HEADQUARTERS
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1790 BROADWAY, NEW YORK, N. Y.
Annual Report
and
Proceedings
of the
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of the
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Butler Hospital, Providence, R. I.

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

JESSIE LATHAM
Methodist Hospital, Memphis, Tenn.

VIVIAN MALONEY
924 13 St., N., Fargo, N. D.

HELEN C. MARSH
St. Elizabeth’s Hospital, Lincoln, Neb.

MARY BELL MAY
Presbyterian Hospital, Charlotte, N. C.

MARGARET MCGREGOR
1003 Ivy St., St. Paul, Minn.

MARGARET McKENZIE
Englewood Hospital, Englewood, N. J.

M. RUTH MOWBRAY
Maryland General Hospital, Baltimore, Md.
GENEVIEVE MUNICH  
Delaware Hospital, Wilmington, Del.

MARY OSBORNE  
Calais Hospital, Calais, Me.

FRANCES PURDY  
Moses Taylor Hospital, Scranton, Pa.

M. ALICIA SAYRE  
Bethany Hospital, Kansas City, Kan.

SISTER WILLIAM  
St. Joseph’s Hospital, Mitchell, S. D.

HELEN I. STOCKTON  
Box 2591, Birmingham, Ala.

MARTHA TETER  
Trinity Hospital, Little Rock, Ark.

MYRA L. THOMAS  
Ohio Valley General Hospital, Wheeling, W. Va.

GERTRUDE THOMPSON  
Garfield Memorial Hospital, Washington, D. C.

MARIE VIGUS  
Highland Sanitarium, Shreveport, La.

MAISIE WETZEL  
1204 S. W. Gibbs St., Portland, Ore.

COMMITTEE ON MENTAL HYGIENE AND PSYCHIATRIC NURSING

MAY KENNEDY, Chairman  
1320 York Ave., New York, N. Y.

STELLA ACKLEY  
4200 E. Ninth Ave., Denver, Colo.

KATHLEEN ATTO  
McLean Hospital, Waverley, Mass.

ROSE BIGLER  
6400 Irving Park Blvd., Chicago, Ill.

ELIZABETH BIXLER  
Norwich State Hospital, Norwich, Conn.

MARY E. CORCORAN  
N. J. State Hospital, Greystone Park, N. J.

ISABEL ERICKSON  
The Menninger Clinic, Topeka, Kan.

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Butler Hospital, Providence, R. I.

VIRGINIA KIRK  
County Health Dept., Franklin, Tenn.

FLORENCE NEWELL  
Psychiatric Institute and Hospital, 722 W. 168 St., New York, N. Y.

ZELLA NICHOLAS  
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MARY A. SYLVA  
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621 Majestic Building, Denver, Colo.

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Yale University School of Nursing,
New Haven, Conn.

AGNES K. OHLSON
State Office Building, Hartford, Conn.

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ington, D. C.

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Sanatorium, Colorado Springs, Colo.

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153 W. 11 St., New York, N. Y.

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

SISTER M. BERENICE BECK
Marquette University College of Nurs-
ing, Milwaukee, Wis.

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Richmond, Va.

BESSIE M. CHAPMAN
419 Commercial Building, Raleigh, N. C.

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1746 K St., N. W., Washington, D. C.

MARGARET DIETER
Massachusetts Memorial Hospitals, Bos-
ton, Mass.

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Education Building, Albany, N. Y.

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325 W. 120 St., New York, N. Y.

IRENE MURCHISON
621 Majestic Building, Denver, Colo.

HONOR MURPHY
604 S. Third St., Louisville, Ky.

AGNES OHLSON
State Office Building, Hartford, Conn.

ANNE RADFORD
Dept. of Licenses, Olympia, Wash.

MRS. ELIZABETH SOULE
School of Nursing, University of Wash-
ington, Seattle, Wash.

JULIE C. TEBO
508 Pere Marquette Building, New Or-
leans, La.

ELLA VAN HORN
1750 W. Congress St., Chicago, Ill.

NINA E. WOOTTON
1002 Cotton States Building, Nashville,
Tenn.
JOINT COMMITTEES

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

COMMITTEE ON COMMUNITY NURSING SERVICE

Chairman to be appointed

Representing the American Nurses' Association

MARY E. G. BLISS
1790 Broadway, New York, N. Y.

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

HELEN MCDONOUGH
1271 Benton Ave., Pittsburgh, N. S., Pa.

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

*MR. ARTHUR SPIEGEL
3314 Lake Shore Dr., Chicago, Ill.

ALMA H. SCOTT (ex officio)
1790 Broadway, New York, N. Y.

JULIA C. STIMSON (ex officio)
1790 Broadway, New York, N. Y.

Representing the National League of Nursing Education

*MRS. HENRY JAMES
133 E. 64 St., New York, N. Y.

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

*MRS. ROBERT McCLELLAN
Cambridge, N. Y.

MARGARET CONRAD
622 W. 168 St., New York, N. Y.

STELLA GOOSTRAY (ex officio)
The Children's Hospital, Boston, Mass.

CLARIBEL A. WHEELER (ex officio)
1790 Broadway, New York, N. Y.

Representing the National Organization for Public Health Nursing

MRS. LULU ST. CLAIR BLAINE
51 Warren Ave., W., Detroit, Mich.

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

*EVELYN K. DAVIS (ex officio)
1790 Broadway, New York, N. Y.

*MR. S. EMMEN STOKES
Broadacres, Moorstown, N. J.

DOROTHY DEMING (ex officio)
1790 Broadway, New York, N. Y.

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

Representing the American Journal of Nursing

MARY M. ROBERTS (ex officio)
1790 Broadway, New York, N. Y.

Representing Public Health Nursing

PURCELL PECK (ex officio)
1790 Broadway, New York, N. Y.

Member-at-large

GRACE L. REID
Strong Memorial Hospital, Rochester, N. Y.

CONSULTANTS

Dr. W. W. BAUER
Chicago, Ill.

DR. GEORGE W. KOSMAK
New York, N. Y.

Dr. C. W. MUNGER
New York, N. Y.

Dr. G. C. RUHLAND
Washington, D. C.

Dr. A. E. SHIPLEY
Brooklyn, N. Y.

* Lay associates.
COMMITTEE TO CONFER WITH THE INTERDEPARTMENTAL COMMITTEE TO COORDINATE HEALTH AND WELFARE ACTIVITIES

Representing the National League of Nursing Education

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

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

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

STELLA GOOSTRAY (ex officio)  
The Children’s Hospital, Boston, Mass.

CLARIBEL A. WHEELER (ex officio)  
1790 Broadway, New York, N. Y.

NURSING COUNCIL ON NATIONAL DEFENSE

Representing the National League of Nursing Education

STELLA GOOSTRAY  
The Children’s Hospital, Boston, Mass.  
The University of Chicago, Chicago, Ill.

NELLIE X. HAWKINSON  
Massachusetts General Hospital, Boston, Mass.

SALLY JOHNSON  
The University of Chicago, Chicago, Ill.

COMMITTEE TO WORK WITH THE NATIONAL ASSOCIATION OF COLORED GRADUATE NURSES

Representing the National League of Nursing Education

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

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

CLARIBEL A. WHEELER  
1790 Broadway, New York, N. Y.

ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

An independent committee representing the three national nursing organizations

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

ELLA BEST  
1790 Broadway, New York, N. Y.

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

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

HELEN DINNER  
Wisconsin State Hospital, Madison, Wis.

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

*MARY C. EDEN, Secretary-Treasurer  

*Laura M. Grant  
Yale University School of Nursing, New Haven, Conn.

Marion G. Howell  
2063 Adelbert Rd., Cleveland, Ohio

Sally Johnson  
Massachusetts General Hospital, Boston, Mass.

*Elsie M. Lawler  
Johns Hopkins Hospital, Baltimore, Md.

Margaret K. Stack  
State Office Building, Hartford, Conn.

Elmora E. Thomson  
University of Oregon, Portland, Ore.

Anna D. Wolf  
Johns Hopkins Hospital, Baltimore, Md.

Stella Goostray (ex officio)  
The Children’s Hospital, Boston, Mass.

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

Julia C. Stimson (ex officio)  
1790 Broadway, New York, N. Y.

* Members of Executive Committee.
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.
   President, Ida F. Giles; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.
   President, Georgia M. Nevins; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

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

   President, Maude Banfield; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1926  Atlantic City, N. J., May 17-23.
    President, Carrie M. Hall; Secretary, Ada Belle McCleery; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.

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

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

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

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.
PAST OFFICERS

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

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

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

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

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

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

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

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

1940 Philadelphia, Pa., May 12-17.
  President, Nellie X. Hawkinson; Secretary, Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

  President, Stella Goosray; Secretary, Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

The Organization has affiliations with

American Association of Medical Social Workers, 18 East Division Street, Chicago, Ill.

American College of Surgeons, 40 East Erie Street, Chicago, Ill.

American 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, 1790 Broadway, 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, 1790 Broadway, New York, N. Y.
American Society for the Control of Cancer, 350 Madison 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, 654 Madison Avenue, New York, N. Y.
National Committee for Mental Hygiene, 1790 Broadway, New York, N. Y.
National Education Association of the United States, Washington, D. C.
National Organization for Public Health Nursing, 1790 Broadway, New York,
N. Y.
National Tuberculosis Association, 1790 Broadway, New York, N. Y.
PROCEEDINGS
FORTY-SEVENTH ANNUAL CONVENTION
NATIONAL LEAGUE OF NURSING EDUCATION
Detroit, Michigan, May 26-30, 1941

Opening Business Session
Monday, May 26, 10:00 a.m.

Presiding: Stella Goosstray, R.N., President.
Since the roll call indicated that representatives from 35 states were present, the President declared the Forty-seventh Annual Convention in session.1

Report of the Secretary
In accordance with its usual practice, the Board of Directors has held two groups of meetings during this year, the first in connection with the annual meeting in Philadelphia last May, and the other in New York during the latter part of January.

At the session immediately following the convention, Miss Edna Newman was appointed a member of the Board to fill the unexpired term of Miss Stella Goosstray who had been elected to the presidency.

There have been a number of changes this year in the committees of the League. The Committee to Study Administration in Schools of Nursing finished its work and was declared to be no longer existent by the president who expressed the appreciation of the League to Miss Taylor and the other members of the committee.

Two other committees did not function actively throughout the year—one, the Committee to Advise the American Red Cross Nursing Service, because its duties were taken over by the Nursing Council on National Defense and Miss Beard's Subcommittee on Nursing of the Health and Medical Committee of the Council on National Defense; the other, the Committee to Confer with the Interdepartmental Committee, because the Interdepartmental Committee itself was inactive.

Three new committees were appointed, the Committee on Placement and Vocational Guidance, the Committee to Study the Present Organization at Headquarters, and the Committee to Study Ways and Means to Continue the Work of the Accrediting Committee.

The names of two committees were changed—the Committee on Sisters' Problems to the Committee on Sisters, and the Committee on the Care of the Child to the Committee on the Education of Nurses in the Care of the Child.

The Committee to Outline Principles and Policies for the Control of Subsidiary Workers, formerly a joint committee of the three national nursing

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1 By-laws—Article XI, Sec. 3—"Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention."

[21]
organizations, became a committee of the American Nurses' Association with representatives from all branches of nursing.

Among the committee recommendations which it approved, the Board authorized the project requested by the Committee on Nursing Tests, that the committee establish an NLNE Pre-nursing and Guidance Test Service. It was voted as follows:

"That the NLNE Board authorize the Committee on Nursing Tests to plan for, establish, and operate on an experimental basis an NLNE Pre-nursing and Guidance Test Service without committing the League to any financial obligations."

The League is cooperating with other organizations even more actively than usual this year. Of paramount importance is its participation in the defense program through its membership in the Nursing Council on National Defense. Miss Stewart is serving as the Council's Chairman of the Committee on Educational Policies and Resources. Miss Hawkinson represents the League on the National Coordinating Committee on Education and Defense of the American Council on Education.

At the invitation of the Board of Directors of the National Organization for Public Health Nursing, the League Board of Directors authorized the President to appoint members to form a Joint Orthopedic Council with the NOPHN.

As requested by the Association of Collegiate Schools of Nursing the Board appointed a representative of the ACSN to serve on the League's Committee on State Board Problems in order that some of the problems of collegiate programs in relation to state laws might be clarified.

The League also accepted the suggestion of the Committee on Accrediting that members of the Board of Directors of the League and of the Committee on Accrediting hold a conference with the Board of Trustees and members of the Council on Professional Practice of the American Hospital Association to discuss the accrediting program and other problems of mutual interest.

The status of the League's membership in the American Council on Education has been changed during the year—formerly an associate member, it is now a constituent member and has appointed three official representatives to the Council.

By referendum vote, later ratified at a regular meeting, the Board authorized the moving of Headquarters from 50 West 50 Street to 1790 Broadway, and empowered the Executive Secretary to negotiate a sublease.

The Isabel Hampton Robb Memorial Fund Committee asked the League if it might use the address of the League as the permanent address of the committee in connection with the process of the committee's incorporating. The Board of Directors gladly acceded to the request and granted the necessary authorization.

