comparable basic education is desirable. (This does not mean that all graduate nurses will have had exactly the same training, it being recognized that some will have had additional training.)

That listing of schools as being accredited will give some definite information to prospective students as to the standing which these schools have.

2. That if the American Hospital Association is to give official approval to this movement, it will be necessary for that association to have representation upon the governing board or committee which directs and develops the accrediting program.

As the matter now stands, the whole movement has been directed and controlled by the National League of Nursing Education. The representatives of the American Hospital Association, the American Medical Association, American Nurses’ Association, and other organizations were invited in an advisory capacity to meetings held to study this subject. Their recommendations, comments, and suggestions were listened to and in many instances accepted, but all power and action resided in the directors of the League. At the last meeting of the representatives of the League and the invited representatives, substantial agreement was reached on all but two points.

The first point involved representation on the directing committee. Representatives of the League seemed to be reluctant to grant this representation. Their feeling apparently was that they had been the initiators in this movement, that they had spent a good deal of money to develop it, that it was the work of a committee appointed by the directors of the League, and that they did not see how, according to their by-laws, they could relinquish or share control of the movement by bringing in representatives from other bodies. Mr. Martin and I, as representatives of the American Hospital Association, stated that we felt that such representation should be made possible, and that the League should work out a plan whereby there would be representation of the American Hospital Association and possibly of the American Nurses’ Association, which would represent nurses in active duty not connected with teaching, the American Medical Association to express the opinions of physicians, the National Organization for Public Health Nursing in order to cover this field, and probably an educator whose opinions on the general subject of education would be desirable. To recapitulate, the committee would consist of representatives of the League, the American Hospital Association, the American Medical Association, American Nurses’ Association, National Organization for Public Health Nursing, and an educator. This committee should have the power to make policies, to pass upon recommendations for accrediting, and in short, to control the accrediting of nursing schools.
The second point upon which agreement was not reached was on the matter of financing. It was the opinion of the representatives of the League that the entire project should be financed by payments from the schools themselves and they set the sum of $250 as a flat charge for the accreditation, plus a $35 yearly charge for the listing of schools so accredited. They felt the League should not be asked to bear any of the expense of this program. Other plans were submitted, ranging from the statement that no charge should be made to the schools for accrediting, the cost to be borne entirely in some other way, as for instance, by the League, or by a joint sharing of the League and the American Hospital Association, or by the American Hospital Association alone (which, it was felt, should take over the entire program) to a compromise plan whereby the schools should be charged for the cost of the examination for accrediting, with a maximum fee of $250, the remainder of the expenses of the program to be shared equally by the League and the American Hospital Association. I cannot promise that the AHA will accept this latter plan but it seems reasonable and workable to me. This cost would, of course, be any additional cost in the inspection of schools which would run above the $250, plus office expenses and expenses of the committee meetings.

Following this last meeting, the directors of the League voted to go ahead with their program, printed a statement relating to it together with an application blank for accrediting, and sent this to various hospitals having schools. A number of them, feeling that the movement was deserving of support, have applied for accreditation, and I believe inspection of these schools is now in progress.

Mr. Martin and I made a report to the Council on Professional Practice of the AHA at a meeting at which Miss Hawkinson, President of the League, was present. All of the points referred to above were brought up at this meeting, and the Council voted that since it could not give unqualified approval to the program as presented they were requesting its reconsideration by the original committee and instructed its representatives to ask for further conferences. As the matter now stands, the League is going ahead with its program, as it has a perfect right to do; the American Hospital Association has withheld its approval; some schools have asked for accreditation, others are waiting to see what will happen.

While an increasing number of schools will undoubtedly apply for accreditation, and while the success of this movement will be considerable, it will fall far short of its desired goal unless all of the large schools and a very definite majority of the smaller schools apply. This goal is nothing less than assisting and encouraging good schools plus the elimination of undesirable schools—schools which cannot for various reasons educate and train nurses well enough to fit them to perform accepted nursing procedures at the time of graduation and for registration in any state.

It is my conviction that this widespread acceptance of the accreditation program can be more quickly achieved, in fact perhaps only achieved, with the approval and support of the AHA. There is at present considerable
opposition to the plan among the AHA membership, based partly on lack of knowledge and understanding of its real aim and ideals and partly on the fear that, by supporting an accreditation program, they are permitting the National League of Nursing Education to dictate policies and to set up requirements relating to nursing schools which may immediately or ultimately be financially difficult for hospitals to carry out. Hospitals are almost always responsible for financing their nursing schools. Granted that in the past hospitals may have profited unduly from the labor of student nurses and granted that not all of them have adjusted student nurse service value and school cost, nevertheless many hospitals now fear that acceptance of the accreditation program will mean that the school will become a financial liability over which they have no control short of closing their schools. For this reason they desire real representation on the committee which controls the policies of accreditation so that they may present to that committee the effect on hospitals of any ruling or policy that is proposed. Such representation seems to me to be reasonable and a step towards obtaining that cooperation of hospitals and their national association which seems to me to be so essential to success.

I hope that the officers and directors of the National League of Nursing Education will give careful consideration to this request for representation. I realize that it presents certain technical difficulties of organization due to their by-laws but I believe that these difficulties can be surmounted if the League can be convinced of the need and justice of this request. We all want good nursing schools. They are necessary for the welfare of the country. Having started in a small way as a means of providing nurses for hospitals only, they have grown so that now they represent an educational problem involving the whole community. Nursing schools, in order to fulfill their present function, should have their costs separated from hospital operating costs. As far as we can see, at present they should still remain under the control of the hospital trustees, because the welfare of school and hospital is still inseparably connected, and hospitals are the only organizations that can supply the requisite number of nurses.

The American Hospital Association and the National League of Nursing Education have successfully cooperated in compiling and publishing the Administrative Cost Analysis for Nursing Service and Nursing Education. I hope that they may similarly cooperate and successfully carry out, for the benefit of both hospital and school, the plan for the accreditation of nursing schools.

WHAT ACCREDITING WILL MEAN TO THE GRADUATE NURSE

JULIA C. STIMSON, R.N., President, American Nurses' Association, New York, New York

Everyone knows what accrediting has done for teachers’ and other colleges and certain professions, notably physicians, dentists, and dietitians. Approved institutions flourished and grew and non-accredited ones gradually
faded out of existence, for what person who knew what he was doing would spend precious years in a school, graduation from which gave him no standing and even, sometimes, prohibited his joining his professional organization. Elevation and leveling of standards were important results of accreditation for all these professions.

What happened to them will happen to nursing and the beneficial results to their members will accrue to graduate nurses. I see them as recognition, prestige, and opportunity.

Graduation from an accredited school will create immediate recognition of standing when applying for registration in any state, for the state boards of nurse examiners will be the first to appreciate the importance and value of accrediting.

Personal prestige and satisfaction will be other factors in the value of accrediting. The evaluation of her course in terms of college credit will show a graduate nurse where she stands academically and where her school stands. She will have something definite to build on in any graduate education she undertakes. When being considered for employment, the value of her basic professional education will be known at once and her superiority to graduates of non-accredited schools will be obvious.

As for opportunity—first comes the advantage she has in knowing that the continued accreditation of her school means that it is holding its standing and still has much to give her, whether in refresher and postgraduate courses or in directed, supervised experience on the staff. She will also have the opportunity and privilege of helping maintain the school's high rating by cooperation with the management through her alumnae association and in interesting lay people in a professionally approved educational project which is influencing their community.

So, as I see it, accrediting of her school will mean to the graduate nurse recognition, prestige, and opportunity.

VALUES TO THE SMALL HOSPITAL THROUGH THE ACCREDITATION OF ITS SCHOOL

THE REVEREND JOHN G. MARTIN, Superintendent of the Hospital of St. Barnabas and for Women and Children, Newark, New Jersey; and Consultant to the Committee on Accrediting

The accreditation program is a natural outcome of the curriculum studies that have been carried on by the National League of Nursing Education for 40 years. In the foreword of the Curriculum Guide for Schools of Nursing published in 1937 we find this statement: "Since the public holds each profession responsible in large measure for the kind of service its members give and the kind of people who are admitted to its ranks, the chief responsibility for determining what educational standards and programs are necessary for the proper selection and preparation of its members lies with the profession." The same philosophy is embodied in the educational program of the medical
profession in which the Council on Medical Education of the American Medical Association functions as the guide to the medical profession. It is not surprising that similar educational principles should characterize both professions.

It is well known that the medical profession found it necessary to purge itself, at the beginning of this century, of elements which were detrimental to the profession. This was accomplished through the adoption of standards for the administration of medical schools and qualifications for admission and graduation far in advance of those previously in use. The result was a decrease in the number of schools so that there are now only half as many as in 1900. Only the best schools survived. The poor ones ceased to function. Another result of the purge was a decrease of twenty-five per cent in the annual number of medical graduates. The high standards are maintained by the full cooperation of the medical schools with the Council on Medical Education. A system of reports and inspections for accreditation is used to insure adherence to the standards set up.

When we compare this situation of the medical profession with that of nursing we see almost a parallel effort in the raising of standards and some progress made in state control of nursing schools. But until now there has been no national accrediting agency for the nursing profession. If improvements have resulted in the medical profession from the use of an accrediting system of national scope, it is reasonable to expect the same result for the nursing profession with a similar system.

But the situations are slightly different. An economic factor is present in the hospitals in which schools of nursing are conducted that must be considered. Many schools were organized in past years for the express purpose of securing cheap nursing service. Standards of nursing education have been raised, however, so that it is about as expensive to conduct a good school as to use graduate nurses exclusively in the hospital. Cheap nursing service, therefore, is not available from students if the school is maintained according to the highest level of nursing education standards. This was emphasized in the reports of the Grading Committee as far back as 1928.

Hospital trustees and administrators will desire to cooperate in a plan to increase the effectiveness of their schools knowing that nursing service in the hospital is bound to improve as the product of the school improves. That is one of the values to the hospital.

But this paper was to speak for the small hospital. We should define our terms. If we assume the small hospital to be one of about 200 beds or less, we are talking about 88 per cent of the general hospitals, or if we take 100 beds or less, 73 per cent of all general hospitals. Schools of nursing with less than 100 students comprise 83 per cent of all the schools. Those with less than 50 students, 68 per cent. All of these are considered small hospitals in the estimation of those who serve in our large medical centers, university hospitals, state, county, and municipal institutions where the statistics run into astronomical figures.

On the other hand, if you take the "run of the kiln," private, charitable
hospital, such as is located in the medium-sized cities all over the country, anywhere from 100 to 200 beds, you will have the typical hospital of American life. It may seem small to some, but when it happens to be the largest one in the community or perhaps the only one handling the major medical and surgical problems which inevitably fall to its lot, such an institution of necessity takes on an importance and serves its people with such thoroughness and satisfaction that to call it "small" would seem a surprising misnomer. It is a small hospital only when thrust into those columns of statistics compiled by the economists and when its representatives attend huge conventions where they experience the thrill of gazing with rapturous awe upon the great hospital leaders. They may tiptoe through the meeting halls as members of the common herd, but when they return home they find that their local constituency, judging in terms of local experience, consider their hospital anything but small.

We may list categorically several values to the small hospital.

Publishing a list of accredited schools should raise the educational standards in all nursing schools.

It would lessen the advantage of large schools over small ones.

It would result in an increase of the better qualified applicants for admission.

Applicants rejected by larger schools because of full enrollment may turn to the small one on the accredited list with assurance of securing a satisfactory course of instruction.

The small school on the accredited list immediately gains the confidence and respect of the community, and its hospital naturally baskis in reflected glory.

Accrediting would stimulate faculties of nursing schools to improve instruction.

It would more forcibly focus attention of administrators and trustees upon that gem of nursing literature, Essentials of a Good School of Nursing.

One of the first fruits of the accreditation project is that the hospital authorities are confronted with the question, "Is your school worth while?" It is a startling query and one immediately sets up a defense mechanism. One sees beyond the question to the effect of a possible negative answer. Many of the small hospitals may be facing such a question. What would be the financial effect if the school is discontinued? What employment problems would be encountered? Yet it is a fair question and deserves a carefully studied answer. If it is found that the school is not up to par there are two alternatives—improve the school or discontinue it.

A happy feature of the system in use by the Accrediting Committee is the preparation for the survey. In the first place the National League has made available ample information regarding the essentials of a good school which, when followed completely, places the school in a favorable position. Then, upon application for a survey the committee sends a questionnaire to be filled out by the school authorities. This indicates to a considerable extent the basis of accreditation. There is time to remedy the minor defects. When
the survey is made it is found that comments and suggestions prove helpful. The survey is not confined to the school alone. It extends to the entire hospital with its professional personnel, officers, and trustees.

Those executives whose hospitals and schools have been surveyed state that the experience was stimulating and beneficial in many ways. One school of nursing director points out that "it stimulated everyone connected with the hospital and school to make a more critical analysis of their departments or wards with a view to rendering better service to the patients and affording better education of the nurse." Let us stop for a moment to weigh the import of that statement. Something was found to lift department heads above monotonous routine to a study and analysis that would undoubtedly raise the quality of nursing in their areas of control. The beneficiary is the patient. Improvement is both direct and indirect, for increased attention to the patient's needs results from better supervision, and students must necessarily be taught whatever improvements are adopted and they are, therefore, potentially better nurses. Again, "it stimulated supervisors and head nurses to work out the objectives of their nursing services and to plan their clinical experiences more intelligently." We all know the temptation merely to follow doctors' orders rather than really to assist him by calling to his attention facts based upon careful observation and an intimate knowledge of the patient's personality. If the accreditation survey results in such improvements, it is certainly of great value.

Is it not true that in the average hospital a great deal is taken for granted as to the efficiency of the school? Its director is probably conscious of defects which may not be apparent to others. When the faculty, students, and graduates realize that an important survey is impending and that much depends upon the outcome, they rise to the occasion and put forth efforts that surprise and delight their director.

A superintendent of another surveyed hospital spoke of the great value of the "conferences held with the various groups (dietitians, surgical workers, medical workers, etc.)" saying that they "emphasized to the members of these groups the importance of the student's experience, the necessity of having a teaching program, and the relationship between clinical and class instruction." This is a valuable comment and I would like to emphasize, for the benefit of the field workers of the Accreditation Committee, the importance of freely giving advice and suggestions for the improvement of conditions found in schools and hospitals. While it is true that it cannot be expected of the committee or the field workers to do more than record the facts as they are found, still it is probable that the field workers are persons of vast experience and they may well be generous to the hospitals being visited at these times of great importance. Indeed a distinct value of the program is the help given by the surveyors. For example, one superintendent apparently had been toying with plans for improving conditions and stated that the survey helped to "crystallize the ideas concerning changes needed but which had been permitted to lie dormant because of inertia or lack of funds." She added, "it is often an advantage to have an outside group
evaluate work that is being carried on." You will not be surprised to hear, too, of very complimentary remarks as to the tact and courtesy of the visitors.

Another hospital administrator said that "with the survey one was not made to feel that accreditation for one's school was hopeless, but rather that the committee, after two years' study, had in mind the basis of what the average good school believes should go into the preparation of a nurse."

Another hospital decided upon the survey believing "that it furnishes a measuring rod by which the school can evaluate its teaching program, overcome its weak points, and help it to maintain high standards."

It suggested a better use of present facilities and showed how new ones could be developed and used. The advantages of national, rather than state, standards are obvious. These affect individual nurses with regard to their future affiliations as well as the schools. I would like to give you the opinion of one more hospital director: "In the last analysis, the benefit to patients of hospitals deserves the major amount of consideration although the advantages of prestige are self-evident. The standardization necessary to acquire a national approval results in an improvement in the facilities which make for better medical and nursing care, and in general I believe this last statement covers the 'nub' of the argument for accreditation."

It is significant that none of those who have been quoted made any objection to the fee for accreditation. Others, however, who have not had the survey, have commented upon it. It should be recorded that the consultants to the Accrediting Committee, representing hospital administration, urgently recommend that the project be financed, if possible, in a manner that would not be so burdensome to the hospitals—and particularly to the small hospitals. The committee considered the matter, and I have no doubt that if any relief could have been afforded the hospitals, they would certainly have been given the benefit.

The subject of expense calls to mind that it is not enough to know the value of accreditation but it is important to convince trustees and administrators of its value.

One other value of the accreditation survey is that it affords the small hospital the opportunity to prove the worth of its school of nursing. It has been said that many hospitals are too small to conduct schools. Here is a chance to disprove that statement. We now have the measuring rod to determine the propriety of any particular hospital to conduct a school, and the time is ripe to apply it. The plan of accreditation is such that each hospital is given credit for its own peculiar excellence along particular lines. This credit may perhaps balance some weakness that is not vital so that an acceptable average may result.

Accreditation is nothing new. It has been in effect on a state-wide basis for a long time. It would seem extremely sensible to have it on a nation-wide basis for the obvious benefits of uniformity of standards, sponsorship of the nursing profession, and availability of comparative data concerning nursing education throughout the United States.
General Session
Wednesday, May 15, 10:45 a.m.

Presiding: Isabel M. Stewart, R.N., Honorary Chairman, Committee on Curriculum.

Panel Discussion: Does Nursing Education Prepare a Nurse for Life in a Democracy?

Chairman: Ruth M. Sleeper, R.N., Chairman, Committee on Curriculum.

Honorary Chairman Isabel M. Stewart: We are going to start promptly this morning. I just want to say that I am very happy to introduce the members of this panel, who are all members of the Curriculum Committee.

May I say that I am also very proud of the way in which this young guard is carrying on, under the leadership of Miss Sleeper, who is, as you know, the Chairman of the Curriculum Committee.

I can say this without apology, because I am no longer active on the committee, simply its honorary chairman. I always believe in the younger generation and have urged our associations—national, state, and local—to get them to work, to give them responsibility, and I think this group has amply justified the faith we of the League have had in them.

The question, Does Nursing Education Prepare a Nurse for Life in a Democracy? is one that I think needs some explaining, and I have no doubt the members of the panel will bring out assumptions. For example: What is our concept of a Democracy? Can we assume that we in this country have yet achieved a full-fledged Democracy, or are we just getting started? Have we in nursing schools gone as far as most schools have gone in relating and adjusting ourselves to the democratic social order in which our students and we are to live and work, now, and we hope for many years to come, though it does seem a little more doubtful today than it did a few years ago?

Now, have we thought very much about our responsibility for developing good citizens in a Democracy? In all our efforts to prepare nurses who will serve the public and build sound foundations of health in a Democracy, have we really given a concept of what such service means in terms of health and vitality of this nation, and the resources of health that are the very foundation stone of democratic living?

Have we helped them to live democratically and to use methods that are in keeping with the philosophy and ethics of Democracy? Or, have we helped to perpetuate autocratic and authoritarian methods which are quite inconsistent with the true spirit of Democracy?

Finally, have we made a sincere, a determined effort to free ourselves from the effect of that old military system of discipline, which was intended originally as a safeguard of life, but which, in too many cases, has proven a straight-jacket on nurses and nursing? I am thinking of our relationships to medicine, as well as our methods of teaching and training in the nursing schools.
And may I say just one word further. It seems to me that in thinking about nursing education in a Democracy, we often assume that all of the good things, all of the progressive things that we are thinking about today in nursing education, would naturally belong to a Democracy, and that probably all of the less desirable, the backward things, might be assumed to belong to other kinds of political and social organizations. But, I do not think we can assume that. Every people, all peoples, are thinking in terms of efficient service. It is just a question of the methods we use and the concept we have of efficiency. I know this panel this morning is going to throw a lot of light on these questions that I have raised. . . .

. . . The Chair was taken over by Miss Ruth M. Sleeper, R.N., Chairman, Committee on Curriculum. . . .

CHAIRMAN SLEEPER: By way of introduction to the panel, I should like to say that a panel is a conversational method of teaching. In the physical setup of the panel we are trying to demonstrate that, which is one reason why we are seated and why some of you are probably going to have difficulty in seeing the individuals who are speaking. Each participant is prepared for this morning’s discussion, but there has been no rehearsal. We expect to carry on just as if we had planned for a class discussion. We have an objective, and whether we reach that objective or not will be determined in part by the leader, who should be responsible for the guidance of the discussion. Unless we accomplish an objective, unless we have an objective, the meeting will, of course, be of little value.

The chief characteristics of the panel are that it raises issues in thinking, brings out individual opinions, clarifies and motivates thinking. It would, of course, in a classroom also present a certain amount of subject matter. It does not attempt to form conclusions, but simply to air opinions and issues.

We shall, after a brief discussion between us seated here at the table, turn the meeting over to the group at large for further discussion.

I think that probably some of you could be heard if you would stand when the time comes to either ask further questions or to enter into the discussion.

As Miss Stewart said, we need certain assumptions before we can begin this morning in order that we may think somewhat along similar lines. We have taken for our definition of Democracy, for this meeting, a definition given by President Nicholas Murray Butler. He defines Democracy as "government by the people in the interest of all the people, with a guarantee of civil and religious liberty to every citizen."

Democracy is not government by the mob. Democracy is not even government by the majority, unless that majority respects the general welfare and puts it before individual or group interests, and unless that majority maintains undiminished the fundamental guarantee of civil and religious liberty. Therefore, it is imperative that each individual in a Democracy be educated to participate in carrying forward, to take up his duty as a citizen,
and neither to shirk it nor to turn aside from it in bitterness, in dissatisfaction, or in antagonism.

If we accept this definition, our problem for the discussion today then becomes, Does nursing education prepare the nurse to participate in maintaining and improving the general welfare of the people and to take up her duty as a citizen, neither to shirk it nor to turn aside from it in bitterness, in dissatisfaction, or in antagonism?

We shall not stop this morning for any discussion of the aim of nursing education. We accept the aim of nursing education as stated in the Curriculum Guide, and as we take no issue with it, it would not need to enter in our discussion except as to guide our thinking.

For brevity’s sake and also in order that we may sit together, I shall read this definition of adjustment as it was stated by Miss Stewart at the time the Curriculum Guide was under preparation.

This concept of adjustment covers the idea of releasing capacity, stimulating growth and some expression, participation in social life, the progressive reconstruction of experience and remaking of life, preparation for the duties and responsibilities of life, enriching the life experience and promoting individual happiness as well as social usefulness.

We shall direct our discussion to three main phases of the topic. First, Does nursing education prepare for professional service in a Democracy? Second, Does nursing education prepare the nurse for civic responsibility in a Democracy? And third, Does nursing education prepare the nurse for fullest individual living in a Democracy?

First, then, shall we start with the topic, Does nursing education prepare for professional service in a Democracy?

Does it prepare and does it develop the type of master craftsmanship needed?

Miss C. Ruth Bower, R.N., (Professor of Nursing Education, Department of Nursing Education, University of Pennsylvania, Philadelphia, Pennsylvania): Miss Sleeper, I wonder if we might use the measure of Democracy which has been recently found in a report of the John Dewey Society.

The first point is, does it provide for theory and practice, and certainly we do have a very rich field in nursing education for the application of this principle.

Second, does it have clearly defined objectives, and do our curricula here set up definite objectives for us in terms of function? Does the student have an opportunity to study the whole situation? I think you will agree that threaded throughout the curriculum, this has been cared for.

Does the student learn to draw up her own objectives?

And perhaps more emphasis might be placed on this objective in nursing education. Does the student have an opportunity to study the community, and does the curriculum provide for understanding of broader problems of the profession and the relation between the profession and the society? And
here again, the social aspect is stressed throughout the course in nursing education. In other words, it does seem to me, Miss Sleeper, that we have set up standards which do meet the criteria for the majority of the profession.

MISS HELEN L. BunGe (Assistant Professor of Nursing, University of Wisconsin School of Nursing, Madison, Wisconsin): Miss Sleeper, from the standpoint of nursing arts, I wonder if I might remind the people once again of Mr. Flexner’s definition of a profession, because I think that it helps us in the field of nursing arts specifically. He suggests that professions involving essential intellectual operation with a large amount of individual responsibility—and that fits our case—derive their raw materials from science and learning, but they work these raw materials up to a practical end, and that again, suits us very well. They possess an educational technique. They tend to self-organize, and they are becoming increasingly altruistic in motivation, and this again, I think, we nurses have to keep in mind.

CHAIRMAN SleePER: I think that is very true, with us anyway. Miss Bunge, I wonder if we could bring that out in discussion of other related nursing arts?

MISS BunGE: In related nursing arts, I think we have a very real problem, because we are often conscious of the fact that our graduate nurse is not only going to nurse in the hospital, but will be often a very important part of community setup, particularly in private duty we might say, or in public health nursing.

Now how can we, as nursing arts instructors, arrange our teaching in such a way that the student will have a good grasp of home situations in the first part of the curriculum, when in some schools she does not have an opportunity to visit in the home at that time? We sometimes have to create a rather artificial situation, and I think that requires a lot of forethought for the nursing arts instructors.

CHAIRMAN SleePER: Is there any other way that this can be done, rather than just by the nursing arts instructor?

MISS LUTIE C. LEAVERELL (Instructor, Nursing Education Division, Teachers College, Columbia University, New York, New York): Yes, I think that we need the sciences since the sciences do give us basic information and knowledge and skills which are essential for a foundation for all the other subjects.

For instance, in thinking in terms of the man himself, anatomy and physiology and chemistry do give the nurse the knowledge and skills that are necessary for understanding, we can say, the structure of the human body and its functioning. Along with this, we have psychology that gives us functioning of the mind, so on the whole, we get, I think, a pretty good conception of, we could say, the nature of man himself.

MISS ANNE L. AUSTIN (Associate Professor of Nursing, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio):
It seems to me, Miss Leavell, that one of the places where we can do—at least we have an opportunity to do—a good deal about this problem that we are discussing is in the social sciences.

You have spoken about psychology and I think we ought to emphasize also the other aspects of the social sciences which do help the students—how to learn to participate in the community, that is, in the social psychology that would naturally be taught in the sociology course and also in the discussions that may be held in class, and in sociology concerning the agency and the way in which the students may use the agencies. There are a great many other ways, too, that are important, but I think it is important to keep in mind that this is one of our greatest opportunities in the social sciences—to help in this problem we are now discussing.

SISTER M. ANCINA (Division of Nursing Education, College of Saint Teresa, Winona, Minnesota): Miss Austin, I wonder if you don’t also want to integrate there the social aspect with the clinical services and the clinical sciences? It seems to me that we need to determine first of all what the nurses are going to have to do after they have finished, and then come back into the nursing school and try to approximate as far as possible, those experiences which are best going to fit her for whatever situation she might find herself in later on. It seems as if we need to do away with so much emphasis on those experiences which in the past have been stressed to the exclusion of the social aspect which you are trying to emphasize.

For example, in many nursing schools today, the large experience has to do with the care of surgical patients and in spite of the fact that it is recommended otherwise, many schools still continue to do it, perhaps for some necessity that arises in their own situation. But, it seems to me that we need to make a special effort to get away from that particular phase, and put the emphasis where it belongs, this is, on the community aspect, to prepare her for work wherever she might find herself. And if that is going to be our objective in the nursing school, then we will have to stress not only the social sciences but also incorporate that aspect wherever else we can fit it into the curriculum.

Miss Austin: I think you are right, Sister Ancina, and I think, too, it is a sort of hobby of mine that, instead of thinking about this social material as subject matter we must have in our curriculum—something that must be learned—we should constantly think of the fact that we are preparing the nurse to meet typical situations, and that we should constantly check our entire curriculum on the basis of whether the material we are including does carry out the objectives we have set. I think if we can get away from the idea of thinking that there is so much social material which must be learned as subject matter, we would really get further in the end in preparing a person to meet situations in the community.

Miss VIRGINIA A. JONES (Assistant Director, National Organization for Public Health Nursing, New York, New York): May I speak, Miss Sleeper, from the standpoint of the nurse who comes into the public health field,
into a situation in which the relationship becomes much more complicated and confused than it may have been in the nursing school itself.

I found an expression which I should like to pass on as being something which expresses, it seems to me, the essential relationship which the public health nurse, and not only the public health nurse—although we perhaps see it more clearly in that field—must understand in working with individuals and families. It was so good that I cannot resist passing it on. In a book about the Indians, which is called *As Long As the Grass Shall Grow*, this expression is employed in describing the method which is being used to help the Indians. "They have chosen to work by the slow, cumbersome, democratic method to avoid benefiting the Navajos, without the Navajos' consent."

And, in public health nursing, we have been, I think, trying to develop a method of working with individuals and families to help them to realize their needs and to avoid forcing them to accept what we give them without their feeling the need for it. I am wondering if that concept is something that we can get into both the theory and the clinical practice in the school of nursing. I am being quite definite and saying that that is one of the concepts which we find the public health nurse finds difficult to learn in the public health nursing field, and asking if there is something we can give her in the school of nursing to help her before she gets out into a specialized branch of nursing?

**Chairman Sleeper:** I am sure we would all agree with you on that, Miss Jones, and I think there is something we can do in the school to help with this. After all, we may not be able to send our students out on an affiliation in public health nursing, but we do have the student in the school for three years and all of the situation is not artificial.

After all, every patient comes from the community, and the patient is going back into the community again, and we have a real obligation there to the student and to the patient to make the stay in the hospital an opportunity for getting the patient ready to go back into the home in the community. Although it may seem that we are trying to teach two different aspects of nursing—one, the hospital aspect, and one, the community aspect—that, I think is not really so, because the hospital needs a community agency, and the patient is from the community, and more and more, the nurse, student or graduate, should be a part of the community.

If that is true, isn't it going to be possible—and I should like to throw that back to Miss Bunge again—to make a situation less artificial and more effective?

**Miss Bunge:** I really don't suppose that our situation is actually artificial, but I did want to bring out the fact that it is hard for the nursing arts instructor, as far as nursing care goes, to give her, in nursing arts classroom and even on the wards sometimes, the kind of problem that she will meet in caring for a patient in the home. I am not saying that it can't be done, but it requires vision and sometimes imagination on everybody's part. I
do think there are things we can do. One thing is to present the student with problems in the total care of a patient rather than teaching the student technique, and I suppose all nursing arts instructors do that very thing. But, the problems must be carefully selected so that the community aspect is brought out.

SISTER ANCINA: I think that the great opportunity for that sort of teaching comes from the ward. It seems to me that if every head nurse is conscious of the objective of the nursing school in striving to emphasize that point of view, she cannot help getting across to the students the fact that the patients are in the hospital but they are still members of the family, and that family is still a unit of the community, and that as such, there are problems by the dozen in the care of every single patient. But the student must be guided by the head nurse, first to recognize those problems, and then to try to find some solution for them. It seems to me that the ward situation is not approximating an artificial situation at all if the people who are responsible in that situation will endeavor to make it real to the student.

MISS JEAN BARRETT (Assistant Professor of the Nursing Arts, Yale University School of Nursing, New Haven, Connecticut): Isn't it a case of perhaps trying to make every nurse feel that she has something to give to every patient in the hospital which is going to help that patient to go out and live a better, more healthful life? We stress teaching so much and I think students sometimes get tired of hearing, "You must be teaching all the time." But, if we could get it over to the student that she has something to impart to the patient which is going to help that patient, something which would be very valuable, perhaps not just now but later on, if every day nurse, every supervisor, every teacher can have that uppermost in her mind so the student sees the example of that sort of teaching permeating the institution, I believe she might learn before she has the opportunity to get out into the community. It seems to me that is the only way to give her the thing Miss Jones suggested.

MISS JONES: This is not a matter only of her opportunity to impart knowledge but also of her understanding of how people learn, and what makes them want to change their behavior in line with the knowledge which she is able to give them. I believe that is the thing which the public health nurse feels the lack of—the relationship with the individual in the family which makes him want to learn and to change behavior accordingly.

CHAIRMAN SLEEPER: I think, much as I would like to have us go on with this part of the topic, we must move to the next part.

By way of summary, I would like to remind us all that we are talking about nursing in a Democracy, and that we must not forget that in a Democracy the thing which counts most is the worth of the individual, and that nursing, after all, exists to serve that individual and work in every way possible for the individual's welfare; that in society, the smallest democracy is a family; that the stronghold of Democracy exists in the family; that we feel, probably all of us, that not enough has been done to teach the
nurse to deal with the family, to help protect the family, and to know more thoroughly the family needs.

The health conservation and disease prevention in the community we have referred to here, but the fact should also be brought out that a healthy citizenry will, of course, be the effective one and the one which will help to maintain the ideals of Democracy.

Let us move along to the question of method. I know none of you has had opportunity to say what you wanted to in relation to your own fields, but we must move on, and perhaps some of those topics will come out in the discussion. Given the right content, are we using the methods which will help to make that content effective?

**Miss Austin:** Miss Sleeper, someone spoke a while ago concerning participation as one of the essentials of life in a Democracy. It seems to me that in the field of the social sciences and professional subjects, we have one of the best opportunities to assist the student to learn how to live in a Democracy from that angle of participation. We can, as Miss Leavell suggests, help the student to share her experiences by group conferences and by the various methods such as the seminar and the other rather new methods which we are now trying to use in our schools of nursing. I think that we have one of our best opportunities in that field. Of course, there are other fields in our curriculum where that can be done, but it seems as if in the social sciences and professional subjects, there are a good many problems which lend themselves very well to the use of the democratic methods, as has been previously suggested.

**Miss Leavell:** Miss Sleeper, I certainly do agree with Miss Austin in regard to getting participation for the students, but before the student can participate wholeheartedly I think there is one thing she must learn, and that is the scientific method and to develop scientific attitudes. By that, I mean this: She must not only have definite knowledge regarding the subject matter, but she must know how to apply her knowledge effectively. She must learn how to develop this scientific attitude, and by the scientific method I mean the ability to assemble pertinent data no matter what they are, the ability to scrutinize them carefully, and to make the inferences that the particular data warrant, the ability to see relationships, and the ability to see, and not only the ability to see and the habit of seeing, but the habit of looking beneath the surface of things should be acquired by every nurse. I believe she then acquires accumulatively knowledge and meanings and values, and these values and meanings can be used for critical study and intelligent living. I think this is one of the basic things that the nurse must learn to do and learn to do very early.

**Miss Bunge:** Miss Sleeper, I wonder if the examination could be considered as a teaching method? One of the difficulties in nursing arts seems to be not the testing of factual material, because it is simple, or easier anyway to make out an examination which will test the factual knowledge. But, so often we find that we are not, perhaps, helping the student to apply
that factual knowledge in a situation, and if we could devise some type of examination or some procedure which would help us to know whether the student not only has a factual knowledge but can apply it, we could find whether or not we are reaching our objectives in our courses.

**Chairman Sleeper:** We certainly wouldn't want to leave the examination out of our methods of teaching. It is one of our most important ones, and the comprehensive type of examination, or the oral comprehensive type which the student can have from time to time on the ward, would be one of the best integrating factors as well as one of the best democratic methods of teaching.

In thinking about the topic for today, I came upon a statement in Ordway Tread's latest book on Democracy, that the most intolerable burden of Democracy was the burden of decision that the individual bears in a democratic state. I think we have an obligation to the student not only to teach her but to see that she practices this process of making decisions, beginning, of course, with the simple ones, and moving on to the more complex. Some of those can be done in the classroom through the various methods of the panel, the symposium, the seminar, the socialized discussion. It can be done through the lecture, if the lecturer is approached in the right manner. In fact, almost any one of our methods can be made, rightly used, a socialized type of method or a democratic type of method.

We must remember, however, that Democracy moves slowly, that autocracy moves with speed and with apparent effectiveness, because the effectiveness is apparent at the instance of the movement, but that the democratic effectiveness comes slowly and, we believe, lasts longer. Now, if we are going to use such a method as this that we are trying today, or the seminar, or some of the other methods of that type, we will appear to move more slowly in our classrooms, but we hope, and we really believe that we will move more effectively. I feel this very strongly. I don't know whether you will agree or not.

**Miss Austin:** It is very encouraging, when we look at newspapers, to feel that that is going to be the ultimate result. I think we do have an obligation in schools of nursing to help prepare the nurse not only to meet nursing situations but to live as an individual in the community, and so I think we do have to keep in mind that she is going to be a person living in a Democracy aside from the fact that she is a nurse, and I think we can do a good deal in all the fields of nursing with our methods, to help prepare her to adjust properly as a person, and to live happily as a person as well as to meet the nursing situations.

**Sister Ancina:** Don't you think that the real opportunity, though, for making decisions and solving problems still lies in the ward? (Laughter)

**Miss Jones:** You spoke first, Sister Ancina. I was just going to ask if we could do more to demonstrate the democratic method in our supervision, in all fields of nursing, and whether our theory has gone beyond our practice in that respect, and that whether even in a situation in which there
must be a certain amount of discipline, for the welfare of the patient, we can't put more emphasis upon demonstration and example of the democratic method in the wards?

**Miss Barrett:** I was just going to say it seems to me that all the way through, the student must be encouraged to express herself and her own ideas, and that her ideas must be given consideration by those through whom she is working. It would seem that by individual conferences as well as group conferences, we have a great opportunity for giving the student an opportunity to express herself.

**Chairman Sleeper:** In all of this, we have spoken of the student. Must we not remember that, as has been said, part of the residue of every class is the integrity and philosophy of the instructor, that we cannot expect to have democratic methods applied in some classes and not in others, if we wish them to be effective? Neither can we expect an instructor who herself does not feel the need for the democratic philosophy, or who does not have a democratic aim, to be very effective in her application of the democratic method. I think it has to go back in part to staff education of our instructors.

**Sister Ancina:** Don't you think that the place to start is in the clarification of ideals, democratic ideals, on the part of the faculty members, to insure that they all have definite practices and definite purposes and definite goals which they are exemplifying, and in that way to get this matter of democratic practice across to the students? It also seems to me that it is their responsibility to provide an environment, that is a total environment in which the students have a chance to practice these democratic ideals which we supposedly exemplify and which we hope to make a part of those students eventually.

**Chairman Sleeper:** Do you think if we adopt these methods, that we can build the right attitudes in the students? Perhaps I should ask you, what are the right attitudes?

**Miss Bunge:** I would like to ask you a question, Miss Sleeper. I can't answer this myself, but maybe somebody else can help me with it. More and more, it seems necessary that nursing schools be connected with larger hospitals because the small, the very small hospital, is not able to give a nursing education considered to be sound. Now, we have to remember that in a Democracy there are hospitals in all types of communities. In fact, I understand that about half of the hospitals in the country at the present time have fifty beds or less. In our curriculum are we getting across to the student the fact that she is responsible for providing the nursing which every type of community needs, that there are hospitals in large and small communities and she must sometimes forget the monetary and other angles and realize that we are responsible to every type of community and every type of hospital as graduate nurses?

**Chairman Sleeper:** Well, that is true, of course. We do have an obligation, because one of the requirements in a Democracy is a sense of
personal obligation, and we have the obligations to the small institution as well as to the large.

Miss Bunge: I want to say, too, that I understand that it is very hard for hospitals in some small communities, or small hospitals in communities, to get the type of graduate nursing service which they would like to have for their patients, because nurses are more apt to stay in the larger communities or in the larger institutions. I think we definitely have to get across to our students, through the curriculum, that we are a professional group giving service to all types of health agencies.

Miss Jones: I wonder if we don’t also have to help the student to see the contribution of the citizen in making it possible for us to provide nursing care, and his contribution in helping us plan to give adequate care to the community? We find that even our public health nurses who have had advanced preparation in that field have not yet gained an idea of the partnership relationship between the professional and the lay group, and the necessity of having the citizenry interested in having the kind of nursing care we would like to see them have.

Chairman Sleeper: I am sure we can’t settle that here this morning. I think that it is a point, however, which we, perhaps, have not thought of enough in relation to our curriculum in the schools, or perhaps, we thought about it and haven’t yet been able to solve it. I can’t answer it, Miss Bunge.

Miss Bower: Miss Sleeper, don’t you think that the administrator is powerful in determining the attitudes the student will have, in determining just how well prepared the program of instruction is which is being carried out? If the administrator doesn’t live the course underlying her program, the students will not be able to live effectively the life we want them to live in a democratic society.

Chairman Sleeper: Isn’t there also a kind of democracy of occupations, which gives every job and every worker a sense of importance in the total scheme of things? And, if we could get the student to feel pride in the accomplishment of her work on whatever level it may be, wouldn’t we begin the solution of this problem?

Again, I must move us along through our discussion for the period. I think we could say that we would hope the student would develop attitudes of social sensitivity and respect for the views of others, that we could help in some way to reduce prejudice and encourage broadmindedness, or perhaps fail to build prejudices if we have been doing the wrong thing, and that we should very definitely try to develop a sense of personal obligation for the student toward the community while she is a student as well as a graduate.

Let us move along to the next phase of the topic, Does the curriculum prepare the nurse for civic responsibilities? Now, I would think of that as meaning taking her part in local, state, and national affairs.

Miss Austin: Miss Sleeper, I think that is one of our definite obligations, and I think we ought to be prepared in all phases of our curriculum to help
the student see that she has a definite place as a nurse, that is, as a professional worker, in the work of the community. We have to be concerned there with motivating the student to want to take part in accepting responsibilities. Sometimes, the work of the nurse is so absorbing that she loses sight of the larger community and does not always realize that she has a very important part to play. I think that one way we should strive to have her take part is to prepare her while she is a student, and it seems to me again, that we can do this by utilizing methods that are democratic in themselves, so that she learns how to do the things that she will need to do later on.

Very often the student may have an interest and not know exactly how to go about showing it, so we need to help her participate as a student in democratic processes, so that she can know how to go ahead when she has an opportunity in the community.

SISTER ANCINA: It seems to me that the increasing use of community resources is going to do a great deal to develop this sense of community responsibility, that is, if she goes to visit the Welfare Clinic or if she participates in a Community Chest program or in the Red Cross drive or in any of the other activities, even if she should join organizations that are primarily of local interest, the habit of doing that kind of thing will remain with her.

CHAIRMAN SLEEPER: I would like to come back again to the fact that we have in our hospital a community of itself, and if the student is a member of that community, she can, through her participation in cooperative government in that organization, learn certain principles of the democratic procedure.

The point again that I would like to make is that we can't expect the students to be democratic unless the faculty is democratic, (laughter) and the whole process of community participation and civic responsibility must show in the faculty. If the faculty does not take any interest in civic affairs and the government of its own community and nation, and does not vote and does not know what is going on, and does not carry any responsibility for it, how can we expect the student to begin to learn such things while she is in the group?

MISS BUNGE: Perhaps Miss Jones will disagree with me, but it seems that we can try to instill these habits and attitudes in the student. When the student has graduated, it is more difficult to make these habits lasting, especially for the nurse who is in the institutional field, because often the institutional field is a large one and as we have heard, absorbing, whereas the nurse who goes into public health is thrust immediately into the community problems so that she finds it easier, perhaps, to take her place there; and also, she frequently lives in the community instead of at the hospital, so that she is seeing a different aspect.

The same with the private duty nurse to some extent, although I think
the public health nurse probably has an advantage. I don’t know how Miss Jones feels.

Miss Jones: I think it is common to find that the younger, newer graduates are very anxious to go into what we call the “rural field” in public nursing more than they have in the past, and their reason is that they feel so much more a part of the community and are able to take part in community affairs. So, there must be something going on within the schools, even the high schools and elementary schools, which is giving those people more feeling of responsibility for taking part in the community.

Miss Leavell: Doesn’t this all come back to the very fact that the nurse must learn to think clearly and sense situations, and not only to sense situations but to make judgments, and also to suspend judgments while she is making her decision?

I think very often the nurse makes too hasty conclusions and hasty judgments, while she is making decisions regarding conditions that she wishes to meet effectively.

Miss Austin: It seems to me that one of the very important aspects of this particular private problem is whether we are including in our curriculum the right knowledge the student will need if she is to participate effectively? Is it merely a matter of attitude? I think that attitude depends on the knowledge which the student has, as Miss Leavell has pointed out, and I think we need to be sure that we are providing the content that the student will need in order to participate, and it seems to me that the burden of responsibility really falls in that respect, as far as the community is concerned, on the social sciences and the professional subjects, because there you do have an opportunity to include certain material on the family and the community, as well as on the part that the nurse should play as a graduate in the affairs of the family and the community.

Chairman Sleeper: I can’t let Miss Austin leave out cooperative government. I am going to put it in again, because I think we are a little bit apt to lose sight of our extra-professional program, which is, after all, a very important part of the student nurse’s development.

I must move us along again to the next phase of the topic: Does nursing education prepare the nurse for fullest individual living? And I mean here, does it prepare her to live as an individual?

Miss Austin: I don’t like to talk all the time, but it seems to me again that the social sciences have an opportunity; particularly the history of nursing, because there we have an opportunity to develop a very interesting hobby for a graduate nurse. I think that if the social sciences, particularly the history of nursing, can be taught in such a way as to stimulate an enduring interest on the part of the individual nurse in the history of her profession, we can develop a very interesting hobby that will be an abiding interest for the student, and one of the most absorbing interests that a nurse can have in all her life.

Chairman Sleeper: When I thought of this aspect of the topic, I
thoroughly thought of it in relation to several different lines, I think, or rather than just the hobby, but first of all, did we in our schools leave opportunities for development of different patterns of personality or of behavior? Are we still trying to mold all of the students into one pattern or do we send them out with a variety of interests, and do we give opportunity in the school for development of those individual interests which may become abiding centers of enjoyment throughout life?

SISTER ANCINA: Isn't that one of the objectives of the extra-professional program, though, to get these young women started on some particular things which are going to be of lasting interest all the rest of their lives? Not only in the nature of the things which relate directly to nursing, but it seems to me that it is even more important to bring in the things which are outside of nursing. After all, nursing is going to be their main objective, at least for a considerable length of time, and what we need to do is to give them something outside of nursing, and that can be done very effectively through a well-planned program of extra-professional activity.

CHAIRMAN SLEEPER: Can you do this in the three-year course, Sister Ancina? Is this one of the places where the three-year course is lacking and where the course based on a liberal arts or some other collegiate foundation is going to be richer or more effective?

SISTER ANCINA: Yes, I am glad you gave me an opportunity to answer that question. It seems to me that is one of the great advantages of the longer program. We can broaden out even in the nursing field, but even more than that, we can give the student a background of information and knowledge and experience and interest which will make her not only a more effective person, not only a better nurse, but a more valuable citizen in the community.

One of the things that we ought to be able to see coming out of these collegiate programs ought to be an effective citizen. If it is going to do anything at all, it ought to do that, and it will not do it unless we pay special emphasis to this particular point.

MISS BARRETT: It seems to me I might mention here some results of some psychological personality studies which have been made on student nurses, comparisons between the studies made when the student enters the school and just before she graduates. Those studies have shown that nurses during the period of their course develop a stability or increase the stability of their emotional habits, due to the fact that nurses learn what good habits are, they want to have more stable qualities themselves, they want to overcome emotional weaknesses, and another thing which such studies show is that their efficiency in their organization and use of their abilities is increased. They learn to be quicker, not only in nursing, but also generally, and they come nearer to using their intellectual powers than they did at the start. Lastly, and perhaps as important as anything along the line we have been talking about, is that the individual seriousness and depth of professional interest grows. She is shown to be perfectly normal in her desire for home
and family, but she has no less of a professional interest because of that. Nurses are capable of combining home life and professional life very satisfactorily.

CHAIRMAN SLEEPER: I think you brought out two of the other points that I had in my notes. One, Does nursing prepare the individual for fullest living as an individual? and then, Does it prepare her for home life and does it prepare her for parenthood? I think, perhaps, you have mentioned those two points in your summary, which is somewhat verified by the tests.

I should like now to open the discussion to the rest of the class. Has anyone this morning any question which she would like to bring up, or any discussion which she would like to add? We know that we have gone through this very hastily. We expected it to be hasty and the lack of microphones made the seven minutes more hasty, because I timed it by my clock. Are there points of discussion which the rest would like to bring out?

Have the members of the group anything further that they would like to say?

MISS AUSTIN: I would like to say one more thing. I would like to quote from Dr. Lindeman. I think you probably heard Dr. Lindeman say one time in a nursing meeting, that the success of a Democracy depended upon behavior specialists, and, of course, nurses are specialists, and it seems to me that they have a very important part to play in the success of a Democracy. I think the place in our curriculum where we can help in preparing them to play their proper part in a Democracy, so that it may succeed, is in the discussions that we have in what we call professional adjustments, that is, the discussion of the problems that may arise in the life of the nurse as she functions as a nurse and as a person, and what we may do to help her to get ready to meet those situations. I think we have an opportunity in those places, particularly in our curriculum—of course, it means that the teacher has to be ready to function properly in order to be able to help the student do so also.

MISS STEWART: Madam Chairman, I have been hoping you were going to get around to the question of the relation between nursing and medicine because it is the sore spot, and it is a very undemocratic phase of our work. How are you going to train young student nurses so that they will develop a sense of democracy and how are you going to train your interns so there will be a more democratic relationship between nursing and medicine in the future? (Applause)

CHAIRMAN SLEEPER: One of the points, Miss Stewart, which I think we intended to bring out and probably didn't get to, was that we feel that one of the weak spots in our present plan is this question of teaching group relationships. I think we haven't the answer to that this morning. But it must begin, of course, with the faculty in the school of nursing, and with the medical faculty. Wouldn't you agree with that?

MISS STEWART: Yes.
CHAIRMAN SLEEPER: I was asked at the beginning if we might have the
group on the platform introduced. Before I summarize, I should like to
do that in order that you might know who the persons are and what fields
they represent. Although we did not intend to represent any one particular
field in our discussion this morning, we could not, of course, get away from
it. And these people were all representing certain aspects of the curriculum.
Beginning at the right of the table, is Miss Ruth Bower, who represented
the field of administration. (Applause)

Next, Miss Virginia Jones from the National Organization for Public
Health Nursing, who represented for us the community aspects, especially.
(Applause)

Miss Leavell, who is an instructor at Teachers College, was thinking
especially of the pre-clinical sciences. (Applause)

Sister Ancina, from Saint Teresa, was thinking in terms of the clinical
program. I think you understood that. (Laughter and Applause)

On my left, Miss Austin, who was especially concerned with the social
sciences. (Applause)

And because the basis of our local program is nursing arts, we had two
representatives for nursing arts, Miss Jean Barrett, (applause) from the Yale
School of Nursing, and Miss Helen Bunge from the University of Wisconsin.
(Applause)

MISS WILSON: May I say something from the floor? One of the best
ways to teach your interns is to get them into your extra-professional pro-
gram. They are very democratic on picnics and—(Laughter)

CHAIRMAN SLEEPER: I think I don't ever go to picnics with interns,
Miss Wilson.

MISS WILSON: —and old fashioned.

CHAIRMAN SLEEPER: By way of summary, now—

MISS DEUTSCH: Would it be in order to speak before the summary?

CHAIRMAN SLEEPER: Yes, will you come up and use the microphone?

MISS DEUTSCH: I don't think what I have to say is really important
enough for the microphone. But, I think most of us in the audience have
learned a great deal about this subject, Preparing the Nurse for Life in a
Democracy. I think however, as usual in a Democracy those of us who
listen think of certain things that might have been said, and I wonder if
I may say a few things that I think perhaps were not emphasized in this
discussion on this very important point.

One of the nursing arts instructors mentioned the difficulty of having
only an artificial situation in which to present community life during the
education of the nurse. Hardly at all was the out-patient department of the
hospital mentioned. I think once, and only once very, very briefly. I think
that the out-patient department of a hospital must receive much greater at-
tention by the faculty of schools of nursing if we are to accomplish the
thing that we set out when we mention such a broad subject as Preparing
the Nurse for Life in a Democracy. It is there where the nurse feels that
contact of the community, where she sees that patient in relation to home
problems most effectively. Many of us feel that it should be there where
nurses prepare in theory and in practice in public health nursing, that they
should be in large, large numbers to assist the school of nursing with bring-
ing that aspect of the work into actual reality, and that it should not be an
artificial situation. It should be reality.

One of the most important things, I think, in nursing is this, that I
have seen whether I am in Hawaii, or in Alaska, or in the French Settlement
of New Hampshire, this thing of reality that the nurse does. No matter
how meager her academic background is, she has learned something real in
the wards of the hospital, and she brings it into the community.

But we need something more. Let's again have a milieu, a situation
that is real, and have the nurse learn in the real situation what we mean
by this thing, the community. And you have it, only it hasn't been utilized
by your school of nursing—it is the out-patient department. Use it, study
it, analyze it, bring it into focus with all of the various quotations that have
been given this morning on this thing called Democracy.

The other thing that I do not think was mentioned enough, if I may
say so, and that is, what does the patient teach us? We feel in the public
health field that we have learned so much from others. You can do the
same. And that really is the democratic thing. Remember that we learn a
great deal from the patient. It isn't only we who teach. I don't think,
perhaps, that was stressed enough when we think of Democracy.

I had a marvelous experience in having as a great teacher in public health
someone whose background was hospital, and that was Miss Goodrich. She
always spoke of this thing. We are talking here as if the hospital were some-
thing outside the community. Miss Goodrich always made us feel that the
hospital is also the community, and all of us who have read the important
book of Michael Davis, that five-year study on medical care, and have read
the majority report, where he says and gives that picture of the future of
the hospital, feel that the hospital is going to be the center of the com-

Then, I think one other thing was said that I should like to, if I may,
modify a little. We have said over and over again this morning, the demo-

ocratic method works slowly. The autocratic method works quickly. Let's
have great faith in the democratic method. All of us know that those
countries which some of us were privileged to visit, whether it was Denmark
or Norway or Sweden, have practiced the democratic method more than
any other countries in the world, and something happened there. They
couldn't combat the other method, and why? We have to work to bring
about democratic methods among us, but we must go further. The demo-


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contact of the community, where she sees that patient in relation to home
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about democratic methods among us, but we must go further. The demo-


Our Democracy
should have reached out into every part of the country, of the world, and only then when we had Democracy reach further than in our own situation, into all the world, could we really do the thing which we wanted to do, which is, of course, that our own profession shall work effectively in making a more democratic method. Thank you. (Applause)

CHAIRMAN SLEEPER: Thank you, Miss Deutsch. Now, by way of summary, I should like to say that we have this morning realized and said that there must be emphasis on all the subject matter content which relates to community service, and I mean by that, emphasis, more emphasis than we have had, and that we must not confine that to any one subject or any one area of the curriculum, but it must enter every aspect; that we must stress in the curriculum personal responsibility, relation of the nurse to the individual in the community, personal development of the student, and also the democratic development of our faculty; that in our methods of teaching, we must further emphasize the sharing of the experience and the responsibility for the class and the responsibility for the group learning, and we must emphasize, more than ever before, individual participation in all of that.

Education, it has been said, which prepares for life in a Democracy, must present the powers of the individual, must adjust her drives and provide her with learning which will enable her to develop free activity, evaluation ability, and professional competence, to live effectively in a commonwealth of free persons.

If, this morning, in this short time, we have stimulated your thinking to the end that you will reconsider some phases of your own curricula, in the light of some issue which has been raised this morning, or in the light of an issue which has come to your own mind, we have then accomplished one goal, a helpful morning's program and a demonstration of a democratic method of teaching.

The class is dismissed.

Lay Luncheon

Sponsored by the Committee on Lay Participation

Wednesday, May 15, 12:30 p.m.

Presiding: Grace A. Warman, R.N., Chairman, Committee on Lay Participation.

THE CONTRIBUTION WHICH THE LAITY CAN MAKE TO NURSING EDUCATION

MRS. F. WESTERVELT TOOKER, Chairman of the School Committee,
Orange Memorial Hospital, Orange, New Jersey

Ever since I received an invitation to speak before this distinguished audience, I have wondered what hypnotic influence ever persuaded me to attempt to tell of some of the ways that I think the plain ordinary citizen can contribute to nursing education.
After this delicious luncheon, when you are all relaxed, is probably just the time for me to ask you to listen, not too critically, to my informal talk, because after all, I am just one of the laity. I have no doctor’s title before my name, nor a Doctor of Philosophy after it. I have no R.N., all of which is regrettable, but I have been an observer and am very fortunate in having been able to try out in one hospital some of the ideas that I have gathered here and there by the wayside.

Ever since being elected a member of the Board of Governors of Orange Memorial Hospital, I have been a member of the committee responsible for the training of nurses. My most vivid recollections of those days of the Dark Ages, long ago, were of a very serious-minded group of marvelous women who seemed to have full responsibility for the rules, the discipline, and the general conduct of the school. The superintendent of the hospital, a woman, was the professional head of the training school. Of course the school was smaller but, even so, running the business of a hospital—a charitable institution with more patients than ready money—and also being responsible to the committee for the welfare and education of young women who had come from various homes, with widely differing standards of conduct and education, were a herculean task. The encouraging side was that the nurses from our school were sought from far and wide, even in New York, where Bellevue was the early model for all schools in our vicinity. This sounds very far and remote, but it was more or less like this in all suburban hospitals up to 1914, when the great war changed many things besides the education of nurses.

So much for a prologue.

As you know, great changes have come in the conduct of a school—any school or college. The young girls have freedom beyond the conception of those splendid women of the days before 1914. In nursing schools the requirements for admission have advanced. The attitude of the student who was given a monthly allowance by the hospital is quite different from that of the girl who pays for her tuition, and after six months of probation, is capped and accepted by the school as a student nurse.

With the advanced requirements comes a new kind of faculty. The superintendent or director of the hospital, often a man, is no longer head of the training school. It takes all the superintendent’s time to take care of the complicated organization of the modern hospital with its many departments which must function homogeneously. Thus we must have a principal for the school of nursing, an educational institution, which provides the proper curriculum for the well-balanced training in nursing arts, and at the same time supplies the practical training in the hospital, the great working laboratory.

This is about the modern setup in a general way, as we all know it.

At a luncheon such as this, five years ago in New York, I had the honor of sitting at the right hand of one of our great directors of nurses, Miss Helen Young of the New York Presbyterian Medical Center, who was scheduled to speak on The School of Nursing Committee, and How to Keep the
Meetings Interesting—so that busy New Yorkers would attend. She had a few notes on a card. When she had concluded her wonderfully interesting talk and was seated, I leaned over and asked if I might have her card. I hardly waited for an answer. I came home with the precious notes in my bag. I have it in my file now. That card was my needed inspiration and for these five years it has been a light to show me the way.

I have always had the greatest cooperation from my board, from the hospital director, the director of the school, and my committee. With the help of all these people, we today have a committee that meets each month for ten months of the year, and all members attend the meetings if possible, or send a reason with their regrets. We are a serious committee assembled to discuss and conduct the business of the school of nursing.

The personnel of the committee consists of the director of the hospital, the director of the school of nursing, the educational director who kindly acts as recording secretary and provides us with typed copies of the minutes of the preceding meeting, a doctor from the consulting staff who is a board member, the director of the visiting nurses' association with which our school affiliates, an outstanding educator, the superintendent of one of our largest and finest school systems in New Jersey, the president of our board of governors ex officio, four women from the board, and the chairman, who is appointed annually from the board members by the president, making twelve in all.

Our order of business is something like this: the minutes of the last meeting, then a report from the director of the school. This gives the high spots of the past month, interesting details and happenings, and finally recommendations, and sometimes problems. An open discussion follows and action is taken, if within our power, or a recommendation is made to the finance committee and board of governors, which is presented by the chairman at the next regular board meeting and acted upon.

Several things are the specific duties of the lay members. As board members, their chief duty is to interpret to the board of governors the business of educating nurses and of supplying the hospital with the proper kind of nursing service. The cost of this service is rising, due to many reasons other than the salaries of supervisors and floor duty nurses. I cannot go into this in the time at my command. It is a fact and boards ask the school of nursing committee the reasons. The committee explains to the board in the language of the lay member, who comes to the hospital with the viewpoint of the public, and of the citizen who is the patient, and of the housekeeper and employer in a general way for the home. There is a finely drawn balance right there; the physician member of the committee, the highly educated and specialized faculty members, and the sympathetic and experienced layman who endeavors to contribute his share, learned by knocking about the world where the amount of money available must have great importance in any project.

Speaking of money, schools need many things that are often not quite legitimate charges against a general hospital maintaining a school. Through
our lay members interest has been developed in having some sort of endowment which gives an income which can be used by the school. A former chairman always contributed the pins of the graduating class. In her will she left a sum of money, the interest of which now supplies the pins for all our graduating classes and also provides things which we remember that she liked to do. We buy equipment sometimes with our endowment interest, and every year we purchase additional books for our growing library. Our board, trusting its nursing committee to be as economical and wise as possible, very generously allows us control over all the tuition fees. In this way we are building up our educational institution, returning to the students what should be given to them when they pay, no matter how small a sum, for their education.

Our committee makes a separate budget for these very desirable expenditures. We all know the value of budgeting our income.

By careful spending, the nursing committee has returned this year to the general hospital funds $1,000.00 to help the board in a year when its income has been curtailed because of a smaller appropriation from the Welfare Federation, which did not quite meet its goal, and also because of shrinkage in income from the Endowment Fund. We have also saved $2,000.00 during the last two or three years and added it to our capital fund. We would urge lay members to realize their opportunity for service in interesting friends to contribute to such an endowment fund or leave a legacy for the school in their wills.

I might say, just here, that at the meeting yesterday afternoon, I heard the discussion on the subject of accrediting, its cost to small schools, etc. It is just here that the lay members can explain to a board the great advantage to schools of high rank in securing the best material as students, to say nothing of many other advantages in the standing of the hospital itself. The $250.00 fee can be secured in many ways, from private individuals, from nursing endowment funds, tuition fees, or as a direct expense of the school. Money always comes if the cause is believed in and it is a vital need.

One of the most important gifts that our school has to be thankful for, and one that must be considered of the greatest importance, is a directress of nurses who not only is an able executive, but one who in every way stands for the highest type of womanhood. She realizes fully that she can work with intelligent committee members in a delightful, cooperative way, taking of their experience in the outside world whenever and wherever she can. There is not one of us that knows enough about anything, no matter how educated we may be, but each of us in our humble way knows something, and the suggestion that comes to the mind of a lay person may be just the one little thing that might solve a problem of great importance.

The ideal for the laity is to help the morale of the professional—things go badly sometimes for all of us. Should we not hold back our criticism of the hospital and its methods of service until a time when frazzled nerves of people who are working at top notch with Life and Death, are rested, and we can discuss conditions in a kindly, helpful way? Our suggestions
will be so gratefully received, although we are not learned people, and it is part of the layman’s service that he or she ought to be able—I am sure we are able—to get a fine perspective, and everything we can do will be a direct contribution to nursing education.

**THE IMPORTANCE OF HAVING A SPECIAL LAY BOARD OR COMMITTEE INTERESTED IN THE NURSING SCHOOL**

**MR. ALFRED L. ROSE, Vice President, The Mount Sinai Hospital School of Nursing Board, New York, New York**

The topic upon which I have been asked to speak is the importance of having a lay board or committee interested in a school of nursing. My experience with schools of nursing has been limited to New York City and in order to escape the usual criticism that the average New Yorker is intensely provincial, I hasten to admit that I know that I am still in the United States, even though I am in Philadelphia.

To cover my topic adequately would take much more time than is allotted to me so I shall confine myself to a bare statement of fundamentals, omitting all oratorical and rhetorical flourishes. The subject has previously been treated by others, so I shall attempt a different analysis. For your convenience, I divide my talk into three captions:

I. A lay board or committee is important
II. An analysis of how Mount Sinai has met the problem
III. The reasons why the Mount Sinai method of a lay board is an improvement upon the method of a subcommittee of the general board of the hospital.

I eliminate from my consideration schools of nursing affiliated with colleges, universities, or other educational institutions which, in my mind, must be subject to different conditions.

**I**

All of us are far beyond the primer stage with respect to this subject, but I do ask you to bear with me so that in analyzing the problem, I may start at the bottom and work upward.

A school of nursing is fundamentally an organization having an entity distinct unto itself. Furthermore, it is an educational entity. Where we have a hospital and want to create a school of nursing, it must be planned for; it cannot be like “Topsy” who “just grew.” It cannot have a principal, a faculty, a curriculum, or any of the other necessary attributes unless all are selected and planned by someone. Under our present economic system it must have financial support and business administration. Without detracting from the financial and business ability of educators or professional men and women, I think that laymen, who for the most part are business men, are primarily educated and experienced in matters of organization and finance, and are fundamentally better equipped to face such problems than
is the educator or professional person. Since the organization of any business involves the selection of personnel thereof, as well as the financial structure, a board or committee of laymen are, by their very daily experience, equipped to perform the fundamentals.

Having delimited the fundamentals mentioned, we then meet problems of operation and equipment. Is the school to have a building by itself or is it to be housed with some affiliated institution? How many students are to be accepted? What fees are to be asked? What rules shall be promulgated for the orderly management of the school (quite aside from its educational program)? Will the original plan admit of sufficient expansion without undue difficulty? Will the size of the school equate with the facilities available at the hospital with which it is affiliated? Will the hospital support the school, or will the school support itself, or will there be some form of joint participation in the financial burdens? Many similar questions which will readily suggest themselves to you must be adequately answered, and the organization must be so planned as to answer all or most of them correctly and satisfactorily.

I have purposely eliminated problems of a distinctly educational, scientific, or technical nature. Assuming that the school is in operation—here are examples of some of the operating problems, as distinguished from the financial ones, which begin with the school and probably last as long as the school lasts. What is to be the relationship between the hospital and school? How can constant problems of changing personnel and disagreement on the questions of detail and function be reconciled with justice to both sides? How can the school, as an educational entity, be protected against assuming a position as the last hair on the tail of the hospital-dog, and yet avoid having the tail wag the dog? How can the health and well-being of the student body be supervised adequately by members of the medical staff of the hospital without some assertion or claim of preferential right by those who render this service? How can the moral well-being of the student body be supervised by persons who have sufficient authority to give their mandates sanction and force? These are merely a few examples but enough to indicate the general nature of the problems which arise aside from the purely financial and educational features.

With all due respect—and I have sincere respect for the ability and sincerity of the men and women who are devoting their lives to problems of education—I still believe that the problems indicated as well as the many problems of an educational nature which will arise can be solved more adequately by a combination of the science of the educator with the broad human experience of the layman. Having spent my life among professional men and women as one of them, I am conscious of the fact that in many instances professionals espouse theoretical doctrines which, although perfect in theory, may be impractical. Many of those theories, when strained through the sieve of the layman's practical experience, can be amended without losing much of the theoretical advantage, and emerge as practical working human doctrines. Thus, in all fields, even in the educational one, the advantage
of a body of laymen as advisers and, may I say, balance wheels must have an appeal to the reason of even the most ardent exponent of the educator.

II

Having now placed before you the main benefits that I see in having a special lay board or committee, I shall attempt in the time remaining to me, to summarize our experiences in actual operations at Mount Sinai. Our school is not only an entity in theory but is an entity in its very being. Although thoroughly affiliated in every respect with the hospital, the school is a separately organized corporation, having its own board of directors, its own officers, its own constitution and by-laws. Its board of directors meets regularly, quite apart from the meetings of the hospital trustees. In its fundamental organization, however, control by the hospital is assured by the requirement that not less than seven out of fourteen members of the board of directors of the school shall be simultaneously trustees of the hospital. The assurance of seven gives a majority to those who are hospital trustees, because at least three others are members of the medical staff charged primarily with health problems. Similarly, there is a standing committee of the board of trustees of the hospital known as the Committee on School of Nursing, whereof the president of the school is chairman and the vice president is vice chairman. This, to our minds, assures complete "liaison" between the two societies wherefore, although distinct in their entities and in their organization, they are allied and amalgamated in control. Our school is technically an affiliate of the hospital, not a subsidiary in the legal sense. Lawyers and business organizers recognize a subsidiary as one whose voting control is owned by the other and an affiliate as one whose voting control is owned by the same persons who own the voting control of the other. The principal of our school, appointed by the school board, is at the same time the superintendent of nurses at the hospital, and she makes her report at every meeting of the board of the school. In her position as superintendent of nurses, she collaborates with the medical director of the hospital and has the board of directors of the school, which through its majority dovetails into the main board of the hospital, for consultation and advice. Thus, the authority of the medical director of the hospital stems directly from the hospital board and the authority of the superintendent of nurses indirectly from the same body, through the complete affiliation between the school and the hospital board. I mention this, not because of the fact that the question of authority is raised; we live as friends in a cooperative charitable venture and we do not, as they say in military service, "pull rank on one another." We find, without the assertion of authority, the tacit knowledge that there is a fundamental sharing of authority between the hospital and the school which enables us to live as friends in a cooperative endeavor and not to be irritated constantly by thoughts of divided authority.

A distinct advantage comes in the financial field. Few laymen realize the degree of study and application needed to qualify a girl to become a nurse who, in her professional capacity, performs so vital a service to the com-
munity. They accept nurses as, may I say, "God's gift to suffering humanity" without bothering to wonder how they grew to be nurses. Men of means and of charitable impulse, when they stop to consider the matter or have it brought to their attention, are likely to consider various phases of nursing education as fit subjects for their beneficence. Vacation funds, sick benefit funds, pension funds, funds for additional education, and the like can be obtained more readily if the organization has a distinct entity and a lay board which administers its financial affairs than if it is merely one of the departments of a larger institution, or lacks lay financial supervision. The very laymen who comprise its board of directors are likely to talk about their problems and their work among those with whom they associate either socially or in a business way, and those very discussions bring the school and its financial needs to the attention of men likely to be willing to assist, particularly where they know that the administration of the funds will be directly under those in whom they have personal confidence, and their successors.

In the educational field, the same lack of information available to the average citizen is an obstacle to progress. Each state supervises its own educational standards, but I wonder whether, in every state, the educational authorities have sufficiently considered the educational prerequisites for nursing education. In many states the educational department has at least a flavor of politics, not in the unpleasant sense, but rather that those selected to form the department are so selected, at least partly, because of political affiliations. Politics, like everything else in life, is a matter of human equation. A group of important laymen, having some political force and some wide acquaintance among the powers of state government, can frequently be of real assistance either in urging an educational improvement or in vetoing something that they believe would be a disadvantage. The professional member of the faculty, rather than by direct approach, can often be more forceful by working through an influential individual or group of individuals who, in their personal and business capacities, owe no allegiance to the department and, therefore, are free agents to speak their minds and their thoughts, and to solicit and secure collateral help from other departments or individuals in the state government.

III

Having covered the organizational, financial, and educational phases of my subject, I point out for your consideration and discussion the advantage of a separate board of directors over a mere subcommittee of the main board of the hospital. The school of nursing is more than a department of the hospital. It is charged with the care and supervision of the moral, physical, and educational lives of several hundred young women living away from home and parental influence. Individual problems constantly arise and each requires individual attention. Mass education is a necessity, but must be supplemented by individual treatment where needed. Infractions of rules, amounting occasionally to major misconduct, arise and must be separately appraised and separately dealt with. Illness, ranging from minor to major
acute conditions, are met with every year and each requires not routine but rather specialized attention.

The trustees of the hospital, charged with the obligation of the physical, financial, and organizational questions that arise in an institution with hundreds of beds in a highly departmentalized organization could hardly do more with respect to school problems than pass on basic questions of policy unless the members of the board were prepared to devote substantially their entire time and attention to the affairs of the hospital and of the school. A relatively small subcommittee of that board would hardly feel the responsibility or the authority that appears to be necessary. Where the school is a separate institution controlled by its own board, both the obligation and the authority are squarely imposed to the end that the relationship between the school and the hospital is that of an affiliated institution rather than a department thereof.

Each school and each hospital require their own special treatment. My personal experience in connection with nursing education and the problems of a school has been confined solely to Mount Sinai. Modesty prompts me to say that the experience of others has probably been longer, wider, and more intimate than mine, and that I have attempted to speak to you as a proponent for our type of organization in the hope that much criticism and difference of opinion will be created so that the entire subject may be completely canvassed and aired to the eventual benefit of nursing education throughout the United States.

THE VALUE OF A SCHOOL COMMITTEE FROM THE POINT OF VIEW OF THE PRINCIPAL OF A SCHOOL

Florence K. Wilson, R.N., Director, School of Nursing, Syracuse Memorial Hospital, Syracuse, New York

I have been asked to discuss the value of a nursing school committee to the principal of the school; in other words, to suggest help which a committee may give to the principal of the school. Does the principal of a school of nursing need help?

Here is the picture of a principal of a school of nursing drawn ten years ago in the report of the Grading Committee. According to that report, 13 per cent of the superintendents of the schools of nursing have been out of school only five years, which means that they are relatively immature and inexperienced young women. "Half of the superintendents of nurses have had no special work in institutional management nor in educational methods." She is therefore not only a young woman but a young woman who is unprepared. Almost two-fifths of the superintendents of nurses have held their present position one year or less, and 51 per cent two years or less. She is therefore a young, unprepared woman who changes her position frequently. The typical superintendent of nurses attends only three out of a possible 12 meetings of the board of trustees in the hospital. The Grading
Committee raises the question: Could the fact that the superintendents of nurses meet so rarely with their boards partially account for the excessive turnover in that position?

Now the complete picture of a typical superintendent of nurses ten years ago is a young woman, poorly prepared, changing her position frequently, and having very little contact with the board which manages the hospital. She sounds like a person who needs help. She needs to be encouraged to take courses in education and institutional management before attempting to be head of an educational institution. Apparently she needs a more direct approach to the board of trustees of the hospital. Perhaps the boards of trustees and the superintendents of hospitals should be encouraged to insist upon having well-prepared superintendents of nurses.

But if this is the picture of a typical superintendent of nurses which represents the midpoint in the group, there must be some who have better preparation than shown in this picture. Does a well-prepared superintendent of nurses need help? If the hospital and the community are accustomed to the typical superintendent of nurses, then certainly a well-prepared person will be something of a shock. Her policies will need a great deal of interpretation to the various groups of the hospital and the community.

The members of the school committee can arrange to have the policies of the school interpreted to the board of trustees. They can request that the superintendent of nurses be present at the board meeting whenever the policies of the school or the nursing service are under discussion. They can also make sure that a stimulating report of the activities of the school is given at each board meeting. To reach a wider audience of people interested in the school, members of the committee can arrange for programs about the school to be presented at meetings of the hospital auxiliary and of the medical staff of the hospital.

Suppose the head of the school is trying to get better prepared applicants for the school. The faculty of the school sets up qualifications which each applicant must meet. These qualifications should be interpreted to many groups in the area from which the students come. The school committee can be of great help in disseminating to their immediate friends and to the community in general information as to what the school is doing. In one school the committee invites to a meeting the principals and deans of the preparatory schools from which the entering class has come. At each of these meetings some aspect of the program of the school is discussed—which plan helps those present to understand why schools of nursing need good applicants. Because of the standing which the members of the school committee have in the community, they help to give this program importance in the eyes of the principals. Incidentally, members of the school committee have learned a great deal about the nursing school through attending these meetings.

A progressive, well-prepared superintendent of nurses will need to have the nursing needs of the community presented to her constantly. Members of the school committee are interested in many of the health activities of the
community, and through their community relationships they bring to the superintendent the nursing needs of various racial and economic groups of the community. They will be able to guide her in choosing community activities which have educational value for student nurses.

The attitude of the members of the school committee toward the school and toward education can be of great help to the head of the school. Attitudes are usually shown through behavior. Perhaps some typical behavior expressions of a school committee may show some helpful attitudes.

The first one is this expression, "I am going to my school of nursing meeting. I am planning to do something for my hospital." This expression may become a byword for the family of this member of the committee. The daughter says "mother has gone to her hospital." The granddaughter says "grandmother has gone to her hospital." This expression indicates that a member of the school committee is making a hospital and the school of nursing an expression of her personality. She is working out her urge for creation, through creating a better hospital and a better school of nursing. She seizes every opportunity to promote the growth and welfare of her hospital and her school of nursing. She makes it sound like a fascinating occupation.

The second expression goes something like this: a plan of action has been formulated—some of us are rather doubtful whether it can be carried through. This member of the school committee always says, "Well, we are going to do it, aren't we?" That assumption of confidence in our ability to carry through the projects which we plan gives just enough lift to keep all of us working on the plan. We usually begin thinking now just how can we do this? Just where can we get the influence which will help us carry it through?

The last expression is something like this: a school of nursing is one of the finest educational experiences available to young women today and we must be sure that the students in our schools have every opportunity to learn to use their own resources to the utmost. Such a member of the school committee is interested in coming to student mass meeting to see how well the students conduct their affairs of self-government. She is interested in the attempts of members of the honorary society of students to promote the interests of the school. She comes to faculty meeting because she is interested in the growth of each member of the faculty.

These expressions have shown three attitudes of members of a school committee which are of great help to a director of a school of nursing: first, a very real personal interest in the school; second, a belief in the ability of the school to work out plans for progress; and third, a conviction that a school of nursing has an important position in the education of women.

But the most helpful part of the relationship between the superintendent of nurses and the members of the school committee is the enjoyment which they get from their work. It is fascinating to have a part in the growth and development of a group of young women who are learning a useful occupation.
Joint Session
American Nurses' Association
National League of Nursing Education
National Organization for Public Health Nursing
Thursday, May 16, 9:00 a.m.

Presiding: Nellie X. Hawkinson, R.N., President, National League of Nursing Education.
Symposium: The Preparation of the Nurse for Leadership in a Democracy.

CHARACTER EDUCATION

F. Ernest Johnson, D.D., Professor of Education, Teachers College, Columbia University, New York, New York

(Published in the July, 1940, American Journal of Nursing)

CIVIC EDUCATION

Mrs. Curtis Bok, Lecturer

(Mrs. Bok spoke extemporaneously)

NURSING EDUCATION

Marion Howell, R.N., Dean, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio

It is with a sense of great responsibility and a deep humility that we say today, "The Social Policy of America is Democracy—the only social order consistent with justice, and the one which comprises a broad humanitarianism, an interest in the other person, and a feeling of kinship with those whose modes of living may differ widely from ours."

As we have this morning given consideration to the character development of the nurse and to her education for civic responsibilities, we realize anew how the purposes and programs of the schools of nursing of this country have evolved. In their development they have reflected the conditions and trends of society, the social vision, the policies, the knowledge and practices of the people. Democracy and education have necessarily developed together and their gradual growth furnishes a pattern for future developments.

Since, in a democracy, emphasis is placed on human interests, the general welfare of man, civil liberties, the consent of the governed, the appeal to reason and the pursuit of happiness,¹ it is well to give consideration to how our programs in nursing education are related to these democratic processes.

A study of the history of nursing gives convincing evidence of the fact that nursing as a profession is founded on human interest. It has made progress because of its great humanitarian purposes. The zeal, human interest, and unselfish devotion of its leaders and supporters have, through the years, proved their concern for the general welfare of mankind. As social justice and civil liberties have begun to emerge, we have recognized the leadership of individual nurses whose experience has led to their recognition of needs, and whose vision, courage, trained imagination, and sense of responsibility have led to the development of new social programs. To such leaders we can trace the development of schools of nursing, public health nursing services, settlement house programs, school nursing, industrial nursing, insurance nursing services, and the interest and support of the socially-minded public. These leaders in nursing were close to the great masses of people who needed their help and no doubt this realization of need developed latent powers of leadership.

It may seem somewhat ironical that, with so much emphasis on the humanities, there should ever creep into hospitals and schools of nursing anything of the autocratic in regard to procedure or discipline. However, there was a period in the development of nursing education and nursing service when, because of pressure of demand and inability to use the known and wiser methods, a younger and poorly chosen personnel was allowed to enter the profession with the natural consequences. But what of today and tomorrow? The nursing profession maintains that the objectives of a school of nursing today should be closely related to the democratic society in which it exists; that the graduate of the school should have had an opportunity to develop to her full capacity through the democratic leadership of the administrators and faculty of the school. This would, of course, require that the administration be democratic instead of autocratic. A great many problems are usually involved in creating such a situation, and possibly the only lasting solution will come about through the further establishment of university schools of nursing. Miss Isabel M. Stewart has recently expressed this idea so clearly that it need not be repeated, except to raise one important question. Should we today expect the director of an active nursing service to carry the heavy responsibility for an important and developing educational program which necessitates further experimentation and evaluation? Can the educational program be expected to develop as completely and as objectively, where the teaching staff must be concerned with the demands of a service agency, as it would where the teachers have the objectivity and freedom of an educational institution whose whole purpose is preparation for service, and who are encouraged to take time to study and develop as all teachers must do if they are to be an inspiration to their students. Teachers know how much of themselves must be given and, except as these founts can be replenished, the inspiration dies. This statement is in no way intended to underestimate the value of close correlation between theory and practice—

\[9\] STEWART, ISABEL M., "What Is a Collegiate School of Nursing?" Reprint from the American Journal of Nursing, September, 1939.
rather to point to the fact that the director of a nursing service needs her time and talents to provide a high quality of nursing service through a democratic development of her staff, head nurses, and assistants, and that the nurse educators need the freedom, as well as the responsibilities, of teachers in similar fields in a university, and contact with those who have long enjoyed the advantages of educational institutions. It would seem that with this type of freedom for both groups, more democratic procedures could be evolved. In fact, such is the case in some institutions; in others it would seem so easy if the opportunity were recognized.

In public health nursing agencies there has been sufficient experimentation to prove the value of democratic policies and practices, beginning with the boards of trustees and continuing through the directors, supervisors, and staffs. Administrative policies have been agreed upon and the staff are required to meet certain standards. The supervisors are required to have that supervision and understanding which inspires them to maintain high standards of service by means of very human interest in the staff nurse who renders that service. The wise supervisor knows the value of staff councils and assists in the development of initiative, judgment, freedom of expression, suggestions for change, and in personal as well as professional development of the staff nurse. It is believed by some that this type of supervision is the most effective plan of vocational direction now in use, and such a method of providing skilled and intelligent nursing service may well point the way for graduate nurse staffs in institutions.

Nursing education in this country should continue the preparation started in the home and school and be so organized and administered as to build democratic leadership in administrator, supervisor, and teacher, encouraging them to see their opportunity and responsibility to help each individual student develop to her full capacity. This would mean that school policies, curriculum, and the use of clinical facilities would be in the hands of faculty committees and would have the benefit of group thinking and planning rather than individual and autocratic decisions.

Such a democratic plan of education would provide definite clinical experience for each student who would know her schedule of clinical experience as early as possible and who would have such rapport with teacher and supervisor that she would be free to ask questions and offer suggestions. If a student seems to overstep such a privilege, it is a part of her education to be given a responsibility which will help her realize the value of self-discipline and self-direction. For instance, if a young student, unaccustomed to self-discipline, has a tendency to ask for special privileges and is thoroughly oblivious to the administrative problems involved, she will soon become aware of her thoughtlessness if given a chance to assist with administrative problems.

To further aid the student of nursing to develop powers of self-discipline and self-direction, there should be freedom for self-government, particularly in regard to extra-professional activities and social life. This is, perhaps, one phase of nursing education where tradition hinders rather than helps,
and where wise judgment and tactful leadership are needed. Too often youth is cruel to youth and the qualities of human kindness may here be demonstrated by the understanding and alert teacher. For too long a time our schools have been dogmatic and rigid concerning social activities with the natural result that, after release from such restrictions, the young graduate is entirely unprepared for her new freedom. Rules and regulations are, of course, necessary wherever people live together, but let them be the rules agreed upon by the majority and arrived at by appeal to reason and enforced through popular opinion and standards. Experience has shown that the educated person puts human relations first and that the educated person is a cooperative member of his community.

Through student and staff participation in planning and carrying nursing responsibilities, they learn how to be of greatest help to their patients, families, and community. They learn how to have the individual, the family, and community participate in planning rather than attempt to impose a ready-made plan.

In order to prepare the nurse for service in her community, the school should be known as a democratic and socially-minded institution. Usually it is much more socially minded than is recognized by the community. We need to know our community and to be known as citizens of our community. In fact, the community should have a greater realization of the community services rendered by nurses. Since the schools and services have functioned chiefly within institutions, the public is often unaware of how ceaseless and responsible is the nursing profession. We forget that, when all other professional groups have finished their day's work and are asleep, there is one profession, some of whose members are always at their posts, alert, watchful and ready for skilled service and wise judgment as needed, not only twenty-four hours a day, but seven days a week and fifty-two weeks a year. Sometimes we may think of the nursing service as the heart of a city and the country, since life is entrusted to the nurse's keeping and she never dares stop her vigilance. Because of this unusual trust which everyone of us at some time of crisis imparts to a member of the nursing profession, nursing education must be preparation for leadership in a democratic society. Where true democracy exists it is a beautiful picture of good professional relations when the doctor and the nurse, forgetful of self and absorbed in the welfare of their patients, together work out the best plans for their patients. It isn't a matter of "orders," but rather a working together, each with his own contribution, mutually helpful, in a responsibility concerned with the health and welfare of others.

Because of these opportunities and responsibilities of the graduate nurse, the selection of students who enter schools of nursing is of great importance to every citizen of our country. The stream can rise no higher than its source, and the source of the nursing profession is the school of nursing. The public health field, the hospitals, and the schools of nursing have great difficulty in finding nurses who qualify for positions of leadership. Too few of our intelligent citizens have given much thought to this situation. Too
many are willing to accept the immature and poorly educated young woman as a student in nursing and allow her to graduate with poor preparation for professional service. In a democracy, whose responsibility is this? In our opinion, it is the responsibility of parents, of teachers, of school committees, and hospital boards of trustees to see that the product of the schools of nursing are women of character, culture, and intelligence, whom we would welcome for our own personal service, who will give wise guidance in the profession and be willing to take responsibility as leaders in a democratic society.

We need to keep in step with the developments in the education of women and select students from the type of home and family interested in education and service to humanity. These young women have greater incentive today to consider their preparation for nursing as an investment of both economic and spiritual value, for it gives not only the great satisfaction of necessary work skilfully performed, but also an assurance of always being able to earn a livelihood wherever and whenever needed. We predict that, as schools of nursing become more democratic and improve in their methods of education, the young women of our country will bear more of the cost of their education in nursing. This will help to solve part of the present difficulty. Why should a service agency bear so much of the cost of nursing education? If the cost can be more justly shared by the student nurse, the nursing services then should have more funds to make staff nursing more attractive as a life work.

Of course, as schools of nursing develop as educational institutions, the whole schedule of the curriculum will be adjusted in keeping with democratic educational principles, such as well-planned courses, clinical teaching, time for study, conferences, class discussion, experimentation in program planning, all focusing on the main objective—the development of better nursing service through the development of the nurse as a member of a profession and as an individual who serves with skill and intelligence the patients entrusted to her care.

A profession must assume responsibility for its own development, and nursing education for leadership in a democracy is dependent on the vision, courage, and zeal of the profession itself. Many years ago Isabel Hampton Robb declared, "We in nursing are limited only by our own limitations." Would that we could realize what these limitations are, so that no one of us would stand in the way of timely developments! What tragedies we are sometimes forced to watch when, because of undemocratic methods of organization and administration, nursing educational programs are forced to stand still and miss opportunities for important developments. No one likes too rapid change, and while this provides a valuable check on any new program, we, as a profession, need to keep in touch with social developments and provide for needed changes, as well as promote and support developments providing better educational programs.

In this democratic society the nursing profession of today has new encouragement. Leaders of the profession and the policies of national organizations seem to be focusing on the preparation of the nurse in such a way as
to command the respect, confidence, and support of the nursing and allied professions, as well as of the public.

Through the leadership of the Association of Collegiate Schools of Nursing and the National League of Nursing Education, a plan of accreditation of schools of nursing is well started. With such a stimulus, schools of nursing will improve to the extent that, in the near future, those employing nurses can expect the graduates of accredited schools of nursing to more nearly meet their standards of service.

Furthermore, we seem to be developing a new slogan, "Why not have the best prepared nurse serve the government?" The application of the merit system to nursing has been well presented elsewhere but we wish to mention it here in its relation to the preparation of the nurse for leadership in a democracy. With official federal and state sponsorship of high standards of personal and professional qualifications for nurses serving with official agencies, there should be improvement of nursing service. It is true that we shall probably have a painful period of adjustment, but in time the general public should reap the benefit of such standards.

Another encouraging development in nursing education is the increased interest of the college woman in nursing as a profession. Nursing is furnishing a natural outlet for the more mature and intelligent woman interested in social welfare. Another development is the increasing recognition of the value of the services of the graduate registered nurse. Records show that, while in 1922 no hospital in this country supporting a school of nursing employed graduate staff nurses, in 1940 ninety per cent of these hospitals employ graduate nurses.

With the increased use of hospitals, stimulated to some extent through group insurance plans, and the rapid development of public health programs made possible by tax funds and individual gifts, more and better qualified nurses are needed. Nurses are finding new fields of service and some fields in which nurses should be serving are still awaiting the pioneer with vision and courage to espouse a cause worthy of her best talents. These opportunities awaiting the graduate registered nurse require one whose knowledge and skills not only include what we have long considered quality nursing, but also experience in democratic living, which has developed her capacity for self-discipline, self-direction, and the art of helping others develop to their full capacities. They require initiative, judgment, and a high regard for humanity, which presupposes one's right to life, liberty, and the pursuit of happiness. We can marshall our forces to attain these ends. There can be a close correlation of the objectives of the schools of nursing and of a democratic society. The conditions surrounding the organization and administration of schools of nursing can be improved. More competent teachers can be secured. Students can be more carefully selected. There can be such teacher, student, administrative relations as will help each individual to

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8 SHERMAN, MARION W., "The Merit System Applied to Nursing," in Public Health Nursing, April, 1940.
9 Nursing Information Bureau of the American Nurses' Association, May, 1940.
develop to her full capacity. There can be more student and staff participation through student and staff councils, which will result in a greater freedom to develop initiative, judgment, knowledge, and skills.

Fredrich Paulsen has said, "To shape reality by means of ideas is the business of man, his proper earthly task, and nothing can be impossible to a will confident of itself and of its aim."

It would seem that never in our history have we had greater reason to be confident of our purpose. We trust that this confidence will prove to be constructive as regards the future of nursing education in relation to life in a democracy, and that the profession itself will assume responsibility for leadership in each community, state, and throughout national and international groups to the end that democracy may more nearly prevail throughout the world.

**PROFESSIONAL GUIDANCE FOR LEADERSHIP**

**ALTHEA H. KRATZ, PH.D., Directress of Women, University of Pennsylvania, Philadelphia, Pennsylvania**

(Published in the August, 1940, *American Journal of Nursing*)

**General Session**

**Thursday, May 16, 2:30 p.m.**

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

Topic: Administration in Schools of Nursing.

**MADAM PRESIDENT AND MEMBERS OF THE LEAGUE:**

As Chairman of the Committee to Study Administration in Schools of Nursing, I regret that I cannot be with you today to take my share in interpreting the work of the committee extending over the past three years. Without doubt, many of you will feel that we have progressed very slowly, and perhaps there may be some also who will differ greatly with the findings of the committee and its method of presenting results. As a matter of fact, we have had some lively discussions among ourselves, which might rival some of the New Deal discussions in Congress. Be that as it may, nurses in their debates can always rise above individual differences of opinion and give each other credit for honest thinking which is impersonal and in the interests of those whom nurses serve.