Largely due to the sustained efforts of the National and state committees on membership, the list of members of the League for 1940 was 6,755. There have been no new state leagues formed this year, so that the number of these leagues remain at 40.
Each year brings to the League its loss of those who formerly served the organization and shared its fellowship. We pay tribute today to the following nurses who have died during the last twelve months:

**WALKER, LORRAINE HOPE**  
Pauline Edmondson  
Ida F. Giles ........................................ April, 1941  
Delmar Odden ........................................ April, 1941  
Carrie M. Woods ...................................... March 14, 1941  
Martha H. Smith ..................................... March 12, 1941  
Lotta A. Darling ..................................... March 7, 1941  
Sister Amy Margaret .................................. March 6, 1941  
Katharine A. Sanborn ................................ February 23, 1941  
Anna M. Scott ........................................ January 15, 1941  
Margaret R. Parker .................................. January 12, 1941  
A. Elizabeth Bigelow ................................ June 6, 1941  
Maggie L. Banks ...................................... December 26, 1940  
Esther L. Shields ..................................... November 10, 1940  
Anna M. James ........................................ September 20, 1940  
Florence E. Goodenough  
Josephine Hughes ..................................... August 25, 1940  
Elizabeth Stringer ................................... July 12, 1940  
Minnie E. Dunn ....................................... July 11, 1940  
Josephine Dupch ...................................... July 6, 1940  
Mary L. Twiss ........................................ June 22, 1940  
Frances M. DeMuth ................................... June 12, 1940  
Ada G. Ayers .......................................... May 27, 1940  

Respectfully submitted,  
Marian Durell, Secretary

**FINANCIAL REPORT OF THE TREASURER**

Miss Lucile Petry, Treasurer  
National League of Nursing Education  
1790 Broadway, 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, 1940, and present herewith the following two exhibits and four schedules:

Exhibit "A"—Statement of Financial Condition December 31, 1940.

Exhibit "A"—Schedule "1"—Special American Nurses' Fund. Advances Received from American Nurses' Association, Inc., for Special Projects—Statement of Receipts and Disbursements for the Year Ended December 31, 1940.

Exhibit "A"—Schedule "2"—Statement of Receipts and Disbursements of the Fund for Accrediting for the Year Ended December 31, 1940.

Exhibit "A"—Schedule "3"—Statement of Receipts and Disbursements of the Fund for Research in Nursing for the Year Ended December 31, 1940.

Exhibit "B"—Schedule "I"—Statement of Headquarter's Expenses for the Year Ended December 31, 1940.

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 depositaries. I also made a general review of the operating and income accounts for the year but did not made 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, 1940, and the results of the operations for the year ended on that date.

Yours very truly,
(Signed) FREDERICK FISCHER, JR.,
Certified Public Accountant

New York, N. Y.
January 15, 1941

EXHIBIT A

Statement of Financial Condition December 31, 1940

Assets
Cash:
Checking account ........................................ $8,864.17
Savings bank accounts .................................. 8,393.86
Petty cash fund ........................................... 40.00
........................................................................ $17,298.03
Securities—$3,000 Chicago Rock Island & Pacific R. R. Co. 4%
due April 1, 1934 (at approximate market value) .......... 300.00
Prepaid expense—Convention 1942 .......................... 83.34

Total Assets ................................................. $17,681.37

Liabilities ..................................................... None

Net Assets .................................................... $17,681.37

The Net Assets Comprise the Following Fund Balances

General Fund, per Exhibit "B" ................................ $13,569.56
Fund for Research in Nursing, per Schedule "3" ........... 4,111.81

Total Funds .................................................. $17,681.37
EXHIBIT A—SCHEDULE 1

Special American Nurses' Fund

Advances Received from American Nurses' Association, Inc., for Special Projects—Statement of Receipts and Disbursements for the Year Ended December 31, 1940

Unexpended Balance December 31, 1939 ........................................... $241.16

Receipts

Received from American Nurses' Association, Inc. ................................ $1,867.68

Total Receipts ................................................................. $2,108.84

Disbursements (Expenses)

Committee on State Board Problems:
- Special conference ........................................... $46.45
- Stenographic service, mimeographing, etc. ................. 48.44

Total Disbursements ...................................................... $94.89

Committee on Mental Hygiene:
- Stenographic service, mimeographing, etc. ................. 13.95

Total Disbursements ...................................................... $108.84

Add—Transferred to Fund for Accrediting, per Schedule "2" ................. 2,000.00

Balance December 31, 1940 ................................................... None

EXHIBIT A—SCHEDULE 2

Statement of Receipts and Disbursements of the Fund for Accrediting for the Year Ended December 31, 1940

Deficit December 31, 1939 ..................................................... $1,553.22

Receipts

Applications filed—fees .................................................. $920.00
Sale of "Schedules" ...................................................... 7.35
Survey fees ............................................................... 20,715.00

Total Receipts ............................................................... $21,642.33

Add—Transfer from other funds:
- Special American Nurses' Fund, per Schedule "1" .............. $2,000.00
- Fund for Research in Nursing, per Schedule "3" ............... 4,821.66

Total ................................................................. 6,821.66

Total ................................................................. 28,463.99

Total ................................................................. $26,910.77
## Disbursements

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$8,183.20</td>
</tr>
<tr>
<td>Extra stenographic service</td>
<td>1,013.03</td>
</tr>
<tr>
<td>Committee meetings</td>
<td>434.56</td>
</tr>
<tr>
<td>Travel expense—Secretary</td>
<td>86.20</td>
</tr>
<tr>
<td>Printing and office expense</td>
<td>906.64</td>
</tr>
<tr>
<td>Ediphone expense</td>
<td>510.79</td>
</tr>
<tr>
<td><strong>Field Visitors:</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$8,886.62</td>
</tr>
<tr>
<td>Maintenance and travel</td>
<td>6,887.73</td>
</tr>
<tr>
<td><strong>Total Disbursements</strong></td>
<td>15,774.35</td>
</tr>
</tbody>
</table>

**Total Disbursements** $26,910.77

**Balance December 31, 1940** None

## Exhibit A—Schedule 3

### Statement of Receipts and Disbursements of the Fund for Research in Nursing for the Year Ended December 31, 1940

**Balance December 31, 1939** $13,548.00

### Receipts

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contribution</strong></td>
<td>$5,000.00</td>
</tr>
<tr>
<td><strong>Total Receipts</strong></td>
<td>$18,548.00</td>
</tr>
</tbody>
</table>

### Disbursements

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$5,975.50</td>
</tr>
<tr>
<td>Research consultant</td>
<td>375.00</td>
</tr>
<tr>
<td>Travel—staff</td>
<td>56.12</td>
</tr>
<tr>
<td>Travel—meetings, consultants</td>
<td>$604.46</td>
</tr>
<tr>
<td>Supplies, telephone, postage, etc.</td>
<td>486.78</td>
</tr>
<tr>
<td>Rent</td>
<td>350.00</td>
</tr>
<tr>
<td>Printing &quot;Fundamentals of Administration for Schools of Nursing&quot;</td>
<td>1,766.67</td>
</tr>
<tr>
<td><strong>Total Disbursements</strong></td>
<td>$9,614.53</td>
</tr>
</tbody>
</table>

**Add—Transferred to Fund for Accrediting, per Schedule "2"** $4,821.66

**Balance December 31, 1940, per Exhibit "A"** $4,111.81
CONVENTION PROCEEDINGS

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, 1940

Income

Membership dues
  State .................................. $20,415.00
  Individual ................................ 944.00
  ........................................... $21,359.00

Contributions ................................ 897.25
Interest on savings accounts ............... 143.79
Convention registration and program advertising .................................. 946.81
Biennial exhibit—share of net profits .................................. 3,442.67
Honorarium to Executive Secretary ............... 5.00
Royalties .................................. 58.23
Fees—Department of Studies ......................... 2,033.00

Sales of:
  Publications ................................ $3,166.52
  Publication "Curriculum" ......................... 2,620.90
  Publication "Administrative Cost Analysis for Nursing Service and Nursing Education" .................................. 1,386.00
  Photographs .................................. 262.25
  Record forms and guide ......................... 9,486.38
  Slides .................................. 498.50
  List of schools of nursing ....................... 703.80
  State League supplies ......................... 6.98
  ........................................... 18,131.33

Rental of films ................................ 80.00

Total Income ................................ $47,099.08

Expenses

Officers' and Directors' expenses ............... $659.79
President's travel expenses .................. 52.28
Executive Secretary's travel expenses .......... 159.18
Printing Annual Report ......................... 3,221.89
Stationery .................................. 224.93
Exhibits .................................. 44.25
Auditor's fee ................................ 150.00
Dues—American Council on Education .............. 100.00
Storing and handling films ..................... 16.47
Miscellaneous ................................ 26.66

Department of Studies:
  Salaries .................................. $8,873.52
  Field travel ................................ 353.54
  Postage, mimeographing, etc. .................. 243.87
  ........................................... 9,470.93

Committees:
  Care of the Child ......................... $118.99
  Joint Committee on Nursing Service .......... 77.00
Curriculum ........................................ $94.51  
Finance ........................................... 19.00  
Headquarters ..................................... 57.53  
Lay Participation ................................ 63.41  
Membership ....................................... 2.69  
Nominating ...................................... 31.29  
Records .......................................... 44.85  
Status of Hospital Staff Nurse .............. 33.74  
Sisters ........................................... 14.49  
Nursing Council on National Defense ...... 92.20  
Subsidiary Workers ............................. 6.49  
Nursing Tests .................................... 4.10  

**Total Convention Expenses:** $660.09

**Convention Expenses:**
- Program, badges, etc. ...................... $110.69  
- Officers and staff expenses ............... 380.72  
- Programs and speakers .................... 5.55  
- Reprints of reports ......................... 121.57  
- Reporting convention ...................... 137.75  

**Total Printing and other costs of publications, etc. for sale:** 756.28

- Publications ................................ $2,009.29  
- Photographs ................................ 205.75  
- Slides ......................................... 116.72  
- Reprinting records ......................... 3,141.17  
- State League supplies ..................... 120.57  
- Printing "Administrative Cost Analysis for Nursing Service and Nursing Education" 1,077.83

**Total Expenses**: $41,333.55

**Excess of Income over Expenses**: $5,765.53

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**GENERAL FUND**

**Balance, December 31, 1939**: $7,644.34

**Add**—Transfer of unexpected balance of American Nurses' Association Special Fund .............................................. $133.19

Adjustment of reserve for depreciation in market value of securities .................. 31.25

**Balance, December 31, 1939, per Exhibit "A"**: $7,804.03

**Deduct**—Uncollectable 1939 accounts receivable account of returned checks .......... 4.75

**Balance, December 31, 1940, per Exhibit "A"**: $13,569.56
CONVENTION PROCEEDINGS

EXHIBIT B—SCHEDULE 1

Statement of Headquarters' Expenses for the Year Ended December 31, 1940

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$10,860.00</td>
</tr>
<tr>
<td>Salaries—extra stenographic</td>
<td>212.22</td>
</tr>
<tr>
<td>Special office care</td>
<td>47.06</td>
</tr>
<tr>
<td>Telephone</td>
<td>467.46</td>
</tr>
<tr>
<td>Telegrams</td>
<td>48.14</td>
</tr>
<tr>
<td>Supplies</td>
<td>344.90</td>
</tr>
<tr>
<td>Shipping service</td>
<td>1,082.56</td>
</tr>
<tr>
<td>Postage and express charges</td>
<td>2,141.38</td>
</tr>
<tr>
<td>Library service</td>
<td>150.00</td>
</tr>
<tr>
<td>Entertainment</td>
<td>21.75</td>
</tr>
<tr>
<td>Insurance</td>
<td>50.03</td>
</tr>
<tr>
<td>Reference books and reports</td>
<td>18.84</td>
</tr>
<tr>
<td>Equipment</td>
<td>219.62</td>
</tr>
<tr>
<td>Mimeographing and multigraphing</td>
<td>572.33</td>
</tr>
<tr>
<td>Clerical staff health examination</td>
<td>21.00</td>
</tr>
<tr>
<td>Moving expenses, equipment, etc.</td>
<td>549.96</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>164.24</td>
</tr>
</tbody>
</table>

**Total Headquarters' Expenses, per Exhibit "B"** $19,119.67

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 Philadelphia in May, 1940.

NEW OFFICES

On October 10, 1940, the offices were moved from 50 West 50 Street to 1790 Broadway, because the lease of the National Health Council had expired and Rockefeller Center would not renew it except at a much increased rental. The staff were loath to leave their attractive setting at Rockefeller Center, to which they had all grown attached, for the bright lights of Broadway. Now that we are actually in our new home, we are a little more resigned to our fate. We are far enough removed from the "bright lights" so that they do not disturb us.

Although the League space is divided in half by a passageway for the American Nurses' Association and the American Journal of Nursing, and although the private offices are still smaller than they were at Rockefeller Center, we have much for which to be thankful. The clerical staff, although still crowded, have much better light and air than formerly. The absence of partitions between the offices of the three organizations gives a spacious look, and will provide much better circulation of air, particularly in summer. Another distinct advantage is our feeling of oneness with the ANA and the Journal. We run in and out of each others' offices as though we were one
family. Our only regret is that the offices of the National Organization for Public Health Nursing are no longer on the same floor with us.

It was feared that our out-of-town visitors could not find us so easily at the new address but our location seems to make little difference in this respect. In fact, we are now surrounded by many lines of transportation.

**Office Work**

There is nothing new to report in relation to the regular routine work of the office, which flows on in its customary manner. Correspondence continues to increase, and orders for records and publications have also increased. With a larger number of members each year the work in this department has been doubled in the last five years.

Work in connection with the Nursing Council on National Defense has speeded up our activities in the office. In the fall after the first publications on national defense were out and radio addresses had been given, we received hundreds of letters from prospective students, and many have come to the office for personal interviews. Assistance has been given to the Committee on Educational Policies and Resources of the Council in sending out questionnaires to a group of schools in the fall and in typing committee reports and minutes. Our new list of schools accredited by the League will be particularly useful in our vocational guidance program.

It has not been possible to engage a filing expert as authorized by the Board in May for the reason that no one could give any time to such a person. Before moving, however, the files were gone over personally by the Executive Secretary. Much material had to be discarded.

Three thousand, one hundred and twenty bills were sent out to those who sent in orders without a check to cover the cost of publications. Statements should be sent out monthly to all those whose accounts have run two months or over but it was possible to send out such statements only three times during the year.

The report of correspondence is as follows for the year 1940. For your information we are including also some of the figures for 1935.