I am glad I am a nurse today when the world is full of strife and enmity. As I hear from nurses in other lands, whose ideals are similar to our own, and realize the strain under which they work, particularly in war-torn Europe—where as one nurse wrote a day or two ago . . . "the suffering staggers imagination"—I wonder if much of our work is not almost futile.

As I think of the issues at stake, with which many of our own professional sisters are bravely attempting to cope, our own problems and differences

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1 Read by Miss Hawkinson in the absence of Miss Taylor.
fade into insignificance. But I am not depressed about the ultimate outcome of the individual struggle for victory or for control. I believe implicitly in a guiding hand and in God’s power to make a wrong world right and I am confident that nurses, because of their unity of purpose and broad international spirit, may become important and useful instruments in the restoration and building processes which must inevitably follow the devastation of ideals and standards which prevail between the nations of the world today.

Perchance, as you listen, you may think that I am far afield from the principles of administration which we are presenting today. I wonder, however, if we are too visionary if we venture to say that many of our world difficulties are inherent in faulty organization and in ignoring the cardinal principles of good administration, integrity of purpose, justice in human relations, and liberty to work for the achievement of objectives unhampered by personal lust for power. These are primary principles in all happy and satisfactory relationships of life, and are fundamental to success in any organized society, which, in turn, must be wisely, justly, and cooperatively administered.

Schools of nursing grew up and expanded in number, without much consideration as to whether or not the integrity of the school was assured. We are reasonably certain that, in the majority of our institutions, the real purpose of a school of nursing has been too often forgotten in the immediate needs to develop a nursing service at a comparatively low cost. I say a comparatively low cost advisedly. I am fully aware of the pressure under which our hospitals have always been forced to maintain their obligations to the community, and I have great respect for the difficulties under which many directors of hospitals have maintained their numerous obligations, including their interest in the school of nursing.

The study made by your Committee on Administration in Schools of Nursing has been concerned largely with the selection of principles upon which a school of nursing could be administered to safeguard its purpose, and give to every officer within the school a sufficient amount of opportunity to develop and carry out a program on a sound cooperative basis of interrelationships. The result of the study, when published, will be neither a text nor a manual. It should, however, serve as a guide for further study and should be exceedingly useful to all those who are interested in attempting to find a way to establish schools of nursing on a firm, structural foundation.

It will not provide an answer to all of the many questions which trouble us. Its purpose is to present some broad philosophies inherent in the creation of a good school and some of the ways and means by which these philosophies may become of practical value.

The report of the committee has been presented to the Board of Directors. This brief analysis is designed to emphasize some of our ideals and to bring you greetings from your chairman. Before closing, I want to pay tribute to the secretary of the committee, Miss Elizabeth Pierce, who has brought to the committee long years of practical experience in the field of administra-
tion and who has carried on throughout the entire period of the committee’s existence considerable research of a very far-reaching nature.

May I also say that had it not been for Miss Pierce’s vision in obtaining funds for this project, the committee’s work would never have been possible.

We are very fortunate in having Dr. Roy Bixler associated with the committee. He has also been engaged in intensive research and in the writing of the volume which we trust we shall have the honor of presenting to you during the coming summer.

Effie J. Taylor, Chairman

PROPOSED CONCEPT OF ADMINISTRATION

ROY W. BIXLER, Ed.D., Research Assistant to the Committee to Study Administration, New York, New York

(The content of this paper is incorporated in Fundamentals of Administration for Schools of Nursing published by the National League of Nursing Education)

A PROPOSED CONCEPT OF ADMINISTRATION FOR SCHOOLS OF NURSING—A CRITICAL EVALUATION AS RELATED TO THE CONCEPT OF FACULTY

GRACE A. WARMAN, R.N., Principal, School of Nursing and Superintendent of Nurses, The Mount Sinai Hospital, New York, New York

For many years nursing schools have felt the necessity for a survey of the purposes, the needs, the problems of control and administration, to the end that criteria might be set up for evaluating the efficient operation of a school.

The study conducted by the Committee on Administration, which has resulted in the proposed concept you have just heard outlined, has attempted to do exactly that; and while its content may not at present be applicable to all schools, its comprehensive general soundness gives us a vision of possibilities that we are eager to explore.

The democratic philosophy of the proposed plan is sound. Lester Dix, in his Charter for Progressive Education says: "The school, in its function as a conserver and developer of the young and therefore of society, must accept the concept of democracy and the responsibility for the unlimited improvement of that concept in its implied way of living." 1 The proposed plan stresses the point that nursing education must be related to the society in which it functions and urges that it be subservient to the changing needs and ideals of that society. It is emphasized that the nurse should play an important role in social interaction by helping to shape and reconstruct her environment while she functions as a part of it. That, it seems to me, is

an excellent statement of the philosophy of our purpose as administrators, as teachers and as nurses.

**Faculty Composition and Titles**

I think that all of us agree that the faculty of the school of nursing is the body of teaching and administrative officers who are directly responsible for the conduct of the educational program. The report lists six categories of staff personnel for consideration for inclusion in the faculty: (1) Administrative officers of the school; (2) Administrative officers of the nursing service; (3) Instructors; (4) Supervisors; (5) Head nurses; and (6) Special lecturers.

Since members of the head nurse group are usually recent graduates who lack adequate experience or in many instances, advanced preparation, it is questionable whether they should be entitled to full voting rights on the faculty. It would seem desirable to have them known as junior or associate faculty members. Individuals falling into this classification could, of course, make suggestions and recommendations in regard to any measure under consideration, but if given full faculty status, they could easily hold the balance of power. This situation is especially significant in a large school of nursing where head nurses outnumber other faculty classifications three or four to one. Consideration, however, might be given to admitting to full faculty status head nurses who have a certain number of years of experience and a certain amount of advanced preparation.

A full-time dietitian whose major function is teaching nutrition and diet therapy, or directors of social or physical education should, in my opinion, be included in faculty membership, while doctors, social workers, occupational therapists or other part-time teachers should be excluded. They could be designated as special lecturers without faculty status. However, this would not exclude this group from making useful contributions or participating in the program of the school.

The subject of faculty titles, it seems, may provide some controversy in the Proposed Concept as related to the Concept of Faculty. The most important point in relation to titles is that they should indicate functions. Each school will need to work out the problem of appropriate titles in relation to its own situation.

In designating the administrative head of a school, the current practice is to use the title principal or director in the hospital school, and dean or director in the university school. I agree with the criticism that the title of principal is not satisfactory because of common use in elementary and high schools. To call the administrative head, director, on the other hand, may confuse her with the chief administrator of the hospital, who is often called director. It would seem, therefore, because of the fact that the nursing school operates on a higher educational level than the secondary

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school, the title of dean would be the most adequate and most satisfactory for the chief administrative officers of all nursing schools.

The term supervisor is the least satisfactory of titles used in nursing education. First of all, the word as such, has an unpleasant and inaccurate connotation. For years students and staff alike have looked upon the supervisor as a secondary "boss," often going so far as to parody the word into "snoolevator." Although it is suggested that titles be more descriptive of specific duties, it would not be practicable to use a long title for everyday use. Boards of control, hospital administrators, and doctors would be reluctant to use a long title and confusion would result. As I see it, longer titles would be suitable only for use in the school announcement. Supervising nurse is a title used in many public health organizations, and also in civil service positions; this title might be considered for use in nursing schools.

**Faculty Selection and Welfare**

Personnel selection is the cornerstone upon which the successful functioning of a faculty depends. The teaching staff of a school interprets the program and determines its effectiveness, so emphasis must necessarily be placed upon filling individual positions. I am in complete accord with the statement just made by Mr. Bixler that it is not feasible for the school to depend upon a hospital personnel service for the selection and employment of personnel and for other services, the administration of which requires special qualifications in education. I do not know of any hospital personnel service choosing internes or resident doctors, so why should they choose members of the professional nursing staff?

Since the chief administrative officer of the school is responsible for choosing new members of the faculty, often after consultation with other faculty members, she must be aware of the general as well as the specific requirements of the position to be filled. Specific requirements have to do with scholarship, experience, and the personality of the applicant. General requirements call for an awareness on the part of the administrative officer of the school, of the balance and the morale she wishes to maintain in faculty building, and of the implicit rôle she wishes the new member to play in the interactive relationships of the group as a whole.

In the recruitment of college faculty personnel Mr. Bixler suggests certain devices which tend to improve the integrity of the college. These are applicable to the school of nursing:

1. More complete and more accurate descriptions of the qualifications required for a given position
2. More emphasis upon the personal qualities and more effective appraisal of the personality of applicants
3. The stressing of broad foundational training in the interpretation of the culture and professional training in the social aspects of education
4. The continuous recruitment of young men and women of promise
5. The selection of recruits with the aim of avoiding ideological interbreeding.

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Once the new faculty member has been selected, attention should be given to an examination of conditions making for her successful functioning. We want the members of our staff to be well-balanced individuals who lead cultured, interesting, personal lives, and who are enthusiastic about their work. What can we do to encourage these people? They cannot generate enthusiasm if all we offer them is a job at the lowest possible salary we think they will accept. Salaries must be determined by appropriate standards of living and be sufficiently high to attract and retain desirable personnel. There should be a fair minimum salary for each position, with a variable maximum and a definite plan for increments. Care should be taken, however, that any scheduling of salaries does not make for rigidity in administering them.

The problem of tenure regulations is closely allied with that of selection. Hospitals have been slow in working out tenure programs. Most of them have an "understanding" that an individual can retain her position as long as she is satisfactory. Some university schools have introduced annual contracts: this practice, however, seems little better than the former plan. Long term or indefinite tenure offers definite advantages to the individual and to the institution. The individual is economically secure; she identifies herself with the school, realizing that her contributions are for its good and that its successful operation is, in a sense, a reflection of herself.

According to North Central Association Studies, some colleges and universities have based their tenure plans upon faculty academic groupings, with indefinite tenure for professors and associate professors, and term appointments of one to five years for assistant professors and instructors. Since the status of members of hospital nursing school faculties cannot be as easily differentiated as those in colleges and universities, it would be well to adopt a general tenure plan which would include the advantages of long-time tenure and meet the possible disadvantages of awarding tenure to persons not worthy of the security it offers. We might, therefore, consider a three-year "probationary" period for faculty members, and during these "trial" years the appointment could be reviewed annually before allowing them indefinite tenure. During the three trial years the individual could be given opportunity to demonstrate her competence, her adaptability, and her teaching and administrative talents. She, in turn, could appraise her position and decide whether or not she would wish to identify herself with the school indefinitely.

Every school should have, as a complement to its tenure plan, a program aimed to stimulate faculty growth. This should include provision for leaves of absence for postgraduate clinical work, or academic courses at a university, funds for scholarships and for attendance at professional meetings, and opportunities to visit other schools. Every school should maintain a good professional library which includes new books in the field of general education as well as on nursing.

Faculty welfare also demands a sound program for health and recreation, as well as protection against vocational incapacity. In discussing a plan for
insurance and retired pay, the report says: "The age for retirement should be adjustable to the individual because loss of vocational efficiency occurs at different ages in different persons. . . . The administration of salaries, tenure, insurance and retirement, health services, and housing services is not made most effective by treating everybody alike but by . . . adjusting conditions to individual differences."

**Faculty Participation in Administration**

We are agreed, I am sure, that democracy should be implicit in faculty relationships and that, ideally, each member should participate within the scope of her abilities. It is safe to assert that every faculty member, if opportunity were offered, could contribute to the efficient operation of the school.

How shall faculty participation be conducted? Here, Mr. Bixler says, is where the wisdom and skill of the principal or the dean is needed. She should try to anticipate problems before they arise and encourage faculty members to start thinking about them before final decisions are necessary. This practice will discourage "taking sides" on an issue before it has been clarified and should make for a more intelligent final decision.

Professor Kilpatrick has said "To think for teachers so that they do not think for themselves is to cut the tap-root of education. Only those who themselves think responsibly can be expected to guide the learning process with full founded social-education results." 4

The principle, often stressed, that all who are affected by a policy should have a share in making it, may be questioned. We can say, however, that all should participate within their sphere of competence. In carrying out the democratic ideal of faculty participation it would be necessary to set up a faculty organization which provided for members making contributions through various committee activities. Newlon has made this significant statement: "It is the function of an administrator to help his professional associates . . . to participate more intelligently and more effectively in the formulation of policies. His position holds great potentialities for leadership; but his task is quite as much to discover and enable leadership to function as to supply it himself." 5

**Freedom of the Faculty Member**

Since this paper has attempted to evaluate the proposed concept from the viewpoint of faculty, it might be well to consider the faculty member as an individual. We have not always thought of her as a real being with her own point of view and a personal life apart from her work. We are eager to declare that we are against standardization of types on our faculties; that we welcome members with a fresh outlook. How may we integrate them into the general pattern of our school without blurring them as individual

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forces? How much freedom may they be allowed? First of all, any faculty member should be allowed the freedom of her personal life. Secondly, and more important still, she should be free to teach subjects in her particular field in the manner she judges to be the most effective. For example, a science teacher giving a course in anatomy and physiology can, while following the general topic of the units she is to teach, develop the subject matter as she sees fit, if she keeps in mind its correlation with other subjects in the curriculum.

Freedom of the faculty member does not mean absence of supervision. It is necessary that she work within the curriculum of the school, and that the effectiveness of her work be judged by the success with which she contributes towards the realization of its objectives.

If democracy is to characterize our faculty relationships, freedom, then, should be a foremost requirement of its operation. As Dix has said: 

"A school set up and maintained in such terms . . . will inevitably attract the best personnel to all its functions, and will offer them a career . . . second to no other. They will be living a professional life at its fullest, socially, contributively, creatively. . . ." ⁶

CRITICAL EVALUATION OF THE PROPOSED CONCEPT AS RELATED TO THE CURRICULUM

STELLA GOOSTRAY, R.N., Principal,
The Children’s Hospital School of Nursing, Boston, Massachusetts

Although the title of this discussion in the program is A Critical Evaluation of the Proposed Concept of Administration as Related to the Curriculum, one could hardly dignify it by that designation. I shall really recall again to you the material which Dr. Bixler has set forth this afternoon and amplify it by the fuller statements which are contained in the full report. Perhaps this is the area of administration in which there would be less difference of opinion than in some of the others and Dr. Bixler has said that, in the control of each of the primary functions of the school, administration begins by bringing the purpose of the activities into harmony with the purpose of the school and translating it into objectives which are specific enough to form a basis for a program of activity. We must accept this principle then as fundamental to a discussion of the administration of a school. And if we accept this then, in turn, we accept the premise that every school has a purpose. To say that every school has a purpose seems rather unnecessary, but it is perfectly true that many schools have not clearly defined their purpose.

Dr. Bixler’s concept of the purpose of a school is rather simple—that is, an institution to educate students with a soundly conceived and clearly defined purpose pertaining to the education of students, with activities essential for the achievement of this purpose, with personnel, physical

facilities, and time allotment which are essential to efficient operation, and control coordinating all of the activities of the school. Surely we would all agree that this is a sound concept of the purpose of a school and its activities.

Now we proceed to the next step—the curriculum which Dr. Bixler defines as a series of selected student experiences essential to the achievement of the purpose of the school, so related and so arranged that each as it is lived becomes an instrument of understanding of and dealing with situations that follow. This concept of the curriculum, I think, we would agree is in line with the concept of the curriculum which we expressed in the Curriculum Guide.

Before we can proceed to the activities of administration in the area of the curriculum, the first step must be, if we are to accept Dr. Bixler’s statement which I have quoted previously, to bring into harmony the activities related to the curriculum with the purpose of the school and that implies determining the objectives of the curriculum as a basis for a program. Dr. Bixler has regarded as the objectives—first, to select the student experiences essential for the preparation of the individuals for the practice of nursing and, secondly, to organize these experiences for sufficient use in teaching and learning. Rather a simple way of stating the objectives, but—I am sure you would agree—not so simple to put into operation.

In the selection of student experience, it is the function of administration to carry on three kinds of activities:

1. Define the learnings which are essential to the nurse in terms of knowledge, skill, habits, attitudes, appreciations, and ideals
2. Determine what parts of this essential learning the school is to be responsible for
3. Select the experiences which will develop these learnings.

In determining these learnings Dr. Bixler would have us go back again to consider them in the light of the purpose of the school. He said that if the purpose of a school were to be soundly conceived it must be judged by certain attributes and that these same attributes should be used as criteria for the selection of student experiences. Briefly, these criteria are:

1. Student experiences should be properly related to the society in which the school is functioning—that is, to the American democratic society which implies that in the selection of student experiences democratic ideals and ways of living must be considered
2. Student experiences should be adjustable with the changing needs of society and of course this implies constant curriculum study and revision
3. Student experiences which are selected should be educative experiences. This is one of our great problems in planning the curriculum for we do not yet know when an experience ceases to be an educative one
4. Student experience should be properly related to the specific field of service—that is, it should be set up in terms of life situations.

The Curriculum Guide has pointed out that these experiences fall into four main groups:

1. Those that have to do with the organization and management of the patient’s environment and provide for his physical and mental comfort and well-being
2. Those that have to do with the personal hygiene of the patient—sick or well
3. Those that relate to diagnostic and therapeutic measures in which the nurse assists the physician or which she carries out under his supervision
4. Those that have to do with community health service, involving the care of both individuals and groups.

The next step after the kinds of student experiences which are to be included in the curriculum are determined, according to Dr. Bixler's thesis, is to decide the activities which relate to the second objective of the curriculum, namely, to organize these experiences for efficient use in teaching and learning. Dr. Bixler has pointed out that five kinds of activities are involved:

1. Choosing an appropriate organizing principle
2. Making a unitary arrangement of learning situations on the basis of the chosen principle
3. Placement of units of these learning situations and time allotment to them
4. Assembling and constructing teaching materials
5. Constructing suggested teaching procedures.

Dr. Bixler has emphasized an important point in stressing that learning situations should be arranged in the curriculum so that knowledge and skill and attitudes are not acquired in isolation but in coordination with each other in experiences in which they need to be applied.

Finally in reviewing Dr. Bixler's concept, administration of the curriculum must also include within its activities the determining of the qualifications of the personnel who are to carry on these curriculum activities, and, as Dr. Bixler has pointed out, expertness is required in four different fields—administration, teaching, nursing, and curriculum construction. Physical facilities must be provided for the personnel to do the work. Time must be allotted to the personnel in order that they may carry on these activities, and finally there must be distribution of the responsibility for these activities, based on democratic principles.

Now, the question we have to ask is, do we believe that the concepts of the administration of the curriculum as set forth by Dr. Bixler are sound, and to this question I would answer yes. In fact, we have already accepted these concepts, because the study of the curriculum and its revision, which were carried on several years ago by the Curriculum Committee, were a demonstration of administration of the curriculum—not carried on, however, by a school but by a national group.

Dr. Bixler has set up in orderly sequence all of the steps and has shown their relationships to the general administration of the school. He has limited the activities in the administration of the curriculum to activities concerned with curriculum construction and curriculum revision and has assigned some of the activities which relate to the installation and operation of the curriculum, which we, perhaps wrongly, have thought of in relation to the administration of the curriculum, to other areas of administration. While I mention this, it does not seem to be of particular importance. The question is whether in the whole setup of the study we have clearly defined principles with relation to the administration of a school.
Now how does that affect us in a particular school? It seems to me that first, it emphasizes to us the necessity for clearly defining the general purpose of our own school and its specific aims; secondly, that we determine whether the objectives of the curriculum in our school are in harmony with this aim; and thirdly, that we carry on a continuous program of curriculum study and revision; and lastly, that the responsibility for the activities inherent in curriculum construction and revision be shared by members of the faculty on a democratic basis and the work load be adjusted so that they may be carried out. The coordination of all of these activities is a matter of general administration of the school—it is the administrative function of the director or principal of the school.

ADMINISTRATION IN SCHOOLS OF NURSING AS RELATED TO NURSING EDUCATION COSTS

BLANCHE PFEFFERKORN, R.N., Director of Studies, National League of Nursing Education

In our system of economics, money is the form of exchange essential to securing the things necessary for life and development. Consequently, it behooves any institution to take stock of its dollars periodically—to find out how they are spent and for what they are spent and Whether the commodity received in return is a fair exchange for the money expended. Cost analysis or cost accounting is the tool whereby such information may be determined.

As all of this audience know, the Cost Study, in process for three years and a joint project of the hospital and national nursing associations, is now off the press. It has been our good fortune to have as co-director of the study Mr. Charles A. Rovetta, who is assistant professor in the School of Business of The University of Chicago and is an educator as well as an accountant. He has developed a relatively simple and exact cost accounting procedure for nursing service and nursing education which is described in detail in the report.

Actually, cost accounting may be thought of as covering two distinct phases. In the first phase, a mathematical blueprint is drafted by the accountant showing details of how and for what money was expended. This blueprint consists of a series of work sheets. The second phase extends beyond the blueprint draft. It presupposes a full explanation in simple and direct terms of the principles upon which the work-sheet procedures are based, the extent, if any, to which judgment may have entered into the work-sheet preparation, and, finally and most important, the implications of the cost results for the management of the institution.

As nursing educators and administrators, we have a vital professional interest both in the cost accounting procedure and the cost accounting findings. Accounting for nursing in a hospital operating a school requires two separate cost-accounting results: an accounting for the costs of nursing service and an accounting for the costs of nursing education. Because the marginal line
separating nursing service and nursing education is not always easily discerned and does not always lend itself to exact mathematical calculation, the procedure in such an institution is more complicated than in one without a school. Not only does the hospital incur direct expenses for nursing education and direct expenses for nursing service, but it also negotiates certain joint direct education and service expenses. To obtain valid cost findings, these joint expenses should be distributed with the utmost equity. It is in their treatment, particularly, that the accountant needs the advice and the assistance of the nursing administrator. In addition to joint expense allocation, the nursing administrator will provide and interpret to the accountant other essential nursing data, such as hours of nursing rendered by the graduate general staff, hours of nursing rendered by the students, and the service value of these student hours. Each of these three sets of data, joint expense allocation, general staff and student nursing hours, plays an important part in the accounting procedure and in the accounting results. This fact cannot be emphasized too strongly since the figures used for any one of these items may change markedly the direction taken by both the education and service costs, and thus influence administrative decisions. The individual who is assigned the task of assembling these data shares with the accountant an equal responsibility for the correctness of the final cost figures. She should be scrupulously consistent in checking not only her own tabulations and calculations, but also in seeing to it that all source data are correct. It is far better not to undertake a cost study than to undertake one using doubtful figures. Thus, the soundness of the educational and service experience of the director of nursing and her assistants becomes a fundamentally important factor in the ultimate determination of education and service costs.

Not only should the nursing administrator be prepared to assemble and interpret nursing data to the accountant, but she should also know about the procedures and the principles underlying them which are the responsibility of the accountant. She should know whether the cost findings represent average costs or avoidable costs and the advantages and dangers of each of these concepts in terms of the problems to be solved. She should have the opportunity of reviewing and discussing the accountant’s blueprint or work sheets, showing the allocation of indirect expenses and the final calculation of gross nursing service and net education costs. Otherwise, she will not be able to interpret or critically evaluate the cost figures that are finally presented to her. She should also have the privilege of indicating to the hospital administration or to the accountant cost units in which she is particularly interested—for example, nursing cost per hour, library cost per student, instructional cost per student, or, in a school having an affiliating as well as its own student group, separate annual costs for affiliating students and separate costs for its own students. She may then wish to compare these costs with the costs for like items in other educational institutions.

Once the director of nursing is in a position to suggest cost units, she has taken the first step toward the ultimate objective of cost accounting—orderly educational progress by means of administrative control. Merely to
know the annual cost per student and whether the hospital gains or loses
by conducting a school may be dramatically interesting, but it is totally value-
less unless the weight of an analytical and constructive administration is
brought to bear upon the information. Cost figures assume significance as
they are related to the educational and service facts behind the figures and
as they are put to use for budgetary purposes, for checking actual per-
formance with planned performance, for formulating policies. And finally,
cost accounting when based upon the avoidable cost principle should make
available, not only to hospital and nursing administrators, but also to boards
of trustees and to the public, data which will:

1. Enable intelligent evaluation of the management
2. Give information as to how much of the funds of the hospital are being
   used to finance a nursing school or how much of the funds of the school are
   being used to finance the hospital
3. Make possible decisions by the public as to those institutions most capable
   of effectively providing for nursing education.¹

Round Table on Current Practice in Guidance in Schools of Nursing
Friday, May 17, 10:45 a.m.

Presiding: Sister M. Laurentine, R.N., Director of Education, St. Francis
School of Nursing, Pittsburgh, Pennsylvania.

The secretary, Mrs. Ruth L. Mayo, gives the following report of the round
table on current practice in guidance.

The meeting was called to order at 10:45 a.m. by the chairman who gave
a short introductory talk on the timeliness of the question of guidance. It
was stated that inasmuch as we have had formal papers on guidance at sev-
eral national conventions and that state programs during the past few years
have discussed this subject from various angles, the Committee on Program
felt that an informal question and answer type of round table would enable
all those who wished for information to ask questions, and those who had
developed programs to give of their experience. With this in mind, and to
speed up the discussion, a set of questions was mimeographed and placed in
the hands of all those who attended the round table.

It was not possible to answer all of the questions that were presented, but
some of topics discussed were:

1. The essentials for insuring a well-functioning guidance program
2. To what extent should senior students be prepared to assist in guidance?
3. Is there a scientific approach to the problem of discouragement?
4. How can the preliminary course be planned so as to give the maximum oppor-
tunity for discovering the student’s fitness for nursing?
5. Does the affiliating student present any problem?
6. Who should direct the guidance program?
7. How can superior students be encouraged to excel without being made con-
   spicuous among their classmates?

¹ Joint Committee on the Costs of Nursing Service and Nursing Education. Administrative
Cost Analysis for Nursing Service and Nursing Education, p. 13. American Hospital Association
and National League of Nursing Education, 1940.
Very valuable discussions were brought out on all of these subjects, and there was rather free interchange of the experiences of many directors of schools and faculty members. Much practical information that will doubtless work to advantage in setting up a guidance program was presented by those who participated in the round table, among whom were educators whose long experience and special interests in this field rendered their contributions decidedly valuable. The questions presented were answered by the following group:

Mrs. Eugenia Spalding, Catholic University of America, Washington, D. C.
Miss Sally Johnson, Massachusetts General Hospital, Boston, Massachusetts
Mrs. Ruth Perkins Kuehn, University of Pittsburgh, Pittsburgh, Pennsylvania
Miss Loretta Johnson, Philadelphia General Hospital, Philadelphia, Pennsylvania
Miss M. Corinne Bancroft, Children's Hospital, Cincinnati, Ohio
Miss Grace A. Warman, Mount Sinai Hospital, New York, New York
Miss Helen Young, Presbyterian Hospital, New York, New York

There was decided interest expressed by all those attending this meeting, and the time allotted was not sufficient to answer even a fraction of the questions that apparently were in the minds of many of the group. There is no doubt that all those concerned with the educational program in schools of nursing are becoming increasingly conscious of their responsibility to do more for these young women than simply instruct them in the art and science of nursing, and they are also conscious of the fact that guidance requires certain abilities and definite preparation.

Round Table on Psychiatric Nursing
Friday, May 17, 10:45 a.m.

Presiding: May Kennedy, R.N., Chairman, Committee on Mental Hygiene and Psychiatric Nursing.

The Teaching of Psychiatric Nursing in the Psychiatric Unit of the General Hospital

Florence Harvey, R.N., Instructor and Supervisor, Psychiatric Nursing Service, New York Hospital, New York, New York

Psychiatric nursing is an aspect of all nursing. One of the most encouraging trends in modern nursing education is a growing appreciation of this fact. There was a time when we thought of psychiatric nursing as a branch of nursing solely concerned with the care of the frankly psychotic patients who were confined in hospitals for the mentally ill. Now we are realizing more and more that all physical illness has accompanying mental and emotional aspects. It is true that there are few patients in our general hospitals who are frankly psychotic but all general hospital patients are mental patients in the sense that their illness or disability cannot be adequately studied or interpreted until the individual personality and life situations are taken into account. In the New York Hospital there is keen recognition of this
close interrelationship between the mental and physical and the trend is to study the individual personality and life situations in connection with every illness or disability; and in the year 1939 psychiatric consultations were requested for 25 per cent of all the patients admitted to our medical pavilions. The mental and physical aspects of the personality are so closely interwoven and interrelated that practically all physical disturbances create some emotional problem while an unexpectedly large number of personal difficulties give rise to symptoms which suggest a physical origin.

Good psychiatric teaching is of great value in helping the nurse to realize that there is a reciprocal relationship between personality reactions and physical health; that fears and anxieties may be converted into physical complaints and localized in various parts of the body, and the more undesirable personality features which in health have been masked or controlled are prone to come to the surface during physical illness.

Mental and emotional problems exist in every branch of nursing. Only through a knowledge of the devious ways in which the mind operates will the nurse recognize these problems and the mechanisms which the patient has used in his attempts to solve them. Frequently these mechanisms have not only been unsuccessful but have complicated if not created the ailment which has brought the patient under the nurse’s observation and care. The understanding of human behavior resulting from a study of psychiatry should give the nurse a better understanding both of her patients and herself. The point of view promoted by psychiatry more than by any other branch of nursing helps the nurse to realize that her task is to nurse the whole individual, not the disease condition alone. Also, that effective nursing care cannot be given the patient unless existing mental and emotional difficulties are understood. It is obvious that modern trends in medical care necessitate some experience in the psychiatric aspects of nursing. If the nurse is to fulfill her full duty to the sick she must be able to meet an emotional need as well as to carry out those procedures which are essential to the patient’s physical well-being.

Ideally, the teaching of the psychiatric aspects of nursing should not be left until the third year of the students’ nursing education, nor should it be taught as separate and unrelated subject matter but should be integrated into every branch of nursing; emphasis always being placed on the close interrelationship of mental and physical elements. Unfortunately, we have not yet been able to attain this ideal and while many schools are working toward this end, we are for the most part still struggling with courses in psychiatric nursing placed well within the third-year program. Keeping the ideal in the foreground of our consciousness, we are trying in our various schools to use the existing facilities to the best advantage possible, and it is our purpose to briefly outline several types of programs designed for the utilization of different facilities.

The Payne Whitney Clinic of the New York Hospital is a psychiatric unit located in a general hospital. It has a bed capacity for 88 adult patients with a nursing census of 65 graduate nurses—men and women. As the
Clinic is primarily a treatment unit, the selection of patients is based upon certain recognized psychiatric principles. Preference is given to patients during the active period of life whose duration of illness, clinical picture, and intellectual background will enable them to obtain benefit from our group therapies—particularly the social and recreational programs. Since the New York Hospital is a teaching institution associated with the Cornell University Medical College, a special effort is made to admit patients with interesting clinical problems in order that they may be used for study and teaching purposes. The fact that the Clinic is a unit of a large hospital which accommodates and supports every type of medical, surgical, obstetric, and pediatric service enables us to offer unusual opportunities for the study of psychiatric problems, not only as they occur in the frankly psychotic but as they appear in connection with all types of physical illness. The demonstration of the psychiatric aspects of medical and nursing care does much to stimulate interest in the individual personality problems of all types of general hospital patients. We have several psychiatric consultants giving a large portion of their time to general hospital work and through the efforts of these men we are able to help the student to recognize and understand some of the personality problems arising in connection with general hospital practice. The advantages of this situation and the opportunities for teaching psycho-somatic medicine provide fertile ground and a real need for emphasis on the psychiatric aspects of nursing.

The students of the New York Hospital School of Nursing come to us for a four-month period, and in the course of the year 1939 it was our privilege to give psychiatric experience to 43 undergraduate students as well as to 9 graduate students. In the course of an average of 15½ weeks of experience the student is routed through our various services according to the rotation method and, since no floor unit accommodates more than 10 to 12 patients, the students are scattered throughout the Clinic in groups of not more than 2 or 3 on any given service. The fact that we have a staff of 65 graduate nurses makes it possible for us to offer a goodly amount of individual instruction and supervision. The head nurse gives from 1 to 2 hours of informal instruction for each week of clinical experience. The occupational and recreational therapy departments make every effort to carry out this method of individualized instruction, with the result that throughout the Clinic there is a unified effort to place the major teaching emphasis upon understanding the patient.

The theoretical teaching of student nurses is concentrated into the first ten weeks of the students' experience. It is organized into two courses, one of which is a lecture course in psychiatry taught by a psychiatrist who is a special appointee of the Psychiatrist-in-Chief. This course consists of 30 one-hour lectures during which an effort is made not only to give the nurse a basic understanding of the course and treatment of the major mental disorders but to give her an understanding of the various manifestations of disturbed personality functions wherever they are found. The aim of the course is to deal not with mental illness in the abstract but with human beings as
they think, feel, and behave in response to various problems with which they are confronted. A 30-hour course in psychiatric nursing constitutes the other aspects of the theoretical teaching. This course is taught by a nurse instructor and runs concurrently with the lecture course.

We have made an attempt to relate the subject matter of these two courses as closely as possible and much emphasis is placed upon the development of techniques whereby the nurse can come to recognize and to understand the various emotional needs of her patients, not only as she sees these needs manifesting themselves in the frankly psychotic but in her general hospital patients as well. Six hours are given over to the demonstration of treatments peculiar to the practice of psychiatric nursing, the remaining 24 hours are used:

1. To develop an understanding of the individual patient
2. To determine the nursing needs of that patient
3. To plan and develop a program of nursing care which will satisfy the needs of each patient.

Correlating exercises and projects such as behavior studies and nursing clinics are all designed to further this program. Each student attends ten nursing clinics conducted according to the informal symposium method in which students, head nurses, and physicians all participate, the goal being, through a concentrated study of an individual patient, to achieve a better understanding of that patient which will bring immediate returns in terms of improved nursing care.

At the close of the lecture courses, near the end of the tenth week of this service, students work together in groups of two on intensive oral case studies which they present to other members of their group. This offers an opportunity for applying theoretical knowledge to clinical material and gives the student a chance to review the content of the lecture courses in preparation for the written examinations which are soon to follow. After writing their examinations in psychiatry and psychiatric nursing the students have the equivalent of 4 to 5 weeks of uninterrupted service on the various floor units. They are then able to care for patients and develop the psychiatric aspects of nursing in a way that is infinitely more satisfying to them than are any of the earlier weeks of their practice, for at this point they have a background of knowledge and understanding which enables them to work constructively.

To bring the experience back into the desired focus of emphasis, the four-month program is terminated with a seminar discussion centered upon the psychiatric aspects of all nursing. At this time the students are encouraged to utilize clinical material drawn from the general hospital units and to demonstrate for themselves the close relationship between the mental and physical elements of the personality, and thus the experience ends on the same note upon which it was begun—the fact that psychiatric nursing is an aspect of all nursing.

It has been our purpose in briefly outlining this program to point out some of the advantages and opportunities for teaching psychiatric nursing
with special emphasis on the facilities offered in the psychiatric unit located in the general hospital. That there is more than one way of accomplishing this end is a foregone conclusion and it is our hope that you will accept this program as one which may be used.

THE TEACHING OF PSYCHIATRIC NURSING IN A STATE HOSPITAL

HELEN EDGAR, R.N., Director of the School and Nursing Service, Allentown State Hospital, Allentown, Pennsylvania

We are in agreement as to what the aims and philosophy of psychiatric nursing should be. After having heard what teaching facilities are available in the type of organization mentioned by our first two speakers, your first question to me might be, "What role can the large mental hospital play, and what opportunities can it provide in the clinical teaching of psychiatric nursing which are peculiarly its own heritage?"

In a state hospital we receive all types of the mentally ill and in the institution which I represent we also have a children's unit for children manifesting behavior problems, post encephalitis, etc.

In other words, we differ both from a general hospital with an acute psychiatric division, whose illnesses can many times be cared for with curative results in a comparatively short time, and the large city hospital whose patients' average length of hospitalization is very short, in that we have not only acute illnesses, but have also the type of patient which manifests recurrence of a mental illness or which manifests a prolonged illness that may continue throughout the patient's life.

The Allentown State Hospital, for example, has an average population of 1,600.

The following list of admissions and readmissions for last year will give you a representative picture:

<table>
<thead>
<tr>
<th>Psychosis</th>
<th>First Admissions</th>
<th>Readmission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Men</td>
</tr>
<tr>
<td>With syphilitic meningo-encephalitis</td>
<td>36</td>
<td>23</td>
</tr>
<tr>
<td>With other forms of syphilis of the central nervous system</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>With epidemic encephalitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholic psychoses</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Due to drugs or other exogenous poisons</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Traumatic psychoses</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>With cerebral arteriosclerosis</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>With other disturbances of circulation</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>With convulsive disorders</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Senile psychoses</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Involutional psychoses</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Psychoneuroses</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Manic depressive psychoses</td>
<td>27</td>
<td>7</td>
</tr>
</tbody>
</table>
Psychosis

<table>
<thead>
<tr>
<th></th>
<th>First Admissions</th>
<th>Readmission</th>
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<tbody>
<tr>
<td></td>
<td>Total Men Women</td>
<td>Total Men Women</td>
</tr>
<tr>
<td>Dementia praecox</td>
<td>73 35 38</td>
<td>29 18 11</td>
</tr>
<tr>
<td>Paranoia and paranoid conditions</td>
<td>2 1 1</td>
<td>1 1 1</td>
</tr>
<tr>
<td>With psychopathic personality</td>
<td>1 1</td>
<td>2 2 2</td>
</tr>
<tr>
<td>With mental deficiency</td>
<td>9 4 5</td>
<td>2 1 2</td>
</tr>
<tr>
<td>Undiagnosed</td>
<td>18 5 13</td>
<td>3 1 2</td>
</tr>
<tr>
<td><strong>Total with psychosis</strong></td>
<td><strong>248 113 135</strong></td>
<td><strong>70 35 35</strong></td>
</tr>
</tbody>
</table>

Without Psychosis

<p>| | |</p>
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td>1 1</td>
</tr>
<tr>
<td>Mental deficiency</td>
<td>14 10 4</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>1 1</td>
</tr>
<tr>
<td>Psychopathic personality</td>
<td>7 7</td>
</tr>
<tr>
<td>Behavior disorders</td>
<td>3 3</td>
</tr>
<tr>
<td>Other unclassified and unknown</td>
<td>8 6 2</td>
</tr>
<tr>
<td><strong>Total without psychosis</strong></td>
<td><strong>34 27 7</strong></td>
</tr>
</tbody>
</table>

Grand total

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<tbody>
<tr>
<td></td>
<td>282 140 142</td>
</tr>
<tr>
<td></td>
<td>73 38 35</td>
</tr>
</tbody>
</table>

During the same period, 239 patients were discharged: 72 recovered, 93 improved, 29 were unimproved, and 45, without psychosis.

The theory of treatment which prevails throughout the institution, under the direction of a very active superintendent, is that the more individual care and treatment which can be given patients, the greater the results will be.

A large mental hospital impresses one as being a community within itself and I should like to take you on a tour through our institution.

Psychiatric Activities

Staff meetings are held each morning on those units where new patients are examined and other patients re-examined as pre-furlough or diagnostic problems. In prescribing, the single "similium" prevails in all instances wherever practical for psychiatric as well as somatic symptoms. Physiologic medication is prescribed if specifically indicated. Besides, group psychotherapy patients are given as much time as possible for individual interviews in physicians' offices. The general principles of psychotherapy and the approach required for its successful use must be understood and utilized by the entire staff of professional employees. This in itself necessitates staff conferences, seminars, and assignment of scientific literature for professional employees.

In the children's institute (name given to the children's service) a school has been organized where the academic work covers the courses prescribed by the Pennsylvania State Course of Study. The individuality of each pupil is the predominating factor in the preparation of a unique curriculum which has been found, through experience, to be particularly adaptable. Last year three children attended high school in the local community.
Psychological Department

This department has operated under the direction of a psychologist with the principal work being centered about the children's institute and school. Last year a complete psychological study was made of 22 admissions to determine not only the child's mentality but also to place special emphasis on his school activities which are subsequently to be aided by individual work.

Physical Education and Recreational Department

In this department formal gymnastics include marching, calisthenics, dancing, and work on apparatus. Much of the work in informal teaching is organized and originated by patients themselves. Greater recreational value is gained when each individual has a chance to devise and assist with the program. Round, square, and folk dances are held where recreational value is derived from dancing and social contact.

Physical Therapy

All forms of physical therapy are given in this department: fever therapy, roentgen therapy, heliotherapy, and massage.

Hydrotherapy

This form of treatment is still considered the most important, particularly for the care of excited patients. Proper equipment and proper technique in its administration cannot be overemphasized. There is a unit for hydrotherapy treatment on each of the acute services and on the prolonged services where there are excited patients.

Occupational Therapy

In this department, special emphasis is placed on suitable crafts and therapy specific to the various types of illness. This department also conducts a library for adults which is a decided factor in the happiness and contentment of many patients.

Music Department

It is most interesting to see the effect of music, not only on those who actively participate and are trained for individual solo and chorus work, but also on the bed patients. These are visited weekly by a group of chorus members, and they, as well as the ambulatory patients, join in the singing. The interest in music as a therapy seems to be growing. The public school music work includes sight singing and theory, music appreciation, and a rhythm band.

Social Service Department

In this department social histories are obtained and the community clinics held by the hospital. The members of this department give a course to the affiliate student nurses consisting of a comprehensive but necessarily con-
densed outline of the functions of a social case worker in a psychiatric hospital and a discussion of the correlation between the work of the psychiatrist and case worker regarding all cases referred for service to the Social Service Department.

**Hairdressing Department**

This department is a great factor in helping the morale of patients.

**Dietary Department**

Therapeutic diets average sixty-six at each meal.

I have not mentioned all activities but have tried to give you a picture of the facilities available for psychiatric nursing. When students realize the tremendous effort put forth to give individualized care, they cannot help but change wrong attitudes which they may have had toward the care of the chronic mental patient. At the same time there is much that also applies to the care of chronic patients in general hospitals.

For a long time, there has been a division of opinion, not only among nurse educators but also members of the American Psychiatric Association, as to the soundness of conducting undergraduate schools in psychiatric hospitals. Some feel it is sound, but others feel it is more sound to offer this special phase of nursing in affiliate and postgraduate courses. It would seem that all specialties should fit into a student’s program after her first year.

In 1936, after very careful thought, we decided to discontinue our undergraduate school and concentrate our efforts on our specialty and, since there was so much demand made on us for this experience, to give the thirteen-week course in psychiatric nursing to students from general hospitals. We had been giving some affiliations since 1933. During the past year, we received 145 affiliating students from six general schools of nursing, one school affiliated with a university.

In organizing a teaching program in a large state hospital, there are many problems to be confronted. One of the major problems is providing adequate personnel staffing in wards where students are to be sent for clinical teaching. Students should not be thought of in terms of service for two reasons:

1. Their experience on each service should be so planned that they will have time to make each experience an educative one.

2. The time spent on each ward is too short. To be sure, they contribute a great deal in individualized care of patients but they should be thought of in terms of supplementing graduate service, not in terms of graduates supplementing their service.

This problem of adequate personnel is not only an economic one but an educational one. It takes a great deal of interpretation of aims and objectives to the Department of the State in order to secure an adequate budget. We have been most fortunate in having a very understanding
Nursing Consultant in our State Department, who has been most helpful in interpreting these aims.

We have found it most helpful in our teaching program to have each ward unit staffed with a head nurse, an assistant, general staff nurses, and attendants. We have a supervisor to cover a certain number of ward units, for example the units in the acute service and the units in the prolonged services. This helps to insure better care of patients and at the same time helps very materially in carrying forward our ward teaching program, since supervisors and head nurses have a substantial share in these programs. We also have planned conferences and seminars with medical staff members as indicated.

The services at night are covered in a similar way with graduate nurses, attendants, and supervisors. Affiliating students are not assigned to night duty.

The nursing faculty includes a director, assistant, two instructors, supervisors, and head nurses.

The theory in the classroom is given by the nursing faculty, physicians, who have given very willingly their time and enthusiastic interest, and the directors of the other special departments who have been most helpful and interested in the program.

In addition to the theory given in the classrooms, major emphasis is placed on individualized nursing care on the wards. This is guided under the direction of ward teaching programs, seminars, and conferences. Each patient assigned to a student is considered a case study and the student makes a plan of nursing care for her. In addition, students are required to do a certain number of special case studies and behavior studies.

A plan is made whereby students are given the opportunity of attending medical staff meetings. This is considered an essential part of her program. She is also assigned to the occupational therapy department for two weeks' clinical experience. During this time she is given experience in the music department and in the physical education and recreation department.

During her experience in the children's institute, she observes the school work and has a planned program of observation. In this department, she is also given in seminars the general principles of psychotherapy as they apply to the individual treatment of children.

Students are required to take examinations at the end of each course and their efficiency is recorded on each ward service. A record of each student's efficiency and theory is sent to the parent school. Each student is given an individual interview before leaving the school by the director of nurses. We have given some thought to the granting of a formal certificate, but as yet we have not done so.

In measuring student outcomes I should like to quote from a paper we ask our affiliating students to write before leaving on What This Course Has Done for Me and My Criticisms of It.