**Incoming mail**

<table>
<thead>
<tr>
<th></th>
<th>1935</th>
<th>1940</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational</td>
<td>6,064</td>
<td>10,328</td>
</tr>
<tr>
<td>Publications, dues, etc.</td>
<td>5,636</td>
<td>10,019</td>
</tr>
<tr>
<td>Department of Studies</td>
<td></td>
<td>272</td>
</tr>
<tr>
<td>Committee on Accrediting</td>
<td></td>
<td>1,415</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>11,700</td>
<td>22,034</td>
</tr>
</tbody>
</table>

**Outgoing mail**

<table>
<thead>
<tr>
<th></th>
<th>1935</th>
<th>1940</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational</td>
<td>5,569</td>
<td>7,413</td>
</tr>
<tr>
<td>Publications, dues, etc.</td>
<td>7,731</td>
<td>14,974</td>
</tr>
<tr>
<td>Form letters</td>
<td>14,653</td>
<td>11,197</td>
</tr>
<tr>
<td>Department of Studies</td>
<td></td>
<td>465</td>
</tr>
<tr>
<td>Committee on Accrediting</td>
<td></td>
<td>1,930</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27,953</td>
<td>35,979</td>
</tr>
</tbody>
</table>
Since 1935, during which time our correspondence has doubled, we have employed one additional full-time clerical worker.

We are happy to report that we were able to carry on all the extra work this year without the employment of additional clerical assistance until April when over 8,000 envelopes had to be addressed for the convention call, as well as other additional work always necessary in connection with the convention.

**Bibliographies and Source Material**

Each year dawns with the hope that the League may be able to compile some good bibliographies for use in answering correspondence, but each year closes with such hope unfulfilled. Better source material would save so much time in answering correspondence. The new Index to League Reports has helped to some extent, but we need constantly all sorts of source material to enable our office to function as it should. Schools that are accredited are in the future going to expect much more of the League than they ever have before, and rightly so. The American Council on Education makes it a practice, when their members write them, to secure desired information if they do not have it on hand. When this happens in our office, the best we can do is to refer our members to sources.

Students from schools of nursing are beginning to write the League office in quite large numbers for all sorts of information. In such instances we are sending the information, or the sources from which it may be secured, directly to the head of the school so that it may be available to all students. The League at the present time does not have the staff or the facilities to serve as a library for some of the schools of the country.

**Membership**

It is extremely gratifying to report that our membership in 1940 reached a new high of 6,755. Of these, 5,437 were active members, 988, junior active, and 330 were sustaining members. New members admitted to the League were 1,390 and 430 members were reinstated. Of the 1939 members, 1,109 failed to pay their dues in 1940.

It is too early to give a report of our membership for 1941, but indications are hopeful since we already have 1,241 new members.

There are 40 state leagues and 45 local leagues. There are two sections on nursing education of state nurses' associations in states without leagues. These are in Connecticut and Montana. States which have neither leagues or sections on education are: Arizona, Idaho, Mississippi, New Mexico, Vermont, and Wyoming.

It is encouraging to hear of the formation of local leagues in some of the states. From the Texas League, Zora Fiedler, their energetic and capable secretary writes, "The three local leagues in Texas are very enthusiastic about their monthly group conferences. I hope that we can have a fourth (regional) league group in west Texas in another year. There is a very
marked interest among head nurse groups in League membership this year in several hospitals where there has never been any interest."

**WORK WITH STATE LEAGUES**

As is customary, a number of communications have been sent to state leagues during the past year. These have included letters sent to presidents and also letters to chairmen of state committees corresponding to national committees. Following is a list of letters sent out since the last convention:

- July 5—To presidents of state leagues with suggested program for 1940-41.
- August 29—To presidents of state leagues asking for suggestions for program.
- October 25—To presidents of state leagues from the chairman of the Committee on Curriculum reporting on the work of the committee and asking for suggestions from state leagues as to further studies needed.
- February 1—To chairmen of state committees on membership campaign from national chairman reporting on activities of past year and asking cooperation during the next.
- March 24—To presidents of state leagues telling them of the convention, the advisory council meeting, and the membership rally luncheon.
- April 8—To chairmen of state committees on the education of nurses in the care of the child announcing the breakfast meeting at the convention.
- April 10—To presidents of state leagues from the president, issuing an invitation to the convention.

**CONTRIBUTIONS FROM STATE GROUPS**

We are always encouraged when we have contributions sent to us from some of our state groups without solicitation, particularly when a small state nurses' association like Arizona sends us a yearly contribution; also, when district and alumnae groups feel the League activities worthy of their support. Massachusetts has been one of the states which has been most generous in this respect. Several of our state leagues, and not always the largest and most affluent, send us yearly contributions.

Following is a list of contributions received since our last convention:

<table>
<thead>
<tr>
<th>Contribution</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona State Nurses' Association</td>
<td>$94.20</td>
</tr>
<tr>
<td>Massachusetts General Hospital Nurses' Alumnae Association</td>
<td></td>
</tr>
<tr>
<td>District No. 3, Massachusetts State Nurses' Assn.</td>
<td>50.00</td>
</tr>
<tr>
<td>District No. 4, Massachusetts State Nurses' Assn.</td>
<td>25.00</td>
</tr>
<tr>
<td>Minnesota State League of Nursing Education</td>
<td>50.00</td>
</tr>
<tr>
<td>Pennsylvania State League of Nursing Education</td>
<td>100.00</td>
</tr>
<tr>
<td>Rhode Island State Nurses' Association</td>
<td>100.00</td>
</tr>
<tr>
<td>Washington State League of Nursing Education</td>
<td>50.00</td>
</tr>
</tbody>
</table>

**COMMITTEE ACTIVITIES**

League committees are active committees, they are hard-working committees. No organization could possibly accomplish more through committee
activity than does the League. Some of our committee chairmen have made
the League their hobby and they spend their off-duty time on League work.
The Executive Secretary spends much of her time in working with the
various committees of the League, but she has so much to do that it is
impossible for her to give as much time to some committees as they actually
need and should have. Several of the important committees could use a
full-time professional secretary to advantage. Members of League com-
mittees, who give their services so willingly and generously, should be given
some special recognition for their splendid contribution. All hail to them,
for they have made possible real progress in the organization.

FIELD ACTIVITIES

CONVENTION OF THE AMERICAN HOSPITAL ASSOCIATION

The American Nurses’ Association and the League again this past year
had a joint booth in the educational exhibits at the convention of the Ameri-
can Hospital Association in Boston. The Executive Secretary acted as the
League representative. Charts showing changes in schools taken from data
in making up the 1939 List of Schools Meeting Minimum Requirements Set
by Law were displayed, as well as the League publications.

Two hundred registered at the booth. They included people from all
sections of the United States and Canada, also one superintendent from
South America and one from China. Some of the visitors came in only for
a friendly chat, others came to ask definite questions or to give us informa-
tion. Some of the questions and problems discussed were: accrediting—
this subject evoked many questions; courses for head nurses and their
effectiveness; eight-hour schedules for graduate staff nurses; rating scales
as the basis for salaries of general duty nurses; and increases in enrollment
in schools of nursing and in number of nurses graduating.

STATE MEETINGS

In the fall the Executive Secretary attended state league conventions in
Birmingham, Alabama; Harrodsburg, Kentucky; Winston-Salem, North
Carolina; and Greenwood, South Carolina. At these meetings she spoke at
both the League sessions and at sessions of the state nurses’ associations. In
Birmingham she spoke at a special luncheon on Lay Participation in Nurs-
ing Education. A large number of lay people were present. This spring
she spoke at the convention of the Virginia State Nurses’ Association and
the Virginia State League of Nursing Education; also at the convention of
the Pennsylvania Hospital Association in Philadelphia.

OTHER MEETINGS

As an official representative of the League the Executive Secretary has
attended the 24th Annual Meeting of the American Council on Education,
and two meetings of the National Advisory Committee to the American Red
Cross Nursing Service.
RELATIONSHIPS WITH OTHER ORGANIZATIONS

The cooperative relationships between the League and other national organizations will be referred to in reports of various committees. However, since closer relationships with other groups is so important, brief reference will be made to them in this report.

NATIONAL NURSING ORGANIZATIONS

The League continues to function as the Department of Education of the American Nurses' Association in the most amicable manner. A day seldom passes that members of the staffs of the two organizations are not in consultation.

The League and the National Organization for Public Health Nursing enjoy the same kind of happy association. We have many mutual problems and are engaged in a good many joint activities which will be specifically mentioned in committee reports.

The staff of the American Journal of Nursing and Nursing Information Bureau is ever ready to serve our needs as they arise.

The League is forming a closer working relationship with the National Association of Colored Graduate Nurses. A questionnaire has been sent to the directors of clinical courses for graduate nurses to find out how many of them are open to Negro nurses. This questionnaire is being tabulated at the present time. In the Suggested Program for State Leagues to be sent out this year the leagues will be asked to consider making institutes available to Negro nurses.

AMERICAN RED CROSS NURSING SERVICE

The League is represented on the National Committee on Red Cross Nursing Service and stands ready in this national emergency to assist the Red Cross in every way possible.

AMERICAN COUNCIL ON EDUCATION

The League is now a constituent member of the American Council on Education. There are three appointed representatives to the Council, Stella Goosnray, Anna D. Wolf, and the Executive Secretary. The League will undoubtedly benefit greatly by membership on the Council, and it is to be hoped that other educational groups represented may learn more of the problems of nursing education.

AMERICAN HOSPITAL ASSOCIATION

The American Hospital Association is represented on the Committee on Accrediting and has been represented on a number of League committees on problems of nursing service, costs, and administration in schools of nursing whose work is now completed.

Other organizations with which the League has working relationships in connection with its various activities are: the American College of Surgeons, American Medical Association, the American Psychiatric Association, Na-
tional Society for the Prevention of Blindness, National Tuberculosis Association, American Social Hygiene Association, National Committee for Mental Hygiene, the American Dental Association, and the American Society for the Control of Cancer.

OUR POSITION IN THE DEFENSE PROGRAM

The League has an important rôle to play in the National Defense Program. No one doubts that we are facing a critical period which is fraught with uncertainty. It may be a real testing time for our national nursing organizations. Already we see attempts to sweep away some of the standards relative to nursing service and the preparation of nurses which the profession has worked hard to secure. It takes years and is a difficult thing to build up standards, but they can be destroyed in the twinkling of an eye. Our English sisters have been facing this problem. In a recent editorial in the Nursing Times this significant statement appeared, "Nurses are for the moment so absorbed in keeping up the standards of nursing work that have been reached, that they find it difficult to spare time for thinking of the problems of advancing that standard. It is vital that the profession should hold every inch that has been lost, and press forward with plans for further improvements. It is hard to do this at any time—to stand back from the work and look at it critically and dispassionately." At whatever cost we should try to hold to what we have gained in this country.

The Nursing Council on National Defense, on which all nursing groups are represented, will serve as the best medium through which to work, since in unity there is strength.

It is likely that adjustments will have to be made to meet the rapidly changing conditions. The League will be ready to assume its share of work in meeting the emergency.

From the standpoint of membership our organization was never stronger than it is today. This is an indication of a greater interest in League activities and also in the problems of nursing education. We can best preserve this interest by making it possible for our members from all parts of the country to share in the activities of the organization, and also by improving the program and making it more valuable to them.

Your Executive Secretary finds much satisfaction in serving the members, officers, and directors of such a splendid organization.

Respectfully submitted,

CLARIBEL A. WHEELER, Executive Secretary

REPORT OF THE DIRECTOR OF STUDIES

Cost Study

An account of the work of the Department of Studies for the year 1940-1941 must again include a reference to the Cost Study. Except for the index the report was ready for printing on January first of last year. The
manuscript was delivered to the printer by the middle of that month but
was not off the press until the third week in April. Because of the various
table forms, the graphic material, and the accounting exhibits, the setting up
of the report was more tedious than that of the ordinary manuscript, and
it was our responsibility to see that our instructions to the printer were
carried out, that error did not creep in when proof corrections were made,
and that the maximum simplicity and clarity attainable characterized the
printed report. It was without doubt the most difficult printing experience
we have had, one reason being that Mr. Rovetta was in Chicago and all
details concerning the accounting had to be cleared through him.

The American Hospital Association bought 1,200 copies of the Cost Study
to distribute to its members without cost. The League secured 1,300 copies,
and it has been necessary to have a second printing of the volume. As the
book is essentially a presentation of technique it will likely have a steady
and continuous sale. Too much emphasis cannot be placed upon the fact
that the value of the report is in the methodology it develops.

Our organization has received some dozen letters commending the publi-
cation, and five reviews of it have come to our attention. These reviews
appeared in the following magazines and bulletins: *The American Journal
of Nursing* (December, 1940) by Dr. Joseph C. Doane; *The Modern Hos-
pital* (January, 1941) by Mr. George P. Bugbee; *Public Health Nursing
(January, 1941) by Winifred L. Fitzpatrick; *National Association of Cost
Accountants Bulletin* (January, 1941) Research and Service Department;
and *American Journal of Public Health* (January, 1941) by Charles F. Willin-
sky. All reviews report the book favorably. Recently we have had requests
from the following organizations which are neither nursing nor hospital for
copies to review: The Publishers' Weekly, Westchester Features Syndicate,
Municipal Reference Library (New York City), and the Civil Service Leader.

*Special Studies Completed*

Reports of two major special studies were prepared during the year: one
of a midwestern school of nursing and the other of the nursing service of a
large western hospital. In each instance two weeks were spent in the field.
The report of the first study carried 105 double-spaced typed pages and 14
tables; the report of the second, 175 double-spaced typed pages, 41 tables,
and 2 diagrams.

In November a request was received to make a quantitative evaluation of
the nursing service of a small eastern hospital. A series of tables giving the
findings was prepared, but otherwise no written report was rendered.

*Assistance with Accrediting*

The work of the Department of Studies for accrediting has had to do
mainly with (1) tabulating and computing the general education and the
special preparation of the faculty, (2) tabulating and computing education
beyond high school of students, (3) computing bedside nursing hours, per-
cent of total bedside hours provided by graduates, and ratios of patients to
supervisors and head nurses, (4) the statistical work connected with the construction of the percentile tables for the 66 items on the pattern map, and (5) the drafting of 65 pattern maps.