"Although, during my two years in a training school for nurses, I have
learned to successfully or at least satisfactorily adjust myself to new and novel situations, I shamefully admit that my conception of mental illness was equivalent to that expressed by laymen. I had previously read considerable theoretical publications and had had a preliminary course in psychology, in addition to having visited a mental institution, but I nevertheless actually feared mental patients and thought that in order to be mentally ill, one must have some bizarre and fantastic manifestations. Even though the theory concerning mental processes has always been particularly fascinating to me, the tremendous significance of it has never impressed me. I feel confident now that I have abolished that fear of the mentally ill. At the completion of my course, I have learned how to approach the various patients, what to expect so far as their reactions were concerned, and how to deal with these problems.

"Probably the most advantageous portion of our course dealt with the hydrotherapeutic measures and the methods of psychotherapy. Previously, I had never really recognized the mental symptoms of my pre-operative cases, cardiac, renal, and pneumonia patients. I feel now that by means of the six methods of psychotherapy, I can undoubtedly aid in the recovery of these patients in a different sphere than the physical.

"When I have to reminisce I realize that the majority of patients entering general hospitals have psychiatric symptoms. Hospitalization is a strange experience for them and they adjust themselves in various ways. The extremely authoritative ward patient is really displaying his resentment toward the inferior knowledge of his anatomical structures probably. The pre-operative patient is obsessed by fears based on lack of information.

"Realizing the mental mechanisms which are known to motivate conduct, I have directed my attention toward a conception of my own individual behavior, mental stability, and means of prevention. I hope that this insight may enable me to have a more sympathetic understanding of patients, relations, friends, and even my own parents. The realization that the foundation for the majority of cases of nervous and mental disability is laid during childhood and not necessarily inherited, will equip me with an important tool in serving humanity. As a nurse I meet with people seeking advice. Although I must necessarily be on guard in diffusing information concerning physical ailments, I may unhampered volunteer mental guidance with or without the one inquiring becoming conscious of my doing so."

While much can still be done, it means the unselfish granting of time to this program by the staffs of mental hospitals, who already have quite full programs. It would seem, however, since there are such large numbers of students who should be given this experience and since there are not sufficient sources available, that the large mental hospitals should open their doors for these affiliate programs.

We, who have represented these different types of organizations, recognize very definitely the advantages and disadvantages in each for the organization of clinical instruction, but we are in entire agreement as to what the
aims and philosophy of psychiatric nursing should be, and we believe no undergraduate program for students is complete without this experience, any more than we believe an undergraduate program could be complete without obstetrics, pediatrics, or any of the so-called special phases of nursing.

THE TEACHING OF PSYCHIATRIC NURSING IN A PSYCHIATRIC DEPARTMENT OF A MUNICIPAL HOSPITAL

IRENE WALSH, R.N., Educational Director,
Bellevue Hospital, New York, New York

In 1939 Bellevue Psychiatric Hospital admitted 28,901 patients. The average daily census was 650. There can be no doubt as to the wealth of clinical material available. Of this number admitted, 7,539 patients were committed to state hospitals for further care. It would seem that almost 20,000 individuals, beset by various physical and mental problems not requiring long-time hospitalization, seek refuge and care in this institution. The mental hygiene laws of New York State specify that no patient can be held in an observation hospital longer than 30 days without due recourse to law. The average stay of the 20,000 patients is 8 days. Around this large number of patients hospitalized for so limited a period of time we must arrange our program of clinical teaching.

The service is given in the last year of the undergraduate course to students from the six nursing schools in the New York City Department of Hospitals. Classes are admitted four times during the year. The length of time on the service is 10 or 12 weeks. The classes vary from 72 to 95 students, with an anticipated increase to 132 in the fall. Because of limited housing facilities, most of our students commute from the home school. Transportation is a limitation in terms of time and convenience, therefore commuting students have a seven-hour day on duty. All other students spend the regulation eight hours on duty. Commuting allows for day and early evening duty only.

Since but $\frac{1}{15}$ of the nurses who receive education in psychiatric nursing at the Bellevue Psychiatric Hospital select this field for graduate employment, it is evident that our teaching must be directed to the increasing understanding of human behavior which can be applied to all patients and personnel in any nursing situation. It is not enough to acquire academic knowledge in relation to clinical and preventive psychiatry; the nurse must learn to identify maladjustments and conflicts and must learn why and how to seek their cause. She must also learn to modify emotional patterns in the patient and in herself. This can be accomplished in the setting of the psychiatric hospital.

How can we most effectively utilize our resources in meeting these student needs and through them patient needs? Our best plan has been to concentrate on such clinical teaching as puts the student in close contact with the patient, at the same time giving constant direction, explanation, assistance, and supervision.
Our hospital has a graduate staff of 296 nurses which carries the major nursing load. The superintendent of nurses has so steadfastly supported the program that it has been possible for us to select nursing experiences which will allow for maximum learning and service.

The teaching staff consists of an educational director who, through guidance and teaching, leads the 15 ward instructors whose functions are to direct students.

Students nurse disturbed, semi-disturbed, convalescent, medical and surgical psychiatric patients. All the major psychoses are found. We are primarily concerned that the students understand the meaning of behavior and therefore give intelligent nursing care. We are fortunate in having wards for behavior-problem children and for adolescents. Nursing experience on these wards gives an appreciation of preventive psychiatry.

Ten hours of practice recreation therapy are given at the beginning of the service because recreation is one of the most valuable therapies we have for meeting the needs of patients. Occupational therapy practice is not available, although it is a part of our clinical teaching and many patients receive this treatment. On entrance a notebook is given each student. Its contents are a guide to the theoretical material, to understanding the problems and needs of patients, and to evaluation of therapies. Detailed procedures for each nursing activity are found on the wards.

In addition, initial orientation lectures and the theoretical presentation of psychiatric understanding are given in formal classes by the educational director. Correlated clinical teaching is left for the ward program. There are no doctors' lectures.

Clinical psychiatry is taught to the students by the students in symposium on the ward. This is directed and guided by the ward instructor and is supported by patient behavior. One ward instructor directs six or seven students during a two-week period. So, on a ward where there are many schizophrenic patients, schizophrenia is studied while the student is nursing such patients. Where there are general paretic patients, general paresis is presented. A similar procedure is used for psychoneurosis, manic depressive psychosis, psychosis with somatic disease, etc. There must be some flexibility in the large plan of instruction so that each student will have access to information and experience with a sufficient variety of disorders.

The symposium is followed by group and individual conferences on nursing care. Free discussion is encouraged; problems are solved by the group; questions leading to further thinking are presented by the instructor. Required and suggested readings are brought to the attention of the student when she arrives on each new ward. Five hours each week are spent in planned teaching on the ward.

Three individual studies are made during the service. Each patient studied receives special care from the nurse who is making the study. Frequent conferences are held with the ward instructor to develop understanding of the student in relation to the patient's history, problems, needs, and an
estimation of results achievable. In conjunction the nurse makes a written
daily plan of care for this patient, built around the therapies available on
the ward. A summary of her achievement with the patient is presented
at the conclusion of her care, and she is helped to see how the behavior
reveals the mechanisms he has used to conceal and solve his conflicts. At-
tention is called to preventive measures which are available in the community
and to aids for further rehabilitation.

Where can we bring the student into contact with the doctor who orders
the therapies? All staff conferences are open to nurses, whenever possible,
the student attends the doctor’s interviews with the patient and with relatives.
Our psychiatrists are always willing to explain behavior and to answer
questions about the patient and his problems.

We have no examinations. The final study of a patient and the last two
weeks of service indicate the degree of understanding and nursing which
the student has achieved. Each counts as one-half of the final grade in
theory and practice respectively.

Daily checks on nursing and learning are kept. These are accompanied
by observations, commendations, suggestions, and conferences with the ward
instructor, educational director, or both. The adjustment on the ward is
estimated on an efficiency record. A composite picture of ward adjustments
form the final record sent to the home school.

I have mentioned our objectives and some of the methods by which we
attempt to accomplish them.

After a good deal of clinical teaching in psychiatry we believe:

1. That not less that 16 weeks should be allowed for psychiatric affiliation.
   Students repeatedly say, “It doesn’t begin to mean anything until the eighth
   week.” To nurses the study of psychological processes is more difficult than
   the study of physiological processes.
2. That individualized teaching is necessary to promote adequate understanding.
   This requires a highly trained, well-adjusted teaching staff which recognizes
   that the student does her best work when she has more personal insight.
3. That we need more refined evaluation of results obtained. The doctor knows
   his patient has improved because he reports a disappearance of symptoms or
   he does not return for further care. How do we find out what changes, if
   any, we have effected in our students? Students’ comments are revealing
   and interesting. I quote a recent spontaneous statement sent me in a letter:
   “Psychiatry has been invaluable to me. I’ll not say I always use it the way I
   should. I backslide every now and then. But I’m ever so much happier
   than I used to be. Those black moods don’t come so often, and I haven’t
   been sick since I left Bellevue. It’s the first winter I’ve not had a cold in my
   life, I think. Using it on patients not only helps me make them like me, but
   helps them help themselves. A chance remark dropped here and there—it’s
   surprising the effects that are produced.” The general hospital has it in the
   proof of whether or not our teaching has been effective. Observing and
   evaluating such intangible data as understanding of human behavior are diffi-
   cult when supervising nurses in the general hospital. However, we wish
   research could go forward in this field so that we could measure the results
   of our teaching and could thereby vary methods for better achieving our
   objectives.
Round Table on the Use of 
Tests and Measurements to Determine the 
Educational Effectiveness of the Nursing School

Presiding: Isabel M. Stewart, R.N., Chairman, Committee on Nursing Tests.

What Kinds of Attainment Do We Want to Measure?

Discussion opened by Mary O. Jenney, R.N., Instructor, 
St. John's University, Brooklyn, New York

Briefly, we might say that we want to measure the degree to which the student has achieved the objectives of the entire basic nursing program, and the degree to which she has integrated and is integrating her experiences in her daily life and work.

These objectives are many and various, but the basis of all is knowledge; not knowledge as mere information, but, rather, knowledge which is the "relatively permanent, available equipment of the student ... so familiar and so sharply defined that it comes freely to mind when needed and can be depended upon as an effective cross-fertilizing element for producing fresh ideas." 1 It is, then, matured knowledge, knowledge in action, that we are seeking to measure.

In the early stages of her preparation, the student's ability to use with understanding the vocabulary of the biological, physical, and social sciences is a measure of attainment, and, later, those of the medical sciences and nursing arts.

Organization of ideas in the form of increasingly broad concepts should also be measured. During the preclinical term, the student's concept of immunity will include types of immunity and ways in which immunity is produced. Later, we would expect her to know the importance of adequate protection of her community by use of substances which produce immunity and to appreciate the necessity for continued research in this field. Before she graduates from the school of nursing, she should also be able to translate this knowledge into such terms that she can convince those without the advantage of her experience of the need of such protection and study.

Of greater significance than the ability to speak the language of science and nursing or the building of related concepts is the ability to recognize, recall, and make wise use of underlying principles of nursing—scientific, social, and clinical. For instance, we must be quite certain that the principles underlying medical asepsis are so thoroughly learned that our communities are protected by our graduates. We should be reasonably certain, too, that these and many other important principles affecting the nurse's work are so much a part of her mental equipment that she will operate with some degree of adequacy in quite unfamiliar surroundings. There are so many situations

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in the life of the graduate nurse where she must be able to recall and select the principles which best apply, that emphasis on such organization of knowledge is imperative.

Not only must she be able to choose the principles which best apply, but she must possess the nursing skills necessary to apply them successfully. We must know what she can do and how well she does it, not—How well can she do it? but—How well does she perform habitually? Since habits are acquired only by exercise, we must see that she has ample opportunity to practice correctly all aspects of nursing—curative, preventive, psychological. You are all familiar with the twelve aspects of nursing skill as stated by Johns and Pfefferkorn in *An Activity Analysis of Nursing*. We want to measure these in direct relation to the disease conditions commonly occurring in those communities in which we expect the nurse to serve.

We need also to determine her social sensitivity and effectiveness, not only as a professional nurse, but as a person and as a citizen. Does she possess those characteristics which we feel will make her a successful nurse? Has she attained a measure of emotional maturity in her personal life? To what degree is she building abiding interests outside her work? Does she appreciate the inter-relationships of all groups who contribute to medical care and the promotion of health?

We have said that we want to measure the degree to which the student is integrating her experiences in her daily life and work. At intervals, we need to know what relationships she sees and is making use of among these many factors, how she has grown, and what her possibilities of growth may be. In justice to her and to the public such periodic analyses must be made. Principles of guidance and selective elimination of students unfit for nursing are even more important for us to apply than those of selective admission, since it has not been possible, by any means devised up to the present, to determine adequately, before admission to the school of nursing, actual fitness for nursing.

Although, so far, reference has been made directly to the undergraduate preparation of the nurse, we need also to measure the attainment of the graduate nurse in much the same way. Is she increasing the breadth and depth of her understanding and skill in more various nursing situations? What information do we need in order to guide her toward the field of specialization for which she is best fitted? We want to know how successful she is in her chosen field and what factors are important in her success or failure. By such an analysis we might not only aid her, but also be enabled to improve our program for the undergraduate nurse.

Should a nurse aspire to leadership in our schools of nursing, we want to know how adequately she understands and is able to aid in the realization of the aims of nursing education, how alert she is to changing social needs, and how quick to see their possible effect on our function.

If we were not already sensible to the gravity of our responsibility after studying the objectives of nursing education, a consideration of the objectives in general education today would make us so. Although their leaders
emphasize the service of the citizen to society, they are primarily interested in the growth of the individual student. To them the student is more important than the curriculum. We, who are attempting to so prepare our students that they may protect as well as serve society in a very special way, must consider with equal care both the curriculum and the student. That all of our students will not reach the objectives stated, we realize, but we must be certain that they have progressed far enough toward them to make capable professional nurses.

In summarizing may I say that we want to measure many different attainments—knowledge, character, attitudes, social efficiency, creative ability—in such a way that they have a unity which will contribute to professional effectiveness and to personal happiness. We want to know what the nurse is and what she does because she knows.

TO WHAT EXTENT IS IT POSSIBLE TO SECURE AN ACCURATE MEASURE OF SUCH ATTAINMENT?

Discussion opened by ALICE CRIST, R.N., Assistant Professor of Nursing Education, University of Pittsburgh, Pittsburgh, Pennsylvania

We are agreed, I believe, that there are a number of very important objectives to be achieved through the educational programs of schools of nursing. If we accept the adjustment aim as the ultimate goal of nursing education, we are obligated to recognize and appraise the various types of behavior involved in adjustment. We cannot, on one hand, give allegiance to "the adjustment aim" and on the other, confine our attention solely to the acquisition of information and skills. The recall of factual material is important; the use of facts in solving problems and in meeting situations is equally important. The acquisition of manual dexterity and certain mental skills and habits is essential; the development of social sensitivity and the ability to cooperate is just as essential for adequate professional and social adjustment.

What types of behavior are involved in adjustment? What changes do we hope to bring about in students in order to develop professionally and socially well-adjusted individuals?

First of all, students in nursing must acquire a large body of basic facts. These facts should be functional, those which are useful in their everyday experience. They need to know facts in the sciences, chemistry, anatomy, pharmacology, and microbiology. They need to know facts in the social studies, facts related to the functioning of the government, to problems of housing, to adequate medical care and other social problems. They need to know facts in the clinical nursing areas, medical and surgical nursing, pediatrics, obstetrics, and psychiatry.

Furthermore, students should be able to fit the important facts of any field into the major principles of that field; in other words, they should be able to organize certain functional information in terms of principles and general-
ization. In physiology for example, students should recognize the principles of function "absorption or excretion of materials by cells varies with the time and with the area of contact" by identifying those specific facts or phenomena pertaining to absorption or excretion by cells.

Another type of activity involved in the acquisition of facts is the ability to integrate facts and ideas of several subject-matter fields. Students should be able to discuss a topic by relating the significant and relevant ideas of several different subject fields. For instance, in discussing the control of diphtheria, students should be expected to draw facts from bacteriology, physiology, medical science, sociology, economics, and other subject areas.

Secondly, if we are to develop well-adjusted individuals, we must teach them to think critically or reflectively. We are living in a rapidly shifting social order surrounded by propaganda and social pressures. Scientific knowledge is rapidly increasing. We cannot hope to teach students all that they will need ten years or even five years from now. We can, however, teach them how to use information in solving new problems and in meeting new situations. We can teach them to evaluate authority and to distinguish between evidence and assumptions. We can teach them to detect fallacies in reasoning. In other words, we can best equip them for the future by teaching them to think critically.

There are several different aspects of reflective thinking. One aspect with which we are concerned is the ability to apply facts and principles and formulate hypotheses in the solution of problems. Students should be able to select relevant and pertinent facts and principles and to apply them in deducing a correct prediction or conclusion. For example, when confronted with such a problem as insulin shock, they should be able to draw on their past experience and factual knowledge, select what is pertinent to the problem, and formulate hypotheses or courses of action adequate to meet the situation.

Another aspect of critical thinking is the ability to distinguish between evidence and assumptions. Students should recognize the difference between the experimental evidence and the assumptions which are basic to important concepts. They should recognize also the tentative nature of any concept or generalization and that all conclusions depend upon certain untested assumptions. For instance, in understanding various treatments, students should be able to distinguish between the actual scientific evidence which has been collected and the assumptions or postulates upon which they are based.

Another aspect of critical thinking about which we are concerned is the ability to critically evaluate an argument. This involves the ability to deduce the implicit or hidden assumptions which represent common types of fallacies in reasoning. Students should be expected to detect and name violations of scientific thinking such as the incorrect use of the "if—then" principle, inadequate sampling, ridicule, inadequate definition, excluded middle, etc. For example, students should be expected to analyze arguments for and against controversial subjects such as the use of the subsidiary worker. They should
be expected to recognize the assumptions upon which the conclusion is based and to apply certain principles or concepts in coming to a decision concerning the validity of the conclusion.

A third type of behavior which is essential to adequate adjustment might be classified as acquisition of skills. Aside from the manual dexterity which must be developed in order to administer nursing treatments, there are various work habits and study skills which students should acquire as a result of their professional experience. Students should become proficient in the use of both a technical and semi-technical vocabulary. They should be expected to select words with precision and present ideas in a clear and concise form. They should be expected to use a vocabulary in both speech and written composition which most clearly conveys their ideas to the audience that they have in mind.

A knowledge of sources of information seems to me to be particularly important. This involves the ability to locate relevant and valid information with a minimum of wasted effort. Students should be familiar with writers who are authorities in different nursing fields and should be acquainted with the outstanding writers in related fields. They should recognize the sources which have a particular bias and be able to discount this bias in their use of the information obtainable from them. They should be acquainted with the various agencies and the types of data that they gather. They should be familiar with the various professional organizations and the periodicals which represent the medium for the dissemination of various types of information.

Another type of skill that is important is the ability to organize work logically. In attacking a problem, in preparing written reports, in accomplishing an assignment on the ward, students should be guided by a logical or methodical procedure. In the use of the microscope students might be expected to go through some definite, logical, and efficient sequence of operations. In accomplishing an assignment on the ward, they should be expected to consider all the important factors involved, the types of patients, the number and kinds of treatments, and the amount of time to be allotted, and instead of becoming confused by the multiplicity of factors, proceed in an orderly and methodical manner to achieve their purposes.

Still another type of skill which cannot be overemphasized involves the ability to cooperate and to secure the cooperation of others. Students should develop very early in their professional careers the techniques necessary for effective work with others. They should be able to participate in group discussions, work with others and direct committee action, and know how to obtain participation by reticent members of the group. They should be able to cooperate with and secure the cooperation of the various specialists, other nurses, and patients with whom they come in contact.

The acquisition of information, the development of skills, and the ability to do reflective thinking by no means complete the picture. The nurse who is able to participate effectively in a democratic society must possess certain desirable personality traits. If the adjustment aim is to be made functional, we are not justified in shifting the responsibility for this phase of student
development to general education. When presented with new materials and new educational experiences, students develop new attitudes, appreciations, and values. These attitudes and values must be carefully developed and controlled because they represent the students' guides to action, their philosophy of life. Professional education should be as much concerned with the development of attitudes and values as it is with the development of technical skills and procedures.

There is no evidence to show that students who have developed the ability to do reflective thinking are always disposed to think when confronted with problems. Nor are we justified in assuming that students who recognize the importance of cooperation naturally desire and are willing to cooperate. Although students may give intellectual allegiance to the ideal of "tolerance," it does not follow that they actually do respect creeds and beliefs different from their own. These are types of behavior which cannot be measured directly with any degree of success. They must be appraised in relation to various overt types of behavior and conclusions or decisions that students make.

We are vitally interested in many phases of student personality. We are very much concerned with developing social sensitivity, a wide range of personal interests, an increasing creativeness, wider and deeper appreciations, and greater self-direction. These various qualities are distinguishable aspects of the total personality of the individual and as such can be measured. It must be remembered, however, that they do not exist as independent entities which can be singled out and cultivated separately, but that all these characteristics are interrelated, and that as the individual seeks to achieve unity and consistency of behavior each enters into and remakes the others.

A variety of objectives has been mentioned. They include acquisition of information, development of work habits and study skills, the ability to think critically, development of desirable attitudes, social sensitivity, a functioning philosophy of life, a wide range of personal interests, creativeness, and esthetic appreciations. To what extent is it possible to secure an accurate measure of such attainment? It is possible to secure an accurate measure of such attainment just in so far as we are able to define the types of behavior which we seek to bring about in students.

Evaluation must be made in terms of the purposes of the program—the objectives of the curriculum—what the student should be able to do, the kind of person she should be. If the goals that students are working toward are not clear, if the kinds of behavior involved are not accurately defined, appraisal of progress cannot be made. The first step in evaluation is the clarification of objectives and their definition in terms of the changes which are expected to take place in students. In other words, we must know precisely what it is that we are attempting to measure before we can select appropriate techniques and methods that will give us an accurate appraisal of student progress.

To use a very simple illustration, an objective stated thus: "To develop
the ability to perform the nursing procedures" means very little. However, if it is further defined as:

1. Knowledge of equipment and materials
2. Mastery of the necessary manual dexterity
3. Ability to adapt the method of procedure to meet the needs of different patients
4. Ability to adapt the method of procedure to different working conditions
5. Ability to maintain techniques
6. Ability to promote the mental and physical comfort of the patient
7. Disposition and ability to conserve time, energy, and materials,

the objective takes on new meanings. We immediately know what types of behavior are expected of students who become proficient in performing nursing procedures. We have, also, the clues as to the kinds of tests, the techniques, and methods which may be used to give us an accurate appraisal of progress toward the types of behavior involved.

An attempt has been made to point out some of the important changes that must take place in students as a result of the professional courses of study if the adjustment aim is to be realized. Techniques and methods exist for appraising each of the abilities, skills, and personality traits discussed. We in nursing are not the pioneers in the science of evaluation. The most difficult work has been done for us. The techniques for measuring a wide range of student behavior have already been developed. The usefulness and value of these techniques and methods have been demonstrated in other areas. A sufficient number of them have been used with nursing materials to prove their applicability and unquestionable value. Our immediate concern is not the development of new techniques of measurement. It is the utilization and application of existing techniques and methods of evaluation to nursing education.

I do not wish to minimize the work that lies ahead. The task is a tedious and difficult one. It is no simple matter to obtain an accurate appraisal of students' ability to think or cooperate or to determine their values or the extent of their esthetic appreciations, but the use of existing techniques vastly simplifies the problem.

We have a long way to go if we are to develop effective programs of evaluation in our schools. We will need more people who are trained in evaluation. We shall need to educate the teachers in the schools to the importance and uses of evaluation. We shall need to help the teachers to improve their own examinations and to make available to them the instruments which are too complex for them to construct. This can be accomplished partially through workshops and institutes on measurement just as it is being accomplished in secondary and college education, and partially through the initiation of courses in our universities.

In concluding, let me repeat, any aim of education which can be defined in terms of student behavior can be accurately measured. Our immediate concern is, therefore, the clarification and definition of what we wish to accomplish through the educational programs of our schools of nursing.
WHAT DEVICES ARE MOST SUITABLE FOR THE MEASUREMENT OF THESE DIFFERENT KINDS OF ATTAINMENT?

Discussion opened by MRS. R. LOUISE McMILLANUS, R.N., Instructor, Nursing Education Division, Teachers College, Columbia University, New York, New York

Any measurement implies comparison with a known and accepted standard. In nursing education our accepted standard is expressed in that which we frequently call quality nursing care to patients. The curriculum of each school is planned to provide, through class, study, and bedside experiences, the learning opportunities that together will develop within the student the ability to give quality nursing care to patients in ordinary but important nursing situations. The desired outcomes of all courses of study in the last analysis relate to abilities of the nurse to use her knowledge and skill in giving nursing care in a manner that is conducive to the maximum welfare of the patient as well as of the nurse. It is the function of measurement to determine, progressively and at frequent intervals, the relative extent to which the desired outcomes, in terms of ability to give nursing care, have been attained, so that both the teacher and the student can become aware of the areas in which the student needs help. The device or devices used to determine the student’s ability to nurse should be specially designed to reveal the specific abilities the student has developed and, conversely, those expected abilities that she has failed to develop, so that her study and practice can be planned to strengthen her weaknesses.

Miss Barrett has suggested that for this purpose several devices—oral, practical, and written comprehensive examinations—be used by experts capable of judging quality of performance. But isn’t it true in all realms of science that the judge is an expert because he is able to make fine discriminations, and the more expert the judge, the more he relies upon objective techniques of proven value to aid him in making still finer discriminations? Also when objective techniques of measurement of proven value become available, by using them, those with limited ability can make more expert judgments. Of course, there are exceptions and we do find experts who have arrived at the point where they can make valid judgments without the aid of external devices. Perhaps there are nurses who can make very fine discriminations in judging the patient’s temperature just by feeling the patient. But if you asked several nurses to feel the patient’s skin and estimate his temperature one might say, “He is warm”; another, “He is feverish”; another, “He has considerable fever”; another, “Little fever”; “Some fever”; etc. They would all be talking about the same degree of fever but describing it in terms that do not have common meaning. But by using a clinical thermometer, a finely calibrated instrument of measurement suited for the purpose, we can get an index of the patient’s temperature that has the same meaning to us all. We have made a fine discrimination and can not only say the patient’s temperature is 101.6° F. but can say exactly how far this is above average. Head nurses, teachers, supervisors, and others need to
make expert judgments of the student’s nursing ability in nursing schools. They need devices of proven value to aid them in making their judgments; devices which will make possible fine discriminations in ability, the results of which can be described in reference to the average attainment.

Such techniques of measurement in nursing would enable us to substitute for each teacher’s concept of what is fair attainment, satisfactory attainment, high attainment for the student or the class, terms that express comparison of that student’s or class’s attainment with averages, percentile points and the like, which are based on scores obtained in proving the test by giving it to a wide sampling of nurses—hundreds of nurses from large schools and small, East and West, university and hospital schools. Until we have established points of reference with which to compare any one nurse or group of nurses with another in terms of common understanding, even expert judgments have little comparability.

But exactly what type of test device will make possible such discrimination in and comparability of nursing ability? Certainly the measuring device would need to be of proven value for the specific purpose in view. A yardstick is of proven value in measuring length or distance, but not in measuring the temperature of water for a hot water bottle. A bath thermometer is suited to measure the temperature of hot water, and a deep-fat thermometer is suited for measuring temperatures between 300° and 400° F., but neither one is calibrated finely enough to permit the discrimination needed in taking the patient’s temperature. In the same way, test items relating to nursing attainment may measure some fact dimly related to nursing care, but may not sharply discriminate between the nurse who can or cannot give good care. A recent state board examination in surgical nursing had twelve questions, ten of which asked the nurse to define certain vocabulary terms. We would all grant that it is important for the nurse to understand vocabulary terms, but I doubt if we would agree that such understanding represented over 80 per cent of the nurse’s attainment in surgical nursing, nor would we be willing to say that because a nurse could define tympanites—no matter how perfectly—we could rest assured that she could give nursing care to the patient with that condition. Therefore, if we expect the test to discriminate between the nurse who can give nursing care and the nurse who cannot, we must have a test that will measure what it purports to measure—the ability to nurse. If it is a valid test of surgical nursing ability the test will contain items that will reveal the attainment of each of the major objectives of the surgical nursing course, not just one or two of them. Each of the major objectives would be measured by a series of test items, sampling many of the specific objectives that together are functional parts of the major objective. The individual test items would each discriminate between the nurse who had the understanding or ability demanded by that item and the nurse who had not. The total score of one student when compared with the established norm would reveal her relative ability in surgical nursing, and study of the items failed would lead to the areas of difficulty for the student. A test item can be said to reveal the attainment of the student only when experts
agree that the item does actually measure the quality or ability sought, and when there is agreement as to the value assigned for a given response. For example, we might agree that the nurse should be able to use both Fahrenheit and Centigrade thermometers. We probably would not agree that perfect definitions of each term—Fahrenheit and Centigrade—demonstrated ability to use both. If we asked the nurse, "What is the difference between the Fahrenheit and Centigrade scales?" we might get an answer telling us correctly of the boiling point and freezing point of each, and even that one degree on the Centigrade scale equalled 1.8 degrees in the Fahrenheit scale. We still haven’t an answer that proves the nurse can use both scales. I asked a class of graduate nurses this question, and even wrote the equivalent units on the blackboard. Then I said, "If you took a patient’s temperature with your own Fahrenheit thermometer and found when you went to chart it that the chart showed Centigrade scale only, at what temperature Centigrade would you chart 104° F.?" You would be surprised how few could tell me. But does not that question measure, as far as any paper and pencil test can measure, what we wanted it to measure—ability to use both the Fahrenheit and Centigrade thermometers? And if we agree that the answer is 40° C., and no other answer correct, then we have satisfied two elements of the quality of objectivity in our test question—namely, agreement upon both the quality tested and the instrument by which it is measured. If we had a previous agreement that a correct answer to that question had 5 points’ value, then no matter who scored it, 40° C. would get full credit, and no other answer or credit would be possible. The ability to have the same score or value assigned for the response, regardless of the scorer, is the third quality of objectivity. And when the total score is made up of many such objective items scored independently of the whims and fancies of the scorer, then the test results of the group can be compared with each other and the test norm.

What devices are most suited for measuring the different kinds of attainment? Devices that are suited for the specific kind of attainment to be measured, devices that prove the nurse has knowledge and understanding because they require her to use that knowledge in solving problems, devices that prove the nurse has skill because they measure objectively both what she does and evaluate objectively the quality of her performance, devices that prove the nurse has desirable attitudes and interests because they reveal behavior in which these attitudes and interests are evidenced. When these devices are so constructed that they actually measure what they set out to measure, measure that consistently, yield test results that are unquestionable in their interpretation, have been tried out on large numbers of individuals and averages established, then they can be said to be valid, reliable, standardized devices for measuring nursing ability.

Such standardized tests should be constructed by cooperative efforts of large groups of nurses, as was the Curriculum Guide. Only through cooperative efforts of many nurses in actual practice can we get agreement upon the qualities and abilities sought and the way in which they are expressed in behavior that can be observed and measured. And only with the help of
those skilled in test making can such measuring devices be constructed, tested, and calibrated to the point where each item and the test as a whole make fine discrimination between the nurse who has attained the objectives of the course of instruction, who can give nursing care, and the nurse who cannot. But are not such standardized tests essential for evaluating the progress in attaining understandings, skills, attitudes, appreciations, and the like? Such evaluation is only possible when we have available external, objective, standardized devices for making fine discriminations which, like the thermometer of our analogy, would enable us all to become expert judges in determining how far above or below average was the attainment of each student, each class, or each school of nursing.

Joint Session

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

Thursday, May 16, 8:30 p.m.

Presiding: Mary Beard, R.N., Director, Nursing Service, American Red Cross.

AMERICAN NATIONAL RED CROSS

MRS. AUGUST BELMONT, Member Central Committee
American National Red Cross

(Mrs. Belmont spoke extemporaneously)

AN INDEPENDENT ESTIMATE OF NURSING IN OUR TIME

ALAN GREGG, M.D., Director for the Medical Sciences, Rockefeller Foundation, New York, New York

(Published in the American Journal of Nursing, July, 1940)

General Session

Friday, May 17, 9:00 a.m.

Presiding: Phoebe M. Kandel, R.N., Vice President, National League of Nursing Education.

Symposium: Health Nursing in the Undergraduate Curriculum.

Chairman: Harriet Frost, R.N., Associate Director, New York Hospital School of Nursing and Director of Public Health Nursing, New York, New York.
THE CASE DISCUSSION METHOD

ELISABETH C. PHILLIPS, R.N., Educational Assistant, Henry Street Visiting Nurse Service, New York, New York

The use of the case discussion method is an excellent way to provide for sound and economical learning, and the public health nursing field offers innumerable opportunities for such discussion. The decided advantages of this method over those more didactic means of teaching are readily seen.

1. It is extremely interesting, interesting to both student and leader. People rather than things are being discussed and the students participate actively throughout the whole process. There are intrinsic values in the interplay and interaction of all the members of the group and these values are the very heart and soul of the case discussion method.

2. It lends itself admirably to the treatment of the family as a whole. The student comes to know the family as a unit but made up, however, of members of both sexes and all ages who have individual problems and who react to them in a variety of ways. She learns to see, too, how interdependent these members are, how what affects one affects the group, that the family must move along together if it is to move at all.

3. Each participating nurse has a real contribution to make to the discussion in the light of her own life experiences which she now shares with the group. She learns to formulate and use these experiences—whether personal or vicarious—in such ways as will build firm foundations for the solutions of future similar or unique situations which she will face. It is impossible for ready-made decisions to emerge from a well-directed case discussion; what will emerge, however, will be dynamic thought.

4. This method is personal, it offers opportunity for the application of the abstract to the person involved. Mary Jones has pneumonia, her family is distracted and utterly unable to cope with the situation unaided. The nurse must be ready to give this help in the best possible way. When such a family is presented for discussion two things happen. Pneumonia is no longer a textbook disease—it is Mary. The emotional reactions of the family are not emotions in the abstract, they now belong to the Joneses and are real and imperative—they are life itself. The discussion which follows is likely to color all of the student's nursing from this point onward, participation has made it her own.

5. Such open and informal discussions offer to the nurse opportunity for extemporaneous thought and expression. She learns to "think on her feet" while sitting around a table. And, because she is genuinely interested in the subject under discussion, she forgets herself and the process becomes practically painless while at the same time it is very effective.

In conference plans for students, whether graduate or undergraduate, case presentation and discussion may well be included. In the student program of the Henry Street Visiting Nurse Service, group discussions are held weekly beginning in the second month of the field experience. (They probably could be begun earlier if the first month were not so crowded with
demonstrations, observations, and other conferences.) Those participating in the discussions are the students in that particular center (usually three to five), the senior adviser of the student presenting the case (sometimes other advisers attend as well), and the supervisor who leads the discussion. When an undergraduate student presents a case a cordial invitation is sent to the faculty of her school to send a representative to the meeting; this invitation is accepted quite often and attendance found very stimulating to all concerned.

Effort is made to begin the series of case presentations with the discussion of a very normal family having rather simple problems; but the complexity increases in future discussions as the students mature. However, the markedly abnormal is avoided at all times. For this reason, the supervisor and senior adviser make the ultimate selection of the case but the student is made to feel that she also has a part in the decision.

It is our goal that the cases presented should give opportunity for discussion of the following:

The bedside nursing care which is being given in the home; policies of the organization; principles of cooperation and relationships with patients, doctors, agencies, or other professional workers; skill in observation of home and community situations, in interviewing and recognizing attitudes and abilities, in analyzing problems and determining possible resources within the family or community that will aid in solving them, as well as methods of teaching used and the evaluation of the results obtained.

It is expected that the student is familiar with all of the families that she is carrying at any given time and could, if need be, present any or all for group discussion. Nevertheless she is told ahead of time that she is to make the presentation to the group. She is expected to talk from the record rather than write a "speech," but oftentimes she does make some preparation by reviewing the record carefully and perhaps by doing some special reading or having conferences with other community workers.

The group sits around a table and the atmosphere throughout the period is most informal and relaxed. The time devoted to each discussion varies, but the plan is to allow one hour for each session; sometimes two cases can be presented and discussed in this time. Brief progress notes on families already presented are made by various students so that the group may see the fruits of the former discussions. These notes are usually given before the new family is taken up.

I shall now attempt to tell you of a family but it will not be a true "case presentation" because there can be no time for the rich discussion which would normally follow. I want to help you to catch a glimpse of community nursing as a student sees it. This family is the White family. The call came from a public health nursing agency. The reason for the referral was that Mrs. White was six months pregnant, apparently quite normal at the present time but she had a very severe case of hyalitis with her previous pregnancy.

When the nurse entered the home, she found Mrs. White very receptive.
CONVENTION PROCEEDINGS

The hospital head had told her that a nurse was coming, and she had several questions to ask the nurse immediately. One of the first questions was, "What are these dark marks on my throat and on my face? Will they mark the baby?"

The nurse spent some time helping her to think back and to remember that during puberty she had had similar discolorations and they had disappeared. Also that she had had a child since then who had not been marked.

Another difficulty was that of severe constipation. The nurse went over the diet and helped the mother along that line.

Backache was a further complaint, and the nurse gave her a pattern for an abdominal binder. Two or three days later she went back to see that the binder was adjusted, and that it was the sort of thing which would help relieve her backache.

Things went along quite normally until one day when the nurse was visiting she discovered that the patient was bleeding. Immediately she thought that the patient should be hospitalized. She put the patient to bed and got in touch with the hospital. One of the difficulties, as soon as the hospital said to bring the patient in, was what was going to happen to Loretta? Loretta was four years old. She was the only child and her father worked from six o'clock in the morning until six o'clock at night. So he was out of the picture pretty much all through the day.

After considerable discussion, in which the possibility of a housekeeper was considered, this idea was given up because the family were self-supporting, and there was no cheap housekeeping service in the community. Eventually, arrangements were made for the maternal grandmother to come and take care of Loretta. There was some difficulty because the father was not particularly friendly with his mother-in-law.

Mrs. White went to the hospital where she was hospitalized for the next ten days. About four days after she went to the hospital a call came from the grandmother who was taking care of Loretta asking the nurse to come immediately. When the nurse got to the home she discovered that the grandmother had slipped on the kitchen floor and had fractured her arm the night before. She had called a private physician, but no x-ray had been taken. The private physician had recommended that the grandmother go to a hospital to have the x-ray taken. She didn't know where to go or how to go about doing it, hence the call.

It was quite easy to see that the grandmother couldn't take care of Loretta and the son-in-law and herself. So new arrangements had to be made. Eventually the grandmother took Loretta home to her house because her husband was out of work and could help with the housework. The son-in-law had to take care of himself. (Laughter.)

Eventually Mrs. White returned from the hospital and the nurse attempted to make a visit just as soon as she got back into the home. She found Mrs. White very much upset because Loretta was pneumonic. It turned out that Loretta had been a seven-month baby. Loretta, while she was then four years old, is still a seven-month baby in the grandmother's eyes and the
father's eyes and in the very influential neighbors' eyes. It took some time
for the nurse to convince all concerned that Loretta couldn't be a seven-
month baby all her life. Loretta was on a very poor diet. She had no play-
mates because her parents were afraid she would contract some communi-
cable diseases. She was all alone. She was a naughty little girl but she was
a lonely little girl as well. At this time the nurse went over the possibility
of sending Loretta to a nursery school and plans are still in the offing for
sending Loretta to nursery school.

As time went on, the patient was delivered of a full-term little girl, but
during the time that the mother was in the hospital the paternal grand-
mother came into the home to take care of her son and Loretta. That in-
creased Loretta's difficulties, since it was one more person to mind and one
more person to spoil her.

While the mother was in the hospital, after she had been delivered, an-
other call came for the nurse to come to the home. This time it was Loretta.
She had a very severe cough. The nurse was influential in getting Loretta
to a hospital clinic for diagnosis. The diagnosis was made and it developed
that Loretta did not have whooping cough, as had been feared, but acute
bronchitis.

Loretta was put to bed and the nurse made daily visits during the time
that Loretta was in bed. On one of these visits she met Loretta's father.
He followed her out into the hall and asked her if she was only a baby nurse
or did she help any other people. She of course made it quite clear that she
was a member of an organization which did generalized nursing. Then he
confided to her that he was very much worried over his hernia. (Laughter.)
He hadn't told his wife about it, but he had been to a private physician
and the doctor had said it should be operated on. It then developed that
he was very fearful of losing his job, and the whole thing was bound up
with his attitude towards hospitals as a result of his wife's first induction
because of her hyalitis, the fact that she had been spotting during this
pregnancy.

It just went from one thing to another until he was quite belligerent and
didn't feel he wanted to go to the hospital at all. The nurse spent a long
time trying to convince him that while he did not think his job was a par-
ticularly good job, still he was supporting his family in a not too bad way
and he would have to be in good physical health in order to go on along
that line.

Now the plans for the future of this family—as I said before, the mother
is still in the hospital—which the nurse is making are these:

First, she is going to work through this normal full-term baby and try to
develop attitudes on the part of the family and the neighbors so that Loretta
will be brought into the picture, so that she will become a normal child as
well as the new baby.

The plan is to follow through the new baby and try to improve the diet-
ary of Loretta and of the family in general. Loretta has not been immunized
and she should be, so that plan is in the offing as well. Medical supervision
for the new baby is indicated. The father seems to have an attitude that because the new baby is a full-term baby all medical supervision is unnecessary; it is only necessary for premature.

The hospital wants to have Mrs. White return for a cystoscopic examination, and that, plus her postpartum examinations, is going to be another complication in her back. The further surgical treatment is another thing which must be taken into consideration. Perhaps there would be an arrangement of putting that family on temporary relief during the time that the father is in the hospital.

This family might well have been given to a student to carry, for at the time it was referred to the public health nurse it seemed to be simple and straightforward. I would like to emphasize that the problems which are discovered are very typical of those which the undergraduate student meets almost as soon as she enters the first home alone; her supervisor cannot shield her from them even if she would.

Any classification of the situations involving this family must necessarily be arbitrary because they are so interrelated and interdependent, yet they involve vital factors in the realm of sociology and mental hygiene, just as surely as they do in the realm of physical health. This is a typical family yet many problems are here met by the student for the first time. She is often at a loss as to how best to proceed but through free discussion with other students as well as with thoroughly experienced nurses, principles of procedure are quickly developed which will have lasting value.

HEALTH AND SOCIAL ASPECTS OF NURSING AS INTEGRATED IN THE FIRST YEAR OF THE BASIC CURRICULUM

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The health and social components of the first year's program of the undergraduate student may be considered both from the extra-curricular and the curricular standpoints, though overlapping occurs in both fields.

We like to assume that in a democratic society the acid test of an individual's preparation lies largely in her ability to play an effective part in the health and social-civic responsibilities of the life that lies about her, whether this life be inside or beyond the classroom and whether it be lived as a student or as a graduate. Often our failures on behalf of students are not so much in our curricula per se but rather in that extra-curricular milieu of living in the midst of which our students must move and have their being. Because time has not permitted a study of procedures in other schools these comments are based largely upon the practices in our own school, inadequate as those practices are.

Extra-curricular implications. Some of the questions we all ask ourselves in these areas, from an extra-curricular standpoint, might well run as follows: "How much illness do students have?" "Are the illnesses preventable ones?"
"Has illness per student increased among our student body?" "Are students overtired when off duty?" "Do student programs insure adequate and unbroken rest?" "Do students participate in social activities?" "Do they have experience in making social plans for themselves or others and in directing the carrying out of these plans?" "Are the students free to enjoy activities similar to those of students in other professional fields?" "Are the needs of the student subordinated to the needs of the hospital, the doctor, or the nursing staff?"

In an attempt to get at some of these and other areas of satisfaction on the part of the young graduate nurse, Miss Helen Nahm, Director of the University of Missouri School of Nursing, recently made through the Psychology Department of the University of Minnesota a study of some 275 graduate nurses who had been out of training three years or less. Miss Nahm found that more than half of the nurses tested felt their hours of work had been too long, that they had had too little time off duty; while half felt they did not have enough social life, and almost half felt that their needs as students had been subordinated to the needs of the hospital.

Miss Ruth Dietz, a graduate student in the Psychology Department, is now following up that study with one of our own senior students. Miss Dietz finds that 29 per cent of these students have a poorer than average health adjustment as measured by actual post illnesses and by the students' attitudes toward their health. A low health score, therefore, Miss Dietz says, "may indicate some actual trouble which needs attention or more likely points to the existence of poor attitudes and a need for health reeducation." On the social scale, Miss Dietz finds 11.3 per cent have a below average adjustment, which "may mean a dislike for being with others, for talking in public, and for leading others. Students who score low would probably be greatly helped by a realization of their problems and guidance in making new adjustments."

Another study by Mrs. Jean Barnes,¹ director of one of the nurses' residences, of the social activities of some 150 students in the school indicates them to have been somewhat similar to those of other university young women. They included church, dance, downtown, home, sports, theatre, and university functions, as well as many others, particularly those associated with friends.

It would be interesting to have similar studies of freshman students. But until such studies are made, does the question not pose itself, "Are we placing the first-year student, with a program heavier usually than that of any other student, in an environment (judging by the satisfactions—or lack of them—of young staff nurses and older students) in which this young student can possibly develop the well-integrated healthy social personality so highly desired in nursing?"

Curricular implications are defined as those having to do primarily with

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patient care, though students often learn good patient health and social measures through practice of their own programs.

Because the faculty forms the chief agent concerned with the development of the curriculum, a word on its behalf may not be amiss. Within the school itself an attempt is being made in new appointments to secure personnel with some public health nursing background. Also, one nursing arts instructor has been spared for six weeks' experience with community health agencies. In addition, a series of six conferences given by the social service departments has been held with all instructors, supervisors, and head nurses of the school. Then, too, members of the faculty (and entire nursing staff) are constantly carrying work in the University in such fields as sociology, psychology, child care, bacteriology, and other sciences which should aid materially in adding to the health and social contribution which a faculty has to make to its students. In the state as a whole, the League of Nursing Education has offered at the University a thirty-three-hour public health nursing course as well as a series of eight conferences on mental hygiene—these designed especially to meet the needs of those associated with schools of nursing.

From the standpoint of the students—the coworkers at the receiving end of this curriculum—the continued attempt to secure a more mature student (a factor so often emphasized by Miss Goodrich) has resulted in the admission for the first time in 1939-1940 of a larger number of five- than of three-year students—73 five-year and 55 three-year. The two years of college preparation (including social sciences) which these young women bring to nursing should insure a better foundation for the understanding and interpretation of health and social factors as they pertain to patient care.

Assuming (1) that the faculty is as well prepared as possible in health and social areas, and (2) that the students have been as carefully selected as possible either through actual collegiate achievement or through the battery of tests set up for the purpose of student selection, we turn now to the formal curriculum of the students' first year as prescribed by the University. This formal curriculum includes an orientation period (freshman week) together with class and clinical programs extending throughout the year.

One of the most valuable services rendered the student during freshman week is gained through her participation in the health service physical examinations including x-ray, laboratory tests, and immunization programs. Equally valuable from a mental hygiene point of view are the psychological tests and guidance (both vocational and personal) offered at the Testing Bureau to all students without additional charge, both at this time and throughout the entire course as needed. This we consider one of the most important of all student aids. Then, too, the series of conferences on "How to Study" help the student materially in setting up a planned program of work within the framework of which she may carry out her studies with maximum positive health—physical, emotional, social, and mental.

The formal classes include both clinical and non-clinical subjects. Of the non-clinical subjects—anatomy, bacteriology, chemistry, introduction to med-
ical science, nutrition, personal health, physiology, and pharmacology—all are approached from the vantage point of normalcy. Some of these, such as anatomy, chemistry, and physiology, tend to be more nearly pure science set up from the scientific point of view, while others give somewhat more opportunity for immediate application of scientific knowledge to practical situations. Bacteriology, an example of the latter group, stresses among other things the need for (1) hand washing; (2) cutting the path between sources of infection (such as those resulting from the improper disposal of waste) and an individual; (3) establishing of health regulations that will insure such health provisions as periodic health examinations of food handlers and clean dishes in eating and drinking places; and (4) avoiding of raw vegetables which might be contaminated in the field.

Introduction to medical science, in which the Curriculum Guide recommends a complete unit on prevention of disease, emphasizes, among other matters, social and economic factors as predisposing causes of disease (proved conclusively by the National Health Survey). Arising out of the development of medical science itself are seen increased social and economic problems in caring for the handicapped and older age groups, whose life often has been made possible by medical science. In a specific situation, such health and social factors are pointed up as (1) the need in cancer for accurate carrying out of tests in order to help the doctor in making an early diagnosis; (2) an understanding that decreased activity may be due not to inherent laziness but to the ravages of hookworm; and (3) the importance of patients understanding the care given them as, for example, a serum in case the individual may be hypersensitive to it.

Nutrition attempts to bring an understanding of a normal diet and of ways and means of varying this normal diet to care for the diet of persons who are ill. Special studies are made of food habits, of food budgets, and of meal planning for individuals and families, particularly for those with limited incomes.

Personal health has, of all these courses, to do most obviously and directly with the student's own personal positive program of healthful living and with her interpretation of healthful living to the patients who come under her care, the course being taught by a doctor who, since 1928, has broadcast health programs over the radio.

In pharmacology the student learns why it is necessary to guard the patient against unnecessary opiates if she would help in preventing his developing into another of the victims of the widespread opium rings, a traffic of which she, in her protected home life, has never before been aware. The student learns, also, something of the laws in her state regulating drugs and how these laws came about, as, for example, the new law restricting self-prescription of barbiturates in Minnesota, which, though sponsored by the medical profession, grew originally out of the interest of an interprofessional group of doctors, dentists, pharmacists, and nurses.

Formal classes in clinical subjects can best be considered in connection with the clinical fields themselves—our next topic of consideration.
The clinical fields of (1) medical and surgical nursing (including nursing arts, diet kitchen, private patient, other services in care of tax-support and part-pay patient, and operating room experience), (2) psychiatric, and (3) pediatric nursing, all receive one or more groups of students during the first year. When asked at faculty meetings what special health and social emphases were made and where, the immediate group response was, "In every class and all the time." The following examples in these clinical fields may suggest some of the ways in which health and social factors are emphasized. Certain practices are common in all fields of nursing.

Social implications are emphasized especially by social workers who are discussing with students either in the classroom or in ward class the social component of nursing as it applies to the particular field in question. The general importance of illness is emphasized as judged by the people it is most likely to attack, whether mothers or fathers who will be leaving a family; also whether the cost to the community may be great due to prolonged or repeated hospitalization, as is the case with the mentally ill.

Integrating conferences, or panel discussions, participated in by doctors, dietitians, and social and other workers with the nurse and student (while neither new nor frequent in every service) form one of the best means of pointing up all health and social factors.

Patient studies are made in each major department. These studies place emphasis upon the patient's plans when leaving the hospital and upon the facilities in the community to which the patient may turn for help. In illness involving changed patterns of living, as in that of cardiac disease, the student prepares a definite outline a patient may follow in order to live with his disease as comfortably as possible. In doing this she tries to learn something of the home and living conditions of the patient and sees referred to social service those patients needing special help.

Continued attempt is made to personalize each patient's care, an example being seen in one supervisor's practice of passing on personal stories about patients to students entrusted with their care, as, for example, of the woman who said in speaking of her husband to the supervisor, "You will take care of him, won't you? He has two little children. He has to come back." The putting into practice by students of safe techniques (stressed in bacteriology) and the teaching of patients to observe certain precautions form an important part of the nursing measures so necessary in every service in the prevention of transfer of illness from patient to patient as well as to oneself.

In one of the hospitals the instructor in psychiatric nursing, in cooperation with the instructors in other services, has worked out plans whereby she participates in the instruction of the students in the other major services. We are coming to feel that while many patients have not developed definite organic mental disease they are often faced with more difficult social situations than they are equipped to handle. Careful observation of patient behavior patterns may reveal patients with social symptoms in many divisions of the hospital. Proper handling of these cases may obviate the development of a
complete clinical disturbance with actual assignment of patients to neuro-
psychiatry.

Important field trips, if properly planned, can be of special value in any
service. One example is seen in the trip to a center made possible by WPA
funds where one may observe what a carefully planned follow-up program
for rheumatic fever can do in minimizing permanent cardiac disability. At
this center each school nurse reports every child in the city in need of care.
The child is then sent in for a check-up. If any deficiency exists, the child
is kept until it can gain maximum ability, the children wearing different col-
ored buttons to indicate different amounts of activity they may have. The
type of follow-up care continued after discharge is seen in the placing of
these children in special schools with elevators.

**Medical and surgical nursing** (including nursing arts, diet kitchen, operat-
ing room, and private patient experience). No apology is made for includ-
ing nursing arts under this category. Nursing arts is not practiced in a
vacuum—rather it is a part of every service, the so-called formal "nursing
arts" courses being started usually (though they might quite as well be
started elsewhere) in connection with the care of the medical or surgical
patient. Private patient experience happens in our school to be received
on medical and surgical nursing services also, hence its inclusion here. Diet
kitchen implications cross section all services but have special significance,
perhaps, in the medical field, whereas operating room experience obviously
has greater import in the sphere of surgical nursing.

Since it is in these services that the student receives her introductory nurs-
ing preparation, unusual effort is made to help the student in her formation
of practical concepts of nursing—concepts that will enable her to envision
the complete care of the patient—physical, mental, emotional, and social.
Instructors in these services insist that social and health factors are stressed
in every class and experience, but perhaps we can cull out some of the
major emphases. For example, the social service department is now partici-
pating actively through planned instruction of from two to four or five hours
in each quarter's program of instruction. Topics considered have been the
medical-social aspects of patient care (1) during and following admission
and discharge from the hospital; (2) with relation to the physical and men-
tal comfort of the patient during hospitalization; and (3) with relation to
observation of behavior and the helping of the patient to understand and
adjust to his own medical and social situation. In addition, a growing
awareness of social and health problems on the part of both faculty and stu-
dents serves to bring a constant impingement of these on the students' atten-
tion.

The following situations may serve to indicate some of the emphases in
this inclusive medical and surgical nursing service.

Shall we look at the dietary first?

Beginning this year the medical-surgical committee is trying to incorporate
the separate didactic course in diet therapy in the medical and surgical class-
room and ward teaching programs, stressing among other things the close tie-up between nutrition and general health and disease conditions. One need not refer to the students' preparation to answer questions about specific diets, such as those for the diabetic, with which you are already surfeited, that the diabetic bread at the corner grocery is or is not safe, that fruit can be canned with saccharin, or that milk is a food with sugar content. Rather should the student come to appreciate the part played by nutrition in all illness. She learns that many of our people on relief or reduced diets have little or no margin of reserve when extra physical demands are made on them, with the result that much illness ensues, though it is not usually diagnosed as a deficiency disease. She observes, too, that many patients return, upon discharge, to a home without sufficient diet unless social service has secured extra food through a welfare board or some other community agency. Sometimes the problem is not one of an inadequate diet but rather of a patient who vitiates his treatment through the breaking of a prescribed diet régime. During the formal instruction in diet the students have planned visits to a creamery, a meat packing plant, and a wholesale grocery.

In an illness such as pneumonia, the student learns the importance of occupation in raising the incidence of the disease; that more men such as day laborers and sailors are ill—not because they are men but because they are exposed more. She finds that personal habits play an important part in one's recovery, the alcoholic having already cut his chances markedly; she learns of the range in cost of care as, for example, of oxygen from the actual cost of about $6.00 per day paid through tax support or philanthropy to some $30.00 per day paid by the patient in some private hospitals.

Solutions to problems in the surgical nursing field are worked out in one hospital jointly in conferences of operating room, surgical floor, and medical floor supervisors with students in an attempt to see the implications both medically and pre- and postoperatively of what is and is not to happen to the patient. Students equipped with this knowledge are in better position to allay the fears most patients have of even the most minor surgery.

A good example of social problems in the combined medical and surgical area may be seen in cases of amputation, both before and after operation, in getting the patient to accept his disability with the economic aspects of providing appliances and with the long view of adjusting to what will probably be a changed social and economic life. Detailed instructions for follow-up care as to when tub baths may be taken, when one may swim, etc., all help in sending home a patient prepared as best we may prepare him for what lies ahead.

One of the best present examples in this field is seen in the teaching of conservation of vision and the prevention of blindness—a type of teaching carried jointly by the instructor and head nurses with the student, at which time, also, the student learns of the service rendered patients under the Social Security Act. In this service, too, health and social factors as related primarily to the field of private practice are stressed.
Psychiatric Nursing. This is a service par excellence in which the results of good mental hygiene practice (or the lack of it) may be studied at first hand. Marked emphasis is placed in this service in every ward class upon the incorporation of the principles of mental hygiene together with a discussion of the social and economic significance of mental illness. In the ward class also and by case study methods particular consideration is given to the prevention and treatment of venereal disease. While in this service students attend lectures by a physician from the children's psychiatric clinic as well as by the psychiatric social worker and by the ward psychologist. In addition, each student makes a trip to the Juvenile Court, to the court commissioner's office where patients are committed to state hospitals, and to a state hospital itself.

Understanding that the total personality coming into contact with a difficult situation may because of itself, or the situation, or both, do one of three things: (1) make a satisfactory adjustment; (2) break the situation, thereby becoming the lawbreaker which the court gets; or (3) break the personality itself, becoming the mental patient whom we get, the student comes to appreciate that the broken situation handled in court and the broken personality met with in the hospital may be, and probably are, symptoms of the same condition. Especially does she see this overlapping with the courts in the care of children. Further she cannot but realize the ineffectuality of discharging an individual back to the same social situation which previously he had found too difficult for him to handle.

Pediatric Nursing. An attempt is made in this service to have the student see the complete picture of a child's care. The principles of child training, involving the formation and maintenance of desirable routine habits of eating, sleeping, and toileting, together with the continued development of preferred social attitudes, play an important part in both classroom and ward teaching and supervision for all students. Patient studies give special attention to social and economic factors involved in the child's care. The student visits well-baby, nutrition, allergy, and psychiatric clinics, has some observation in a nursery school, and spends one week of her service in the pediatric outpatient department. Four special services in which the student participates are rendered pediatric patients—dental, school, play, and psychiatric guidance. A full-time dental hygienist (in one hospital) extends dental care to all children; a teacher (in one hospital) keeps minds busy with school work; a child psychiatrist (in one hospital) is on the stations daily for guidance and consultation purposes; and the student herself under supervision is responsible for what is called play nursing—group and individual play of the children. Participating in such programs as the Christmas celebration made possible through the Minneapolis Traffic Club, and many other festivities, brings understanding of some community cooperation in the field of child care.

May we conclude this fragmentary presentation of the health and social aspects of nursing as integrated in the first year of the basic curriculum as we began. Whatever our approach in the field of nursing education—interest, life need, or some other—both planned instruction and extra-curricular
experiences help to set the pattern of the student's proper functioning within the society of her choice. May it be our function to so set the stage that our students may, for having been students in nursing, the better meet the responsibilities of life that lie about them.

**INTEGRATION OF PUBLIC HEALTH IN THE CURRICULUM—THE SECOND YEAR**

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*Introduction.* In the first year emphasis has been placed upon personal health and hygiene in relation to the maintenance of health and the prevention of disease. The practice which the students have had up to this time has been with patients in the acute or convalescing stages of illness. They have begun to see how and what the patient learns about his own care during his hospital stay and how they can help in this learning process, beginning with some of the health principles which they have had in their various courses. The causes and effects of illness now begin to become real to them as they are seen in relation to individual patients. Through their course of study in Social Aspects of Nursing, a foundation has been laid for a better understanding of the patient in relation to the family and to the community.

During the second year the student begins to participate more actively and assumes more responsibilities for her patients under the supervision and teaching of the head nurse and supervisor. At this time she begins her assignment to the obstetric and pediatric services. In the former service she has experience in the care of the antepartum, intrapartum, and postpartum patient, while in pediatrics she has experience with the well child, the sick child, and all phases of child care. Since the student is rotated from the inpatient to the out-patient department for four weeks during her obstetric service, and for three weeks during the pediatric service, an opportunity is given for the student to observe the clinic as well as the home care of the patient. Through home visits the student sees the close cooperation which must exist between in-patient, out-patient, home care and community agencies, in order to give complete care to any individual. The student coming from the in-patient to the out-patient and into the home, or the other way about, begins to realize that the medical and nursing care of patients, the teaching of the patient, and the learning which may take place, must be a continuous process of change and development, which is carried through all services, and different with each individual patient and with different situations. Greater opportunities for helping patients become more apparent to the student as her fund of knowledge increases with lectures, conferences, and clinics in obstetrics, pediatrics, child psychology, and nutrition.

*Second Year.* No formal classes in health are given during the second year. In addition to active participation in the care of the patient and observation in the clinic, the student has conferences with the director of public health nursing in which the following points are brought out:
(1) The differences of in-patient and out-patient are discussed. During the conference, the student brings out the fact that "there are such large numbers of patients" and "we see them for such short periods of time"—a situation which often is overwhelming to some students upon their first clinic experience. They tell you that the clinic patient seems more independent, since she is dressed in her own clothing and can walk out of the clinic if she is not pleased with what goes on about her.

(2) When questioned upon the differences in hospital and home care of the patients, they point out that "in the hospital we have everything to work with and work somewhat by a plan or schedule, while in the home we have to use make-shifts for equipment and suit our care of the patients to the family schedule."

(3) The public and private agencies available within a community are brought to the student's attention.

(4) Teaching and learning the when, how, and why of it all are emphasized. Students are asked to think of instances and reasons for broken appointments, failure of patients to carry out treatments as instructed. To this they usually respond, "It may be that he did not understand." The next question is "Why?" Then they come to the point, "Because we failed to be clear in our teaching and see that he understood what to do." An outstanding example of this is that of the borderline toxemia patient who was told to report to clinic as soon as symptoms of headache, dizziness, or nausea appeared—and on through the list of symptoms. When she finally returned to the clinic and was found to be in rather serious condition, the doctor impatiently asked, "But why didn't you come in when this headache became severe?" She responded, "Well, doctor, I thought I had to wait till I get 'em all." Another example is that of the patient who was given a lotion for a rash, and who at the same time had a gastric upset. She proceeded to take the lotion internally instead of applying it externally. You can all supply many instances of failure on our part to be clear in our instructions and to see that learning really took place.

Orientation conferences, with demonstration of procedures of nursing care of the ambulatory patient are given by the head nurse in the clinic. Conferences are given by the public health nursing instructor in obstetrics and instructor in pediatrics. These nurses have had preparation in public health nursing as well as advanced preparation in their particular field.

Since, in the two departments, the content of the conferences is quite different, yet the basic implications are fundamentally the same, I shall confine the description of these conferences to the obstetric department. Such subjects as the maternal and infant mortality rate, causes of death, reasons for different rates in different areas, and suggested methods of improvement are discussed.

(1) The physical, mental, and emotional changes and adjustments during pregnancy are brought out, always relating them to family and home environment.
(2) Complications of pregnancy, the hospital, home care, and treatment are considered, always in the conferences, attempting to have the student get a picture of the patient as a member of a family and of a community, and considering the social, economic, and environmental situation.

(3) One conference is given to the teaching which may be carried on during the antepartum and postpartum period and the books or reading material available to supplement this teaching. Students are encouraged to cite instances of teaching, which is carried through this whole maternity cycle, and invariably their first response is "that instruction of breast care and proper nutrition during the antepartum period are just as important in the postpartum period."

(4) The students have an opportunity to observe the patient's interviews with the public health nurse, the social worker, and the nutritionist.

(5) The nutritionist continues her group meetings with students, bringing in nutrition of the patient in relation to health and illness, food costs, places and methods of buying for best money values, standard requirements for a well-balanced diet and how these requirements may be met with a small income.

(6) The student attends four Mothers' Club meetings also.

Home Visits—Community Agencies. One morning is spent visiting Lobenstein Clinic, which gives a home delivery service, and another morning with Miss Zabriski's Consultation Service. One morning the student spends with the Henry Street Visiting Nurse Service which gives home care to our patients, always seeing at least one antepartum and one postpartum patient from our clinic. During this visit the student observes the housing conditions, the mother in her own environment. She may get some insight into the family life through her own observations or the patient's conversation. As the visit progresses she sees why the nurse is in the home, what she actually does, often what teaching and learning have taken place. She may see where she has completely failed to get to this postpartum patient a point in technique, when the mother has three formula bottles and boils them for the first three feedings but before refilling them for the next feedings rinses them with cold water. Or she may begin to understand why she has only three bottles in the beginning if the father has been unemployed for two weeks and is ill with a cardiac condition. She begins to see why the patient does not drink the quart of milk she has talked to her about during her hospital stay and to understand what connection her diet may have to a hemoglobin of 72 per cent. The antepartum patient may be a toxemia who is being followed and has been ordered to rest in bed—but with five children, this is an impossible request. The nurse begins to make plans for help in the home, and with the cooperation of the hospital social service, a housekeeper is arranged for. Through such a home visit the student begins to see how agencies work together and how the visiting nurse is an invaluable person to the patient as well as the hospital in supplementing our care, teaching, and guidance.
Family Study. Following the visit, the student selects one family and writes her Family Study, bringing in all members of the family. The medical and nursing care of the mother in clinic and home is first brought out. A description of the home life and family relationship, as gained through her visit or conference with the visiting nurse or social service worker, is given. The community agencies to which the family is known and their contact with this family are recorded. A budget is planned for the family, using the home relief budget as a basis. This is done to bring to the student's attention what must be included as the mere necessities of life—food, shelter, and clothing—and gives her a basis for comparison with her own standard of living. In the pediatric department the home visit is made with the medical social worker, who places emphasis upon the social problem in the home rather than upon the nursing care and guidance needed. This offers to the student an insight into the function of another service available within the hospital, working with the community agencies.

Once a week the students from the obstetric and pediatric out-patient departments meet together. At this conference are present the director of public health nursing, the supervisor, the nutritionists, and the medical social worker, all of whom participate in the discussion. One student presents a study which may be from obstetrics or pediatrics. Only the main points are brought out in this presentation, and then the students are urged to carry on the discussion under the guidance of the supervisor. The medical history and care are first covered; occasionally a doctor may be present to bring out some point for the students concerning this phase of the patient's care; the nursing care is also considered, placing emphasis upon the home care of the patient, nutrition, social agencies, and budget; all factors bearing upon the health and well-being of the family are covered.

Conclusion. Through such a method of practice—observation, conferences, and visits, with a study presented and participated in by the members of the group in discussion—it is felt that there is a giving and gaining of information, which later, it is hoped, students will be able to apply as they come to that period of their experience where they are directly responsible, under supervision, for the nursing care of the patients as well as teaching in the home.

As will be noticed, throughout this discussion, emphasis has been placed upon the learning which takes place for the student from her day-by-day experiences and observations, and how she may help others to learn, rather than emphasis on formal teaching. No hard and fast rules are set down for this process. The most we can do is to give the student a sound knowledge of the principles of learning, a respect for people, so that she will take advantage of the teachable moments as they occur through the day's work, so that she will be able to help them to learn what they want, at the time they want it. In the words of Osler, speaking of medical students: "We expect too much of the students and we try to teach too much. Give him good methods and a proper point of view and all things will be added, as his experience grows."
HEALTH NURSING IN THE HOSPITAL—THE THIRD YEAR

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The desirability of all students having a period of at least two months' experience in a community health agency offering bedside nursing as well as health supervision is generally acknowledged. Failing this type of affiliation, two months' additional experience in the out-patient department is suggested as an alternative, provided the student's work may have adequate supervision by a prepared staff.

The outstanding problem confronting schools of nursing today is to know what kind of program to substitute as an alternative for an affiliation with a community health agency. This problem confronted us when in 1933 funds were secured for a well-coordinated public health program at the Johns Hopkins Hospital. Simultaneously public health nursing experience was made available in a community health agency with qualified supervisory personnel and a competent staff. However, that proved to be a mixed blessing for not more than half the senior class could be accepted for the experience. The visiting nurse association was approached but it was not organized to accommodate as many as thirty students throughout the year.

The suggestion was then made that by extending our hospital service we would have a practice field for students. We could provide care for convalescent patients after discharge from the hospital and for dispensary patients requiring bedside nursing between visits to the out-patient department. The acceptance of patients would depend on the number which the nurses could handle properly and the service would be confined within a specific area. The plan was carried out and the Dispensary Visiting Nurse Service continues to function satisfactorily. The students who are closely supervised conform to definite policies with regard to the hospital, local, and health agencies. All cases are systematically cleared before visiting in order to rule out the possibility of duplicating visitors. In our case the program extends unlimited opportunity for students to view the work of the hospital from the outside and to understand better its place in the community. What in this community is eminently satisfactory might be anything but desirable under other circumstances.

To carry out the present plan, the hospital releases fourteen students at two-month intervals between September and June. Six students are assigned to the Eastern Health District and eight to the Dispensary Visiting Nurse Service. Their theoretical instruction, consisting of demonstrations and conferences on each type of service, is given to both groups at the Eastern Health District.

We have, as previously indicated, two types of public health nursing affiliation, the one with the official agency emphasizing the preventive aspects, the other an extension of hospital service with a bedside nursing program. The Eastern Health District is maintained administratively both as a district of the Baltimore City Health Department and as a field of study for the
School of Hygiene and Public Health of the Johns Hopkins University. Included within its scope is all the city health work in an area embracing a population of 100,000. In addition the health work of various agencies functioning in the area is coordinated in the Eastern Health District so that students benefit by having all types of experience including some bedside nursing. The Dispensary Visiting Nurse Service operates in the area corresponding to that of the Outside Obstetric Service in our hospital zone. The patients are referred by social workers or physicians from any clinic in the hospital.

Let us follow the first group of students who are beginning their public health nursing in September. The weather is beautiful and they are eager and energetic after vacation. They have come with their minds made up to like public health nursing because the reports in the nurses' residence have been favorable. Classwork in the hospital has been resumed and the subject of their first lecture course as seniors is Public Health. Classwork for the first week of their introductory period in public health nursing is rather concentrated but it is interspersed with field observation which is thrilling. Soon the students begin going out by themselves. They report to their respective supervisors at least twice a day to discuss any problems that arise and to receive advice about further steps. The supervisors visit with the students in the homes, schools, and clinics, trying at all times to meet the needs of the inexperienced workers.

When they have mastered their techniques and have met a number of unusual situations they become more self-reliant and soon are showing some of the qualities that we recognize as being particularly valuable in public health nurses. By the second month this is quite evident, and they are discovering cases needing medical attention, well babies and school children who require further follow-up care. The practical experience in public health nursing is a means of reviewing and applying to actual family situations the knowledge and skills previously acquired, but it brings into bold relief the "neglected stages of illness," as Miss Frost calls them in her book, and prevention, care during convalescence, and chronic illness assume new importance.

Let us consider the things that might have happened in the case of Fannie Daugherty, an expectant mother. Fannie's history noted the significant facts that she was being treated for syphilis and was a borderline toxemia, but with the exception of a blood pressure higher than normal there were no other symptoms of abnormality. However, nursing visits were made at more frequent intervals than usual pending hospital admission.

Although the family was in straitened circumstances, the layette had been collected piece by piece, the trays were ready with the required number of jars, the last newspaper pad was made. One day the nurse recorded a sudden rise in the blood pressure. The report was followed by an extraneous visit and subsequent daily nursing visits. Two days later a fine, healthy, baby girl arrived before the doctor and nurse could reach Fannie's home. Ordinarily the
postpartum care would have been given by the Outside Obstetric Service but the service was crippled by illness among the nurses, so we took over this care. For three days all was well but on the fourth, Fannie had a slight elevation of temperature. The physician was informed and treatment was instituted promptly. The daily elevation of temperature persisted, always below 99.6, and on the eleventh day Fannie showed signs of a cold. Masks were made to wear while caring for the new baby. Year-old baby Austin developed a deep cough which his mother feared might be whooping cough. Arrangements were made to send him to the home of a niece but a trip to the clinic failed to confirm the diagnosis of the dreaded disease. On the thirteenth day Fannie was feeling quite well and was discharged by the doctor but the nurse made another visit to see how well Fannie understood the baby bath.

While the care of this patient was in no way spectacular it showed the importance of "keeping things from happening." The regular treatment for syphilis begun before the fourth month resulted in a well baby; the prevention of toxemia by vigilant observation of symptoms resulted in home delivery; the preparation for delivery made postpartum care easier; the painstaking daily nursing care of mother and baby prevented a complicated puerperium; the medical supervision and treatment of cold removed the fear of a dreaded communicable disease; protection of the baby from the mother's cold helped to keep the well baby well, and finally assurance that the mother understood the baby bath made an indelible impression on the nurse caring for this little family.

How not to convalesce at home became evident after the first two visits in the home of Mrs. Mason, an eighty-two year old white woman, who left the hospital before she had recovered the use of a fractured leg. She went to a middle-class home with modern conveniences. The members of her family were intelligent but completely overwhelmed by the thought of caring for a helpless person and the household became more disorganized on each visit. Although the nurse bathed the patient and showed the daughter how easy it was to lift and turn Mrs. Mason, she was used to her own way and insisted on it. The patient, therefore, remained flat on her back day and night except for the hour following the nurse's daily visit. The result was that Mrs. Mason developed a bed sore, and to complicate the situation further the daughter's husband developed pneumonia and her attention was entirely diverted to him. Thelma, a colored maid, was engaged and proved to be worth her weight in gold. She was clever and quickly learned how to care for Mrs. Mason. In a week or so she was able to be assisted to a chair with her knitting. What appeared at first to be an unsatisfactory environment for convalescent care became one of the best organized and most pleasant.

"Will this illness result in temporary or permanent heart damage?" is the query raised by the doctor in dealing with rheumatic heart disease. Controlling the condition by absolute bed rest offers a chance at least of preventing permanent disability. But when the acute symptoms have sub-
sided the child begins to be restive. He looks well, often better than the other children, and his mother is not convinced that he should remain in bed day after day, week after week.

The two Sumler children in a colored family presented a discouraging situation when the nurse first visited them. Barely managing to get along on the allowance from the Department of Public Welfare, they were housed in one of the poorest dwellings in the district. On a bitter winter day the drafty house was unusually gloomy. They had barely escaped a conflagration the evening before when the flue caught fire. Part of the bedroom floor was torn away and the water pipes were frozen. The two children—a boy Retic, aged 7, and his sister Addie, aged 9—were tucked in a double bed covered up to their ears, in a room redolent with coal oil fumes that remained with the nurse long after she left the house.

The family had been trying to move because the house was in a condemned area. The combined efforts of mother and social worker failed to reveal any untenanted dwelling near the slum clearance area. Too many families were in the same predicament. The nurse recalled having seen a house next door to one of her patients some distance away and upon inquiry learned that it was still vacant. The family moved into it the next day and although they were unhappy to leave their neighbors, the house was in good repair and clean as a new pin. The nurse worked with the social worker and together they managed to secure a separate bed for Retic and an increased allowance for food from the Department of Public Welfare. Since then the fairly frequent visits of the nurse have been almost the only outside contacts during a severe winter and dripping spring. Books and jig-saw puzzles from the social service library, soap to carve, scrapbooks and pictures, crepe paper to wear, and yarn to crochet have helped to occupy both children. Suggestions with regard to diet, improvised appliances, and budgetary assistance have been accepted by a teachable parent. She now accepts the inevitableness of fate but little dreams that her family has been of real help in teaching the nurse what an active part she can play in the healing process of chronic conditions which are disabling but not always fatal.

Closing Business Session

Friday, May 17, 2:00 p.m.

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

Upon the reading of a telegram from Francis C. Leupold, Superintendent of the Jamaica Hospital, regarding the endorsement of a Federal post office issue of a commemoration stamp in honor of the nursing profession, it was voted that the matter be referred to the American Nurses’ Association since that organization has a committee appointed for the purpose of suggesting such a stamp to the postal authorities.
A resolution of the American Nurses' Association was presented at this time which read as follows:

"WHEREAS, This is a time of unusual anxiety and concern to this nation and of great responsibility for the President of the United States, be it

"Resolved, That we, the delegates of the American Nurses' Association, now assembled in convention in Philadelphia wish to offer the support and strength of our organization in any nursing activity in which we can be of service to the country."

It was voted that the name of the National League of Nursing Education be included with that of the American Nurses' Association in this resolution.

REPORT OF THE COMMITTEE ON RESOLUTIONS

The forty-sixth annual convention of the National League of Nursing Education has been memorable for the friendliness shown by the Quaker City. The Pennsylvania League and other Pennsylvania groups have been thoughtful in their arrangements and gracious in their hospitality. Every consideration has been received from the management of the Benjamin Franklin Hotel, the Chamber of Commerce, and the city, its white-caped policemen in particular.

The program and entertainment offered to the student nurses have been an incentive to our future members.

The accomplishment of the Program Committee in directing our thinking along the lines of education and nursing in a democracy is of great significance in this year of 1940.

Respectfully submitted,

RUTH LETTINGER
PRISCILLA W. HALPERT
MARGENE FADDIS, Chairman

REPORT OF TELLERS AND INSPECTORS OF ELECTION

Total ballots cast ................................................. 456
Total of valid votes .............................................. 453

For President
Stella Goostrey .................................................. 279
Edna S. Newman .................................................. 174

For Treasurer
Lucile Petry ..................................................... 295
Agnes Gelinas ................................................... 157
Blank ............................................................... 1

For Directors
Nellie X. Hawkinson ............................................ 416
Effie J. Taylor .................................................. 334
Elizabeth C. Burgess .......................................... 273
Respectfully submitted,

RUTH CHAMBERLIN, Chairman

Tellers

HELEN BUNGE
MYRTLE HOLLO
HELEN WRIGHT

Inspectors

SARA SCOTT
ANNA TAYLOR
IRENE ZWISLER

The report was accepted and the chair declared the following officers and directors elected:

President
Stella Goosnay, Boston, Massachusetts

Treasurer
Lucile Petry, Minneapolis, Minnesota

Directors
Nellie X. Hawkinson, Chicago, Illinois
Effie J. Taylor, New Haven, Connecticut
Elizabeth C. Burgess, New York, New York
C. Ruth Bower, Philadelphia, Pennsylvania

REMARKS BY PRESIDENT-ELECT

You have done me the honor of electing me as your president. I know of no greater privilege, but when I think of the women who have preceded me in this office I accept it with a great deal of humility and, I might almost say, fear. But one can take courage from the fact that the League members have always given their officers unfailing support, and so I hope I may look forward to sharing a great deal of responsibility with you.

With Miss Hawkinson as president, we have had four years of great accomplishment, and she has given us an example of gracious and wise leadership. I am sure I can speak for all members of the League when I say that she has our appreciation and our affection.

I suppose each one of us is very conscious of the fact that we are facing great uncertainty in the year that lies before us until we meet again for our annual session. But whatever comes, we know that the League will take its responsibility, and I hope that each of us will go back to her own individual responsibility with a determination to find a way of life in which democratic ideals and principles will have fuller realization.
And may each one of us find the Lord watching between us while we are absent one from another.

STELLA GOOSTRAY

REGISTRATION

The Executive Secretary, Miss Claribel Wheeler, reported that there was a total registration of 7,601 at the biennial convention. This included nursing students.

OTHER BUSINESS

It was voted to send a message of support and sympathy to the nurses of Europe through the President of the International Council of Nurses, Miss Effie J. Taylor.

A rising vote of thanks was given to Miss Hawkinson in appreciation of her services to the League as president.

Miss Hawkinson expressed her thanks for this vote of appreciation, and declared the Forty-sixth Annual Convention adjourned to meet in Detroit in 1941.
NATIONAL LEAGUE OF NURSING EDUCATION

CERTIFICATE OF INCORPORATION RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS FOR THE DISTRICT OF COLUMBIA, APRIL 18, 1918. ACCEPTED AS THE CHARTER OF THE NATIONAL LEAGUE OF NURSING EDUCATION, APRIL 20, 1918

By-laws amended June 21, 1924; May 29, 1925; May 22, 1926; June 17, 1929; June 10, 1930; April 11, 1932; June 12, 1933; April 23, 1934; June 3, 1935; May 10, 1937; April 25, 1938; May 17, 1940.

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)

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
(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 30 to 49 patients, and either having had in her undergraduate course an affiliation 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 30 to 49 patients, and either having had in her undergraduate course an affiliation 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 four 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.

d. As an individual member in states where Negro nurses are not eligible for membership in state leagues of nursing education. Membership in the National Association of Colored Graduate Nurses will be accepted in lieu of membership in the American Nurses' Association.

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 30 to 49 patients, and either having had in her undergraduate course an affiliation 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. 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 requirement 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 treasurer 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 American Journal of Nursing, shall constitute a Board of Directors.
BY-LAWS

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 regis-
ter 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 manage-
ment, 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 con-
ventions;

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.
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 pre-
vious 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 re-
quest 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 re-
ponsible 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, recom-
end and decide upon reprints of articles contained in such periodicals, cooperate
with the Committee on Curriculum in matters pertaining to its publications and pre-
pare 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 eligi-
bility of all state leagues applying for membership in this organization. It shall de-
vote 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 as-
sociation, 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 Incorpora-
tion 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 an-
nual 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 Robert's Rules of Order Revised.

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. PH. ...... 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.
POWELL, M. LOUISE ............. 537 East Beverley Street, Staunton, Va.

LIFE MEMBERS

DOCK, L. L. .................... Fayetteville, Pa.

ACTIVE MEMBERS

SYMBOLS USED

(*) Indicates junior active member
(**) Indicates sustaining member
(†) Preceding state names indicates that state leagues have been organized

‡ALABAMA—43

BEEMSTOPHER, MARY .......... St. Vincent's Hospital, Birmingham
BOWLINE, STELLA L.** .......... Cullman
BOYETT, CHRISTINE .......... Baptist Hospital, Birmingham
COLEMAN, MARY S. .......... Peoples Hospital, Jasper
COUPE, ANNA L. .......... Providence Hospital, Mobile
DENNY, LINNA H.** .......... 1320 N. 25 St., Birmingham
FINDLEY, LOUISE J. .......... Norwood Hospital, Birmingham
FITZGERALD, ROSE E. ...... Hotel Empire, Birmingham
FORD, LUCILLE .......... 1127 S. 12 St., Birmingham
HOERIG, GERTRUDE .......... Crippled Children's Hospital, Birmingham
JESSE, MYRTLE M. .......... Peoples Hospital, Jasper
JONES, DARLO .......... Norwood Hospital, Birmingham
JURLOW, NENA ........ South Highlands Infirmary, Birmingham
KILPATRICK, MRS. WANITA ... 1606 S. 12 Ave., Birmingham
LAFORGE, ELIZABETH .......... Box 2591, Birmingham
LAFORGE, ZOB .......... Public Health Department, Birmingham
MASTERTON, SUB ........ Norwood Hospital, Birmingham
MCDONNELL, ELIZABETH T. ... 2101 Highland Ave., Birmingham
MCWHORTER, FANNIELU ...... 1203 Dauphin St., Mobile
MORRIS, MARGARET B. ........ Norwood Hospital, Birmingham
O'CURRAN, JESSIE L. .......... 420 Adams Ave., Montgomery
PARKER, MAGIWADE .......... St. Margaret's Hospital, Montgomery
PENCE, MRS. DONNA T. H. ...... Norwood Hospital, Birmingham

This list includes only those members whose 1940 dues reached the National office by July first when this Report went to press.

By-laws, Article I, Section 4. A sustaining member is an active member who has paid the dues required of such membership.

Article VIII, Section 3. The annual dues for sustaining members shall be $8.00, which shall entitle the members to receive all pamphlets and reprints published by the League during the year.
REEVES, MRS. FLOSSIE E. .......... Norwood Hospital, Birmingham
ROBERTS, MRS. ROSS E.** .......... Norwood Hospital, Birmingham
SANNEE, MARIE ................. St. Vincent's Hospital, Birmingham
SIMS, CLAUDE ..................... Citizens Hospital, Talladega
SISTER HELEN NEUHOFF ** ...... Providence Infirmary, Mobile
SISTER JANE FRANCES BYRNE .... 812 Adams St., Montgomery
SISTER JUSTINA MORGAN ........ 812 Adams St., Montgomery
SISTER LAURA NICASE ** .......... City Hospital, Mobile
SISTER LAURENCE ** ............. St. Margaret's Hospital, Montgomery
SISTER MARY LOUISE MOONEY** ... St. Vincent's Hospital, Birmingham
STOCKTON, HELEN I. ............. Box 2591, Birmingham
THRASHER, MRS. JEWEL ** ...... Frasier Ellis Hospital, Dothan
TURNER, MRS. MARGARET ........ Norwood Hospital, Birmingham
VINSON, MARY E. ............... St. Margaret's Hospital, Montgomery
WALKER, ELIZABETH ............. Norwood Hospital, Birmingham
WARD, AUDREY B. ............... Union Springs
WARRICK, HATTIE ............... South Highlands Infirmary, Birmingham
WEDGEWORTH, OLA ............... Route No. 1, Coker
WHITTEN, FRANCES .............. Mobile Infirmary, Mobile
WHITTEN, LYDIA A.** .......... 620 S. 20 St., Birmingham

**ARIZONA—11**

BENSON, MINNIE C. ............... Room 210, S. Arizona Bank Bldg., Tucson
BUZZELL, PAULINE ............... St. Joseph's Hospital, Phoenix
FISHER, IRMA J. .............. St. Joseph's Hospital, Phoenix
GRIFFIN, EVELINA L. ............. Good Samaritan Hospital, Phoenix
RUSSELL, ETHEL ................. Veterans Hospital, Tucson
SISTER MARY ALEXINE .......... St. Joseph's Hospital, Phoenix
SISTER MARY THEOPHANE ........ St. Joseph's Hospital, Phoenix
SISTER MARY VERONICA ** ...... St. Joseph's Hospital, Phoenix
STOTT, KATHERINE B. ............ Good Samaritan Hospital, Phoenix
SWEENEY, FRANCES .......... Arizona State Teachers College, Flagstaff
WALSH, ELLEN G. ............... 83 Columbus Ave., Phoenix

$ARKANSAS—11$

ATWOOD, EVA .................. Sparks Memorial Hospital, Fort Smith
BUFFALO, RACHEL E.** .......... St. Joseph's Hospital, Hot Springs
HOELTZEL, ELIZABETH M. .... 1100 Barber Ave., Little Rock
KRAGH, MURIEL ............... Baptist State Hospital, Little Rock
MACNALLY, MARY A. .......... Ozark Sanatorium, Hot Springs
REYNOLDS, CATHERINE ........ Sparks Memorial Hospital, Fort Smith
ROSE, DAISY .................. Baptist State Hospital, Little Rock
SISTER MARY ALPHONSUS ...... St. Edward's Mercy Hospital, Fort Smith
SISTER MARY SEBASTIAN ...... St. Edward's Mercy Hospital, Fort Smith
SISTER MARY VINCENT KALLEN- BRUN ............... St. Vincent's Infirmary, Little Rock
TETER, MRS. MARTHA ANNE B. .. Trinity Hospital, Little Rock

$CALIFORNIA—376$

ADAMSON, ALMA R. ............ 39 Lyon St., Apt. B, San Francisco
ALBRECHT, MARIE C.* .......... 2209 Clay St., San Francisco
ALFORD, MARIAN ** .......... 479 37 St., Oakland
ALLEN, JOSEPHINE .......... St. Luke's Hospital, San Francisco
ANDERSON, MARY L. .......... Merritt Hospital, Oakland
MEMBERS