Approximately, the time given to this activity by the Department of Studies staff: Director of Studies one and one-half months, Miss Taylor two months, and Miss Klenk two months.

**Assistance with New Digest of Nurse Practice Acts and Board Rules**

The Department of Studies assisted with the revision of the *Digest of Laws Governing Nurse Practice Acts and Board Rules*. The nature of this assistance was largely concerned with setting up a form which makes possible easy comparison of like items in different states, advising on the project as it developed, and giving general editorial help. No record was kept of the time so engaged, but it is estimated that about one month of the time of the Director of Studies was given to the work.

**Information Gathered for the American Red Cross Nursing Service**

The request of the American Red Cross Nursing Service to provide information concerning the number of nurses graduating in the next five years entailed a questionnaire to the 1,303 state-accredited schools with a follow-up form to 332. Replies were finally received from 1,215 schools, or 93 per cent, an unusually good return.

The specific information given to the Red Cross for each of the years from 1940 through 1945 was: (1) the estimated number of nurses graduating (a) from all state-accredited schools of nursing, (b) from schools meeting Red Cross requirements, (c) from schools meeting National Organization for Public Health Nursing requirements, and (2) the number of schools as of June, 1940, complying with the provisions of the National Organization for Public Health Nursing, and the number complying with the provisions of the Red Cross nursing service.

About two months were spent on this particular project. In addition to the time given to it by the regular Department of Studies staff, additional clerical help was secured for six weeks in order to complete the work by August 15.

**Study Concerning Nursing Supply and Demand**

As everyone present knows, current reviews and reports have suggested that a shortage of graduate registered nurses—more particularly general staff nurses—is developing and that this shortage bids fair to increase because of national defense nursing needs. A postal card, signed by the President of the American Nurses’ Association and the President of the National League of Nursing Education and containing four questions, was sent to the 6,291 hospitals and related institutions listed on the register of the American Medical Association early in April. The returns from these postals will give factual information to the Nursing Council on National Defense as to the number of graduate registered nurses employed in hospitals early in April,
the number of vacancies at the same time, and certain other significant data
with reference to present supply and demand.

Revision of Manual for Schools of Nursing

Miss Hawkinson, the Chairman of the Committee for the Revision of the
Manual, has centered the correspondence and mechanics for this project in
the Department of Studies. In addition the Director of Studies has been
assigned the preparation of the initial draft of certain sections of the revised
manual.

Records

Considerable time has been spent by all members of the Department of
Studies staff during the year on records, especially since January. The de-
tailed report on records is given in the Report of the Committee on Records.

Articles Prepared for Journal

During the year six articles prepared by Miss Taylor from the data gath-
ered for the last list of state-recognized schools of nursing have appeared in
The American Journal of Nursing. These articles are: "Education Entrance
Requirements to Schools of Nursing," "Weekly Hour Schedules for Nursing
Students," "Vacations Are Growing Longer," "Allowances versus Tuition in
1939," "Do Your Students Get It?" (a study of services other than the four
basic which are offered to students by schools of nursing), and "More About
Allowances and Tuition." About one month of the time of Miss Taylor and
Mrs. Dresser was spent in tabulating the data for these articles.

In the interests of the revised Manual for Schools of Nursing we have
recently tabulated the out-patient information given on the questionnaire for
the same list and while we plan to refer briefly to the results in the revised
nursing school manual we hope to amplify them further later in a Journal
article.

Other Special Study Requests

Requests for two interesting studies were received during the year. One
of these is a community nursing study in Hawaii. The request for this study
was received by the American Nurses' Association from the Hawaiian Nurses'
Association. It has been agreed by the Headquarters representatives of the
three national nursing organizations and approved by our Committee on
Studies that should the study materialize, it will go out as a study made by
the Department of Studies of the League in cooperation with the American
Nurses' Association and the National Organization for Public Health
Nursing.

An important project brought before us in December was a study of nurs-
ing education and nursing service costs covering a group of institutions in
an eastern state. The project is of particular significance in that it is being
sponsored by a joint committee representing the local hospital council and
the local university. It is proposed to use the findings of the study as a basis in establishing policies of tuition. Upon being approached for assistance in the project last December we recommended that the local group make the study and that our participation in it be restricted to the initiation of the nursing aspects of the work, assistance in setting up the necessary tables and tabulating the data, the final interpreting of results, and general consultation service as needed as the work proceeds. We also specified that an able accountant, preferably one familiar with hospital accounts, be made responsible for the accounting aspects of the study. It is with satisfaction we report that this important project is now under way, that your Director of Studies is guiding the nursing phase of the study and Mr. Rovetta has accepted the responsibility for the accounting.

In closing the report the Director of Studies desires to thank all the members of the Committee on Studies, and particularly the Chairman, for the considerable and valuable help she has been given during the year.

Respectfully submitted,

BLANCHE PFEFFERKORN, Director of Studies

REPORT OF THE SECRETARY OF THE COMMITTEE ON ACCREDITING

A year ago it was reported to the membership of the League that the Committee on Accrediting had started surveys in schools that applied prior to January 1, 1940. The full year was needed for this field work and the early months of 1941 have been devoted to the completion of material relating to these surveys. All data have been submitted to the committee, as well as to the Board of Directors, and the schools have been notified of the decisions reached. Preparation and publication of the list of all schools that have received favorable consideration by the committee complete the initial or introductory phase of the committee's work. The June issue of the American Journal of Nursing contains the names of all schools accredited to date, 73 in all, representing 20 states. A leaflet containing substantially the same material as that published in the Journal will soon be available at Headquarters.

Preparation for the survey work in 1940 began with a critical examination of the 91 applications and accompanying materials received from these schools. In all instances, where information submitted by the school with the application showed conditions that might indicate an unfavorable decision by the committee, attention was called to these points in order that the school might postpone or cancel the survey if they wished to do so. In a few cases the applications were withdrawn. A larger number of this group asked that their applications be transferred to the next series of surveys. Others stated that they wished the survey regardless of the possibility of an unfavorable decision because they wished help in identifying the areas in which the school needed strengthening. As a result of this introductory procedure arrangements were made for the League's representatives to visit 75 schools.
In arranging for the survey all schools were asked to advise us of the dates to be avoided as inconvenient for them. The selection of a date that was mutually acceptable to the school and to the visitors was sometimes difficult since state conventions and institutes must be considered as well as commencement exercises, vacations, and unforeseen difficulties. On the other hand, in order to minimize travel costs, the survey should be made when the visitors are in that vicinity. Therefore, with the school's suggestion at hand and by grouping schools according to geographical areas, the itineraries for visitors were planned so that travel costs would be reduced to a minimum.

In further preparation for the survey, two sets of schedules were sent to each school to be filled out, one set to be retained for their own files and the second set to be returned to headquarters prior to the survey. This material was then placed in the hands of visitors in order that they might have a general knowledge of the situation before the survey was started.

During the year, 14 different persons served as visitors for varying periods of time. As new visitors were introduced, the secretary or the chief field visitor accompanied them in order to assist with any problems encountered in making observations and accumulating data. The names of these nurses have been published in the *American Journal of Nursing*. The committee is most grateful to those visitors who so ably assisted with the survey work.

Some difficulty was experienced, after survey work was started, due to cancellations received from schools with which final arrangements had been made. Some of these occurred after visitors had been employed, itineraries planned, and all appointments made. Since changes at that time would have inconvenienced other schools, visitors were obliged to wait in the field until the next survey date, thus increasing the number of days spent in the field and the total costs. In all, 60 days were added for this reason to the number originally planned for the year's work. As a result of these cancellations, the actual number of surveys made during the year was 66, 26 during the spring months and 40 in the fall.

The geographical areas covered by our visitors included the east, the south, the north central section, and the west as far as the mountain states. The limited number of schools applying from some sections made the cost of visits to these areas prohibitive as fees have been estimated on the basis of a division of travel costs between schools. Such sections of the country will be covered at a later time when the number of applications justifies sending two field representatives into those areas.

Although it was estimated that a total of nine days would be needed for two persons to make the survey of one school the actual amount of time spent by two visitors in the field during the fall months was 16.9 days. Some of the reasons for this extension of time have been explained earlier in this report. Another reason for this added time is due to the necessity for more time in writing of reports. These have been difficult for some persons to write in the time available. For this formative period in the develop-
ment of our plan of evaluation the greatest care must be taken to insure the presentation of material in accordance with committee policies. This problem has been increased to some extent by the employment of visitors who served for limited periods. It could not be expected that they would be entirely conversant with committee policies. Considerable editing of reports has, therefore, been necessary in order to maintain a continuity of policy and consistency of interpretation of findings.

The committee hopes that the type of report that has evolved will be helpful to the schools in identifying the areas where reorganization and further strengthening of the program of instruction are indicated. The various sections of the report follow the captions on the pattern map and, in general, explain the reason for the percentile rank the school has won.

As reports were edited and typed they were submitted under a code number for review by the committee. Some of these were ready at the time of the January meetings but the last reports of this series were not completed until April when special meetings were held for consideration of the facts obtained in relation to these schools. The reports are now being retyped with names instead of code numbers and are being sent to the schools with pattern maps as fast as the work on them can be completed. It is expected that all of these will reach the schools during the next month.

No field work was attempted during the spring months because it was felt to be advisable to complete first the reports of last year's surveys. Schools that applied prior to January first of this year will, therefore, need to be patient a little longer before their schools are surveyed. In planning for the next series of visits consideration has been given to the advisability of making further changes in schedules and scoring material where there is obvious need for some revision. As the time needed for extensive revision would further delay survey work, it is considered advisable to make only minor changes at this time and to use the same set of schedules, making such corrections as appear to be most necessary.

It is possible that some surveys may be made during the month of June before the vacation period begins. Then, field work will be resumed in September and will be carried on by the chief field visitor and the secretary. This arrangement will permit conferences in relation to the procedure employed in making surveys and will also provide additional opportunity for consideration of the changes to be made in the schedules and in the scoring plan. It is expected that approximately three days will be spent in making the survey of each school including visits to affiliating schools. The remaining days of one week will be spent in scoring and writing the report. Since policies concerning reports have been more definitely defined than previously, it is expected that much less time than was needed last year will be devoted to the writing and editing of reports.

The date for completion of the next block of surveys cannot be estimated exactly. This will depend upon the number of schools that withdraw or postpone this survey after they have been written concerning the weak areas noted in the material that has been submitted. All of these appli-
cations will be considered by a subcommittee in the near future. It should be pointed out that the passing of an application for the survey by the subcommittee does not necessarily mean that the school will qualify for accreditation. This fact is mentioned because some schools have assumed wrongly that the acceptance of the application gave assurance that the school would be accredited. If it were possible to pass upon a school’s eligibility for accreditation upon the basis of the limited amount of factual material submitted with the application, the survey would not be necessary.

Many of the letters received from schools surveyed have been most encouraging. These have come not only from schools which have been accredited but also from those that are not quite ready for such recognition. I would like the privilege of quoting from a few of these.

We thoroughly enjoyed having the League’s visitors with us. Their study of our school was stimulating for those who participated in it and if nothing else is accomplished, I believe the review of our work together was most constructive.

We feel this experience has helped us to more fully realize our problems and has given our entire personnel a renewed feeling of responsibility in the progress of our school.

Where recognition of the school has been given, the thought usually expressed is embodied in the following statement:

We appreciate the confidence the League has placed in us and are most conscious of our obligation in maintaining a level of achievement acceptable to the Committee.

Respectfully submitted,
CLARA QUEREAU, Secretary

ADDRESS OF THE PRESIDENT
STELLA GOOSTRAY, R.N.

It is a good American custom to make a yearly inventory. I take it that is part of the purpose of the President’s address at our annual convention.

Our membership now is well on toward the seven thousand mark, and the great gains which were made in 1940 and thus far in 1941 are indicative of the place which the National League of Nursing Education has come to take in this country. I shall leave further details of the membership gains to the report of the Committee on Membership, through whose efforts so much of this gain is due. There are now forty state leagues and forty-five local leagues. Our finances, as the Treasurer’s report will show, are sound. We have kept within our budget. We have made our pattern conform to our cloth, but that in no way is meant to imply that we would not have had the suit a little less skimpy.

When we last met in Detroit in 1924 our Executive Secretary, who was then Miss Pfefferkorn, was looking forward to a potential membership of four thousand, and she pointed out what might be accomplished by having a fairly stabilized budget of twenty thousand dollars. The total budget of the general fund of the League in 1940 was approximately forty-seven thou-
sand dollars. That did not include the budgets for such projects as the accrediting program and the study of administration. Were the money available, we could expand our program in many important areas and cover new ones.

One of the most pressing needs, however, is the employment of a professional assistant to the Executive Secretary. We have known for some years that the general program which has been developed in the League is far more widespread than we should expect one person to coordinate. But it will be only as our membership increases and as we are able to find friends of nursing education who will contribute financially to our work, that we can increase the necessary personnel at headquarters.

I have referred to the great gain in membership of our organization and its relation to the finances of the League, but it is far more important to the future of nursing education in this country that those who are concerned with the education of student nurses shall be members of their own professional organization.

I wish it were possible to review the work of all of our committees for I can assure you—and you may judge for yourselves from their reports—that they have been active in furthering the work of this association. I should like, however, to refer to one committee which completed its work this year, the Committee to Study Administration in Schools of Nursing. Its work was concluded with the publication of the volume *Fundamentals of Administration in Schools of Nursing*. As Miss Taylor, chairman of the committee, wrote in the foreword, "during and following the curriculum study many problems concerned with administration in schools of nursing were re-emphasized and many new problems were presented; it was from the League that the interested questioners sought the answers."

Through the generosity of the lay woman who became interested in the problems of nursing education through the efforts of one of our members, the curriculum study was financed. Again she demonstrated her interest in nursing education by providing the means by which the study on administration could be made. We are grateful for the work of this committee under the chairmanship of Miss Taylor, which extended over a period of two years, and laid the foundation for the continuation of the study and the preparation of the volume for publication by Dr. Bixler.