ANDERSON, NOELLE M.* ............. 4241 21 St., San Francisco
ANDERSON, SARAH L. .............. 119½ Alberta St., Anaheim
AVELLAR, ELIZA C. ................ University of California Hospital, San Francisco
BABBINI, EDITH P. .................. 632 Lucas Ave., Los Angeles
BACKMAN, AGNES ................... 3700 California St., San Francisco
BADGER, GLADYCE L. ............... 1097 Green St., San Francisco
BADER, LUCILLE .................... 320 Maple St., San Francisco
BAIN, BEATRICE .................... Sutter Hospital, Sacramento
BAIN, RUBY V. ..................... 2615 P St., Sacramento
BAIRD, MRS. BEATRICE MCL ....... Santa Clara County Hospital, San Jose
BAKER, LOUISE .................... Cottage Hospital, Santa Barbara
BALZER, LAVERNA L. ............... Queen of Angels Hospital, Los Angeles
BARATINI, AZALEA L. .............. 2340 Sutter St., San Francisco
BARNER, RAE ...................... 119½ E. Alberta St., Anaheim
BARNES, SARAH B. ................ General Hospital, San Diego
BART, MARIE L. ................... 2012 Nile St., Bakersfield
BARTLETT, BETTY .................. 3600 13 Ave., Oakland
BARTHEL, MARIE J. ................. 1432 Alice St., Oakland
BAXLEY, GRACE M. .................. 3845 California St., San Francisco
BEATTY, EVANGELINE F. .......... University of California Hospital, San Francisco
BEHRENS, EDNA H. ................. Sonoma County Hospital, Santa Rosa
BELL, ROSE M. ..................... St. Luke's Hospital, San Francisco
BENDER, BEATRICE ................. Sacramento Hospital, Sacramento
BERDINE, WILHELMINA .............. Olive View Sanitarium, Olive View
BIGNAM, JEAN L. ................... Huntington Memorial Hospital, Pasadena
BLACK, LURA ** .................... 2227 College Ave., Berkeley
BLUM, MILDRED E. ................. 9634 Kingsley St., Oakland
BODWELL, MARY ................... Seaside Hospital, Long Beach
BOOTH, ALETHA .................... 9367 Airdrome St., Los Angeles
BORG, MARTHA E. .................. White Memorial Hospital, Los Angeles
BOURNE, MARGARET G. ............. Kern County General Hospital, Bakersfield
BOWERS, MARIAN H. .............. Box 17, Loma Linda
BRADY, EILEEN M.* ................. 1454 Fifth Ave., San Francisco
BREYFOGLE, FLORENCE ............. 2419 Ocean Ave., San Francisco
BROWN, MRS. ELIZABETH H. ..... Los Angeles General Hospital, Los Angeles
BROWN, GENEVERE E. .............. 780 E. Gilbert St., San Bernardino
BROWN, ROWENA S. ................. 1746 Steener St., San Francisco
BROWNE, MARY S.* ................. 2518 Castillo, Santa Barbara
BUNSTON, H. RUTH .................. Glendale Sanitarium, Glendale
BURKE, KATHRYN T.** ............. 895 Sutter St., San Francisco
BURNETT, DOROTHY L. ............. Glendale Sanitarium, Glendale
BUTTON, RUTH F. .................. 1929 Oregon St., Bakersfield
BYERS, INEZ ...................... 1415 Mercer Ave., San Jose
CAFFERTY, KATHRYN W. .......... Vocational Standards Bldg., Sacramento
CALAIS, MARY E. .................. 559 Sixth Ave., San Francisco
CALLAGHAN, EVELYN M. ........... 500 Hyde St., San Francisco
CALLAHAN, MARIE * ............... 226 Douglas St., San Francisco
CALLORI, MARIE A. .............. 922 27 St., Sacramento
CALNAN, GENEVIEVE ............... 1401 E. 31 St., Oakland
CAMERON, CLAUDIA M. ............ 632 S. Lucas Ave., Los Angeles
CAMERON, MARY S. ............... 3700 California St., San Francisco
CARLSON, ESTHER B. ............... 1830 Flower St., Bakersfield
CARLSON, IRENE E. ............... Tuberculosis Association, San Francisco
CASTLE, PEARL I. ................ University of California Hospital, San Francisco
CASWELL, MRS. ESTHER P. ....... French Hospital, San Francisco
CECIL, JESSIE .................... 53 Buena Vista, San Jose
CHRISTENSON, BERTHA M. Loma Linda
CLARK, ALICE L. 921 E. 28 St., Oakland
CLARK, DORIS E. 2340 Clay St., San Francisco
CLARKE, ELEANOR S. 2200 Post St., San Francisco
COATES, MARY Arroyo Del Valle Sanatorium, Livermore
COBBAN, FRANKE F. St. Helena Sanitarium, St. Helena
COLE, MILLICENT V. 1155 N. Kenmore Ave., Los Angeles
COLLEY, ANNA E. 780 E. Gilbert St., San Bernardino
COLLINS, MARGIE 11119 Camarillo, North Hollywood
CORBETT, MARY M. O'Connor Sanitarium, San Jose
CRAWFORD, MABEL L. 1212 Shatto St., Los Angeles
CULLEN, MRS. ELIZABETH MCK. Santa Clara County Hospital, San Jose
CURRAN, MRS. ESTELLE T. 362 15 Ave., San Francisco
DANNENBERG, ICPHINE 542 Sixth Ave., San Francisco
DAVIES, LOUISE M. 3715 California St., San Francisco
DAVIES, M. OLWEN 625 Scott St., San Francisco
DAVIS, LINA Kern County General Hospital, Bakersfield
DE BORRA, ELAINE L. San Bernardino County Hospital, San Bernardino
DOBEE, ELIZABETH N. San Bernardino County Hospital, San Bernardino
DRAGER, EUNICE M. 1730 Tee St., Sacramento
DROYNING, ELIZABETH* 2400 Bath St., Santa Barbara
DUSENBURY, MABEL A. 115 Frederick St., San Francisco
DWYER, LAURETTE 4341 Broadway, Sacramento
EDelman, SUSANNA 4309 Tee St., Sacramento
EBLUND, EVANGELINE B. 1391 Eighth Ave., San Francisco
EICK, M. LUCILLE 818 25 St., Sacramento
ELFRINK, KATHLEEN 3600 13 Ave., Oakland
ENGLISH, HELEN B. 1212 Shatto St., Los Angeles
ENGSTROM, MILDRED W. 1603 N. Edgemont, Los Angeles
ERICKSON, HELEN I. Stanford University Hospital, San Francisco
ESTEY, ALICE M. 213 Myda St., Temple City
FALCONER, BESSIE White Memorial Hospital, Los Angeles
FALCONER, MARY W. Route 1, Box 155, San Jose
FEIDER, RUTH E. 2921 Orange Ave., La Crescenta
FERGUSON, CAROLINE 1401 E. 31 St., Oakland
FINE, CHARLOTTE L. 2600 15 Ave., Oakland
FITTS, CORA J. 1200 N. State St., Los Angeles
FOLENDORF, MRS. GERTRUDE R. Shriners' Hospital, San Francisco
Fores, KATHLEEN M. Fairmont Hospital, San Leandro
FREDINE, ETHEL A. 818 25 St., Apt. 34, Sacramento
FREIDINGER, STELLA M. 4326 Melbourne Ave., Hollywood
FRIEND, HARRIOTT L. P. 609 Sutter St., San Francisco
FRINK, AVF. SHRINERS' HOSPITAL, SAN FRANCISCO
GARST, RUTH E. Orange County Hospital, Orange
GLOOR, EMMA Z. San Francisco Hospital, San Francisco
GOLDEN, LAURA M. French Hospital, San Francisco
GOLDSBERBERY, DORIS E. ST. HELENA SANITARIUM, SANITARIUM
GOSS, ELEANOR C. 1401 E. 31 St., Oakland
GRAF, MRS. CATHERINE 136 E. Prospect, Loma Linda
GRAM, GERTRUDE S. Orange County Hospital, Orange
GRAUER, LOUISE E. 87 Congress St., Pasadena
GREY, GRACE G. French Hospital, San Francisco
GUERNSEY, GRACE Berkeley Hospital, Berkeley
GUSTAFSON, RUTH H. San Francisco Hospital, San Francisco
GUTENMUTH, HARRIET S. 1275 Second Ave., San Francisco
HAIG, RENA 305 State Bldg., San Francisco
HALL, Zulema W. .......... 321½ West 10, Santa Ana
HANSEN, Helen F. .......... 1020 N St., Sacramento
Harmsen, Mildred K. .......... 1212 Shatto St., Los Angeles
HARRISON, Virginia H. .......... St. Luke's Hospital, San Francisco
HARTLEY, Helen S. .......... 635 N. San Jose, Stockton
HARTMAN, Barbara .......... 1930 E. 27 St., Oakland
HASSETT, May A. .......... Samuel Merritt Hospital, Oakland
HAWTHURST, MRS. ANNE R. .......... 115 Bonita St., Sierra Madre
HAWLEY, Jean .......... 660 Marengo St., Pasadena
HAY, Ruth W. .......... Dept. of Hygiene, University of California, Berkeley
Hege, Esther E. .......... 345 E. San Antonio, San Jose
Heintzelman, Mrs. Mary L. .......... 1011 S. Stanley Ave., Los Angeles
Heisler, Anna .......... 112 Federal Office Bldg., San Francisco
Heitman, Sally .......... Children's Hospital, San Francisco
Hendricks, Maude E. .......... Kern County General Hospital, Bakersfield
Henry, Alice A. .......... 124 Woodland Ave., San Francisco
Hernandez, M. Dolores .......... Orange County Hospital, Orange
Hill, Marie A. .......... 767 Sixth Ave., San Francisco
Hogan, Mary A. .......... 3876 Sacramento St., San Francisco
 Holland, Mildred E. .......... Shriners' Hospital, San Francisco
Hornkoehler, Elsie .......... Kern County General Hospital, Bakersfield
Hoster, Helen .......... 4520 California St., San Francisco
Houston, Lucile .......... French Hospital, San Francisco
Hudson, Louise .......... 1933½ New Jersey St., Los Angeles
Hudson, Margaret F.* .......... 1200 N. State St., Los Angeles
Huxley, Marjorie .......... 124 Woodland Ave., San Francisco
Incerti, Mrs. Winifred H. .......... 144 Parnassus Ave., San Francisco
Ingmiere, Alice E. .......... University of California Hospital, San Francisco
Jackson, Mrs. Lilian E. .......... Samuel Merritt Hospital, Oakland
Jabgeo, Carolyn M. .......... 439 34 St., Oakland
Jeffrey, Helen E. .......... 2750 Morningside St., Pasadena
Jennings, Verena M. .......... 2200 Post St., San Francisco
Johnston, Clara R. .......... 361 35 St., Oakland
Johnson, Ruth V. .......... San Bernardino County Hospital, San Bernardino
Jordan, Mary E. .......... Fairmont Hospital, San Leandro
Jourdan, Antoinette M. .......... 346½ Palmetto Dr., Pasadena
Kennedy, Helen A. .......... Mercy Hospital, San Diego
Kisz, Mary V. .......... White Memorial Hospital, Los Angeles
Knipple, V. Zoa .......... St. Mary's Hospital, San Francisco
Korngold, Mrs. Janet F. .......... General Hospital, Fresno
Krammes, Kathryn A. .......... 1018 Quincy St., Bakersfield
Kram, Lila C. .......... 1212 Shatto St., Los Angeles
Kvien, Minnie R. .......... San Joaquin General Hospital, French Camp
Langdon, Hazel L. .......... 632 S. Lucas Ave., Los Angeles
Lann, Irma .......... 632 S. Lucas Ave., Los Angeles
Lannon, Julia M. .......... 5314 J St., Sacramento
Lanning, Grace E. .......... Orange County Hospital, Orange
Lawrence, Bessie .......... 2340 Clay St., San Francisco
Lehmer-Ritchie, Wyatt .......... Tulare County Hospital, Tulare
LeWIS, MRS. STELLA M. .......... 2018 Oregon St., Bakersfield
Lind, Emma .......... Kern County General Hospital, Bakersfield
Linberg, Roberta .......... 1862 N. Edgemont Ave., Los Angeles
Lindsay, Wealthy E. .......... 312 N. Boyle Ave., Los Angeles
Litz, Hattie J. .......... Mercy Hospital, Sacramento
Lockard, Elizabeth .......... Cottage Hospital, Santa Barbara
LOFGREN, BEATRICE  University of California Hospital, San Francisco
LOVE, MERLE  Santa Barbara Cottage Hospital, Santa Barbara
LUNDBERG, CLARA K.  1005 15 St., Sacramento
LUTZ, FRIEDA  219 S. Anderson, Loma Linda
LYMAN, GRACE  2229 College Ave., Berkeley
MAAKESTAD, CARRIE E.  San Francisco Hospital, San Francisco
MACDONALD, KATHERINE M.  632 S. Lucas Ave., Los Angeles
MACLEAN, MARGUERITE L.**  4015 Waterhouse Rd., Oakland
MAQUIRE, 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.  1200 Quincy St., Bakersfield
MARTINS, MRS. EDITH V.  1633 S. Orange Grove Ave., Los Angeles
MASON, MRS. RUBY B.  2200 Post St., San Francisco
MAYFIELD, MAUDE L.  419 Raymond Dr., East Pasadena
MCCLANAHAN, MARGARET H.  1029 Browning Blvd., Los Angeles
MCCLURE, MURIEL M.  2340 Clay St., San Francisco
MCDONALD, KATHERINE  1525 Locust Ravine, Bakersfield
MCEWAN, JANET  112 Garcia Ave., San Leandro
MCGINNITY, ANNA  2200 Post St., San Francisco
MCGOVERN, MARY E.  Samuel Merritt Hospital, Oakland
MCGUIRE, JANET  652 S. Lucas Ave., Los Angeles
MCKINNON, MARY H.  515 Van Ness Ave., Room 210, San Francisco
McLAIN, MRS. THELMA M.  141 E. Olive, San Bernardino
MCLOYD, CHARLOTTE G.  189 Parnassus Ave., Apt. A, San Francisco
MCNILL, MARGARET E.  Children's Hospital, San Francisco
MCNULTY, ELAINE N.  3715 California St., San Francisco
MEGROOT, JOAN  Sacramento County Hospital, Sacramento
MEIKLE, JESSIE W.  Santa Clara County Hospital, San Jose
MEYER, ELEANOR D.  1001 Third Ave., Sacramento
MIDDLETON, JEANNE  544 Anderson St., Loma Linda
MILLER, ADELA  2700 California St., San Francisco
MISCH, MADELINE M.  Highland School of Nursing, Oakland
MITCHELL, MARJORIE A.  3600 13 Ave., Apt. 32, Oakland
MOFFATT, AGNES T.  370 Upper Terrace, San Francisco
MONICAL, CATHERINE  2215 N St., Sacramento
MONTIETH, MRS. MARY C.  Pacific Union College, Angwin
MOORE, ELIZABETH R.  3700 California St., San Francisco
MORGAN, ESTER B.  3434 Elm St., San Francisco
MORLEY, ETHEL  4148 C St., Sacramento
MORRILL, ELEANOR L.  2340 Clay St., San Francisco
MORRILL, FLORA  2425 Curtis Way, Sacramento
MUHS, ETHEL  Sacramento Hospital, Sacramento
MULVANE, MRS. GABRIELLE T.**  San Bernardino County Hospital, San Bernardino
MULVANE, MARY G.  San Bernardino County Hospital, San Bernardino
MUNSON, BARBARA A.  1355 Willard St., San Francisco
MYERS, ELSIE E.  849 N. Clementine St., Anaheim
NEAL, PAULINE  1916½ Brooklyn Ave., Los Angeles
NELSON, MERLE A.  Kern County General Hospital, Bakersfield
NEWTON, MILDRED  University of California Hospital, San Francisco
NICKELL, IRENE  4340 Tenth Ave., Sacramento
NICKELL, MARGARET C.  Orange County Hospital, Orange
NORWAY, MARGUERITE  1212 Shatto St., Los Angeles
ODENNER, HELEN G.  571 39 Ave., San Francisco
O’LOUGHLIN, ANNE A.  San Francisco Hospital, San Francisco
OLSON, HELEN D.  P. O. Box 28, Stockton
Palm, Rosellen F. .......................... 441 34 St., Sacramento
Parisio, Mrs. Myrtle P. .................. 921 E. 28 St., Oakland
Parsons, Helen ......................... 2982 25 Ave., San Francisco
Patt, Agnes M. ............................ Methodist Hospital, Los Angeles
Pearson, Ruth H. ......................... San Bernardino County Hospital, San Bernardino
Peck, Margaret J. ....................... Shriners’ Hospital, San Francisco
Peterson, Florence J.** ............... San Bernardino County Hospital, San Bernardino
Peterson, Laura L. .................... 1151 E. 89 St., Los Angeles
Pingrey, Amy B. .......................... 2340 Clay St., San Francisco
Pittendrigh, Mrs. Mabel S. ............ 143 S. Parkwood, Pasadena
Platt, Virginia E. ..................... 2340 Clay St., San Francisco
Poffenberger, Lillian G. ............... San Joaquin Hospital, French Camp
Pohe, Minnie .............................. Stanford Hospital, San Francisco
Porter, Nellie M. ....................... 1812 Parkside Ave., Burbank
Pottinger, Elizabeth J. ................. 132 W. California St., Pasadena
Poxon, Mary E. ........................... 805 W. Fifth St., Apt. 3, Santa Ana
Purcell, Anna L. ....................... San Bernardino County Hospital, San Bernardino
Rabe, Eva W. .................................. 1200 N. State St., Los Angeles
Ralston, MabelClaire .................... French Hospital, San Francisco
Rees, Mrs. Christina R. .............. Paradise Valley Sanitarium, National City
Register, Katherine B. .............. 2200 Post St., San Francisco
Reid, Annie F. ........................... 1212 Shatto St., Los Angeles
Reid, Olive M. ............................ 4616 Sunset Blvd., Los Angeles
Reynolds, Helen B. ..................... 1636 Bush St., San Francisco
Rice, Helen N. ........................... Paradise Valley Sanitarium, National City
Richardson, Augusta B. ............... Sacramento Hospital, Sacramento
Rickard, Eleanor ....................... 1116 P St., Sacramento
Ricke, Maurine E. .................... R. F. D. No. 1, Box 132, Walnut Creek
Ringressy, Grace E. ................... 620 Pacheco St., San Francisco
Roberts, Frances T. ........................ Stony Brook Retreat, Keene
Romstead, Petra J. ..................... Samuel Merritt Hospital, Oakland
Ross, Ola ................................. 1425 N. Harrison, Stockton
Rothera, Esther ......................... 1903 Quincy St., Bakersfield
Rosenthal, Phyllis* ..................... 1341 Seventh Ave., San Francisco
Ruddy, Sarah .............................. Community Hospital, Long Beach
Ruff, Elsie ............................... Orange County Hospital, Orange
Ryan, Eleanor ............................ 895 Sutter St., San Francisco
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<th>Address</th>
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<tbody>
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<tr>
<td>Boisvert, Mrs. Martha H.*</td>
<td>1609 Chapel St., New Haven</td>
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<tr>
<td>Bryant, May*</td>
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<tr>
<td>Budd, Esther</td>
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<tr>
<td>Butler, Carrie E.</td>
<td>Hartford Hospital, Hartford</td>
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<tr>
<td>Carrington, Bernice R.</td>
<td>310 Cedar St., New Haven</td>
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<tr>
<td>Cassel, Mildred</td>
<td>37 Jefferson St., Hartford</td>
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<tr>
<td>Chalker, Margaret E.*</td>
<td>350 Congress Ave., New Haven</td>
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<tr>
<td>Clark, Mrs. Dorothy MacF.</td>
<td>181 Cook Ave., Meriden</td>
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<tr>
<td>Clarke, Beulah M.</td>
<td>37 Jefferson St., Hartford</td>
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<tr>
<td>Clarke, Mrs. Ethel P.</td>
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<tr>
<td>Clarke, Helen L.</td>
<td>21 Washington Manor, West Haven</td>
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<tr>
<td>Cottier, Margaret*</td>
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</tr>
<tr>
<td>Crowdis, Eva A.</td>
<td>Hartford Hospital, Hartford</td>
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<tr>
<td>Curtis, Mary E.</td>
<td>160 Retreat Ave., Hartford</td>
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<tr>
<td>de Champlain, Blanche</td>
<td>Hillside Hospital, Bridgeport</td>
</tr>
<tr>
<td>Denneyh, Teresa</td>
<td>28 Ridge St., New Haven</td>
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<tr>
<td>Dudley, Muriel G.*</td>
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<tr>
<td>Du Mortier, Marguerite R.</td>
<td>70 Howe St., New Haven</td>
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<tr>
<td>Dunn, Hazel B.</td>
<td>Grace Hospital, New Haven</td>
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<tr>
<td>Durkee, Marion E.</td>
<td>350 Ocean Ave., New London</td>
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<tr>
<td>Eaton, Hazel A.</td>
<td>28 Crescent St., Middletown</td>
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<tr>
<td>Fallon, Marguerite M.</td>
<td>Stamford Hospital, Stamford</td>
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<tr>
<td>Fanning, Jane</td>
<td>391 Ocean Ave., New London</td>
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<tr>
<td>Fox, Elizabeth G.</td>
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<td>Fox, Theda L.</td>
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<td>Franke, Eva D.</td>
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<tr>
<td>Frazier, Amelia M.</td>
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<tr>
<td>Gabriel, Ruth M.</td>
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<tr>
<td>Geffken, Viola E.</td>
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<tr>
<td>Geeppeh, Lizzie L.</td>
<td>c/o Mrs. A. H. Darling, South Kent</td>
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<tr>
<td>Goodrich, Annie W.</td>
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<tr>
<td>Grant, Laura M.</td>
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</tr>
<tr>
<td>Harrell, Virginia</td>
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<tr>
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<tr>
<td>Henry, Mary L.*</td>
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<tr>
<td>Heyse, Margaret E.</td>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
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<td>BLANCHFIELD, FLORENCE A.</td>
<td>311 War Department Annex No. 1, Washington</td>
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<td>2013 New Hampshire Ave., N. W., Washington</td>
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<td>BLOOM, MRS. LAURA R.</td>
<td>Garfield Memorial Hospital, Washington</td>
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<td>BOWLING, GERTRUDE H.</td>
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<td>BURNS, HELEN J.</td>
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<td>CASSASE, MRS. ELSE C.</td>
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<td>COWAN, AMY R.</td>
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<td>COWAN, M. CORDELIA **</td>
<td>1746 K St., N. W., Washington</td>
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<td>DALTON, BERNICE I.</td>
<td>Georgetown University Hospital, Washington</td>
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<td>DANIEL, DEBORAH E.</td>
<td>1711 New York Ave., N. W., Washington</td>
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<td>DELASKEY, MARY E.</td>
<td>2019 Eye St., N. W., Washington</td>
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<td>DEUTSCH, NAOMI</td>
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<td>312 C St., S. E., Washington</td>
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<td>DINKELSPIEL, STELLA E.</td>
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<td>DOHERTY, MAUD **</td>
<td>Garfield Memorial Hospital, Washington</td>
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<td>DUNBAR, VIRGINIA M.</td>
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<td>EARLE, MRS. ELIZABETH C.</td>
<td>St. Elizabeth’s Hospital, Washington</td>
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<td>ECK, MRS. EMILY K.</td>
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<td>GRIFFEE, MRS. LEAH M.</td>
<td>Washington Sanitarium and Hospital, Takoma Park</td>
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<td>GRIIFFITH, PEARLE A.</td>
<td>816 E St., N. E., Apt. 510, Washington</td>
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<td>HAMMOND, EMMA V.*</td>
<td>Children’s Hospital, Washington</td>
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<td>Addison Av., Bennington Station</td>
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<td>HASSELBUSCH, CHARLOTTE</td>
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<td>St. Elizabeth’s Hospital, Washington</td>
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<td>HEIBERGER, EVA K.</td>
<td>1150 North Capitol St., Washington</td>
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<td>HENDERSOHN, MARIAN M.</td>
<td>1020 Carroll Ave., Takoma Park</td>
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<td>HEINZELMAN, RUTH A.</td>
<td>2220 20 St., N. W., Washington</td>
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<td>HICKEY, MRS. MARY A.</td>
<td>The Montana, 1726 M St., N. W., Washington</td>
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<td>1746 K St., N. W., Washington</td>
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<td>JAMES, MRS. S. EDYTH</td>
<td>Dept. of Nursing Education, Washington Missionary College, Takoma Park</td>
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<td>JAMESON, MILDRED S.</td>
<td>547 Mellon St., S. E., Washington</td>
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<td>JENSEN, KATHRYN L.</td>
<td>Seventh Day Adventists, Takoma Park</td>
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<td>JORGENSEN, GLADYS</td>
<td>1150 N. Capitol St., Washington</td>
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<td>KOENEMAN, GERTRUDE A.</td>
<td>611 Oneida Place, N. W., Washington</td>
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<td>KRAFT, JEWELL W.</td>
<td>St. Elizabeth’s Hospital, Washington</td>
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<td>KRAMER, VIVETTA M.</td>
<td>Gallinger Municipal Hospital, Washington</td>
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<td>MARTIN, DOROTHY</td>
<td>Garfield Memorial Hospital, Washington</td>
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<td>Children’s Hospital, Washington</td>
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<td>Marlin Apts., 39 &amp; Cathedral, N. W., Washington</td>
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NEWBERRY, BEATRICE  Egleston Hospital, Atlanta
NICKS, MAY E.  Grady Hospital, Atlanta
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<td>PARDEN, MRS. MARY</td>
<td>465 Broyles St., S. E., Atlanta</td>
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<td>PHILLIPS, MARION C.</td>
<td>Emory University Hospital, Emory University</td>
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<td>SMITH, MRS. MARTHA C.</td>
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<td>Inman Park Circle, Atlanta</td>
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<td>Piedmont Hospital, Atlanta</td>
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<td>STEPHENS, MRS. MACIE S.</td>
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<td>TUPMAN, MRS. EVA S.</td>
<td>754 Piedmont Ave., Atlanta</td>
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<td>Emory University Hospital, Emory University</td>
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<td>Emory University Hospital, Emory University</td>
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<td>ZUBER, LILLIAN</td>
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<td>ALDRICH, DOROTHY M.</td>
<td>St. Luke's Hospital, Boise</td>
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<td>AMICK, MRS. ERNESTINE B.</td>
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<td>CHAPMAN, NELLIE J.</td>
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<td>CRAWFORD, ANNIE L.</td>
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<td>JONES, RUTH E. **</td>
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<td>MANGUM, EMILY</td>
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<td>MCCABE, KATHRYN W.</td>
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<td>McCLORE, ROSELLA E.</td>
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<td>Samaritan Hospital, Boise</td>
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<td>WORLEY, ESTHER V.*</td>
<td>310 First St., Boise</td>
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<td>ABRAMS, SARA M.</td>
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<td>ARNOLD, MARGARET</td>
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GRAVES, Flossie P. .................. Alton Hospital, Alton
GREEK, DESSE M. .................. 1750 W. Congress St., Chicago
GREENWOOD, ILA E. .................. 836 Wellington, Chicago
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MOERKE, ANNA ............ 1900 W. Polk St., Chicago
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MORLEY, MARY L. ............... 302 S. Ashland, Chicago
MORSE, ALICE M. ............... Children’s Memorial Hospital, Chicago
MOTHER MAGDALENE ............... St. John’s Hospital, Springfield
MOTTI, DOROTHY ............. 612 S. Morris Ave., Bloomington
MURANO, FRANCES A. ............ 4917 Drummond Place, Chicago
MURRAY, ELIZABETH G. .......... 2816 Ellis Ave., Chicago
MYERS, MRS. LYDIA C.* ............ 200 S. Wolcott Ave., Chicago
MYERS, TRESSIE V.* ............ 2816 Ellis Ave., Chicago
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NELSON, CARRIE ............. 212 Pennsylvania St., Peoria
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NELSON, SELMA E. .............. 2819 N. Sacramento, Chicago
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NYDEN, EDITH L. ............. 7551 Merrill Ave., Chicago
ODELL, ELIZABETH W.* ........... 2650 Ridge Ave., Evanston
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THOMPSON, RUTH E. .......... Rockford Hospital, Rockford
THORNTON, MARY J. .......... 1138 N. Leavitt, Chicago
TITTMAN, ANNA L. .......... 8 S. Michigan Ave., Chicago
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td><strong>TOBINS, LENORE</strong></td>
<td>11321 Wentworth Ave., Chicago</td>
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<tr>
<td><strong>TRAVIS, HETTIE B.</strong></td>
<td>1600 W. Maypole, Chicago</td>
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<tr>
<td><strong>TROUPE, KATHERINE E.</strong></td>
<td>Lake View Hospital, Danville</td>
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<tr>
<td><strong>TRUTTER, ANNA G.</strong></td>
<td>820 E. Converse, Springfield</td>
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<tr>
<td><strong>TRYON, SUSAN M.</strong></td>
<td>2816 Ellis Ave., Chicago</td>
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<tr>
<td><strong>TUPPER, JESSIE S.</strong></td>
<td>129 N. Oak St., Hinsdale</td>
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<tr>
<td><strong>TURNER, MRS. MADELINE P.</strong></td>
<td>4838 Lexington St., Chicago</td>
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<tr>
<td><strong>TURNER, NORENE E.</strong></td>
<td>2816 Ellis Ave., Chicago</td>
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<tr>
<td><strong>UPDYKE, MRS. MADOLIN R.</strong></td>
<td>5724 Drexel, Chicago</td>
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<tr>
<td><strong>VAN DE STEEG, EVELYN</strong></td>
<td>St. Luke’s Hospital, Chicago</td>
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<td><strong>VAN HORN, ELLA M.</strong></td>
<td>1750 Congress St., Chicago</td>
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<td><strong>VAN SCHIOCK, MILDRED</strong></td>
<td>1441 E. 60 St., Chicago</td>
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<td><strong>VAUGHN, FLORENCE K.</strong></td>
<td>2816 Ellis Ave., Chicago</td>
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<td><strong>VINCENT, MARY O.</strong></td>
<td>5609 Maryland Ave., Chicago</td>
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<td><strong>VOGEL, IRMA</strong></td>
<td>2816 Ellis Ave., Chicago</td>
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<td><strong>WALDERBACH, HELENA M.</strong></td>
<td>4950 Thomas St., Chicago</td>
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<td><strong>WALSH, MILDRED K.</strong></td>
<td>5738 Drexel Blvd., Chicago</td>
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<td><strong>WARD, DAISY M.</strong></td>
<td>6020 S. Drexel Ave., Chicago</td>
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<td><strong>WATSON, MARY L.</strong></td>
<td>1750 W. Congress, Chicago</td>
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<tr>
<td><strong>WEBER, KATHERINE</strong></td>
<td>Olney Sanitarium, Olney</td>
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<td><strong>WEBER, MINNIE R.</strong></td>
<td>610 E. Main St., Olney</td>
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<tr>
<td><strong>WEBEL, ESTHER L.</strong></td>
<td>Copley Hospital, Aurora</td>
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<tr>
<td><strong>WESTPHAL, MARY E.</strong></td>
<td>104 S. Michigan Ave., Chicago</td>
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<td><strong>WHAM, ROSEMARY</strong></td>
<td>7214 Cornell, Chicago</td>
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<td><strong>WHITFORD, MRS. MAE L.</strong></td>
<td>427 Jefferson Bldg., Peoria</td>
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<td><strong>WICKMAN, ESTHER M.</strong></td>
<td>2816 Ellis Ave., Chicago</td>
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<td><strong>WIDMER, ESTHER M.</strong></td>
<td>2442 Warren Blvd., Chicago</td>
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<tr>
<td><strong>WILKIE, JUANITA</strong></td>
<td>915 N. East St., Bloomington</td>
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<tr>
<td><strong>WILL, G. ELSIE</strong></td>
<td>6139 Kenwood Ave., Chicago</td>
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<tr>
<td><strong>WILLENBORG, ANNA</strong></td>
<td>18 E. Division St., Chicago</td>
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<tr>
<td><strong>WILLIAMS, MARY L.</strong></td>
<td>834 Wellington, Chicago</td>
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<tr>
<td><strong>WILLIAMS, NAOMA L.</strong></td>
<td>Sherman Hospital, Elgin</td>
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<td><strong>WILSON, HELEN</strong></td>
<td>710 Fullerton Ave., Chicago</td>
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<td><strong>WILSON, HELEN A.</strong></td>
<td>6029 Woodlawn, Chicago</td>
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<tr>
<td><strong>WINDBERG, DAGMAR</strong></td>
<td>1900 W. Polk St., Chicago</td>
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<tr>
<td><strong>WINE, LAURA M.</strong></td>
<td>3420 W. Van Buren St., Chicago</td>
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<td><strong>WINSOR, CLARA J.</strong></td>
<td>7531 Stoney Island Ave., Chicago</td>
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<tr>
<td><strong>WIPEL, ELIZABETH C.</strong></td>
<td>551 Grant Pl., Chicago</td>
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<tr>
<td><strong>WITZ, WINIFRED W.</strong></td>
<td>2816 Ellis Ave., Chicago</td>
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<tr>
<td><strong>WOODBURY, EDNA L.</strong></td>
<td>959 E. 62 St., Chicago</td>
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<tr>
<td><strong>WUBBENA, ELLA</strong></td>
<td>830 N. LaSalle St., Chicago</td>
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<tr>
<td><strong>WUK, EVELYN D.</strong></td>
<td>120 N. Oak St., Hinsdale</td>
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<tr>
<td><strong>YOUNG, HELEN E.</strong></td>
<td>2211 N. Oak Park Ave., Chicago</td>
</tr>
<tr>
<td><strong>ZANGMEISTER, MATHILDA A.</strong></td>
<td>1900 W. Polk St., Chicago</td>
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</tbody>
</table>

**INDIANA—107**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td><strong>ABBOTT, JOY</strong></td>
<td>1812 N. Capitol, Indianapolis</td>
</tr>
<tr>
<td><strong>ANDERSON, ELLEN M</strong></td>
<td>Methodist Hospital, Indianapolis</td>
</tr>
<tr>
<td><strong>ARMAND, BEULAH</strong></td>
<td>Methodist Hospital, Indianapolis</td>
</tr>
<tr>
<td><strong>BALES, ESTA</strong></td>
<td>City Hospital, Indianapolis</td>
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<tr>
<td><strong>BANTA, HELEN</strong></td>
<td>Methodist Hospital, Indianapolis</td>
</tr>
<tr>
<td><strong>BEERSDORFER, HELEN M.</strong></td>
<td>St. Joseph Hospital, Fort Wayne</td>
</tr>
<tr>
<td><strong>BILTZ, MARIAN</strong></td>
<td>St. Margaret's Hospital, Hammond</td>
</tr>
<tr>
<td><strong>BISCHOFF, PAULINE G.</strong></td>
<td>Lutheran Hospital, Fort Wayne</td>
</tr>
<tr>
<td><strong>BOAL, MARGARET I.</strong></td>
<td>Ball Memorial Hospital, Muncie</td>
</tr>
</tbody>
</table>

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BRAKE, MARY G. 119 E. 19 St., Indianapolis
BROUGHTON, HELEN L. 205 Perrin Ave., Lafayette
BURROW, FLORIDA E.* Roehne Tuberculosis Hospital, Evansville
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Willis, Ethel G. ...Good Samaritan Hospital, Vincennes
Winkler, Marie T. ...2521 Carrollton Ave., Indianapolis

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JENSEN, CHRISTINE Iowa Lutheran Hospital, Des Moines
JONES, MARIE 1315 Seventh St., Des Moines
KAMPMEIER, BERTHA E. Westlawn, Iowa City
KENYON, MABEL 1117 Pleasant St., Des Moines
KUSTER, EMMA 1117 Pleasant St., Des Moines
LINDSAY, LOLA Westlawn, Iowa City
LAUFMAN, MRS. SARAH S. Jennie Edmundson Hospital, Council Bluffs
LEIENDECKER, MARY W. St. Luke’s Hospital, Davenport
LINDGREN, LILLIAN A. Iowa Lutheran Hospital, Des Moines
MAHONEY, MARIE Mercy Hospital, Iowa City
MARBLE, MAUREEN University Hospital, Iowa City
MCGURK, BLANCHE C. Westlawn, Iowa City
MORRISON, E. LUella 2205 Court Pl., Sioux City
NEUZIL, ROSE Mercy Hospital, Iowa City
O’HARA, MARY L. Westlawn, Iowa City
OLSON, ELLEN M. Methodist Hospital, Sioux City
OSTERLUND, NELLIE * Iowa Lutheran Hospital, Des Moines
PETERS, SARAH A. St. Luke’s Methodist Hospital, Cedar Rapids
PHELAN, MAGGIE Mercy Hospital, Des Moines
PRENTICE, DAISY 211 28 St., Des Moines
RAPER, LILLIAN Westlawn, Iowa City
REINHART, EDITH Jane Lamb Memorial Hospital, Clinton
ROEMER, CATHERINE E. 406 Center St., Des Moines
SAGE, VERA M. Room 17, State House, Des Moines
MEMBERS

SCHLAPPER, EMMA ............... Jane Lamb Memorial Hospital, Clinton
SCHMITT, ALICE D. ............. St. Joseph's Hospital, Sioux City
SEBELIEN, BERNICE M. ........ St. Luke's Hospital, Davenport
SEEGMILLER, FRANCES E. ....... 1117 Pleasant St., Des Moines
SEIBERT, JEANNETTE A. ........ 1117 Pleasant St., Des Moines
SISTER ERNA SCHWEER ** ....... Evangelical Deaconess Hospital, Marshalltown
SISTER MARIE ELIZABETH HOPP .... Evangelical Deaconess Hospital, Marshalltown
SISTER MARIE WOZESCHKE ......... Evangelical Deaconess Hospital, Marshalltown
SISTER MARY ANASTASIA KENNEDY ... St. Joseph's Mercy Hospital, Fort Dodge
SISTER MARY ANNUNCIATA NOONAN .... Mercy Hospital, Marshalltown
SISTER M. ANTOINETTE .......... Mercy Hospital, Council Bluffs
SISTER MARY CAMILLUS ........... Mercy Hospital, Council Bluffs
SISTER MARY CLEOPHAE .......... St. Joseph's Hospital, Kecokuk
SISTER MARY CONCEPTA MULLINS .... Mercy Hospital, Des Moines
SISTER MARY DOROTHY ........... St. Joseph Mercy Hospital, Mason City
SISTER MARY ELEANOR BRUNER .... St. Joseph Mercy Hospital, Clinton
SISTER MARY ETHELREDA ** ....... Mercy Hospital, Cedar Rapids
SISTER M. GERALDINE GLEASON .... Mercy Hospital, Des Moines
SISTER M. HELEN MACKENZIE ....... Mercy Hospital, Des Moines
SISTER MARY IMMACULATA ** ....... St. Joseph's Mercy Hospital, Dubuque
SISTER MARY LAURDES LAWLER .... St. Joseph Mercy Hospital, Mason City
SISTER MARY MAGDALENE ........... Mercy Hospital, Iowa City
SISTER M. MARTINA .............. Mercy Hospital, Council Bluffs
SISTER MARY MAURA ............. Mt. Mercy Junior College, Cedar Rapids
SISTER MARY OLIVIA ROCKFORD .... St. Joseph's Mercy Hospital, Dubuque
SISTER M. PETRONILLA ............ Mount St. Agnes, Dubuque
SISTER MARY 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 STANISLAUS CAREY ... St. Joseph's Mercy Hospital, Sioux City
SISTER MARY STELLA LILLIE ....... St. Bernard's Hospital, Council Bluffs
SISTER M. THOMAS PHelan ........... Mercy Hospital, Burlington
SISTER MARY VICTOR ............. Mercy Hospital, Cedar Rapids
SQUIRES, ESTHER M. ............ Community Hospital, Grinnell
SNELL, EFFIE .................... Iowa Lutheran Hospital, Des Moines
STOHL, AMANDA ................... 1117 Pleasant St., Des Moines
WEBER, FLORA C. ................ Children's Hospital, Iowa City
WENZEL, KATHRYN E. ............ St. Joseph Mercy Hospital, Mason City
WESSLUND, FLORENCE H.** ....... 1117 Pleasant St., 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—44

COLLINS, EVALYNIE M. .......... St. Margaret's Hospital, Kansas City
COOK, MERLE A. ............... 1606 W. 39 St., Kansas City
COOPER, FRANCES .............. Newman Hospital, Emporia
COX, MINNIE .................... McPherson County Hospital, McPherson
ELLIS, MRS. CHARLOTTE L. ... University of Kansas Hospital, Kansas City
ERICKSON, ISABEL L. .......... Menninger Sanitarium, Topeka
FERGUSON, MRS. RUTH H. ...... University of Kansas Hospital, Kansas City
FORSBURY, ESTHER .......... Grace Hospital, Hutchinson
FRITZEMEIER, MARTHA H. ......... Grace Hospital, Hutchinson
FROEHlke, HENRIETTA **  University of Kansas Hospital, Kansas City
GILLIES, KARLEEN M.  Newman Memorial Hospital, Emporia
HARTUNG, ELDA M.  University of Kansas Hospital, Kansas City
HARMON, GLADYS C.  Wm. Newton Memorial Hospital, Winfield
HASTINGS, ETHEL L.  Bethany Hospital, Kansas City
HERNDON, MABEL D.  Asbury Protestant Hospital, Salina
KERN, ROSella M.  Wesley Hospital, Wichita
KESSLER, AURELIA E.**  Saint Francis Hospital, Topeka
KREIBIHEL, MARIE M.  Bethany Hospital, Kansas City
LANDIS, MAUDE  345 Main St., Lawrence
LANGDON, ILENE  Providence Hospital, Kansas City
LAW, IRMA  Wesley Hospital, Wichita
LEACH, S. CATHERINE  University of Kansas Hospital, Kansas City
LEASURE, ZILLAH  Wesley Hospital, Wichita
MARTIN, WILLIMINA P.  Extension Division, K. S. A. C., Manhattan
MILLER, CORA A.  817 State St., Emporia
MIMAK, HARRIET  Grace Hospital, Hutchinson
PATTERSON, SARAH A.  University of Kansas Hospital, Kansas City
SANDERSON, MARJORIE E.  Bethany Hospital, Kansas City
SAYRE, M. ALICIA  Bethany Hospital, Kansas City
SISTER JOHN MARIE PITHOUD  St. Mary College, Leavenworth
SISTER LENA MAE SMITH  Bethel Deaconess Hospital, Newton
SISTER M. EDITH BERTRAM  St. Francis Hospital, Wichita
SISTER M. EULALIA STADLMANN  928 N. Emporia, Wichita
SISTER MARY FIDELIS STENGER  323 E. Fifth St., Concordia
SISTER MARY GEORGE WANSTRALTE 18 and Barnett Sts., Kansas City
SISTER M. GONZAGA BETZEN  St. Francis Hospital, Wichita
SISTER M. HILDEGARDIS  St. Margaret Hospital, Kansas City
SISTER ROSE VICTOR **  St. Mary’s College, Leavenworth
SISTER THEODOSIA HARMS  Bethel Deaconess Hospital, Newton
SISTER M. WINIFRED SHEEHAN  St. Anthony’s Hospital, Dodge City
SMITH, ZELMA I.  Susan B. Allen Memorial Hospital, El Dorado
THOMAS, FLORENCE  Cushing Memorial Hospital, Leavenworth
WORLAND, JULIA  St. John’s Hospital, Leavenworth
WORMER, MRS. WAYNE  Cushing Hospital, Leavenworth

KENTUCKY—49

APPLEGATE, MRS. MYRTLE C.  Henry Clay Hotel, Louisville
BLACKBURN, HENRIETTA *  St. Charles Apt., Louisville
BRECKINRIDGE, MRS. MARY  Wendover, Leslie County
CARROLL, RHODA K.  Pattie A. Clay Hospital, Richmond
DITTO, BEATRICE H.  1378 S. Third St., Louisville
EAST, MARGARET L.  State Dept. of Health, Third St., Louisville
EVERLAGE, DOROTHY  St. Joseph Hospital, Lexington
FREY, MARY W.  Speers Memorial Hospital, Dayton
GIPSON, ELIZABETH G.  Norton Infirmary, Louisville
GREATHOUSE, JESSIE  Shriners’ Hospital, Lexington
GRIFFITH, LOIS *  127 E. Gray St., Louisville
HARE, MRS. NANNIE A.  Berea College Hospital, Berea
HAYES, LULA *  2815 Fairview St., Louisville
HENNINGER, EDNA  City Hospital, Louisville
INNESS, FLORENCE  331 E. Gray St., Louisville
JACOBS, CLARA F.*  City Hospital, Louisville
LUNTZEL, CLARA M.*  2505 Concord Dr., Louisville
MASON, DR. ORA K.  Wm. Mason Memorial Hospital, Murray
MEMBERS

McDONALD, BETTIE W. ..................... Public Health Nursing Asso., Louisville
MC COLLUM, RUTH K. ** ..................... Berea College Hospital, Berea
MCKEAN, KATHERINE I ..................... Deaconess Hospital, Louisville
MERRIFIELD, RUTH R ..................... Deaconess Hospital, Louisville
MILLER, GAY * ..................... 331 E. Gray St., Louisville
MURPHY, HONOR ..................... Henry Clay Hotel, Louisville
OSENWARDE, MARTHA E ..................... Kentucky Baptist Hospital, Louisville
OWEN, MARGARET E.* ..................... 635 S. Floyd St., Louisville
POTTINGER, LOUIE ..................... Good Samaritan Hospital, Lexington
PURCELL, LILLIAN M ..................... Massie Memorial Hospital, Paris
RAY, HARRIET * ..................... 525 Second St., Louisville
RYLE, JESSICA ..................... St. Elizabeth Hospital, Covington
SANDERS, MARY R ..................... Deaconess Hospital, Louisville
SISTER AGNES MIRIAM PAYNE ..................... Sts. Mary and Elizabeth Hospital, Louisville
SISTER BEATRIX ..................... St. Elizabeth Hospital, Covington
SISTER BRIDGET ..................... Sts. Mary and Elizabeth Hospital, Louisville
SISTER MARGARET TERESA ..................... St. Joseph's Hospital, Lexington
SISTER MARY BENIGNA ..................... St. Joseph's Hospital, Lexington
SISTER MARY CORinne ..................... St. Joseph's Infirmary, Louisville
SISTER M. LEONIS ..................... St. Anthony Hospital, Louisville
SISTER MARY PIUS BOONE ..................... Sts. Mary and Elizabeth Hospital, Louisville
SISTER MIRIAM PATRICIA MOYNIHAN ........ St. Joseph's Infirmary, Louisville
STAPLETON, MRS. EMMA W. ..................... Speers Memorial Hospital, Dayton
STEINHAUSER, ANNA M. ..................... Speers Memorial Hospital, Dayton
STONE, MRS. VESTA P.* ..................... Norton Memorial Hospital, Louisville
STRUSS, RUTH E.* ..................... Deaconess Hospital, Louisville
TUCKER, CARRIE ..................... 112 N. Hite Ave., Louisville
VINCENT, HELEN ..................... Kentucky Baptist Hospital, Louisville
WOODS, CARRIE M.** ..................... City Hospital, Louisville
YORK, RUTH U.* ..................... 4515 S. First St., Louisville
YOUNG, JANCY * ..................... 115 E. Gray St., Louisville