I should like to express also for this association our appreciation of the work of Miss Elizabeth Pierce who served as full-time secretary to the Committee on Curriculum during the years of its study and later as full-time secretary of the Committee on Administration. Not only are we indebted to Miss Pierce for her personal contributions in these studies, but also for her interpretation of the needs of nursing education to one who made both of these studies possible. Our good wishes are with Miss Pierce in the new work which she has undertaken.

In the years to come it is my belief that members of this organization will look upon the event which will take place on June 1 as one of major
importance in the history of nursing education in this country. I refer to
the publication of the first list of accredited schools. The Committee on
Accrediting began its work five years ago; we might almost say that the
purpose of the accrediting program was in the minds of the founders of
the League, for it was their great desire that means should be found by
which good schools of nursing could be recognized. The appearance of the
name of a school on this list does not mean that it has attained educational
perfection; it does mean that the educational strengths in the school out-
weigh the deficiencies, and the deficiencies are such as may be corrected.

The work of the Committee on Accrediting has not been easy. We still
have critics of our program, but what worth while project in nursing edu-
cation has ever gone forward without a good deal of criticism and mis-
understanding. No doubt there will be changes in the procedures. Cer-
tainly of one thing we may be sure, there will be no attempt to mold all
schools into the same pattern. The program will consider the integrity of
the school as a whole, not in any one particular. To me, it is one of the
greatest strengths we have for the progressive upgrading of our schools of
nursing, and I ask that all of you give to it your understanding and support.

As we closed our last convention a year ago, we were conscious that even
more anxious days were ahead. It is but natural then that many of the
activities of your officers and of national headquarters are concerned with
matters of national defense. As you know, one of the first steps taken was
the formation of the Nursing Council on National Defense, a report of
which will be presented to you.

The problems in relation to national defense which are before us who are
concerned with the preparation for and the practice of professional nursing
fall into two categories, those which are concerned with supply and demand
today and for the days which lie ahead, and those concerned with the main-
tenance of standards of nursing education which we believe are essential to
good nursing practice either in normal or emergency times.

Early last summer a study was made for the American Red Cross by
our Department of Studies to find out the potential number of persons who
would be eligible for the First Reserve of the Army. Although during the
last 9 years the number of nursing schools in this country has decreased
from approximately eighteen hundred to thirteen hundred, the number of
nurses who have been graduated has not decreased. In this study
it was found that in the last five years the number of students enrolled in
schools of nursing had increased 26 per cent. In 1936 there were 18,600
young women graduated from state accredited schools of nursing, while in
1940 the schools reported that they expected to graduate 23,600. On the
basis of the increases which have taken place over this five-year period we
may normally expect approximately twenty-three hundred more or nearly
26,000 nurses to be graduated in 1941, and nearly a thousand more in
1942. There was also an increase in the percentage of students who entered
who completed the three years. One hopes the reason for that is the better
selection of students.
While we have graduated more nurses in the past five years, there have been, of course, increasing demands for professional nurses. The reasons are quite apparent—increased hospitalization for sick persons, decreases in working hours, more recognition of the student nurse as a student, and the expansion of public health services. From all over the country there are reports of the shortage of nurses. Our Department of Studies, with the American Nurses' Association, recently began a study to ascertain, if possible, the extent of these shortages in hospitals. At this writing the report is not yet available. It is, however, apparent that the supply of nurses in this country must be substantially increased, not only for the emergency but for the normal expansion of nursing needs.

The President of the United States has stressed that proper quality is of prime importance in all aspects of the national defense program. Certainly this should be true of nursing. There will be some who will see in this emergency an excuse to try to lower standards and to increase their schools without increasing educational facilities, and who will use the need for more nurses as an excuse for admitting more students and decreasing the number of general staff nurses. The great problem before us will be to preserve the quality of our nursing service by preserving the standards of our nursing education, for nursing education of itself is not an end. We must be sure that in addition to our microscopic view of the present, we take a long range view. Do not let us do anything which will jeopardize the improvements in nursing education which we have made. Let us apply the selective principle not only with reference to the young women who are being admitted to our schools but also to the schools to which they are admitted.

We are not unmindful that there may come times when standards must be sacrificed for the immediate needs, but that time has not yet come for this country, and it is important that we maintain the standards of nursing education which will provide for the best type of nursing service wherever and whenever it is needed. We must be prepared to meet the present emergency, but we must also be preparing for the future. It is not only a temporary crisis. We are confronted with opportunities, the duration of which may be permanent. We shall have to define our position many times. Let us be sure that we are holding out for essentials; let us state our principles with forthright simplicity and, having stated them, hold fast to them.

It is not possible, even if I should presume to do so, to state a bill of particulars. Things are moving much too swiftly, and we must be prepared to move swiftly with them. But I believe that each one of us can share in this program in one or more of the following ways:

1. By studying our individual situation to decide whether we should make ourselves available for active defense service.

2. By those in charge of schools of nursing studying their own situation in terms of student enrollment and having the courage to stand out against increasing the school if the educational facilities do not warrant it.
3. By making every endeavor to see that existing educational resources in our schools are strengthened and supported in every possible way in order to maintain and increase nursing efficiency.

4. By studying the nursing organization for which we may be immediately responsible, whether it be in a hospital or other field, to find out whether professional nurses are not doing certain types of work which could be equally well done, and sometimes better, by a non-professional group.

In concluding, I should like to recall to you a bit of history. At our convention in 1905 Dita H. Kinney, in charge of the Army Nurse Corps, presented the need for a list of volunteer nurses who might act as a reserve for the Army Nurse Corps. At the next convention Miss Maxwell suggested that it might be a good idea for the society to offer itself as a body to the Surgeon General in time of war or national calamity. Before the convention adjourned, it was voted on motion of Miss MacMillan that this society offer its members in a body for service in time of war and national calamity and request that their names be enrolled on the eligible volunteer list in the Office of the Surgeon General. Under date of May 8, 1906, Surgeon General R. W. O'Reilly wrote to the President of this organization:

"I have the honor to acknowledge the receipt of your favor of the 4th instant informing me that, . . . the members of the American Society of Superintendents of Training Schools for Nurses voted to place themselves upon the eligible list of volunteer nurses for service in case of war or other national calamity, and in reply beg to state that I appreciate this expression of patriotism and will consider it a great pleasure to number the nurses of this Society, representing as they do the pick and leadership of the nursing profession in the United States, among the eligible volunteer nurses."

We cannot all be considered upon the eligible volunteer list for army service, but I believe that I speak for all the members of this association in saying that we are all on an eligible list of volunteer nurses to serve in whatever capacity we can be most useful in this national emergency.

ACTIVITIES OF THE PRESIDENT
May 1940 to May 1941

June 13—New York
June 14—New York
July 23—Washington
July 29—New York
September 17—Boston

Meeting of Committee on Headquarters
Meeting of Committee on Administration
Meeting with representatives of the NYA in relation to nursing education and NYA programs for subsidiary workers
Meeting for organization of Nursing Council on National Defense
Meeting with representatives of the American Nurses' Association, the American College of Surgeons, and the American Hospital Association on WPA projects for subsidiary workers in hospitals
September 20, 21—New York  Meeting of Committees on Accrediting and Headquarters and Conference with Department of Studies

November 2—Washington  Red Cross Meeting

November 7—New York  Meeting of Subcommittee on Educational Policies of Nursing Council on National Defense

November 8—New York  Meeting of Nursing Council on National Defense

December 20—New York  Meeting of Committee on Accrediting

December 21—New York  Meeting of Committee on Headquarters and Subcommittee on Educational Policies

January 17, 18, 19—New York  Meeting of Committee on Accrediting

January 20, 21, 22, 23—New York  Board of Directors' Meetings

February 20—Washington  Red Cross Meeting

April 11—New York  Meeting of Nursing Council on National Defense

April 25, 26, 27—New York  Meeting of Committee on Accrediting

April 28—New York  Meeting of Committee on Headquarters

May 9—Washington  Meeting of Nursing Council on National Defense

May 14—Falmouth, Massachusetts  Visit to Camp Edwards

Nursing Education Department, Boston University  
Address at first annual dinner

Newton Hospital graduation address

Massachusetts State Nurses Association  
Address at banquet

New England Vocational Conference  
Participation in panel discussion

Boston University Course  
Lecture on League

New Hampshire State League and State Nurses' Association  
Address at annual convention

District #5, Massachusetts State Nurses Association  
Address at annual meeting

Rhode Island State League of Nursing Education  
Address at Students' Night

Nursing Council of Boston  
Address at annual meeting

REPORT OF THE CHAIRMAN OF THE COMMITTEE ON ACCREDITING

The committee as a whole met on May 14, 1940, in Philadelphia at the time of the annual convention of the League.

The executive committee has met since that date as follows: September 20, and December 20, 1940; January 17, 18, 19, and April 25, 26, and 27, 1941. An all-day meeting with consultants was held on January 18, 1941. There has been no change in the membership of the committee.
Miss Clara Quereau continues as our able and hard-working professional secretary and Miss Adelaide Mayo continues as our field visitor. Three members of the committee have participated in surveys—Miss Hawkinson for one survey; Sister Mary Laurentine for over a period of two months; and Miss Charlotte Pfeiffer for three months. Other members of the committee hope to have the privilege of making a few visits. Others, in addition to Miss Mayo, who have been in the field for varying periods up to nine months are:

Miss Stella Ackley, Associate Director of Nursing Service, Colorado Psychopathic Hospital, Denver, Colorado
Miss Harriet Bailey, Bangor, Maine
Miss Lucy H. Beal, Director, School of Nursing, Peter Bent Brigham Hospital, Boston, Massachusetts
Miss Faye Crabbe, Director, School of Nursing, Newton Hospital, Newton Lower Falls, Massachusetts
Miss Dora Mathis, formerly Director, John Sealy School of Nursing, University of Texas, Galveston, Texas
Miss Augusta Patton, formerly of the Yale University School of Nursing, New Haven, Connecticut
Sister Berenice Beck, Dean, School of Nursing, Marquette University College of Nursing, Milwaukee, Wisconsin
Sister Cyril, Director, Seton School of Nursing, Colorado Springs, Colorado
Miss Beatrice Spargo, formerly Superintendent, Samaritan Hospital, Troy, New York
Miss Margaret Welsh, University of Cincinnati and more recently of Temple University, Philadelphia, Pennsylvania

We owe much to these visitors and to the hospitals and nursing schools which released them for service with the committee.

The American Hospital Association has made some changes in its official representatives to the consultant group. Its present representatives are Dr. Nathaniel Faxon, who has been one of the consultants from the time of the organization meeting, and Dr. Joe Clemmons, Superintendent of the Roosevelt Hospital, New York City, who has succeeded the Reverend Mr. Martin. Dr. Robin Buerki represents the Association's Council on Professional Practice in an ex officio capacity. This will probably provide for two representatives of the American Hospital Association at consultants’ meetings. Other consultants remain the same.

The committee has done little about publicity this year. The names of visitors have been announced in the American Journal of Nursing. There were brief statements also in the Journal announcing that the committee would receive applications from October 1-December 31, 1940 from those schools desiring to be considered for the second list of schools.

The secretary spoke at the meeting of the Ohio State Nurses' Association, at a meeting of the New Jersey State League of Nursing Education, and also at the principals' section of the New York State Nurses' Association when it met in New York City. The chairman was on the program of the Educational Section of the Connecticut State Nurses' Association when it met in the spring of 1940. She also presented a paper before the nursing section
of the American Hospital Association in September, 1940, in Boston, and
one at a meeting of the American College of Surgeons in October, 1940.
This last address was published in *Hospital Management* in January, 1941,
and in the January, 1941, *Bulletin* of the American College of Surgeons.
Articles on accrediting, written by Miss Nellie Hawkinson and by Miss
Bertha Allen of the Newton Hospital, have appeared in the *Modern Hos-
pital*. This spring addresses have been made by other members of the com-
mittee before a number of associations. It is particularly gratifying that all
of these opportunities have come unsolicited, at the request of the associa-
tions themselves.

The chairman also had the privilege of representing the committee at a
meeting of accrediting agencies held in Washington in November under the
auspices of the American Council on Education. We were particularly glad
to be invited to this conference. It was the second of this nature to be held,
and the first time the League has been invited. As chairman of the Mem-
bership Committee of the Association of Collegiate Schools of Nursing, the
chairman of the Committee on Accrediting had attended the first meeting
of this group. It is one way by which we can keep ourselves informed of
trends in accrediting and a way by which we may be helped in coordinating
our program with that of other agencies. This is especially important as we
may later be more concerned with the work of colleges and universities. It
was gratifying to find that in a study of accrediting procedures, the forms of
the National League of Nursing Education had been analyzed and our plans
mentioned with those of the North Central Association as "those seeking
to gain supplementary information required by a more comprehensive method
of evaluation."

The total number of applications received from the beginning until the list
was closed has been 159. This includes the 31 applications which were
received from schools visited during the experimental year and those which
applied prior to January, 1940. We reported in May, 1940, that 20 of the
schools had been recommended to the Board of the National League of Nurs-
ing Education for accreditation. One was refused. Others among these 31
which applied decided, after correspondence, that it would be wise to
strengthen certain areas in the school before a final evaluation was requested.
One school, quite eligible for accreditation, was prevented from completing
its application by the action of the Joint Committee on Accrediting of the
National Association of Land-Grant Colleges and the Association of State
Universities, which is attempting to prevent further accrediting agencies
from visiting the colleges and universities under its jurisdiction. This was
a great disappointment to the particular university school concerned and is
interfering with the applications of some other organizations in this group.
I might say that correspondence is being carried on with the Association in
the hope that its objections may be overcome.

Of the 128 remaining applications, 37 were filed between October and
December 30, 1940, and are for the second list. These schools are still to be
visited.
Of the 91 remaining schools which had filed applications some, after a study of their application forms, were advised that a survey probably would not at present be desirable and this resulted in a number of schools asking to have visits postponed and applications deferred. There have been other reasons for postponement. Geographic position is one. In order to carry on surveys at all economically, there must be a reasonable number of schools in an area. A few schools have failed to meet the requirements. We hope the visits and reports will be a stimulation to these schools, which will result in accreditation at some future time.

The first list of accredited schools is prepared and is available. Some schools have had to wait over a year following accreditation for this list to appear but you will recall that the League promised to give out no information regarding the schools until it had studied and passed upon all schools which had applied up to January, 1940.

There are 73 schools on this list. A few of these schools have shown certain weaknesses which do not allow of full accreditation, the early correction of which, however, the committee believes to be quite possible. The fact that full accreditation has not been granted is confidential and will be given no publicity. The committee believes that a good course in nursing is being given in these schools or accreditation would not have been granted. If these schools are to remain on the list, the defects must be corrected within a specified time. They will also be requested to pay for another visit.

We have encountered some unforeseen difficulties such as the withdrawal of schools after all arrangements for the visits had been made. The cancelling of even one visit after itineraries have been worked out makes for difficulties not only for the office but in the plans of other schools. The cancelling of a visit when the visitors were already en route, which has happened at least once, not only caused loss of time but increased cost, since the plan for a special group of visits could not then be remade. The time occupied in visits, travel, and preparation of reports ran far beyond our expectations.

In the surveys made between September 3 and December 7 the average days per survey were 16.9. That meant that every visitor spent 8.45 days against an original estimate of 9 days, or 4.5 days per visitor. It has taken longer than we anticipated to introduce new visitors to the field and after their introduction it takes time to become sufficiently familiar with the process and the scoring system, and to write an acceptable report.

Some schools, after receiving the Statement of Policy and making out the application form, anxious to present as favorable a picture as possible, have attempted to inaugurate changes both in their organization and curriculum. These changes frequently may appear to be good but often they have been in effect for so short a period that it brings up a question of stability and our follow-up program.

The year has been a costly one and we are only just completing the reports of the schools that have been visited. You will be interested in knowing that the cost for the year 1940, including the four months of 1941 needed
to complete the work of 1940, has been approximately $10,000 beyond the amount paid by the schools.

I should also tell you that the manual for the schools is being prepared. The responsibility for it has been assumed by one of our members who has appointed various committee members to collaborate. It is hoped that it will be ready soon and that it will be a very real help not only to those who are looking forward to accrediting, but to those who have been visited and are now at work studying their reports and interpreting their strengths and weaknesses to their school committees.

I know I can say for the committee, for our hard-working Secretary, for the Director of Studies of the League, who has given many hours to the statistical part of the study, for the Field Visitor, and even for our office staff, that we are convinced we are launched on a constructive piece of educational work, which with time will accomplish your objectives.

We have received much help and encouragement from you all, and as your appointees to this committee, we thank you.

Respectfully submitted,

ELIZABETH C. BURGESS, Chairman

REPORT OF THE COMMITTEE ON CONVENTION ARRANGEMENTS

The Committee on Arrangements has held four meetings. The subcommittees have been appointed and are engaged in preparation for the meeting to be held May 26-30.

While the meetings will be held in the Hotel Statler, the Scottish Rite Cathedral of the Masonic Temple has been engaged for the meeting on Monday night, May 26.

The three newspapers in Detroit have carried some advance publicity. At a later date the Subcommittee on Publicity will meet with representatives of the seven radio stations in an attempt to secure time during the meeting.

Mrs. Carl B. Grawn, President of the Board of Directors of the Visiting Nurse Association, has graciously undertaken the work of planning sight-seeing trips and entertainment.

The Detroit League of Nursing Education as well as the members of the Michigan League are looking forward to the week of May 26. We hope that the visitors to the convention will plan their time so they may be able to take advantage of this interesting country both before and after the convention.

Respectfully submitted,

ELIZABETH S. MORAN, Chairman

REPORT OF THE COMMITTEE ON CURRICULUM

The Committee on Curriculum has had no meeting since the Philadelphia convention. All major activities have been carried on by subcommittees or by correspondence.
The subcommittee on revision of the Basic Book List under the chairmanship of Miss Emma Chaffin expects to publish the revised list by August of this year. The increase in publications and the seemingly local preferences for reference books has made it difficult to narrow the selection to a limited number of books. To assure a representative choice, effort was made to secure country-wide opinion from instructors and other experts in every area. As the committee is convinced that no single book list today can be truly a basic list, the new edition will be published as *A List of Books Suggested for Nursing School Libraries*.

It was hoped that the revision of the Illustrative Materials for Use in Nursing Schools could also be completed this spring. Because of pressure of other committee work this cannot be completed before fall. It is now planned to publish a handbook which will incorporate a content similar to the original manual but which will also include teaching aids relating to the preparation of charts and exhibits, the classification and storage of materials, the sources of informational materials, and the equipment suggested for student laboratory study and teacher demonstration in science classes.

The Subcommittee on Eye Health is still at work on the analysis of the Curriculum Guide to determine wherein content now included relates to the care of the eye or where additional content should be added. Miss Eleanor Mumford, Associate for Nursing Activities, National Society for the Prevention of Blindness and a member of the Curriculum Committee, is chairman of this subcommittee. The results of the questionnaire sent to many schools in different parts of the country should soon be available.

The organization of a Subcommittee on Social Hygiene planned a year ago was delayed. Now, under the chairmanship of Miss Lilian Leeson, the committee is at work on a study of social hygiene in the basic curriculum. The results of the study will be made available in lieu of the mimeographed material—*A Curriculum Study in Social Hygiene for Nurses*—the supply of which is now exhausted.

In the spring of 1940, following a meeting of the NOPHN Council of Branches which the chairman of the Curriculum Committee attended, the Curriculum Committee asked the state leagues to form state committees, with members from the state organizations for public health nursing, to study possible means for better integration of social and health aspects of nursing in the curriculum. A few state committees sent results in the spring of 1940; more sent word that work on the project would be carried on in the fall of 1940. The materials returned from the states have been combined with the study of a subcommittee under the chairmanship of Miss Anne Austin and will soon be available for distribution through the League and the NOPHN.

The list of courses offered to graduate nurses in colleges and universities was completed last spring and is now available through the League Headquarters office.

At the request of the Education Committee of the NOPHN, a joint subcommittee was formed to prepare an outline for an advanced course in ob-
stetric nursing. Miss Verda Hickcox of New York acted as chairman of the "piloting committee." Groups at the University of Oregon, the University of Minnesota, and groups in Chicago, Cleveland, New Orleans, Boston, and New York were asked to cooperate by submitting existing outlines and preparing new outlines on an advanced level. The proposed outline has now been approved and is ready for publication in the American Journal of Nursing and in Public Health Nursing.

Dr. Lon Morrey, Secretary of the American Dental Association, has requested that one or more nurses be appointed to work with a committee from the Dental Association on the revision of the outline on dental health previously prepared for senior student nurses. Miss Florence Vaughn of Chicago was appointed.

Although the plan to secure outlines of postgraduate clinical courses for the Education Committee of the ICN has not progressed rapidly, five different groups representing five different clinical areas are at work securing outlines of courses.

The chairman has met twice with the Committee on the Education of Nurses in the Care of the Child which is at work on an outline for an advanced course in pediatrics.

The contributions of the Curriculum Committee during the past year seem small indeed but they are made with the hope that they may be helpful to state leagues and to individual schools working now under the increased pressure of National Defense demands. The committee realizes that only with the best and most economical use of our combined resources can we uphold our standards and give to students in the nursing schools today the opportunity for education which is rightly theirs.

Respectfully submitted,

RUTH SLEEPER, Chairman

REPORT OF THE COMMITTEE ON ELIGIBILITY

During the past year 59 applications for membership in the League have been received. The classification is as follows: active, 52; junior active, 7.

Of these, 58 were recommended for membership without reservation. One application was not accepted by the committee.

The geographical distribution is as follows:

<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>4</td>
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<tr>
<td>Connecticut</td>
<td>18</td>
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<tr>
<td>Hawaii</td>
<td>3</td>
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<tr>
<td>Idaho</td>
<td>3</td>
</tr>
<tr>
<td>Mississippi</td>
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<tr>
<td>Missouri</td>
<td>3</td>
</tr>
<tr>
<td>Montana</td>
<td>18</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>4</td>
</tr>
<tr>
<td>Tennessee</td>
<td>1</td>
</tr>
<tr>
<td>Texas</td>
<td>1</td>
</tr>
<tr>
<td>Virginia</td>
<td>3</td>
</tr>
</tbody>
</table>
Applications of the following have been acted upon:

Active
Alspach, Myrl Thelma—Deaconess Hospital, Bozeman, Montana
Arsenault, Eva M.—1442 Chapel Street, New Haven, Connecticut
Bateman, Helen L.—Queens Hospital, Honolulu, Hawaii
Baumann, Magdalen—Columbus School of Nursing, Great Falls, Montana
Belknap, Evelyn—Baptist Hospital, Jackson, Mississippi
Blake, Mrs. Ella Lacy—State Capitol, Phoenix, Arizona
Brown, Myrtle Irene—Deaconess Hospital, Great Falls, Montana
Brownhill, Helen Ethel—161 Cook Avenue, Meriden, Connecticut
Brunelle, Irma L.—Ganado Mission, Ganado, Arizona
Byers, Mrs. Mildred D.—Board of Health, Honolulu, Hawaii
Carter, Helen Frances—Deaconess Hospital, Bozeman, Montana
Collazo, Elisa Carpena—Fajardo District Hospital, Fajardo, Puerto Rico
Dick, Charlotte Kerr—Queens Hospital, Honolulu, Hawaii
Estues, Cora Anna—Prairie View State College Hospital, Prairie View, Texas
(Negro)
Guibord, Eleanor M.—St. Patrick School of Nursing, Missoula, Montana
Gryk, Leocadia Frances—76 Wells Street, Manchester, Connecticut
Hannula, Myrtle—Montana Deaconess Hospital, Great Falls, Montana
Hruska, Beatrice—St. James Hospital, Butte, Montana
Knight, Mary Frances—1222 East Marshall, Richmond, Virginia (Negro)
Liebeck, Clara Mary—St. Mary's Hospital, Tucson, Arizona
Lumbert, Emelyn M.—Box 390, Blackfoot, Idaho
Lyttle, Hulda M.—1005 18 Avenue N., Nashville, Tennessee (Negro)
Maliszewski, Florence Ann—Columbus School of Nursing, Great Falls, Montana
Macarthy, Huldah E.—2516 Goode Avenue, St. Louis, Missouri (Negro)
McDowell, Vivian E.—St. Patrick School of Nursing, Missoula, Montana
Miller, Emma A.—511 North Wallace, Bozeman, Montana
Morgan, Florence—Ganado Mission, Ganado, Arizona
Morgan, Harriet Eleanor—St. Raphael Hospital, New Haven, Connecticut
Odece, Bertha—Deaconess Hospital, Great Falls, Montana
Olson, Ruby M.—350 Chestnut Street, New Britain, Connecticut
Ramos, Matilde Lilia—Lafayette Hospital, Arrayo, Puerto Rico
Riddle, Mrs. Estelle Massey—2516 Goode Avenue, St. Louis, Missouri (Negro)
Sister Ann Berard Anderson—St. James Hospital, Butte, Montana
Sister Annunciata Maria—St. Joseph's Convent, Ponce, Puerto Rico
Sister Charles Loretto O'Connor—St. James Hospital, Butte, Montana
Sister Dominica Mary—St. Joseph's Hospital, Lewistown, Montana
Sister Eleanor Marie Walsh—St. Mary's Hospital, Waterbury, Connecticut
Sister Elizabeth Mary Walsh—St. Mary's Hospital, Waterbury, Connecticut
Sister Francis James Shackerow—St. Mary's Hospital, Waterbury, Connecticut
Sister Mary Aquin Fischer—St. James Hospital, Butte, Montana
Sister Mary Bede—1505 Third Avenue N., Great Falls, Montana
Sister Mary Christine Leonard—St. Mary's Hospital, Waterbury, Connecticut
Sister Mary Laurent—St. Alphonsus Hospital, Boise, Idaho
Sister Mary Sacred Heart—St. Mary's Hospital, Waterbury, Connecticut
Sister Mary Teresa Dowd—St. Mary's Hospital, Waterbury, Connecticut
Sister Mary Visitation McCarthy—St. Mary's Hospital, Waterbury, Connecticut
Sister St. Catherine Deschenes—St. Mary's Hospital, Waterbury, Connecticut
Stevenson, Jane Baldwin—St. Patrick School of Nursing, Missoula, Montana
Tors, Jessie A.—320 North Jordan Avenue, Miles City, Montana
Wilk, Helen—3175 Main Street, Bridgeport, Connecticut
Wynn, Hallie Del—2516 Goode Avenue, St. Louis, Missouri (Negro)
Report of the Committee on Finance

The Committee on Finance submits the following budgets for the year 1941:

**General Account**

**Budget for 1941**

<table>
<thead>
<tr>
<th>Description</th>
<th>Estimated Income</th>
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<tbody>
<tr>
<td>Curriculum</td>
<td>$2,000.00</td>
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<tr>
<td>Publications</td>
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<tr>
<td>Digest of Laws</td>
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<td>Records and Guide</td>
<td>12,000.00</td>
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<td>Slides</td>
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<td>Photographs</td>
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<td>Films (Rental)</td>
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<td>Registration Fees</td>
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<tr>
<td>Fees—Dept. of Studies</td>
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<tr>
<td></td>
<td><strong>$46,600.00</strong></td>
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<table>
<thead>
<tr>
<th>Description</th>
<th>Estimated Expenses</th>
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<tbody>
<tr>
<td>Annual Report</td>
<td>$3,500.00</td>
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<tr>
<td>Auditor’s Fees</td>
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<td>Board of Directors Meeting (January)—Officers and Directors</td>
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<td>Dues American Council on Education</td>
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<td>Exhibits</td>
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<td>Insurance—Bonding</td>
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<td>Committees</td>
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<td>Child</td>
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<td>Community Nursing Service</td>
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<tr>
<td>Curriculum</td>
<td>150.00</td>
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<td>Eligibility</td>
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<td>Finance</td>
<td>30.00</td>
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<tr>
<td>Headquarters</td>
<td>50.00</td>
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<tr>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------</td>
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<td>Nursing Council on National Defense</td>
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<td>Nominating</td>
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<td>Records</td>
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<td>Joint Committee Manual for Hospital Nursing Service</td>
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<tr>
<td>Revisions</td>
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<td>Sisters</td>
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<td>Studies</td>
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<td>Subsidiary Workers (Joint)</td>
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<tr>
<td>Tests</td>
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<td><strong>Convention Expenses:</strong></td>
<td><strong>200.00</strong></td>
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<tr>
<td>Programs, Badges, Miscellaneous</td>
<td>200.00</td>
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<tr>
<td>Officers' and Staff’s Expenses</td>
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<td>Preprints of Reports</td>
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<td>Reporting Convention</td>
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<td>Headquarters Budget</td>
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<td>Reporting Joint Board Meeting</td>
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<td>Photographs</td>
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<tr>
<td>Slides</td>
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<tr>
<td><strong>Publications:</strong></td>
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<td>Library Handbook</td>
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<td>Illustrative Materials</td>
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<td>Basic Book List</td>
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<tr>
<td>Essentials of a Good School of Nursing</td>
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<td>Administrative Cost Analysis</td>
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<td>Other publications such as Reprints, New Biographical Sketches, etc.</td>
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<tr>
<td>How NLNE Serves You</td>
<td>250.00</td>
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<tr>
<td>Digest of Laws</td>
<td>1,050.00</td>
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<tr>
<td>Record Forms—Reprinting</td>
<td>3,500.00</td>
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<td>Printing New Records</td>
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<td>State League Supplies</td>
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<td>Stationery</td>
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<td>Travel Expense—President</td>
<td>250.00</td>
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<td>Travel Expense—Executive Secretary</td>
<td>300.00</td>
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<tr>
<td>Storing and Handling of Films</td>
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<td>Extra Stenographic Service</td>
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<td>Field Travel</td>
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<td>Postage, Mimeographing, etc.</td>
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<td>126.07</td>
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<td><strong>Total</strong></td>
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</table>
Headquarters Budget
1941

Salaries ........................................... $11,010.00
Rent .................................................. 2,212.50
Telephone .......................................... 450.00
Supplies ............................................ 350.00
Postage and Express ...................... 2,300.00
Shipping ............................................. 1,000.00
Mimeographing and Multigraphing ....... 500.00
Library Service .................................. 150.00
Special Office Care ............................ 55.00
Telegrams .......................................... 65.00
Extra Stenographic Service .......... 300.00
Miscellaneous .................................... 160.00
Entertainment Fund ......................... 75.00
Insurance (Workmen's Compensation, Burglary, Fire) 75.00
Reference Books and Reports ......... 25.00
Equipment ......................................... 200.00
Clerical Health Examination .......... 6.00
Installation door between elevator entrance and offices (League share) .... 65.93

$18,974.45

Fund for Accrediting
Committee on Accrediting
January 1 to April 30, 1941 Budget

Salaries ........................................... $3,878.66
Consultants—Travel plus luncheon for committee ........ 110.00
Committee Meeting (January 17, 1941) .................. 125.00
Committee Meeting (February or March) .............. 250.00
Pattern Map ......................................... 56.16
Supplies, Postage, Mimeographing, Telephone, Telegrams, etc. 250.00
Printing List of Schools ......................... 100.00
Compensation Insurance ......................... 50.00

$4,819.82

Respectfully submitted,

CARRIE M. HALL, Chairman

Report of the Committee on Headquarters

The Committee on Headquarters held three meetings in the interim between the May and January Board meetings—on June 13, September 30, and December 21, and one meeting since the mid-year meetings, held on April 28.

In order that the policies of the League may be readily available for reference at Headquarters, the committee voted to ask Miss Marian Durell to
review all of the meetings of the Board of Directors and to compile a policy book.

At the June meeting a communication from Miss Mary Beard, Director of the Nursing Service of the American Red Cross, was discussed in which she asked for advice from the League. The committee believed it should be the responsibility of the League to ascertain as nearly as possible the number of nurses who would graduate from schools of nursing in 1940, 1941, 1942, and 1943. Miss Pfefferkorn made such a study, and the results were sent to Miss Beard.

As it was evident early in June that the accrediting program faced a large deficit, it was voted that a recommendation go to the Committee on Finance that a gift of $5,000 which had been received by the League be held in reserve for any deficit which might be incurred by the Committee on Accrediting or for any other research project then underway. The Committee on Finance approved the recommendation.

As it became necessary for the League to move its offices and certain office needs were apparent, the committee voted to empower the Executive Secretary to purchase extra equipment to the amount of $318.50. The committee voted also to grant Miss Pfefferkorn a month's leave of absence with salary following her vacation, as she was spending part of her vacation in taking a course in statistics at Teachers College which would be of great use in the Department of Studies.

It was voted to send a recommendation to the Committee on Finance:

1. That the sum of $300 be allocated for the Nursing Council on National Defense.

2. That additional funds be allocated for clerical assistance for the remainder of the year.

These recommendations were approved by the Committee on Finance.

The committee voted to recommend to the Board of Directors:

1. That a committee be appointed to study our present organization at Headquarters with a view to more nearly meeting present requirements.

2. That the Board of Directors give serious consideration to the appointment of a professional assistant to the Executive Secretary.

The April meeting of the Committee on Headquarters during part of its session became a special meeting of the Board of Directors to act on the recommendations of the Committee on Accrediting regarding the schools which had applied for accreditation.

As Miss Ruth Bower found it necessary to resign from the Committee on Headquarters, the Board of Directors appointed Miss Marian Durell a member of the committee.

Respectfully submitted,

Stella Goostray, Chairman
CONVENTION PROCEEDINGS

REPORT OF THE COMMITTEE ON NOMINATIONS

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

Late in August nomination blanks were sent to the presidents of all state leagues. Twenty-nine ballots were returned.

The candidates whose names appear on the ticket have consented to serve if elected:

Vice President: Gertrude Folendorf, San Francisco, California
Phoebe Kandel, Greeley, Colorado

Secretary: Marian Durell, New York, New York
M. Cordelia Cowan, Washington, D. C.

Directors: Henrietta Adams, Seattle, Washington
Sister M. Olivia Gowan, Washington, D. C.
Maria Johnson, Salt Lake City, Utah
Edna S. Newman, Chicago, Illinois
Ruth Sleeper, Boston, Massachusetts
Isabel M. Stewart, New York, New York
Margaret Tracy, San Francisco, California
Ruth Wheelock, Portland, Oregon.

Respectfully submitted,
JUNE RAMSEY, Chairman

REPORT OF THE COMMITTEE ON PROGRAM

The Committee on Program presents the completed program for the National League of Nursing Education convention to be held in Detroit May 26 to 30, 1941.

The committee which has held six meetings, met for the first time in September and made preliminary plans for the development of the program. A tentative program was presented to the Board of Directors for approval at the January meeting of the Board. Some excellent suggestions were made and incorporated in the program. The committee acknowledges with sincere appreciation the valuable advice and help given by members of the Board of Directors, the staff of the American Journal of Nursing, and by a few state leagues of nursing education.

Respectfully submitted,
JUNE A. RAMSEY, Chairman

REPORT OF THE COMMITTEE ON PUBLICATIONS

The Committee on Publications is happy to report a prosperous year. The sale of publications, including slides and photographs, has again exceeded expectations. The income for all publications for the year was $18,211.33.
NEW PUBLICATIONS

The year 1940 has been a noteworthy one from the standpoint of new publications, since two new books of importance have been added to our list—Administrative Cost Analysis for Nursing Service and Nursing Education and Fundamentals of Administration for Schools of Nursing. Despite the fact that the American Hospital Association presented copies of the former to their institutional members, 861 copies have been sold and it has already been necessary to have a reprinting.

Although the first copies of the book on administration were not received from the printer until December 19, 461 copies have been sold up to date.

Two new joint publications of the American Nurses' Association and the League are Nurse Practice Acts and Board Rules—a Digest and The General Staff Nurse. The two organizations assumed the responsibility for the publication of the digest several years ago, but it was found to be a time-consuming task. This book was completed on March 7, 1941. The price is $2.00, and up to May 1, 1941, 782 copies have been sold.

The General Staff Nurse came off the press the last of April. It includes an historical statement in relation to the general staff nurse, the results of a questionnaire sent to directors of nursing services, and recommendations concerning the status and problems of the general staff nurse approved by the American Nurses’ Association and the National League of Nursing Education.

The Proceedings of the Conference of Members of State Boards of Nurse Examiners, held in Philadelphia in connection with the biennial convention, have been mimeographed and are available through the League at 75 cents.

ANNUAL REPORT

It was necessary to order 6,800 copies of the Annual Report due to the increase in membership. We were fortunate in getting the report out and into the hands of our members by the fifth of September.

LEAGUE RECORDS

There has been a big sale of records this past year and, with the new records which have just been printed, the sales should be even larger next year. The total number sold in 1940 is 804,400. Total receipts from the sale of records were $9,486.38.

OTHER PUBLICATIONS

It is encouraging to see the way League publications are being used. The following list shows the number of some of the more important publications sold:

<table>
<thead>
<tr>
<th>Publication</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Curriculum Guide for Schools of Nursing</td>
<td>803</td>
</tr>
<tr>
<td>Biographical Sketches</td>
<td>234 sets</td>
</tr>
<tr>
<td>Manual of the Essentials of Good Hospital Nursing Service</td>
<td>366</td>
</tr>
<tr>
<td>The Essentials of a Good School of Nursing</td>
<td>540</td>
</tr>
</tbody>
</table>

We had three requests for the film, Louis Pasteur, and four for The White Angel during the past year.
CONVENTION PROCEEDINGS

PUBLICATIONS BEING REVISED AND REPRINTED

All copies of the Library Handbook for Schools of Nursing were sold, and it has been necessary to have an additional supply. Since the type had been destroyed, photostatic copies have been made.

The Basic Book List and Illustrative Materials are being revised at the present time.

The Essentials of a Good School of Nursing was reprinted in April, 1940, and we have only 60 copies left. The new manual being prepared under the direction of the Committee on Accrediting will take the place of this publication.

The small pamphlet, How the NLNE Serves You, has been revised and brought up to date.

The Manual of Essentials of Good Hospital Nursing Service prepared by the League and the American Hospital Association will be completely revised by a committee representing these two organizations, the American Nurses' Association, and the American College of Surgeons.

The committee unfortunately has not been able to have a meeting this year, but the chairman has held conferences with individual members of the committee.

Respectfully submitted,

CLARIBEL A. WHEELER, Chairman

REPORT OF THE COMMITTEE ON REVISIONS

The Committee on Revisions has been rather inactive during the past year and no changes in the by-laws have been recommended by the Board of Directors of the National League of Nursing Education.

The Headquarters Office has very kindly reviewed the by-laws from state leagues of nursing education.

Respectfully submitted,

MRS. ADA R. CROCKER, Chairman

REPORT OF THE COMMITTEE ON STUDIES

While there have been no meetings of the Committee on Studies during the year, the committee has, nevertheless, been kept in touch through correspondence with the work of the Department of Studies and taken an active part in some of the work. The two special studies referred to in the report of the Director of Studies, one covering 105 double-spaced typed pages, and the other 175, were relayed to the committee for critical reading. One of these surveys was of a particularly difficult and complicated situation, and it was highly important that the Director of Studies have the advice of the committee in the preparation of the report.

Since the main activities carried on by the Department of Studies have been reported by the Director of Studies, a description of them is omitted.
from this report. Considerable time of the Department of Studies staff has been given to the statistical work of accrediting. As the accrediting progresses it seems likely that the Committee on Studies and the Committee on Accrediting will have to work closely together in the development of projects that will further the work of accreditation.

Respectfully submitted,

NELLIE X. HAWKINSON, Chairman

APPOINTMENTS

The President at this time made the following appointments:
Margaret Pinkerton, North Carolina, Chairman of Tellers and Inspectors of Election.

Tellers: Elizabeth Earle, District of Columbia; Mary Montieth, California; Muriel Thomas, Minnesota.

Inspectors of Election: Carrie Benham, South Dakota; Lilian Leeson, New York; Sister Rose Victor, Kansas.

Committee on Resolutions: Anne L. Austin, Chairman, Ohio; Lyndon McCarroll, Michigan; Charlotte Skooglund, Pennsylvania.

REPORT OF THE NURSING COUNCIL ON NATIONAL DEFENSE

Miss Stimson, Chairman of the Council, was introduced by Miss Goostrey and spoke as follows:

You have much ahead of you. The work of the Nursing Council on National Defense is your work. The Council represents you. Of course you have been reading the Journal. You know what the membership of the Council is—that it is composed of representatives of the national nursing organizations, the Association of Collegiate Schools of Nursing, the federal nursing services, the American Red Cross Nursing Service, the Association of Colored Graduate Nurses. Whatever we do, therefore, we do as your representatives, your servants.

We have tried to keep you informed, and we are going to try to give you more information in the future than we have heretofore, because at our Board meeting we have agreed to send a digest of the minutes of meetings to nursing associations so that you may all know what we are doing since it is the concern of all of the nursing profession.

When the Council was appointed last summer the first project was the survey of graduate registered nurses. I am not going to talk about the survey, you know that the U. S. Public Health Service, with the WPA, sponsored the survey and the three national nursing organizations acted as co-sponsors. That has been going on extremely well, although it took from last July until January to actually get the schedules out. As you know, if you read your Journal, 400,000 schedules have been mailed, and many thou-
sands have already come back and are being coded and carded in Philadelphia. We are hoping to have some results ready to use soon.

The second project of the Council was an endeavor to secure federal funds for nursing for both the basic undergraduate course and for graduate courses. That has been a long and devious affair, but we did have a proposal prepared and before I go any further I am going to ask Miss Stewart if she will tell you about that proposal. It was a piece of work worthy of a Ph.D. degree. She will tell you how the proposal was prepared, how it got started, and what it contained. When she has finished, I will tell you what has happened and where we are today.