†LOUISIANA—89

ADKINS, J. ELOISE ..................... 1240 Texas Ave., Shreveport
ARSENAULT, L. PHILIP * ..................... Charity Hospital, New Orleans
BAAR, IDA C ..................... Touro Infirmary, New Orleans
BERNARD, LAURENCE ..................... Franklin
BOUSSARD, EUNICE ..................... Touro Infirmary, New Orleans
BROWN, HELEN R ..................... 1224 Seventh St., New Orleans
BUSSEY, MARGARET ..................... Baptist Hospital, New Orleans
CARTER, MELBA ..................... 8133 Spruce St., New Orleans
CAZES, ISABELLE M.* ..................... 134 N. Lopez St., New Orleans
CLAUNCH, MARIE R ..................... 2733 Virginia Ave., Shreveport
DANSEAU, MARCELLE E ..................... P. O. Box 1714, Alexandria
DELAUNE, VIVIAN A ..................... 313 Civil Courts Bldg., New Orleans
DICKEY, GLADYS ..................... Touro Infirmary, New Orleans
DISCON, ANITA I ..................... 4226 Vincennes Place, 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
HALPERT, MRS. PRISCILLA W. .... 431 Millaudon St., New Orleans
HOLLINGSWORTH, MRS. NELLA A. Southern Baptist Hospital, New Orleans
INGRAM, RUTH .................. Touro Infirmary, New Orleans
JANVIER, CELESTE .............. Route 1, Box 1, Algiers
KOENIG, MARY E. ............... Charity Hospital, New Orleans
LINDAUER, MRS. ROSEBUD H. 7912 Sycomore St., New Orleans
MATHER, HARRIET L.*** ......... Southern Baptist Hospital, New Orleans
MAURIN, EMMA .................. 313 Civil Courts Bldg., New Orleans
MCALLUM, MARGARET A. ....... U. S. Marine Hospital, New Orleans
MORRIS, CARRIE P. .......... 2700 Napoleon Ave., New Orleans
NEWBILL, MRS. KATHERINE W. 716 Voisin St., New Orleans
NEWMAN, MRS. J. M. ......... Shreveport Charity Hospital, Shreveport
NORMAN, ELSIE .............. 2727 Virginia Ave., Shreveport
PAETZNICK, MARGUERITE ...... Charity Hospital, New Orleans
PEARCE, DONNA ................. U. S. Marine Hospital, New Orleans
PERRODIN, CECILIA M. ...... Bienville Hotel, New Orleans
PETERS, GENEVA A. .......... North Louisiana Sanitarium, Shreveport
PIEKARSKI, LEONA .......... Touro Infirmary, New Orleans
POTTETE, LUCILLE .......... 2727 Virginia Ave., Shreveport
PRICE, IDA G. ............. North Louisiana Sanitarium, Shreveport
PRICE, MARGARET A. ......... 4502 Prytania St., New Orleans
ROBICHAUX, EMERANTE A. .... Charity Hospital, New Orleans
ROGERS, HELEN L. .......... 2600 Greenwood Ave., Shreveport
SEAMAN, HESTER M. ...... 905 Fourth St., Gretna
SISTER AGNES MARIE FITZSIMONS Our Lady 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 GREGORY PFANN ....... Hotel Dieu, New Orleans
SISTER HENRIETTA DEDISSE .... Our Lady of the Lake Sanitarium, Baton Rouge
SISTER HENRIETTA GUYOT ** .... Charity Hospital, New Orleans
SISTER FLORENCE MEANS .... Charity Hospital, Lafayette
SISTER IGNATIA O'NEILL ...... Charity Hospital, New Orleans
SISTER JANE FRANCIS BAY .... Charity Hospital, New Orleans
SISTER MARIE AUBERGE YOUNGE .. St. Francis Sanitarium, Monroe
SISTER MARIE MAGDALENE LEMOINE Our Lady of the Lake Sanitarium, Baton Rouge
SISTER MARIE DE NAZARETH MCGINNSt. Francis Sanitarium, Monroe
SISTER MARIE BRENDAN DONEGAN St. Francis Sanitarium, Monroe
SISTER MARIE DE LIGOURI LAWTON St. Francis Sanitarium, Monroe
SISTER MARY ANGELE VERNE .... Our Lady of the Lake Sanitarium, Baton Rouge
SISTER MARY BONIFACE KEMP ... U. S. Marine Hospital, Carville
SISTER MARY EUGENE PURCELL . 941 Margaret Pl., Shreveport
SISTER MARY EDELMA DONOVAN .. Schumpert Sanitarium, Shreveport
SISTER MARY GERTRUDE HENNESSY 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 Memorial Sanitarium, Shreveport
SISTER PATRICE MURPHY .......... Charity Hospital, New Orleans
SISTER ROBERTA DEGNAN ....... Hotel Dieu, New Orleans
SISTER ST. MICHAEL O' Shea .... Our Lady of the Lake Sanitarium, Baton Rouge
SISTER ST. PATRICK COMERFORD St. Francis Sanitarium, Monroe
SISTER SCHOLASTICA ATZEL .... 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 SCHIESSWOHL ............ U. S. Marine Hospital, Carville
SMITH, MRS. ANNIE L. ................. St. Francis Sanitarium, Monroe
SOURS, MARY V. ....................... 3500 Prytania St., New Orleans
STEINBERG, LORETTA M. ............... North Louisiana Sanitarium, Shreveport
STUART, MARY J. ....................... Charity Hospital, New Orleans
SUTCLIFF, ELIZABETH ................. Touro Infirmary, New Orleans
TEBO, JULIE C.** ....................... 508 Pere Marquette Bldg., New Orleans
VALENTINE, ELsie M. .................. Shreveport Charity Hospital, Shreveport
VAN LEW, AVIS M. ..................... 3500 Prytania St., New Orleans
VIGUS, MARIE .......................... Highland Sanitarium, Shreveport

‡MAINE—26

ANDERSON, MRS. THERESA A. ........ State Trust Bldg., Augusta
BAILEY, HARRIET ...................... 28 Grant St., Bangor
BRYANT, MARGARET A. ................. 489 State St., Bangor
CAMPBELL, ELEANOR F. ............... 79 Bramhall St., Portland
CLELAND, R. HELEN .................. Dennysville
Daly, ELLEN C. ....................... 2 Maple St., Rockland
FENLASON, ELIZABETH M. ............ Central Maine General Hospital, Lewiston
GOODWIN, HELEN ..................... Rumford Community Hospital, Rumford
HILTON, ISABEL V. .................... Central Maine General Hospital, Lewiston
HUGGINS, HAZEL M.* .................. Central Maine General Hospital, Lewiston
KILLERAN, ORPHA V. .................. Central Maine General Hospital, Lewiston
LEMAIRES, MILDRED I.* ............... Central Maine General Hospital, Lewiston
LOWD, BEATRICE A. ................... Central Maine Sanitarium, Fairfield
McBURNLEY, FLORENCE M. .......... Rumford Community Hospital, Rumford
MEISNER, MARJORIE B. ............... 489 State St., Bangor
MOODY, MRS. MARY Y. ................. 336 Summit St., Portland
ORT, LOUISE M. ....................... 18 South St., Houlton
OSBORNE, MARY R. .................... 22 Arsenal St., Portland
PALMER, E. FRANCES .................. 489 State St., Bangor
SHARPE, FLORENCE I. ................. Presque Isle General Hospital, Presque Isle
STANTON, PRUDENCE L.* ............. 7 Highland Ave., Mechanic Falls
SISTER VINCENT CARRIGAN .......... Sisters Hospital, Waterville
WHITE, MERCEDES E. ................ Cary Memorial Hospital, Caribou
WING, LUCILLE ....................... Franklin St., Rumford
YOUNG, KATHLEEN F.** ............... Eastern Maine General Hospital, Bangor
ZWISLER, IRENE L. .................... Central Maine General Hospital, Lewiston

‡MARYLAND—154

ADAMSON, JANE C. ..................... 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, ESTELLE C. ................. Elkridge, Howard County
BARNETT, JOSEPHINE * ............... Johns Hopkins Hospital, Baltimore
BELVYA, MARGARET S. ................. Sheppard and Enoch Pratt Hospital, Towson
BENEDETTO, ISOLA M. ................. Union Memorial Hospital, Baltimore
BESTUL, HARRIET R.* ................. 624 N. Broadway, Baltimore
BETZOLD, K. VIRGINIA ................. Johns Hopkins Hospital, Baltimore
BOWERSOX, ELIZABETH M. ............ 1415 Park Ave., Baltimore
BOWLING, ADA G.* .................... 620 W. Lombard St., Baltimore
BRANLEY, FRANCES M. ............... St. Joseph’s Hospital, Baltimore
CANNON, MRS. CAMSADEL S. .......... 2635 St. Paul St., Baltimore
CASHELL, NELLIE T. .......... Union Memorial Hospital, Baltimore
CHANLEY, YOLANDA W. .......... University Hospital, Baltimore
CLIFT, MRS. MARION S.* .......... Johns Hopkins Hospital, Baltimore
CONNOR, MARY C. .......... Montgomery County Health Dept., Rockville
COX, MARIE O. .......... University Hospital, Baltimore
CREUTZBORG, FRED A. .......... Church Home and Infirmary, Baltimore
DE COURCY, ROSE .......... Adult Tuberculosis Sanatorium, Glenn Dale
DE LA WTER, MARGARET * .......... University Hospital, Baltimore
DOETSCHE, AGNES J. .......... 14 Merymount Road, Baltimore
DOOLEY, MYRTLE .......... Baltimore City Hospital, Baltimore
DORSEY, DEBORAH * .......... 1413 Park Ave., Baltimore
DURRANT, CONSTANCE S. .......... Church Home and Infirmary, Baltimore
ELLIOTT, MARGARET .......... Church Home and Infirmary, Baltimore
EVANS, IRENE * .......... South Baltimore General Hospital, Baltimore
EWALD, ELIZABETH .......... Washington County Hospital, Hagerstown
FISCHER, CHARLOTTE M. .......... 3133 Lawnview Ave., Baltimore
FOX, MARIAN F.* .......... 624 N. Broadway, Baltimore
FOSTER, MARGARET W.* .......... 620 W. Lombard St., Baltimore
FRAZIER, LOUISE B. .......... Sinai Hospital, Baltimore
FREDERICK, HESTER K. .......... Johns Hopkins Hospital, 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
GIERTON, GLADYS * .......... 829 University Pkwy., Baltimore
GOULD, ELIZABETH H.* .......... 624 N. Broadway, Baltimore
GREENLEAF, ELIZABETH .......... Peninsula General Hospital, Salisbury
GRIFFITH, MARY I.* .......... Union Memorial Hospital, Baltimore
HAHN, ANNE M. .......... Johns Hopkins Hospital, Baltimore
HANSON, HAZEL .......... Sinai Hospital, Baltimore
HARMAN, LILLY .......... 1001 St. Paul St., Baltimore
HARTWELL, SARA M. .......... 4940 Eastern Ave., Baltimore
HAY, MABEL N. .......... Johns Hopkins Hospital, Baltimore
HELLER, EMILY B.* .......... Sinai Hospital, Baltimore
HELMS, MARGUERITE * .......... Sinai Hospital, Baltimore
HENSHAW, MARGARET A. .......... Frederick City Hospital, Frederick
HERMAN, CATHERINE J.* .......... Marine Hospital, Baltimore
HILDEBRANDT, MARY A. .......... Baltimore City Hospital, Baltimore
Hoffman, Bertha .......... University Hospital, Baltimore
Hoffman, Harline W. .......... 3715 Norton Rd., Baltimore
HOKE, LILLIE R. .......... University Hospital, Baltimore
HUDSON, METTA I. .......... Washington Sanitarium and Hospital, Takoma Park
JUDIK, MRS. ALTA E. .......... 4 E. 32 St., Baltimore
KEEPER, BERNICE L.* .......... 1125 N. Charles St., Baltimore
KENDALL, JESSIE .......... 120 N. Broadway, Baltimore
KENNEDY, LOUISA E. .......... Johns Hopkins Hospital, Baltimore
KOLB, LOUISA .......... Johns Hopkins Hospital, Baltimore
KOTTCAMP, DOROTHY G.* .......... Johns Hopkins Hospital, Baltimore
KREISINGER, FRANCES .......... West Baltimore General Hospital, Baltimore
KRUG, MRS. ELSIE G. .......... Franklin Square Hospital, Baltimore
KUHLMAN, AGNES * .......... Baltimore City Hospital, Baltimore
LAIB, MRS. JANE N. .......... 3523 Wabash Ave., Baltimore
LAWLER, E. M.* .......... Johns Hopkins Hospital, Baltimore
LAYFIELD, MRS. VIRGINIA B. .......... University Hospital, Baltimore
LEVERING, NELLIE * 1413 Park Ave., Baltimore
LINDSAY, GRACE E. 620 W. Lombard St., Baltimore
LIZER, JULIA R. Church Home and Infirmary, Baltimore
LONG, LILLIAN 4940 Eastern Ave., Baltimore
LONIS, BEATRICE E. Washington County Hospital, Hagerstown
LOUGH, ZONA L. 4940 Eastern Ave., Baltimore
LUDWIG, RUTH B. South 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
McDANIEL, LILLIAN K. 1601 Bolton St., Baltimore
MILLER, MARY E.* 1413 Park Ave., Baltimore
MORRISON, GRACE Church Home and Infirmary, Baltimore
MOWBRAY, M. RUTH Maryland General Hospital, Baltimore
MULLIN, BERNADETTE A. Johns Hopkins Hospital, Baltimore
MUNCH, EDITH 2721 Fenwick Ave., Baltimore
NASH, JANE E. Church Home and Infirmary, Baltimore
NELSON, KATHERINE R. Johns Hopkins Hospital, Baltimore
NEWBERRY, WINIFRED 1923 Monument St., Baltimore
NORTHAM, ETHEL Hospital for Women of Maryland, Baltimore
NULL, ETHEL L.* Baltimore City Hospital, Baltimore
PACKER, MRS. SOPHIE B. Johns Hopkins Hospital, Baltimore
PIKE, EMMA M.* Baltimore City Hospital, Baltimore
POPE, IRENE G. 3301 N. Calvert St., Baltimore
POWELL, MRS. BLANCHE G. 1217 Cathedral St., Baltimore
PRUETT, VIRGINIA C. Kernan Hospital, Hillsdale
RAQUET, VIOLET M.* 2026 Park Ave., Baltimore
REDDING, NANCY D. 1413 Park Ave., Baltimore
REYNOLDS, INA B. Union Memorial Hospital, Baltimore
RIFLE, MARGARET M. University Hospital, Baltimore
RUNION, HARRIET * Johns Hopkins Hospital, Baltimore
SAGE, LOUISE Sinai Hospital, Baltimore
SCHAEFFER, CATHERINE B. 1413 Park Ave., Baltimore
SCHAU, MRS. ELIZABETH C. Glenn Dale Sanitarium, Glenn Dale
SCHNEIDER, DOROTHY * 1413 Park Ave., Baltimore
SCHUTZ, BARBARA * Johns Hopkins Hospital, Baltimore
SHAFFER, CHARLOTTE E.* University Hospital, Baltimore
SHEARSTON, HELEN E. 4940 Eastern Ave., Baltimore
SHERMAN, MARGARET C. University Hospital, Baltimore
SHERRILL, FREELOVE * 620 W. Lombard St., Baltimore
SHERWOOD, ELIZABETH W. Johns Hopkins Hospital, Baltimore
SHIPLEY, ANGELA M. 4106 Ridgewood Ave., Baltimore
SHOUP, MARGARET E. South Baltimore General Hospital, Baltimore
SISTER AGATHA KIRCHMIER 6420 Reisterstown Rd., Baltimore
SISTER ANNE JOSEPH St. Agnes Hospital, Baltimore
SISTER MARY EDMUND O’NEIL Allegany County Hospital, Cumberland
SISTER MARY HELEN RYAN Mercy Villa, Govans
SISTER M. HILDEGARD HOLBEIN Mercy Hospital, Baltimore
SISTER MARY JOSEPH SMITH Mercy Hospital, Baltimore
SISTER M. MILLRED KENNY Mercy Hospital, Baltimore
SISTER MARY VERONICA DAILY Mercy Hospital, Baltimore
SISTER PIERRE CASEY 6420 Reisterstown Rd., Baltimore
SLICK, JANE I. University Hospital, Baltimore
SMITH, LOUISE C.* 620 W. Lombard St., Baltimore
SMITH, MARGARET E.* University Hospital, Baltimore
Crabbe, Faye .......................... Newton Hospital, Newton Lower Falls
Cross, Marjorie ........................ New England Hospital for Women and Children, Boston
Curley, Helen C. ....................... 275 Beacon St., Boston
Curran, Anna F.* ...................... New England Hospital for Women and Children, Boston
Curtis, Miriam ......................... Cooley Dickinson Hospital, Northampton
Dacey, Marion I.* ..................... Worcester City Hospital, Worcester
Dalton, Alice R. ....................... 195 Pilgrim Rd., Boston
Damon, Mrs. Mildred P. ............... 195 Eliot St., Milton
Daly, Ruth ............................. New England Hospital for Women and Children, Boston
Daniel, Mrs. Elizabeth C. .......... Westboro State Hospital, Westboro
Davis, Edith J. ......................... Faulkner Hospital, Jamaica Plain
Davis, Marjorie B. .................... New England Deaconess Hospital, Boston
Decoster, Martha M.* ................ Quincy City Hospital, Quincy
Deveau, Grace C.* .................... 35 Queensbury St., Boston
Diamond, Elizabeth R.* ............. Worcester State Hospital, Worcester
Diamond, Margaret M. ............... Worcester State Hospital, Worcester
Dick, Katherine R.* ................. Worcester State Hospital, Worcester
Dieter, Margaret ** .................. Massachusetts Memorial Hospital, Boston
Doane, Edith H. ........................ Malden Hospital, Malden
Dolan, Margaret E. ................... Worcester State Hospital, Worcester
Duncan, Ann M. ....................... 249 River St., Mattapan
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Durgin, Mrs. Katherine .............. State Infirmary, Tewksbury
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Emery, Sara S.* ...................... Peter Bent Brigham Hospital, Boston
Ennis, Mildred C. ..................... Boston City Hospital, Boston
Ferris, Gretta M.* ................... Newton Hospital, Newton Lower Falls
Finlay, Daisy A. ...................... 10 Stoughton St., Boston
Fitzgerald, Helen E. ................ 74 Fenwood Rd., Boston
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Ford, Myrtle M. ....................... New England Baptist Hospital, Boston
French, Helen E.* ................... 32 Fruit St., Boston
Fuller, Myrtle L. .................... 10 Stoughton St., Boston
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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
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<td>Keiley, Artie S.</td>
<td>710 Massachusetts Ave., Boston</td>
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Mitchell, Ruth L. 538 Prospect St., Fall River
Moguin, Mrs. Alice M. Holyoke Hospital, Holyoke
Moleske, Alexandria R. Cambridge Hospital, Cambridge
Montgomery, Isabel E. 25 Evergreen St., Framingham
Morgan, Edith L. Choate Memorial Hospital, Woburn
Morgan, Evelyn G. Whidden Memorial Hospital Everett
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<td>O'BRIEN, GERTRUDE*</td>
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<td>PASKowitz, LENA R.</td>
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<td>PATTON, AUGUSTA **</td>
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<td>PERRY, ETHEL M.</td>
<td>101 Eliot Ave., West Newton</td>
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<td>PETERS, CLARISSA</td>
<td>Melrose Hospital, Melrose</td>
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<td>PETTEE, EVELYN H.</td>
<td>State Hospital, Worcester</td>
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<td>PHILLIPS, ANNIE E.</td>
<td>Leonard Morse Hospital, Natick</td>
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<td>PHILLIPS, DAISY</td>
<td>Charles Chotae Memorial Hospital, Woburn</td>
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<td>POTTER, HELEN O.</td>
<td>Quincy City Hospital, Quincy</td>
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<td>POTTS, LOUISE *</td>
<td>101 Page St., New Bedford</td>
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<td>READ, ESTHER H.</td>
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<td>REDFERN, HELEN L.</td>
<td>27 Ledyard Rd., Winchester</td>
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<td>REILLY, HELEN C.</td>
<td>Faulkner Hospital, Jamaica Plain</td>
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<td>RENDER, MRS. HELENA W.</td>
<td>Worcester State Hospital, Worcester</td>
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<td>REVILLE, LUCY P.*</td>
<td>330 Mt. Auburn St., Cambridge</td>
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<td>RICE, GWENDOLYN C.</td>
<td>Sturdy Memorial Hospital, Attleboro</td>
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<td>RUEL, EMMA A.</td>
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<td>RUTHERFORD, EUNICE A.*</td>
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<td>ST. JOHN, AGNES*</td>
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<td>SHORT, RUBY J.</td>
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<td>SISTER MARY ANGELICA</td>
<td>73 Vernon St., Worcester</td>
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SISTER MARY ANTHONY .................. 73 Vernon St., Worcester
SISTER MARY DIVINE INFANT ............. 233 Carew St., Springfield
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SIEBHERS, DOROTHY M. Butterworth Hospital, Grand Rapids
SINK, WINIFRED R. Hackley Hospital, Muskegon
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<td>Mt. Carmel Mercy Hospital, Detroit</td>
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<td>Providence Hospital, Detroit</td>
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<td>St. Joseph’s Mercy Hospital, Detroit</td>
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<td>SLATING, MARGARET L.*</td>
<td>3740 John R St., Detroit</td>
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<td>SMITH, ELEANOR B.</td>
<td>University of Michigan Hospital, Ann Arbor</td>
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<td>SMITH, MABEL E.**</td>
<td>200 Hollister Bldg., Lansing</td>
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<td>SMITH, PEARL E.</td>
<td>Grace Hospital, Detroit</td>
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<td>SPAULDING, GERTRUDE E.</td>
<td>Tecumseh Hospital, Tecumseh</td>
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<td>STAFFORD, EURAEDAN</td>
<td>Sparrow Hospital, Lansing</td>
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<td>STARK, MRS. HELEN</td>
<td>306 Rosewood, S. E., Grand Rapids</td>
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<td>STECKLEY, MARY E.*</td>
<td>1505 Delaware, Detroit</td>
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<td>STEIP, SARAH A.*</td>
<td>3245 E. Jefferson, Detroit</td>
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<td>STEPHEN, MARGARET</td>
<td>7470 Byron St., Detroit</td>
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<td>STEVENS, HELEN *</td>
<td>3245 E. Jefferson, Detroit</td>
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<td>STEVENSON, ELIZABETH</td>
<td>6465 Sterling Ave., Detroit</td>
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<td>STEVENSON, ERNESTINE E.</td>
<td>Herman Kiefer Hospital, Detroit</td>
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<td>STEWART, CLEO I.*</td>
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<tr>
<td>STEWART, MARGARET W.</td>
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<tr>
<td>STREDDWICK, DOROTHY A.*</td>
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<tr>
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<tr>
<td>SULLIVAN, COREL B.*</td>
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<td>SWEENEY, FRANCES *</td>
<td>Butterworth Hospital, Grand Rapids</td>
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<tr>
<td>SWEET, LEONE</td>
<td>Battle Creek Sanitarium and Hospital, Battle Creek</td>
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<tr>
<td>SYMINGTON, GRETHE</td>
<td>1465 Ferry Park Ave., Detroit</td>
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<td>SZYKULA, OLGA *</td>
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<tr>
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<td>Hanson, Violette A.</td>
<td>Children’s Hospital, St. Paul</td>
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<td>Hart, Lois O.*</td>
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SKANSE, CATHARINE ........................... Swedish Hospital, Minneapolis
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<td>FORD, VIRGINIA E.</td>
<td>216 S. Kingshighway, St. Louis</td>
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<td>FRAUENS, GRACE</td>
<td>403 Corby Bldg., St. Joseph</td>
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<td>GETZ, EMILY</td>
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<td>GILLMAN, MYRL *</td>
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<td>GLASS, MRS. CLAIRE J.</td>
<td>5300 Arsenal, St. Louis</td>
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<td>GREMP, BERNICE</td>
<td>416 S. Kingshighway, St. Louis</td>
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<td>GROTEFEND, MRS. MARY E.</td>
<td>Burge Hospital, Springfield</td>
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<td>GULMI, DILLIE R.</td>
<td>5400 Arsenal, St. Louis</td>
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<td>HANSON, R. ELEANOR</td>
<td>700 S. Kingshighway, St. Louis</td>
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<td>HARNIOIS, LUCILLE</td>
<td>903 Mitchell, St. Joseph</td>
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<td>HEADLER, LOIS *</td>
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<td>HILLIARD, MILDRED *</td>
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<td>HOBITZELLE, LUCY F.</td>
<td>416 S. Kingshighway, St. Louis</td>
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<td>HOCHULI, BERTHA</td>
<td>Boone County Hospital, Columbia</td>
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<td>HOLDER, MRS. DOLORES F.</td>
<td>2220 Holmes St., Kansas City</td>
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<td>HOLLIS, GRACE</td>
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<td>HOTCHKISS, BERNICE</td>
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<td>JOHN, ALFHELD M.</td>
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<td>JONES, ERNA J.</td>
<td>Trinity Hospital, Kansas City</td>
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<td>KACENA, BLANCHE</td>
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<td>KARSTENSEN, HUDAH A.</td>
<td>2646 Potomac St., St. Louis</td>
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<td>KERSTING, ANN M.</td>
<td>307 S. Euclid, St. Louis</td>
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<tr>
<td>KLEIN, CLARA</td>
<td>2646 Potomac St., St. Louis</td>
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<td>KINNEY, A. LOUISE</td>
<td>5840 Cabanne, St. Louis</td>
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</table>
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MONTANA—31

AXELAND, RUTH M.* . Bozeman Deaconess Hospital, Bozeman
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BEECHWOOD, ANNA T . St. Peter’s Hospital, Helena
BROWN, EDITH L . Capitol Bldg., Helena
BUCKLES, GERTRUDE . Billings Deaconess Hospital, Billings
BURNS, ZADA E . Billings Deaconess Hospital, Billings
CHERRY, MARY Y . Montana State Assoc. of Graduate Nurses, Butte
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LOWER, RUTH E . Montana Deaconess Hospital, Great Falls
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QUALLS, EDITH . Montana Deaconess Hospital, Great Falls
SHERRICK, ANNA P . Montana Deaconess Hospital, Great Falls
SHERWOOD, EVA A . Montana Deaconess Hospital, Great Falls
SISTER AGNES . St. Patrick’s Hospital, Missoula
SISTER FRANCES EDWARD BAUMAN . Idaho and Mercury, Butte
SISTER FRANCES MAUREEN . Columbus Hospital, Great Falls
SISTER MARY ALEXINE . St. James Hospital, Butte
SISTER MARY BASIL VOLLMER . St. Joseph’s Hospital, Deer Lodge
SISTER MARY FANAHAN CASEY . 320 S. Jorgan Ave., Miles City
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SISTER M. GERMAINE BERLINGER . Sacred Heart Hospital, Havre
SISTER MARY LINUS . St. James Hospital, Butte
SISTER MARY MAGDALENE . St. Patrick’s Hospital, Missoula
SISTER MARY RICHARD . Holy Rosary Hospital, Miles City
VAN DYKEN, ANNETTE * . 15 W. Lamme, Bozeman
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<td>Anderson, Zonia R.</td>
<td>3468 Ames Ave., Omaha</td>
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<td>Belnap, Nelda D.</td>
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<td>Bracken, Anna</td>
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<td>Classen, Elaine I.</td>
<td>4618 N. 30, Omaha</td>
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<td>Lincoln General Hospital, Lincoln</td>
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<td>Hansen, Ellen A.</td>
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<td>1748 South St., Lincoln</td>
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<td>Jimerson, Verma H.</td>
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<td>Johnston, Pauline B.*</td>
<td>157 Carter Lake Club, Omaha</td>
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<td>Jones, Gussie *</td>
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<td>Martin, Carol L.</td>
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McGoogan, Gwendolyn E. ..........Methodist Hospital, Omaha
Meister, Cecelia ...............Clarkson Memorial Hospital, Omaha
Merritt, Edythe D. ............Mary Lanning Memorial Hospital, Hastings
Milne, Margaret ...............Conkling Hall, University Hospital, Omaha
Monk, Velma .....................University Hospital, Omaha
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Sister Mary Theodore Jensen St. Catherine's Hospital, Omaha
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LOCKE, MABEL B. .......... Laconia Hospital, Laconia
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ALLEN, MARGARET B. ......... Orange Memorial Hospital, Orange
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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 .......... 188 E. Essex Ave., Orange
BARKER, RUTH M. ............. McKinley Hospital, Trenton
BARNES, RUBY L. ............. 27 S. Ninth St., Newark
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BEAM, MRS. RUTH H. .......... New Jersey State Hospital, Greystone Park
BELBEY, ANNA M.* ............ Newark City Hospital, Newark
BENNETT, ALICE E. ........... Hackensack Hospital, Hackensack
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<th>Name</th>
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<tr>
<td>Bernius, Emma</td>
<td>Margaret Hague Maternity Hospital, Jersey City</td>
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<td>Bigley, Loretta I.</td>
<td>Jersey City Medical Center, Jersey City</td>
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<td>Bitz, Naomi</td>
<td>Somerset Hospital, Somerville</td>
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<td>Blauvelt, Minnie P.</td>
<td>East Orange General Hospital, East Orange</td>
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<td>Bonwhuis, Clara</td>
<td>Veterans' Administration, Lyons</td>
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<td>Borowski, Alice*</td>
<td>300 Engle St., Englewood</td>
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<td>Briggman, Edna M.*</td>
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<td>Brown, Emma E.*</td>
<td>West Jersey Homeopathic Hospital, Camden</td>
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<td>Brown, Mrs. Virgie Lag.</td>
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<td>Buckley, Marjorie R.*</td>
<td>Muhlenberg Hospital, Plainfield</td>
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<td>Calhoun, Eva D.</td>
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Marley, Agnes M. ....................... Bayonne Hospital and Dispensary, Bayonne
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YUCKMAN, Mrs. Mildred L .......... Mantoloking
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

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SISTER ANNETTE SULLIVAN .......... St. Joseph Hospital, Albuquerque

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BAILEY, Sarah M .................... 345 W. 50 St., New York
BAKER, Evelyn C ................... Syracuse Memorial Hospital, Syracuse
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<td>Cody, Mary V.</td>
<td>52 Locust Lane, Oyster Bay</td>
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<td>Coggins, Mildred G.</td>
<td>260 Crittenden Blvd., Rochester</td>
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<td>Cohen, Florence A.</td>
<td>155-17 Sanford Ave., Flushing</td>
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<td>Cohen, Hedwig</td>
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<td>Comerford, Nora R.</td>
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<td>Coombs, Marion H.</td>
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<td>Cooper, Cathlena A.</td>
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<td>Coggigan, Eleanor M.</td>
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<td>Coveney, Mary B.</td>
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<td>Cowell, Phyllis A.</td>
<td>1678 Sunset Ave., Rochester</td>
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Cragnolin, Regina M.* .......................... 1924 Sunset Ave., Utica
CRAIN, Gladys ................................. 181 Franklin St., Buffalo
CRANE, Muriel A.* .............................. Memorial Hospital, Niagara Falls
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Doyle, Marian R. ** ......................... Kings County Hospital, Brooklyn
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Durham, Veatrice E. .......................... Lincoln School for Nurses, New York
Duryea, Mabel R. .............................. Methodist Episcopal Hospital, Brooklyn
Dwyer, Sheila M. .............................. 635 W. 165 St., New York
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<td>Gibbard, Margaret H.</td>
<td>Memorial Hospital, Niagara Falls</td>
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SINSEBOX, ELLA F. ......................... 389 Lafayette St., Buffalo
SISTER ANGELA REMBERG ............. St. Mary's Hospital, Rochester
SISTER ANGELICA ......................... Our Lady of Lourdes Memorial Hospital, Binghamton
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<td>Sister Miriam Blanche</td>
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<td>Stewart, Isabel M.**</td>
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<td>Grasslands Hospital, Valhalla</td>
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<td>Strohmeyer, Lilian D.</td>
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<td>Struthers, Minnie H.</td>
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<td>Stutter, Mabel L.</td>
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<td>Sweet, Tirzah J.</td>
<td>13 Maple Pl., Ossining</td>
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<td>Tait, Ethel E.</td>
<td>Kings County Hospital, Brooklyn</td>
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<td>Talbot, Mrs. Elizabeth*</td>
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<td>Tengwall, Lola</td>
<td>112 Goodrich St, Buffalo</td>
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<td>Tennant, Mary Elizabeth</td>
<td>Room 5500, 49 W. 49 St, New York</td>
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<td>Thompson, Laverne R.</td>
<td>1230 Amsterdam Ave., New York</td>
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<td>Tieleke, Gertrude E.</td>
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<td>Timmes, Mae P.</td>
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<td>Tobin, Nora</td>
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<td>Tolmachi, Hazel M.</td>
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<td>Torpor, Hilda M.</td>
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<td>Townsend, Lelin B.</td>
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<td>Turner, Mrs. Teresa McL.*</td>
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<td>Valentine, Josephine</td>
<td>422 State Educational Bldg., Albany</td>
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<td>Valpreda, Rose M.*</td>
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<td>Vanderbilt, Florence N.</td>
<td>179 Ft. Washington Ave., New York</td>
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<td>VanHekle, Ina R.</td>
<td>Woman’s Hospital, New York</td>
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<td>Verce, Mrs. Marie</td>
<td>Grasslands Hospital, Valhalla</td>
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<td>Vernstrom, Dorothy</td>
<td>1320 York Ave., Box 81, New York</td>
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<td>Vickery, Helen L.</td>
<td>899 Culver Rd., Rochester</td>
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<td>Viglione, Amy*</td>
<td>Syracuse University Hospital, Syracuse</td>
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<td>Wabersich, Rose</td>
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<td>Wadsworth, Gladys V.</td>
<td>736 Irving Ave., Syracuse</td>
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<td>City Hospital, Syracuse</td>
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<td>Walker, Hazel W.</td>
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<td>Walker, Mrs. Kathryn N.</td>
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<td>Walsh, Anna M.*</td>
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<td>Walters, Jeanette</td>
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WOOD, RUTH B.** .................Methodist Hospital, Brooklyn
WOODS, MRS. GRACE S ..........50 W. 50 St., New York
WOODS, M. REGINA * ..........Lenox Hill Hospital, New York
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ZORN, KATHERINE * ..........2325 91 St., Jackson Heights

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BENTON, MRS. MARY E ..........Kinston General Hospital, Kinston
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BOHELER, LEATHA E ..........North Carolina Baptist Hospital, Winston-Salem
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CLINKSCALES, LENA ..........Highland Hospital, Asheville
COORE, MARJORIE M.* ..........St. Leo’s Hospital, Greensboro
CORKER, LOTTE C. ..........Rex Hospital, Raleigh
CRANFIELD, MRS. MAUDE M ..........Rutherford Hospital, Rutherfordton
DICKHUT, HULDA G. ..........City Memorial Hospital, Winston-Salem
FEATHERSTONE, ETHEL M ..........229 N. Poplar St., Charlotte
FINLAY, ELIZABETH ..........Anson Sanitarium, Wadesboro
PENNELL, MRS. PAULINE H ..........Dix Hospital, Raleigh
GARDNER, ANN H. ..........Duke Hospital, Durham
GEORGE, LILLIAN MACD ..........507 N. Fifth Ave., Wilmington
GUFFIN, LOUISE R ..........Appalachian Hall, Asheville
HALES, RUTH ........North Carolina State Sanitarium, Sanatorium
HALLADAY, MRS. EDITH P ..........St. Leo’s Hospital, Greensboro
HAMILTON, SARA ..........Sanitarium, Pinehurst
HEINZELING, EDNA L ..........415 Commercial Bldg., Raleigh
HILL, ELIZABETH ..........P. O. Box 789, Statesville
HINVES, EDITH ..........Duke Hospital, Durham
JARRETT, SARA L.* ..........Duke Hospital, Durham
JOHNSON, HAZEL I ..........Burris Memorial Hospital, High Point
KELLEY, E. A.* ..........Highsmith Hospital, Fayetteville
KELLY, AGNES ..........Thompson Memorial Hospital, Lumberton
KERR, JOSEPHINE ..........Charlotte Sanitarium, Charlotte
KLENNER, MRS. ANNIE H.* ..........Duke Hospital, Durham
LASSITER, JAMIE L ..........Roanoke Rapids Hospital, Roanoke Rapids
LAXTON, AUGUSTA A ..........Duke Hospital, Durham
LINNELL, GRACE M ..........Watts Hospital, Durham
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**NORTH DAKOTA—22**

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<td>LA CROIX, ORPHA M.</td>
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<td>OLSGARD, LOYCE I.*</td>
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PAULSON, Lucille V. Deaconess Hospital, Grand Forks
RYAN, Olga M. Good Samaritan Hospital, Rugby
SISTER FABIAN LORGE St. John’s Hospital, Fargo
SISTER MARGARET FRANCIS SCHILLING St. John’s Hospital, Fargo
SISTER MARY ALICE St. Michael’s Hospital, Grand Forks
SISTER M. CLOTILDES St. Joseph’s Hospital, Minot
SISTER MARY DOMINIC Mercy Hospital, Devils Lake
SISTER MARY EVELINE St. Joseph’s Hospital, Minot
SISTER M. OLIVE St. John’s Hospital, Fargo
SKEIM, Anna R. Deaconess Hospital, Grafton
STENNIES, Josephine Good Samaritan Hospital, Rugby
YOUNGOVE, Marguerite ** 1016 Seventh St., Bismarck

OHIO—412

ADKINS, Gladys B. Children’s Hospital, Akron
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ALTHOFF, Marcella E. 3259 Elland Ave., Cincinnati
ANDERSON, Dorothy M.* 312 Erkenbrecker, Cincinnati
ANDERSON, Elizabeth M. 2653 E. Boulevard, Cleveland
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APPLEMAN, Prudence Springfield City Hospital, Springfield
ARMSTRONG, Eletha M. 2654 N. Moreland Blvd., Cleveland
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ARNOLD, Ruth E.* 13017 Arlington Ave., Cleveland
ATWOOD, Dorothy * 2719 E. 116 St., Cleveland
AUSTIN, Anne L.** 2063 Adelbert Rd., Cleveland
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BAKER, Jennie A. Youngstown Hospital, Youngstown
BAHRENBURG, Elizabeth C. 2065 Adelbert Rd., Cleveland
BAKER, Mrs. Lida M. 98 Good St., Akron
BANCROFT, M. Corinne Children’s Hospital, Cincinnati
BARRES, Olivia L.** Huron Road Hospital, East Cleveland
BARVIAN, Frances A. 3259 Elland Ave., Cincinnati
BATTERSON, Helen G. 98 Butlles Ave., Columbus
BAUR, Bertha A. J.* Bethesda Hospital, Cincinnati
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BLACK, Margaret Nancy 1618 E. 117 St. Cleveland
BOGLE, Julia 2715 E. 116 St., Cleveland
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BOHLERMAN, Minnie 3259 Elland Ave., Cincinnati
BOTEN, Catharine Croxton House, Toledo Hospital, Toledo
BOX, Adelyn E. 3161 Harvey Ave., Cincinnati
BOYD, Mary E. City Hospital, East Liverpool
BRANT, Ruth Martins Ferry Hospital, Martins Ferry
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BRAUUCKLE, Mabel M. Grant Hospital, Columbus
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BRIDGES, MARGARET * ............................... Martins Ferry Hospital, Martins Ferry
BROUSE, CLARA F.** .................................. 21 W. Broad St., Columbus
BROWN, FLORA E.* .................................. 2110 Cornell Rd., Cleveland
BROWNING, HELEN L. ................................. Mt. Carmel Hospital, Columbus
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BUCKLEY, CATHERINE ................................. Cincinnati General Hospital, Cincinnati
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BRINKER, DOROTHY ................................. Good Samaritan Hospital, Cincinnati
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CARROL, HARRIET J. ................................ General Hospital, Ashlandula
CASSIDY, MRS. CAROLINE B. ....................... Children's Hospital, Columbus
CELLAB, FLORENCE C.* ............................... 1618 E. 117 St., Cleveland
CHAMBERS, WILDA .................................... 3161 Harvey Ave., Cincinnati
CHRISTENSON, LETTIE A.** ......................... Christ Hospital, Cincinnati
CLARKE, FLORENCE ** ............................... St. Luke's Hospital, Cleveland
COLEMAN, CLARA ..................................... Fairview Park Hospital, Cleveland
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CRAIG, MARGUERITE ................................. 3259 Elland Ave., Cincinnati
CRAMER, JEAN M.* .................................... 11415 Hessle Rd., Cleveland
CRIPKE, VELMA D. ................................... Huron Road Hospital, Cleveland
CRANZ, CELIA ** ....................................... City Hospital, Akron
CREECH, ETTA A. ...................................... 12471 Cedar Rd., Cleveland
CRONE, RUTH .......................................... 39 Arch St., Akron
CUTLER, MARY H. ..................................... Jewish Hospital, Cincinnati
DALTON, BEULAH I. ................................. 2125 N. Main St., Cincinnati
DALLY, ELEANOR H.** ............................... 1803 Valentine Ave., Cleveland
DARLING, LOTTA A. ................................... St. Barnabas Guild Home, Cleveland
DARRINGTON, MABLE I. ............................. Ohio State University, Columbus
DAVYE, MAE E. ......................................... 2110 Cornell Rd., Cleveland
DEIMEER, LILLIE L. .................................. 664 N. Park St., Columbus
DIPPEL, CATHERINE L. ............................... 3358 E. 137 St., Cleveland
D'OFFENGER, AGNETH * ............................. 11843 Hessle Rd., Cleveland
DOWTY, MIMIE L.* .................................... 3251 Delaware Ave., Cincinnati
DUDLEY, MARGARET E. ............................... Jewish Hospital, Cincinnati
DUMM, ELIZABETH ..................................... Christ Hospital, Cincinnati
DUVAL, MRS. VIRGINIA H. ......................... 3259 Elland Ave., Cincinnati
EASLY, BESSE M. ....................................... 83 N. Third St., Martins Ferry
EBRIGHT, SUE S. ..................................... 664 N. Park St., Columbus
ELDRIDGE, LURA B. .................................. 2057 Adelbert Rd., Cleveland
ELLIOTT, DOROTHY V. ............................... 760 Parkwood Dr., Cleveland
ELLISON, MRS. BESSIE VAN T. ..................... 1803 Valentine Ave., Cleveland
EMMORE, EDNA ....................................... Grant Hospital, Columbus
ELY, SARAH J.* ....................................... 1803 Valentine Ave., Cleveland
EMERICK, MARTHA J. ............................... 3259 Elland Ave., Cincinnati
ERF, CORNELIA A. .................................... 2063 Adelbert Rd., Cleveland
ERNSTES, KATHRYN B. ............................... 2819 Stratford Ave., Cincinnati
EULER, MARY E. ....................................... 3259 Elland Ave., Cincinnati
EVANS, RUTH .......................................... 13911 Ardenall Ave., East Cleveland
EVANS, WILMA D. ..................................... Lima Memorial Hospital, Lima
EWING, MRS. NELL H. ............................... Toledo Hospital, Toledo
FADDIS, HELEN W.** ................................. 2065 Adelbert Rd., Cleveland
FADDIS, MARGENE O. 2065 Adelbert Rd., Cleveland
FAUST, RUTH S. 11100 Euclid Ave., Cleveland
FAWCETT, C. MARIE Youngstown Hospital, Youngstown
FEINAUER, MILDRED E. 2125 N. Main St., Cincinnati
FINK, ELIZABETH Good Samaritan Hospital, Dayton
FINLEY, VIRGINIA M.* 1871 Belmore Rd., East Cleveland
FLORA, LAURA G. 9501 Wade Park Ave., Cleveland
FLUENT, MARION A. 3500 E. Overlook Rd., Cleveland Heights
FOLCKEMER, ELIZABETH M. 2157 Euclid St., Cleveland
FONDERIEST, ROSEMARY 397½ Lechner Ave., Columbus
FOX, ERNESTINE R.* 516 Hale Ave., Cincinnati
FRANK, MARION L. De Ette Harrison Detwiller Memorial Hospital, Wauseon
FREIER, MARIE 3259 Elland Ave., Cincinnati
FRENCH, JANETT 75 S. Davis Ave., Columbus
FRETTER, LEONA 2622 N. Moreland, Cleveland
FRINGER, GLADYS R. 391 E. Town St., Columbus
FRISTOE, PHYLLIS L.* Vincent Hall, Elland Ave., Cincinnati
FROMM, MARGARET P.* Mansfield General Hospital, Mansfield
FROOME, JANET H. Jewish Hospital, Cincinnati
GAGE, EDITH B. 1803 Valentine, Cleveland
GANS, ELIZA F. 876 Amherst, Massillon
GARDNER, BERNICE 2139 Auburn Ave., Cincinnati
GENSHEIMER, MARY B.* 10907 Wade Park Ave., Cleveland
GESTEL, CLARA E. 3259 Elland Ave., Cincinnati
GILLELAND, EVELYN R. 39 Arch St., Akron
GILLIS, M. ANNA** Mt. Sinai Hospital, Cleveland
GOFF, HAZEL A. St. Luke’s Hospital, Cleveland
GOLD, EDNA General Hospital, Cincinnati
GOODING, FRED E. 128 W. Eighth Ave., Columbus
GOSLING, HELEN M. St. Alexis Hospital, Cleveland
GRAHAM, ELOISE C. 2048 Auburn Ave., Cincinnati
GREENE, HELEN I. Aultman Hospital, Canton
GRIMM, MARY M. 672 E. 109 St., Cleveland
GUENTHER, HELEN 3259 Elland Ave., Cincinnati
GUSTIN, DORIS E.* 2083 Cornell Rd., Cleveland
HALL, PRISCILLA K.** Ohio State University Hospital, Columbus
HALLIER, WINIFRED G. 256 W. Cedar St., Akron
HALPIN, CATHERINE Mercy Hospital, Canton
HAMMELL, MYRTLE V.* 2110 Cornell Rd., Cleveland
HARKER, MRS. GOLDFE D.** 11311 Shaker Blvd., Cleveland
HARTMANN, MARY E. 98 Bottles Ave., Columbus
HARTSOCK, BETTY V. 3259 Elland Ave., Cincinnati
HARVEY, SHIRLEY E. Buchtel Ave. and Bowery St., Akron
HEAZLIT, ELISE M. 1812 E. 105 St., Cleveland
HEINLE, MRS. ELLEN B. 3593 Meadowbrook Blvd., Cleveland University Heights
HELM, KATHRYN Franklin County Tuberculosis Sanatorium, Columbus
HERALD, LULA B. 384 Probasco Ave., Cincinnati
HESLAR, FLORENCE 2125 N. Main St., Cincinnati
HILDEBRAND, MARY E. 98 Bottles Ave., Columbus
HILL, ANNA E. 3259 Elland Ave., Cincinnati
HILTABIDGE, KATHERINE K. 810 Thayer St., Akron
HILTY, MARTHA 3259 Elland Ave., Cincinnati
HOBBS, MARY A. 664 N. Park St., Columbus
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| LAMBERT, MILDRED L.       | Hamilton County Tuberculosis Sanatorium, Cin-
|                          | cinnati                                    |
| LANGE, MARIE G.*          | 1800 E. 105 St., Cleveland                 |
| LAPPIN, RUBY              | 3259 Elland Ave., Cincinnati                |
| LAUBENTHAL, FRANCES E.    | 1134 Napoleon Rd., Ottawa                  |
| LAUCK, PERLE K.           | 98 Bottles Ave., Columbus                  |
| LAWSON, HELEN V.*         | 2043 Cornell Rd., Cleveland                |
| LEAHY, CHRISTINE          | 3259 Elland Ave., Cincinnati                |
| LEAVERTON, PALMA P.*      | Christ Hospital, Cincinnati                 |
| LEAZENBEE, ETHEL M.       | 674 S. Harris Ave., Columbus               |
| LEHMAN, HELEN M.          | 2110 Cornell Rd., Cleveland                |
| LEHGEBER, ESTHER M.       | 13800 Superior Rd., East Cleveland         |
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LENZ, MILDRED I.* ........................................ 102 Highland Dr., Brecksville
LEONARD, ADA I. ........................................ ............................
LEVERING, NINA M. ........................................ 2102 Cornell Rd., Cleveland
LINDSEY, MABEL R. ........................................ 3259 Elland Ave., Cincinnati
LINKE, KATHERINE ........................................ 3161 Harvey Ave., Cincinnati
LINN, DOLORES C.* ........................................ 11908 Cromwell Ave., Cleveland
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LUDY, MARY B. ........................................ Helen Purcell Home, Zanesville
LYLE, DOROTHY * ........................................ Mt. Carmel Hospital, Columbus
LYNCH, BEATRICE R. ........................................ 1848 Roxbury Rd., East Cleveland
MANTHEY, GLADYS A. ........................................ Christ Hospital, Cincinnati
MARKLEIN, MAUREEN F. ........................................ 3259 Elland Ave., Cincinnati
MARTIN, HELEN G. ........................................ Ohio Valley Hospital, Steubenville
MATHIES, EMMALINE R. ........................................ Christ Hospital, Cincinnati
MATHIES, HANNAH M. ........................................ Huron Road Hospital, Cleveland
MAURER, GLADYS S.* ........................................ 2245 Cummington Rd., Cleveland
MCADDAY, TERRELL S. ........................................ 13005 Thornhurst Ave., Cleveland
MCAROOSE, CORA ........................................ Children's Hospital, Cincinnati
MCLELLAND, FRANCES E. ........................................ Ohio Valley Hospital, Steubenville
MCGLYMON, RUTH I. ........................................ Children's Hospital, Cincinnati
MCCOWN, VIANA ** ........................................ White Cross Hospital, Columbus
MCCRARY, MARTHA E. ........................................ Lutheran Hospital, Cleveland
MCDADE, NELLE C.* ........................................ 98 Bottles Ave., Columbus
MCELHANEE, MARGARET M.* ........................................ 2110 Cornell Rd., Apt. 204, Cleveland
MCGALLARD, VIVA ........................................ 3259 Elland Ave., Cincinnati
MCGONAGLE, M. DEAN ........................................ 2613 E. Boulevard, Cleveland
MCGUCKIN, CATHERINE ........................................ 3228 Burnet Ave., Cincinnati
MCKINNEY, RUTH M. ........................................ 2620 N. Moreland Blvd., Cleveland
MCNETT, ESTA H. ........................................ 11100 Euclid Ave., Cleveland
MCPEHRSON, FRANCES L. ........................................ General Hospital, Cincinnati
MERCER, EVELYN ........................................ General Hospital, Cincinnati
MILLITZ, ELLA Y. ........................................ 1803 Valentine Ave., Cleveland
MILLER, MRS. HARRIETT A. ........................................ 2210 Eldred Ave., Lakewood
MILLER, LILLIE J.* ........................................ 3259 Elland Ave., Cincinnati
MILLER, MARJORIE J.* ........................................ 11808 Browning Ave., Cleveland
MILLER, V. MILDRED ........................................ Aultman Hospital, Canton
MINNING, EDITH ........................................ 2923 Vaughn St., Cincinnati
MISSEL, EVELYN L. ........................................ 11805 Buckingham Rd., Cleveland
MORRISON, GOLDIE * ........................................ 3259 Elland Ave., Cincinnati
MOTOR, EUGENIA C. ........................................ 421 Seventh St., N. E., Massillon
MOORE, ILEAN ........................................ 305 S. Burnett Rd., Springfield
MORISON, LUELLA J. ........................................ St. Rita's Hospital, Lima
MUELLER, RUTH E. ........................................ 10020 Ackley Rd., Parma Heights
MULLEN, MARGARET ........................................ 39 Arch St., Akron
MURPHY, M. AGNES ........................................ 1305 Warren Rd., Lakewood
MYERS, THELMA L.* ........................................ 47 Spruce St., Akron
MYLES, MARY * ........................................ 2125 N. Main St., Cincinnati
NASH, FRANCES L. ........................................ A. N. C. Station Hospital, Fort Hayes, Columbus
NEAMAN, MARY Z. ........................................ Lima Memorial Hospital, Lima
NEIDHART, MARTHA J.* ........................................ 2301 Auburn Ave., Cincinnati
NEILSON, RUTH E. ........................................ Youngstown Hospital, Youngstown
NICELEY, MRS. ELLEN D. ........................................ 1418 W. Clifton Blvd., Lakewood
NICHOLSON, HELEN F. ........................................ 1618 E. 117 St., Cleveland
NICOLAS, ZELLA ........................................ Toledo State Hospital, Toledo
NIXDORF, MARYLON .......................... 312 Erkenbrecher Ave., Cincinnati
NOBLES, GEORGIA G. ......................... Jewish Hospital, Cincinnati
NORTHUP, EDITH R. .......................... 3259 Elland Ave., Cincinnati
NOTTER, CAROLINE M. ......................... 876 Amherst Rd., Cleveland
OAKES, WHILMINA .............................. Christ Hospital, Cincinnati
O'CONNOR, VIRGINIA * .......................... 13951 Terrace Rd., East Cleveland
OFFENBACHER, HAZEL .............................. 1812 E. 105 St., Cleveland
O'HARA, ELIZABETH H. ......................... 3259 Elland Ave., Cincinnati
O'NEILL, LILLIAN ............................... 2051 Collingwood Ave., Toledo
PARTINGTON, JUNE * ............................. 2125 N. Main St., Cincinnati
PATTERSON, FRANCES M. ....................... 2125 N. Main St., Cincinnati
PAULING, VIRGINIA L.* .......................... 2715 E. 116 St., Cleveland
PIERCE, ELIZABETH .............................. Orleton House, Orleton Farms, London
PFLEUGER, MARTHA M.** ......................... Bethesda Hospital, Cincinnati
POTTER, ADELINE M.* ............................. 1851 Belmore Rd., East Cleveland
POWELL, LOUISE ................................. 1812 E. 105 St., Cleveland
POWELL, MABEL D. ............................... 98 Bottles Ave., Columbus
PRATT, EDITH E. ................................. 11311 Shaker Blvd., Cleveland
PRICE, ALICE L. ................................. 61 W. Tenth Ave., Columbus
PRIES, ELESA G.** .............................. Rainbow Hospital, South Euclid
PROFFITT, RUBY M. .............................. 3259 Elland Ave., Cincinnati
PRIUS, MRS. EDNA C. ............................ Robinwood Hospital, Toledo
PUGSLEY, ELIZABETH .............................. 12019 Cromwell, Cleveland
PURCELL, FLORENCE .............................. White Cross Hospital, Columbus
RAMSEY, BERNICE ............................... Miami Valley Hospital, Dayton
RAMSEY, REGINA M.* ............................ 1329 W. 110 St., Cleveland
RANSDELL, GRACE E. ............................. 98 Bottles Ave., Columbus
RAY, MIRIAM E. ................................. Miami Valley Hospital, Dayton
READ, RUTH A. ................................. 39 Arch St., Akron
REBER, ANNA A. ................................. 2085 Cornell Rd., Cleveland
RECKMAN, LAURA * ............................... 1808 Valentine Ave., Cleveland
REED, JEAN * ................................. 73 E. Northwood Ave., Columbus
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
RETTIG, AURELIA ............................... Good Samaritan Hospital, Cincinnati
RICHARD, HAZEL ................................. 915 Fourth Ave., Gallipolis
ROBERTSON, EDA C. .............................. 2061 Cornell Rd., Cleveland
ROBINSON, A. ELIZABETH ** .................... Rainbow Hospital, South Euclid
ROESLER, OPAL ................................. Bethesda Hospital, Cincinnati
ROSNAGLE, LAURA E. ............................ 3259 Elland Ave., Cincinnati
ROTHROCK, ELEANOR C. .......................... 378 W. Ninth Ave., Columbus
RYCKMAN, ETHEL C. ............................. 1890 E. 105 St., Suite No. 2, Cleveland
SCHIEDERER, MRS. GRACE G. .................... 98 Bottles Ave., Columbus
SCHMIDT, HARRIET .............................. 414 Portage Trail, Cuyahoga Falls
SCHNEIDER, IDA ................................. Bethesda Hospital, Cincinnati
SCHWARZ, HELEN G. ............................. 3259 Elland Ave., Cincinnati
SCHWIEKART, KATHERINE M. .................... 179 W. Washington, Alliance
SCOTT, MARGARET ............................... 2048 Auburn, Cincinnati
SEARS, ITALIA ................................. 204 E. 15 Ave., Columbus
SEDDBERRY, PAULINE * ......................... 316 Groveland Club Dr., Cleveland
SELFE, MABEL F. ........................... Mansfield General Hospital, Mansfield
SEMANCIK, VERONICA * ......................... Mt. Carmel Hospital, Columbus
SEYLER, MILDRED ............................... 2034 Cornell Rd., Cleveland
SEYMOUR, PAULINE ......................... 3212 Burnet Ave., Cincinnati
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<td>Solberg, Olga E.</td>
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</table>
Tury, Margaret .................................. 771 Parkwood Dr., Cleveland
Van Blaricon, Ann E.* .................................. 11100 Euclid Ave., Cleveland
Vangader, Mrs. Clara E. .................................. Bethesda Hospital, Zanesville
Waechli, Anna M. .................................. Bethesda Hospital, Cincinnati
Wagner, Lillian * .................................. 2102 Cornell Rd., Cleveland
Wallinger, Elgie M. .................................. Children’s Hospital, Cincinnati
Walsh, Mrs. Mary .................................. 1805 Valentine Ave., Cleveland
Ward, Bessie G. .................................. 12010 Clifton Blvd., Cleveland
Warnier, Vera F. .................................. 1634 Neil Ave., Columbus
Warnke, Alvera * .................................. 2719 E. 116 St., Cleveland
Wayne, Anna L. .................................. Toledo Hospital, Groxton House, Toledo
Weaver, Rosalie * .................................. 2034 Cornell Rd., Cleveland
Webster, Mrs. Katherine .................................. 1800 E. 105 St., Cleveland
Weigand, Edna C. .................................. 2320 E. 24 St., Cleveland
Weiler, Clara S.* .................................. 2044 Cornell Rd., Cleveland
Weiler, Mary C.* .................................. 2044 Cornell Rd., Cleveland
Wells, G. Pauline .................................. 2654 N. Moreland Blvd., Cleveland
Wells, Victoria H. .................................. 837 Dennison Ave., Columbus
Wenzel, Jessie E. .................................. 3335 Burnet Ave., Cincinnati
West, Hazel .................................. Elyria Memorial Hospital, Elyria
Wetzl, Mildred * .................................. 2660 East Blvd., Cleveland
White, Doris .................................. City Hospital, Nurses’ Home, Springfield
Wilch, Mildred L.* .................................. 2125 N. Main St., Cincinnati
Wilson, Marjorie H. .................................. 11816 Cromwell Ave., Cleveland
Winant, Ann * .................................. 2301 Auburn Ave., Cincinnati
Windley, Dorothy .................................. Youngstown Hospital, Youngstown
Winigardner, Dora A. .................................. 1803 Valentine Ave., Cleveland
Wisler, Mary C. .................................. 7359 Euclid Ave., Cleveland
Wolbach, Flora E.** .................................. 39 Arch St., Akron
Wolf, Elanor * .................................. 2544 East Blvd., Cleveland
Wood, Beatrice K. .................................. Mt. Carmel Hospital, Columbus
Wood, Pearl A.* .................................. 1803 Valentine Ave., Cleveland
Woodward, Grace E.** .................................. 431 Laidlaw Ave., Cincinnati
Worthman, Lillian .................................. 3259 Elland Ave., Cincinnati
Wuerthner, Almena E. .................................. 1800 E. 105 St., Cleveland
Yelton, Anne .................................. 1812 E. 105 St., Cleveland
Yoder, Clara .................................. 3259 Elland Ave., Cincinnati
Yoder, Gerrie J. .................................. Warren City Hospital, Warren
Young, Mrs. Lenore B. .................................. Women’s and Children’s Hospital, Toledo
Zimmerman, Dorothy .................................. 98 Botelle Ave., Columbus
Zwick, Rita .................................. Mercy Hospital, Canton

‡OKLAHOMA—56

Biddle, Jessie A. .................................. 518 N. W. 12 St., Oklahoma City
Biddler, Thelma M. .................................. Enid General Hospital, Enid
Castello, Marcella R. .................................. St. Anthony Hospital, Oklahoma City
Crain, Virginia .................................. Baptist Hospital, Muskogee
Doosing, Naomi C. .................................. Wesley Hospital, Oklahoma City
Elledge, Allie L. .................................. Wesley Hospital, Oklahoma City
Fritz, Elsie M. .................................. Enid General Hospital, Enid
Garrett, Marie .................................. University Hospital, Oklahoma City
Girard, Marguerite .................................. Albert Pike Hospital, McAlester
Granger, Juanita V. .................................. Wesley Hospital, Oklahoma City
Henry, Frances .................................. Oklahoma University Hospital, Oklahoma City
Kennedy, Sarah M. .................................. St. Anthony Hospital, Oklahoma City
<table>
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<tr>
<td>LACY, Ruth</td>
<td>University Hospital, Oklahoma City</td>
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<td>LYNES, Mattie E.</td>
<td>Albert Pike Hospital, McAlester</td>
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<td>MATTHEWS, Rose C.</td>
<td>Charity Hospital, Clinton</td>
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<td>MccORMICK, Leola R.</td>
<td>Western Oklahoma Charity Hospital, Clinton</td>
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<td>McMAHON, Mary A.</td>
<td>Morningside Hospital, Tulsa</td>
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<td>McMillan, Louise</td>
<td>Chickasha Hospital, Chickasha</td>
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<td>RockEFELLER, Edna M.</td>
<td>Muskogee General Hospital, Muskogee</td>
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<td>SCOTT, Mrs. Nettie</td>
<td>813 N. W. Eighth St., Oklahoma City</td>
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<td>SISTER M. Angelina</td>
<td>Ponca City Hospital, Ponca City</td>
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<td>SISTER M. Theresita Schrick</td>
<td>St. John’s Hospital, Tulsa</td>
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<td>Sليف, Golda B.</td>
<td>717 Culbertson Dr., Oklahoma City</td>
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<td>Sprague, Ova</td>
<td>300 W. 12 St., Oklahoma City</td>
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<td>Strong, Williamina H.</td>
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<td>Tuck, Hazel C.</td>
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**OREGON—71**

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<td>ALEXANDER, MABEL C.</td>
<td>U. S. Veterans Hospital, Portland</td>
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<td>Beauclair, Ruby R.</td>
<td>The Dalles Hospital, The Dalles</td>
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<td>BENNETT, Josephine H.</td>
<td>4322 N. Overlook Blvd., Portland</td>
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<td>Camillo, Evelyn</td>
<td>3211 S. W. Tenth Ave., Portland</td>
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<td>Campbell, Mary C.</td>
<td>1001 Public Service Bldg., Portland</td>
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<td>Choate, Abbe P.</td>
<td>Isolation Hospital, Portland</td>
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<td>Cooksley, Dorothy</td>
<td>2800 N. Commercial Ave., Portland</td>
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Lennartz, Florence L. .................. The Dalles Hospital, The Dalles
Loveridge, Emily L. .................. 2173 N. E. Waco, Portland
MacKril, Helen .................. Emanuel Hospital, Portland
Marlon, Virginia E. .......................... St. Mary’s Hospital, Astoria
Martin, Laura P. .................. 2421 N. E. Irving, Portland
McDonald, Lillian M. .................. Salem General Hospital, Salem
McPherson, Mrs. Clara N. ............... Multnomah County Hospital, Portland
Miller, Enola .................. Emanuel Hospital, Portland
Moreland, Aileen E. .................. 5 S. E. Ninth, Pendleton
Mouser, Elizabeth P. .................. Route 1, Box 212, Beaverton
Murray, Patricia L. .................. 2475 N. W. Westover, Portland
Olson, Guhli J. .................. 3816 N. Colonial, Portland
Osborn, Harriett E. ............... 1529 N. E. Knott, Portland
Parker, Malveson J. .................. 2911 N. W. Raleigh, Portland
Parrish, I. Agnes .................. Doernbecher Memorial Hospital, Portland
Perry, Winifred H. .................. Multnomah County Hospital, Portland
Phefts, Grace .................. Doernbecher Memorial Hospital, Portland
Platt, Helen M. .................. 2475 N. W. Westover Rd., Portland
Portmann, Margaret D. ............... 409 W. Third St., The Dalles
Relling, Thelma L. .................. 2475 N. W. Westover, Portland
Rob, Mabel J. .......................... Good Samaritan Hospital, Portland
Schreyer, Cecil L. .................. 252 County Court House, Portland
Scott, Esther R. .................. Multnomah County Hospital, Portland
Sears, Ethel K. .................. Doernbecher Memorial Hospital, Portland
Sheehy, Marguerite ............... 2003 N. E. Tenth Ave., Portland
Sister Agnes de Boheme ............... 2447 N. W. Westover, Portland
Sister Flora Mary .................. St. Vincent’s Hospital, Portland
Sister Genevieve .................. 2475 N. W. Westover Rd., Portland
Skogge, Myrtle H. .................. Emanuel Hospital, Portland
Stratton, Anna .......................... Portland Sanitarium, Portland
Stratton, Beth .................. The Dalles Hospital, The Dalles
Sylvester, Ruth .................. 6326 N. E. 27 Ave., Portland
Templin, Ethel .................. 419 Pittock Block, Portland
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Vreeland, Johanna R. .................. 2475 N. W. Westover Rd., Portland
Walters, Martha .................. 6136 N. Humboldt, Portland
Webster, Catherine ............... 2825 N. E. 35 Pl., Portland
Weitzel, Maisie V. ............... 1204 S. W. Gibbs, Portland
Wheelock, Ruth V. .................. University of Oregon Medical School, Portland
Witchen, Elsie .................. 605 Woodlark Bldg., Portland
Wolfe, Clara E. .................. The Dalles Hospital, The Dalles
Young, Nova .................. 2180 Myrtle Ave., Salem

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Addams, Agnes H. .................. 1720 Bainbridge St., Philadelphia
Addams, Ruth .................. Presbyterian Hospital, Philadelphia
Alder, Willie L. .................. 1012 Spruce St., Philadelphia
Allison, Ella W. .................. 34th and Pine Sts., Philadelphia
Ambler, Florence A. .................. Children’s Hospital, Pittsburgh
Anderson, Edna L. .................. Box 240, Warren
Anderson, Inez M. .................. 424 Main St., Collegeville
Ash, Joanna R. .................. Abington Memorial Hospital, Abington
Aulbach, Helen L. .................. State Hospital, Scranton
Austin, Lois M. .................. Elizabeth Steel Magee Hospital, Pittsburgh
Baily, Emma .................. Moses Taylor Hospital, Scranton
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<td>CHILDS, KATHERINE</td>
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<td>College Health Service, State College</td>
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COCHRAN, MARY L. ................. D. T. Watson Home for Crippled Children, Leetsdale
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GILBERT, Ethel M. .......... Allegheny General Hospital, Pittsburgh
GILBERT, Norma G. .......... York Hospital, York
GILCHRIST, Clara M. .......... Allegheny General Hospital, Pittsburgh
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GILLILAND, Margaret R. .......... 204 S. Fourth St., Clearfield
GIRVAN, Rachel A. .......... Moses Taylor Hospital, Scranton
GLASS, Thelma A. .......... Montefiore Hospital, Pittsburgh
GNALL, Irene .......... Moses Taylor Hospital, Scranton
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GREENLEAF, Alice ** .......... Children's Hospital, Pittsburgh
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GRUBE, Geraldine E. .......... St. Luke's Hospital, Bethlehem
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GUSS, Lucretia M. .......... St. Luke's and Children's Hospital, Philadelphia
HAKE, Ethel M. .......... York Hospital, York
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HAMBLETON, Dorothy .......... Frankford Hospital, Frankford
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HANNAN, Justine .......... Wilkes-Barre General Hospital, Wilkes-Barre
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HEATLEY, Gertrude L. .......... South Side Hospital, Pittsburgh
HENDRICKS, Martha L. .......... West Side Hospital, Scranton
HERWIG, R. Della .......... 34 and Pine Sts., Philadelphia
HETKE, Ethel M. .......... St. Luke's Hospital, Bethlehem
HICKIN, Beth M. .......... C. H. Buhl Hospital, Sharon
HILLIER, Katherine M. .......... Front and Lehigh Sts., Philadelphia
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LINDBERG, RUTH E. 807 Spruce St., Philadelphia
LINK, MARCELLA M. St. Francis Hospital, Pittsburgh
LITAVIS, HELEN T. Sacred Heart Hospital, Allentown
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SNYDER, E. MILDRED .......... 2600 N. Lawrence St., Philadelphia
SNYDER, LOUISE M. .......... Riverview Manor, Harrisburg
SPENGLER, JOSEPHINE C.* .......... Philadelphia General Hospital, Philadelphia
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<tr>
<th>Name</th>
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<td>Steltz, Mrs. Sue F.</td>
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<td>Stevens, Helen V.</td>
<td>Public Health Nursing Assn., 519 Smithfield St., Pittsburgh</td>
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<td>Stewart, Alice E.</td>
<td>Tuberculosis League, Pittsburgh</td>
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<td>Sutherland, Gertrude</td>
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<td>Talbot, Mrs. Emily H.</td>
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<td>Thomas, Edith R.</td>
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<td>Thomas, Ethel F.</td>
<td>Eighth and Spruce Sts., Philadelphia</td>
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<td>Thorp, Ruth B.</td>
<td>8835 Germantown Ave., Philadelphia</td>
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<td>Thumm, Helen M.</td>
<td>Christian H. Buhl Hospital, Sharon</td>
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<td>Tinsley, Esther J.</td>
<td>Pittston Hospital, Pittston</td>
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<td>Tobin, Mary W.</td>
<td>Duquesne University, Pittsburgh</td>
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<td>Trimble, Mary J.</td>
<td>St. Luke's Hospital, Bethlehem</td>
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<td>Tucker, Katharine</td>
<td>Dept. of Nursing Education, University of Pennsylvania, Philadelphia</td>
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<td>Tuffvander, Eleanor M.</td>
<td>York Hospital, York</td>
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<td>Turnbull, Jessie J.</td>
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<td>Unruh, Edith W.</td>
<td>330 W. School Lane, Germantown</td>
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<td>Urffer, Alma M.</td>
<td>Allentown Hospital, Allentown</td>
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<td>Urquhart, Jessie G.</td>
<td>Jewish Hospital, Philadelphia</td>
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<td>Van Buskirk, Ida</td>
<td>St. Luke's Hospital, Bethlehem</td>
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<td>Van Sickel, Mildred</td>
<td>State Hospital, Warren</td>
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<td>Vreeland, Gladys M.</td>
<td>Children's Hospital, Pittsburgh</td>
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<td>Wagner, Sara P.</td>
<td>Presbyterian Hospital, Philadelphia</td>
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<td>Wakefield, Eva L.</td>
<td>Presbyterian Hospital, Philadelphia</td>
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<td>Walder, Marguerite J.</td>
<td>Abington Hospital, Abington</td>
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<td>Walker, Frances I.</td>
<td>Meadville City Hospital, Meadville</td>
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<td>Walsh, Mary R.*</td>
<td>State Hospital, Scranton</td>
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<td>Walton, Katie L.</td>
<td>Philadelphia General Hospital, Philadelphia</td>
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<td>Wanchow, Frances</td>
<td>St. Vincent's Hospital, Erie</td>
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<tr>
<td>Wandlass, Eleanor</td>
<td>St. Joseph's Hospital, Reading</td>
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<td>Wane, Dorothy A.*</td>
<td>St. Luke's Hospital, Bethlehem</td>
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<td>Ward, Ann K.</td>
<td>Scranton State Hospital, Scranton</td>
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<td>Warmbroat, Bertha</td>
<td>Shadyside Hospital, Pittsburgh</td>
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<td>Wells, Mrs. Thelma G.</td>
<td>906 E. Sixth St., Erie</td>
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<td>Welsh, Margaret A.</td>
<td>Temple University Hospital, Philadelphia</td>
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<tr>
<td>Wenk, Elizabeth F.</td>
<td>Ashland State Hospital, Ashland</td>
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<td>Wenrich, Marian</td>
<td>Oakcroft, Wernersville</td>
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<tr>
<td>Werry, Minnie</td>
<td>McKeesport Hospital, McKeesport</td>
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<tr>
<td>Weston, Alice A.**</td>
<td>Reading Hospital, Reading</td>
</tr>
<tr>
<td>Whisner, Wilhelmina L.</td>
<td>Philadelphia General Hospital, Philadelphia</td>
</tr>
</tbody>
</table>
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WHITE, MRS. LIDA S. ...................... 177 E. Bissell Ave., Oil City
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<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Institution</th>
<th>City</th>
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<tbody>
<tr>
<td>DORAN, Loretta *</td>
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<td>DORAN, Margaret G.*</td>
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<td>DURKIN, Helen T.*</td>
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<td>DYKSTRA, Matilda E.</td>
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<td>EARLEY, Annie M.</td>
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<td>EDWARDS, Doris R.</td>
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<td>EATON, Charlotte</td>
<td>88 Taft Ave., Providence</td>
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<td>ESTEY, M. Jean</td>
<td>State Hospital, Howard</td>
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<td>FERRARI, Sarah *</td>
<td>666 Atwells Ave., Providence</td>
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<td>FITZPATRICK, Winifred L.</td>
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<td>FOLEY, Frances J.</td>
<td>Homeopathic Hospital, Providence</td>
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<td>FROST, E. Margaret **</td>
<td>Newport Hospital, Newport</td>
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<td>GAGE, Nina D. **</td>
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<td>GARDNER, Mary S.</td>
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<td>HUGHES, Eva N.</td>
<td>Rhode Island Hospital, Providence</td>
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<td>JOHNSON, Carol E.*</td>
<td>75 Pond St., Pawtucket</td>
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<td>JOHNSTON, Mrs. Dorothy M.</td>
<td>Butler Hospital, Providence</td>
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<td>JUTRAS, Bertha E.</td>
<td>109 Woodbine St., Auburn</td>
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<td>KELLERER, Margaret *</td>
<td>63 Waburn Ave., Providence</td>
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<td>KENNEDY, Jeanne *</td>
<td>75 Pond St., Pawtucket</td>
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<td>KIVELL, Annie E.</td>
<td>St. Joseph's Hospital, Providence</td>
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<td>Memorial Hospital, Pawtucket</td>
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<td>St. Joseph's Hospital, Providence</td>
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<td>LEW, Mildred T.</td>
<td>151 Ocean Ave., Edgewood</td>
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<td>MACINTOSH, Annie E.</td>
<td>Rhode Island Hospital, Providence</td>
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<td>MALLORY, Olga A.</td>
<td>Homeopathic Hospital, Providence</td>
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<td>McGIBBON, Anna K.</td>
<td>Butler Hospital, Providence</td>
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<td>McGlynn, Anna E.</td>
<td>50 Maude St., Providence</td>
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<td>St. Joseph's Hospital, Providence</td>
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<td>Butler Hospital, Providence</td>
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<td>MITCHELL, Zulah P.</td>
<td>State Infirmary, Howard</td>
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<td>MOREAU, Alexina O.</td>
<td>Charles V. Chapin Hospital, Providence</td>
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<td>MORTENSEN, Alice</td>
<td>Memorial Hospital, Pawtucket</td>
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<td>MOTHER M. EVANGELIST</td>
<td>St. Joseph's Hospital, Providence</td>
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<td>MOULSON, Ruth</td>
<td>Memorial Hospital, Pawtucket</td>
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<td>MULVANY, Mary C.</td>
<td>69 Armington Ave., Providence</td>
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<td>MYERS, Edna G.**</td>
<td>Rhode Island Hospital, Providence</td>
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<td>NIZIOLEK, Genevieve C.</td>
<td>St. Joseph's Hospital, Providence</td>
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<td>NOLAN, Genevieve E.*</td>
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<td>O'GARA, Mary E.</td>
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<td>ORTH, Paula C.</td>
<td>Rhode Island Hospital, Providence</td>
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<td>PAOLILLI, Margaret T.*</td>
<td>825 Chalkstone Ave., Providence</td>
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<td>PARKER, Eunice P.*</td>
<td>Homeopathic Hospital, Providence</td>
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<td>PARKER, Hope</td>
<td>Homeopathic Hospital, Providence</td>
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MEMBERS

Paterson, Jean M. ............... Butler Hospital, Providence
Pearce, Vera S. ................. Homeopathic Hospital, Providence
Peirce, Mildred G. ......... Rhode Island Hospital, Providence
Peterson, Carlene C.* ........... 75 Pond St., Pawtucket
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Sister Mary Paul .............. St. Joseph's Hospital, Providence
Sister Mary Paula ............. St. Joseph's Hospital, Providence
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Bolt, Mary L. ................ Anderson County Hospital, Anderson
Bouknight, Sadie C.* ....... Columbia Hospital, Columbia
Bradley, Anna C. ............ 14 E. Calhoun St., Sumter
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Corley, Mary L. ............. Columbia Hospital, Columbia
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GILCHRIST, Helen * .......... State Training School, Clinton
GILLESPIE, Amanda L. .......... Roper Hospital, Charleston
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SNYDER, Ada S. .......... Tuomey Hospital, Sumter
TRENTHAM, Jean .......... McLeod Infirmary, Florence
WELCH, Marguerite J. .......... Columbia Hospital, Columbia
WOODSIDE, Mrs. Grace B. .......... General Hospital, Greenville

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ERICKSON, R. Esther .......... South Dakota State College, Brookings
GALLINA, Alyce .......... St. Joseph’s Hospital, Mitchell
HAGEL, Mrs. I. P. .......... Mound City
HAUG, Gena M. .......... Sioux Valley Hospital, Sioux Falls
HOLTON, Mabel .......... Luther Hospital, Watertown
HUBBS, Hazel I. .......... Peabody Hospital, Webster
JONES, Augusta .......... Black Hills Methodist Hospital, Rapid City
KELLER, Lydia H. .......... Mattin
KRAUSE, Martha B. .......... Dept. of Nursing, South Dakota State College, Brookings
MANIX, Mary L. .......... McKennan Hospital, Sioux Falls
MCKILLOP, Katherine .......... Peabody Hospital, Webster
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PARDEN, Loreta A. .......... St. Luke’s Hospital, Aberdeen
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SISTER M. BONAVENTURE HOFFMAN .McKennon Hospital, Sioux Falls
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SISTER M. DESIDERIA HIRSCH ......... Sacred Heart Hospital, Yankton
SISTER M. EMERENTIA ................ Sacred Heart Hospital, Yankton
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SISTER MARY ITA .................. St. Luke's Hospital, Aberdeen
SISTER M. JULIANA GRAF .......... Sacred Heart Hospital, Yankton
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Zeigler, Frances H. .......... Vanderbilt University, Nashville

†TEXAS—199

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PAYNE, DOROTHY B. ....................... City Hospital, McKinney
PICKENS, MARY ........................... Hermann Hospital, Houston
PITTMAN, MARY H. ....................... 3220 Binz St., Houston
<table>
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<th>Name</th>
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<tr>
<td>POPE, EMMA</td>
<td>Parkland Hospital, Dallas</td>
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<td>POST, MRS. JOSEPHINE N.</td>
<td>Jefferson Davis Hospital, Houston</td>
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<td>PRICKETT, EDNA A.</td>
<td>Baylor University Hospital, Dallas</td>
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<td>PUYEAR, MABEL S.*</td>
<td>10 W. Alabama St., Houston</td>
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<tr>
<td>RADCLIFFE, ROSE M.</td>
<td>Northwest Texas Hospital, Amarillo</td>
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<td>REA, MARGUERITE</td>
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<td>SISTER MARY SAUGIER</td>
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<td>SIZER, MRS. ED R.</td>
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<td>SMITH, ANN B.**</td>
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<td>SMITH, OCTAVIA D.</td>
<td>320 Parkhill Dr., San Antonio</td>
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<td>SMITH, VIRGINIA L.*</td>
<td>South Park St., McKinney</td>
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<td>SORBET, MARIE T.</td>
<td>330 Buford St., Beaumont</td>
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<td>SPICKER, MRS. IVA MCC.</td>
<td>Memorial Hospital, Houston</td>
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<td>STINSEN, ETHEL B.</td>
<td>City Hospital, McKinney</td>
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<tr>
<td>SUREDDIN, MRS. HAZELL B.</td>
<td>2101 Santa Anna, San Antonio</td>
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<td>TAYLOR, MILDRED E.</td>
<td>John Sealy Hospital, Galveston</td>
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<td>TAYLOR, MRS. VIRGINIA L.*</td>
<td>Memorial Hospital, Houston</td>
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<td>THOMAS, LENA B.**</td>
<td>Cantrell Sanitarium, Greenville</td>
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<td>THOMSON, JEANNE</td>
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<tr>
<td>TILLERY, MARY K.</td>
<td>930 W. 4 St., Freeport</td>
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<td>TIPTON, MELBA K.</td>
<td>Dallas Methodist Hospital, Dallas</td>
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<td>TOBIN, ALMA *</td>
<td>Methodist Hospital, Dallas</td>
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<tr>
<td>TRAVIS, SUE T.**</td>
<td>715 W. Travis St., San Antonio</td>
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<td>TROUSDALE, SALLIE</td>
<td>Brackenridge Hospital, Austin</td>
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<td>TURNER, JESSIE E.</td>
<td>2514 Reagan, Dallas</td>
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<td>WALL, RUTH</td>
<td>Baylor University Hospital, Dallas</td>
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<td>WALKER, HILDA M.*</td>
<td>John Sealy Hospital, Galveston</td>
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<tr>
<td>WALLACE, ANGYE J.</td>
<td>McAllen Municipal Hospital, McAllen</td>
</tr>
<tr>
<td>WALLACE, MARY V.*</td>
<td>622 N. Haskell, Dallas</td>
</tr>
</tbody>
</table>
WALTHERS, LILLIE.........John Sealy Hospital, Galveston
WEINRICH, MARGARET L.......Jefferson Davis Hospital, Houston
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ZUELZER, MRS. MARTHA H.....Baylor University Hospital, Dallas

$UTAH—50

BILGER, ANNETTA J.**......Salt Lake General Hospital, Salt Lake City
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BUCKINGHAM, ATTALEE M.....Latter-Day Saints Hospital, Salt Lake City
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Wilson, Sarita 1506 24 St., Ogden
Wood, Mildred 107 First Ave., Salt Lake City
Woolley, Mrs. Marie P. St. Mark's Hospital, Salt Lake City

VERMONT—7

Baker, Mary A. Henry W. Putnam Memorial Hospital, Bennington
Berry, R. Hazel 47 Nichols St., Rutland
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Keirstead, Mrs. Hazel E. Brattleboro Memorial Hospital, Brattleboro
Kreuger, Clara Heaton Hospital, Mt. Pelier
Marsden, Mrs. Helen C. Manchester Depot
Stone, Pearl C.* 46 Nichols St., Rutland

\$VIRGINIA—98

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Allon, Martha B. Rockingham Memorial Hospital, Harrisonburg
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Brake, Mary Memorial Hospital, Danville
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Cook, Maud M.* 349 W. Bute St., Norfolk
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Cox, Katharine C. Chesapeake & Ohio Hospital, Clifton Forge
Cox, Mrs. Madeline W. Elizabeth Buxton Hospital, Newport News
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Decker, Anna C. Blue Ridge Sanatorium, Charlottesville
DeWitt, Marie University of Virginia Hospital, University
Doherty, Catherine McKim Hall, Charlottesville
Drumheller, Virginia University of Virginia Hospital, University
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Elder, Nancy M. Stuart Circle Hospital, Richmond
Epperson, Ruth B. Norfolk General Hospital, Norfolk
Faris, Mrs. Jessie W. 3015 E. Broad St., Richmond
Ferguson, Nina E. Stuart Circle Hospital, Richmond
Gary, Katherine R. Stuart Circle Hospital, Richmond
Geis, Geraldine McKim Hall, University
<table>
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<th>Address/Institution</th>
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<td>VanVort, Rose Z.</td>
<td>3400 Grove Ave., Apt. 2, Richmond</td>
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<td>Vaughan, Mary H.</td>
<td>Elizabeth Buxton Hospital, Newport News</td>
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<td>Wallace, Marie E.</td>
<td>3828 N. Chesterbrook Rd., Arlington</td>
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<td>Walker, Ethel D.</td>
<td>509 North St., Portsmouth</td>
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<td>Walter, Agnes M.</td>
<td>300 W. York St., Norfolk</td>
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<td>Wagenen, Clare M.</td>
<td>University of Virginia Hospital, University</td>
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<td>Watkins, Elizabeth</td>
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<td>Cabaniss Hall, Richmond</td>
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<td>Williams, Virginia L.</td>
<td>Crippled Children's Hospital, Richmond</td>
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<td>Woods, Juanita G.</td>
<td>223 S. Cherry St., Richmond</td>
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**WASHINGTON—76**

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<td>Adams, Henrietta M.</td>
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<td>Coolidge, Mary C.</td>
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<td>Cornelison, Sophia</td>
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<td>Larue, Ione</td>
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<td>Leahy, Kathleen M.</td>
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<td>Lowman, Gladys</td>
<td>Children's Orthopedic Hospital, Seattle</td>
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MACIVOR, VIRGINIA*...........Children's Orthopedic Hospital, Seattle
MANSPERGER, MARGUERITE......Everett General Hospital, Everett
MARTIN, GLEE G. ..............Washington State Nurses' Assn., Textile Tower, Seattle
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SISTER MARY CYRIL .............St. Joseph's Hospital, Bellingham
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WESSON, MARGARET J.*......... Swedish Hospital, Seattle
WILES, MILDRED ................ Providence Hospital, Seattle
YAMAJI, MICHIO* ...............St. Joseph's Hospital, Tacoma
YOUNG, LUCY C. ................St. Luke's Hospital, Spokane

WEST VIRGINIA—41

BELDEN, LELA ..................Reynolds Memorial Hospital, Glendale
BINGHAMAN, JOSEPHINE C. ......Kanawha Valley Hospital, Charleston
BLOOMHART, ELLA ...............Camden-Clark Hospital, Parkersburg
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CAMPION, ORA A. ................Davis Memorial Hospital, Elkins
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CLEARY, NELLE R. ..............St. Joseph's Hospital, Parkersburg
CLENZINEN, ESTHER .............Davis Memorial Hospital, Elkins
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LITTLE, EDNA R. ...............Wheeling Hospital, Wheeling
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BRULEY, RUTH J.* .......................................... Mt. Sinai Hospital, Milwaukee
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<td>3359 N. Frederick Ave., Milwaukee</td>
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<td>SAGER, Maude</td>
<td>Methodist Hospital, Madison</td>
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<td>SCOTT, Mary E.*</td>
<td>460 E. Division St., Fond du Lac</td>
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<td>SEHORG, Mrs. Grace K.</td>
<td>Wisconsin General Hospital, Madison</td>
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<td>SELMER, Arleen E.</td>
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<td>SCHMIDT, C. Evelyn*</td>
<td>430 N. Randall Ave., Madison</td>
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<td>SCHRPEL, Mary A.</td>
<td>Bellin Memorial Hospital, Green Bay</td>
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<td>SEIDMIRADICKY, Lillian</td>
<td>814 E. Lake St., Ladysmith</td>
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<td>SHEILDS, Savallah M.</td>
<td>St. Mary’s Hospital, Milwaukee</td>
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<td>SHOLLEY, Miriam I.</td>
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<td>SISTER ADELINDA LASKOSKI</td>
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<td>SISTER MARY ETHELREDA EBL</td>
<td>Marquette University School of Nursing, Milwauke</td>
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<td>SISTER M. FLORINA NIELAND**</td>
<td>St. Francis Hospital, La Crosse</td>
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<td>SISTER M. FORTUNA BAUMANN</td>
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<td>SISTER M. JOVITA HAYDEN</td>
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<td>SISTER M. LIBORIA KEGEL</td>
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<td>SISTER M. PULCHERIA WUELLNER</td>
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<td>SISTER M. SILVANA ULBRICH</td>
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<td>SISTER ST. MILDRED BOUCHER</td>
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<td>STEHLE, Edith A.</td>
<td>Wisconsin General Hospital, Madison</td>
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<td>STOLEN, Theresa</td>
<td>Wisconsin General Hospital, Madison</td>
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<tr>
<td>STRIEGL, CAROLINE A.*</td>
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<td>SWAN, MAE</td>
<td>St. Francis Hospital, La Crosse</td>
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<td>SWIGGUM, ELAINE R.*</td>
<td>2816 Sommers Ave., Madison</td>
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<td>TELLEFSON, ELVERA</td>
<td>Evangelical Deaconess Hospital, Milwaukee</td>
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<td>TESLOW, DOROTHY A.</td>
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<td>WALN, CLARA E.</td>
<td>Luther Hospital, Eau Claire</td>
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<td>WATSON, SHIRLEY</td>
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<td>WEISS, Rose M.</td>
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WYOMING—4

Boyd, Ida I. ......................... Memorial Hospital, Casper
Kiser, Ruby M. ....................... Box 821, Gillette
Hersey, Frances M. .................. Div. of Public Health, Cheyenne
Yockey, Mildred A. ................... Sheridan Memorial Hospital, Sheridan

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Tiber, Bertha M. ...................... Box 2822, Juneau

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Ross, Elizabeth B. ................... 1962 Tupper St., Apt. 42, Montreal

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Davis, Mary E. ....................... Colon Hospital, Colon Beach, Cristobal

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Hirst, Elizabeth ...................... Peiping Union Medical College, Peiping
Hodgman, Gertrude E.** .............. Peiping Union Medical College, Peiping

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Ayers, Ada G. ......................... Memorial Hospital, Hilo
Barry, Constance ..................... St. Francis Hospital, Honolulu
Floyd, Theodora A. ................... 2417 Halelea Pl., Honolulu
Peck, Helen C. ....................... Palama Settlement, Honolulu
Rheinlander, M. Sue .................. St. Francis Hospital, Honolulu
Williams, Anna G. .................. G. N. Wilcox Memorial Hospital, Tihue, Kanai
Williams, Mary ** ................... Board of Health, Honolulu

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PUERTO RICO—1

Sister Rosita Maria Cullum ** 20 Marina St., Ponce

TURKEY—1

Shank, Dora F.** ...................... American Hospital, Istanbul

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Ellis, Kathleen W. .................. Saskatchewan Registered Nurse Assn., Saskatoon, Sask., Canada
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WYNE, MARGARET R. ................................. Peiping Union Medical College, Peiping, China

TOTAL MEMBERSHIP

Honorary members .................................. 9
Life members ........................................ 1
Sustaining members .................................. 325
Active members ...................................... 5,183
Junior active members ............................... 947
Associate members .................................. 11

Total .................................................. 6,476*

DECEASED MEMBERS

Names from 1893 to June 1939, are given in previous Annual Reports. The names of members whose deaths have been reported since June 1939, are:

EUNICE I. AMES ........................................ 1939
ELEANOR FENNESSEY .................................. June 9, 1939
ELLEN V. BLACKWOOD ................................ July 10, 1939
MRS. GRACE ENGELB ................................. July 16, 1939
HELEN Fagan ........................................... September 24, 1939
ESTHER T. JACKSON ................................... September 26, 1939
SISTER M. ANN PATRICE ......................... November 13, 1939
DOLLIE F. THOMPSON ................................ November 21, 1939
MARY E. GLADWIN .................................... November 22, 1939
MURIEL M. MACMAHON .............................. December 3, 1939
SISTER M. THERESA BYERLY ....................... December 13, 1939
MARY C. McKENNA .................................. December 26, 1939
SISTER MARY IRENE ................................. January 14, 1940
ANNA M. HOLT ....... .................................. January 26, 1940
LUCY C. AYERS ....................................... February 7, 1940
SISTER M. CHRISTOPHER MCGUIRE ................. February 9, 1940
MARY P. LAXTON ..................................... February 13, 1940
ELIZABETH F. MILLER ................................ February 27, 1940
M. ELLEN McINTYRE ................................ March 4, 1940

* Since the Report went to press on July 1, we have received the dues of 59 members, making the total membership 6,535. We are sorry that the names were received too late to be included in the membership list.
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