Miss Stewart: As Miss Stimson has told you, the Committee on Educational Policies and Resources has been at work since last fall looking into possible sources of funds for the expansion of our educational facilities. We wrote to the federal agencies concerned with education to see what they could do or suggest. Shortly before Christmas Commissioner Studebaker of the Office of Education asked me to go to Washington for two or three weeks to prepare a plan that might be made a basis for a request for federal funds. I accepted on condition that I could have the support and help of the Committee on Educational Policies and Resources and could submit the plans to this committee and to others directly concerned.

We first had to get some estimate of what our present resources are, and what the demands are likely to be. The U.S. census for 1940 is not yet out, and the nursing inventory is not yet completed. So we had to make estimates on the best basis we could find, not for one year only, but for a five-year period because, as you know, the government is basing its estimates on a five-year period of national preparedness.

Here are a few of the questions we tried to answer. First, how large is the present supply of professional nurses? Our rough estimate is 500,000 in active service. This is exactly double the number of professional nurses available in 1920. At the time of the last war the number was 115,000. We believe that there are, in addition, about 200,000 graduate nurses who are professionally inactive. A certain proportion of that group could be professionally active again, and we hope they will be, but we will need to help them "brush up" in order to be really effective.

The next question was to what extent the supply of trained nurses meets the demand. We believe that during the past two or three years supply and demand in this country were fairly well balanced, but since last summer the demand has been increasing and a definite shortage is found in some sections. We then tried to find about how many extra nurses are being called for because of the defense program. For the present year, June, 1940, to June, 1941, judging by estimates given by Army, Navy, Red Cross, etc., we shall need at least 10,000 nurses over and above the regular supply. If we do not go into war, the increase for military service during the next five years will not be great, but if we get into war, we shall have to increase Army nurses at the rate of one nurse for every 207 men, or 3,700 for every
additional million men that go into the Army. The Navy requires fewer nurses in proportion, but there must be an expansion of that service also as well as the Veterans Administration Service and the U. S. Public Health Service.

According to a recent report of the U. S. Public Health Service in 1940, 24,000 public health nurses were employed in official and non-official agencies. There was an 18 per cent increase in the three years preceding 1940, and at this rate we would expect a 30 per cent increase during the next five years even if we had no preparedness program. On the basis of these and other facts we believe a very conservative estimate of increase in the public health nursing group is 10,000 for the next five years.

As to graduate nurses in hospital service, we found that the bed capacity of hospitals in 1939 was 1,200,000, and that beds are increasing 3 per cent yearly. The American Hospital Association estimates that there were last year 60,000 to 70,000 graduate nurses employed in these hospitals. If the same ratio of graduate nurses to beds continues, we shall need at least 10,000 more nurses to meet the demands of the hospitals within the next five years.

We do not anticipate a great increase in the demand for private nurses, because, although our registrars tell us that calls are increasing 10 to 25 per cent, there is no reported shortage of nurses in that field. Of course, we do not know how much the shortage may be a little later.

For extra educational work in nursing schools, for the teaching of refresher courses, for home nursing courses, and all the educational projects connected with subsidiary courses and the like we would need to count on at least 25 per cent increase in teaching and supervisory personnel.

Summarizing, we believe there should be a 10 per cent increase in the present supply of graduate nurses, that is, 10 per cent of 300,000, which means 30,000 more professional nurses in the next five years. Of this number 10,000 would be needed for the current year. We must count on a constant reduction in numbers from death, retirement, marriage, and the like. A yearly reduction of 5 per cent is the best estimate we have. That would mean that 15,000 of our 30,000 active nurses would be dropping out yearly. But, of course, we are getting additional graduates from nursing schools every year—approximately 24,000 this year and more in the next five years (probably 25,000 to 30,000) if we increase enrollments.

We must remember, however, that the depreciation in the younger group is much higher than in the older. On the basis of 1934 records, one-quarter of our graduating classes dropped out at the end of the third year, or left nursing, and one-half at the end of the eighth year. We hear that the matrimonial mortality is much higher now than in 1934, but fortunately many more continue after marriage in nursing practice.

So far as the total number of student nurses is concerned we have in our schools approximately 85,000 nurses. The rate of increase was about 4 per cent during the last two or three years, and the probable rate of increase in the next five years we expect will be higher. Therefore, we may count on probably 10,000 to 15,000 more students in nursing schools,
making a total enrollment each year during the next five years of from 93,000 to 100,000 students.

As to the number of practical nurses we have no accurate figures. In New York State as of July, 1941, the estimated proportion was 23,000 practicals to 60,000 professionals. If we were to count on one-third as many practical nurses as professional nurses, we should have 100,000 in the country at large, but we will not know till the 1940 census is out how near this comes to the actual number.

Of course we need to consider a great many other things besides numbers. There are special requirements for many positions such as those in public health nursing, nursing schools, and the like. We must also protect the public and the profession from an inferior product and, as far as possible, we must avoid the dangers of serious inflation. I think most of us agree we should use helpers to take over a good many non-nursing duties that nurses are now performing. We should utilize all our available professional resources—bring in the graduate nurses who are at present inactive and who are able to come back into service. We think that at least 10 per cent more student nurses should be admitted to nursing schools this year. That means 3,800 over and above 38,000 which was the number admitted last year.

The question is whether our nursing schools can take care of an extra 10 per cent with their present facilities. From an inquiry sent out to fifty or more representative schools in different sections of the country last fall we reached the conclusion that it would be possible to stretch present resources to take care of an extra 5 per cent without lowering standards, but not an extra 10 per cent—unless financial or other assistance could be given. In our request for Federal funds it was this extra 5 per cent (approximately 2,000 students) we have tried to provide for as well as the cost of refresher and postgraduate courses for those who already have had their basic preparation.

After studying the experiences of 1917-1918 when we had a similar problem to meet and when we organized for quantity production (also for quality—because we got in a number of very well-qualified candidates at that time) we decided that it would be better to concentrate the production of the extra 2,000 students in a limited number of regional centers where groups of schools could collaborate and utilize the resources of colleges and universities where possible in taking care of fairly large groups of applicants. We believed that federal money could be spent to better advantage in this way than by spreading it broadcast over all the schools of the country. Such a plan seems to us not only more economical and efficient, but also more forward-looking because when the period of emergency is over, some of these centers might continue on a permanent basis and provide sounder preparation for both undergraduate and graduate nurses in the different sections of the country.

I am sorry I have not time to discuss plans for assisting with refresher courses which might be much more widely distributed, and also for postgraduate courses. As you know the plan I have been discussing did not
get by the Health and Medical Committee of the Council for National Defense, but we believe some parts of it will be salvaged and we hope some federal funds will be available for nursing education though not as adequate funds as we had hoped for.

Miss Stimson: Now you can see what a stupendous piece of work that was. It was approved by the Office of Education, and was then sent over to the more recently appointed Coordinator of Health and Welfare, Mr. Paul V. McNutt, who had been the administrator of the Social Security Agency.

The committee to which Miss Stewart referred was a subcommittee of the Nursing Council on National Defense, a volunteer group, remember.

Now in October the governmental procedure had gone a little further. The Health and Medical Committee had been appointed as a committee of the Council of National Defense, and it had appointed Subcommittees on Hospitals, Dentistry, Medical Education, Negro Health, Industrial Health and Medicine, and a Subcommittee on Nursing.

Now this Subcommittee on Nursing is an official committee appointed by the Federal government. All the members, of which there are five, have been sworn in as employees of the government. Of course, they are employed only when they are engaged in the work of the committee. They are also entitled to transportation when they come for committee meetings.

So the direct line of the Federal group now concerned with nursing is from the President of the United States, to the Council of National Defense, which is composed of the Cabinet, through Mr. Paul V. McNutt, who administers and coordinates all matters of health and welfare, through the Health and Medical Committee, to our Subcommittee on Nursing. Four of the five nurses on the Subcommittee are members of the Nursing Council on National Defense.

Now the proposal struck a snag in the Health and Medical Committee, and we have only recently learned that it could not be administered under the Office of Education. This was a deep disappointment to us, because if it could have been administered under that group it would have been the first time nursing education has been recognized by the Federal government where we think it ought to be, in the Office of Education.

The plan went from the Health and Medical Committee to our Subcommittee on Nursing. We approved it and sent it right back. It then went to the Subcommittee on Hospitals. They did not approve it and sent it back to the Health and Medical Committee. The latter, after a long time, has approved certain parts of it. It has approved a request for appropriations for the graduate courses. Now it has gone to the Budget Committee. The last we heard it was on the President's desk, and that it will be prepared in the form of a bill and go to Congress where it has to be defended and fought for. The mills of the gods, you know how they grind. Well, at least they are grinding, and we have hopes.

We cannot give you details of what is going to occur, but it seems that the money will be used principally and foremost for refresher courses in
two classes: first, for the graduate nurses who have been out of nursing but who are willing to return during this emergency, and second, to prepare nurses in special fields such as instructors, administrators, and supervisors, also specialists possibly in anesthesia. Dr. Parrin in our last conference said that the Children’s Bureau particularly wants more nurse midwives.

We are more hopeful since we have been told that we must have some one in Washington at once to take care of this matter, and Miss Beard, the Chairman of the Subcommittee on Nursing, is doing her best to secure a qualified person whose salary can be paid by her present employer while she is on a leave of absence for six months or so. It is something of a job to find such a person and also to find some one who could be recognized by the Health and Medical Committee as the official representative of our Subcommittee.

That is where we are now. Please remember that the Nursing Council is the voluntary advisory group for the official Subcommittee on Nursing and to which the Subcommittee on Nursing will turn for all of its advice and all of its information or its data. You are back of the Nursing Council, and we are going to do everything we can to keep you informed.

**Report of the Committee on the Education of Nurses in the Care of the Child**

The Committee on the Education of Nurses in the Care of the Child held two meetings during the year. The first was a breakfast meeting on Tuesday, May 14, 1940, at the Benjamin Franklin Hotel, Philadelphia, Pennsylvania, during the time of the biennial convention of the national nursing organizations.

The meeting was for the purpose of discussing a proposed graduate course in pediatric nursing. Twenty-six nurses attended and guests were present representing nine states. Members of the committee present were: Ruth Houlton, Naomi Deutsch, Grace L. Hansome, Alfild J. Axelson, and Corinne Bancroft. The representative character of the attendance and earnestness of the discussion attested to the interest of administrators, educators, and public health nurses in this subject.

Miss Gladys Vreeland of the Children’s Hospital of Pittsburgh read a report of the findings from a questionnaire sent out by that institution in preparation for the organization of a graduate course. The questionnaire was sent to 21 schools, 13 of which answered. The report brought out the need for graduate courses in this field and showed the lack of standards in length of, prerequisites for, and content of the courses now being offered. We are indebted to Miss Vreeland for her splendid report. The very animated discussion which followed emphasized the need for a careful study and clear statement of the prerequisites and objectives of a graduate course and the need for greater attention to undergraduate courses, so that fewer graduates will have deficiencies in pediatric nursing. It was also brought out that more nurses must become aware of the vast implications of health
work with children and be prepared to take their place with other workers in this expanding field.

Following the meeting in Philadelphia, copies of Miss Vreeland's report were sent to a subcommittee for analysis. A second meeting of the Committee on the Education of Nurses in the Care of the Child was held December 5, 1940. A summary of the study of Miss Vreeland's report made by subcommittees was presented and discussed. The discussion of prerequisites for the course considered at this meeting again brought out the need for nurse leaders in the care of children. The present system of nursing education has not produced such leaders. Miss Deutsch stated that leaders in this field are important because the emphasis in the nation today is upon conservation of child life, as evidenced in the purpose of the Security Act, and in the philosophy of the evolving Defense Program. She also called attention to the fact that the preparation for public health nurses needs to emphasize clinical preparation, just as the preparation for institutional nurses needs to emphasize community welfare.

It was felt that the outline of the graduate course should be ready to present to the Board of Directors at its May meeting. Miss Alfhild Axelson accepted the chairmanship of the subcommittee to work toward this end.

It was also brought to the attention of the committee that many felt its present name—Committee on the Care of the Child—did not adequately describe its functions. After discussion, the group decided that it be called the Committee on the Education of Nurses in the Care of the Child. The Board of Directors has approved the change in name.

An important phase of the discussion was the pressing need today to help graduate students evaluate courses.

Tentative plans were made for a program at the annual convention. It was also decided to hold a breakfast meeting for chairmen of state committees on the Education of Nurses in the Care of the Child during the convention, so that activities could be discussed and the national committee could learn how to be of more assistance to the state committees.

Reports received from state chairmen indicate their activities during the year. These include a meeting sponsored by nursing groups demonstrating The Teaching of Child Development in the Hospital and in the Home; an exhibit demonstrating types of materials used in creative play activities in children of various ages, including home-made equipment as well as articles which could be purchased; an analysis of the public health aspect of the unit on musculo-skeletal diseases as outlined in the Curriculum Guide in relation to the nursing of children, emphasizing the developmental point of view in the care of the child with an orthopedic condition; a survey of the content of courses in the Nursing of Children; a program presenting the care of the premature baby; a study begun of the facilities throughout a state available to schools of nursing as fields of observation and practice for student nurses during their experience in the nursing of children. One state committee on the care of the child interested itself primarily in the mental hygiene and child guidance programs. In this field the committee partici-
parted in an all-day institute on mental hygiene—one half of which was devoted to the child. A committee on the care of the child has just been formed in Oregon and the chairman has written for suggestions in planning their program.

The following is a report of the activities of some of the members of the Committee on the Care of the Child of the National League of Nursing Education during the past year. These interests and contacts with other organizations help to stimulate them for leadership in the work of this committee. Grace Hansome made a study-trip including five European countries, investigating various phases of child care, during the summer of 1939. In London, she attended the Fourth World Conference of the International Society for Crippled Children. Eleanor Dowd, as a member of the Educational Committee of the State of Connecticut, arranged with Dr. Gesell to show some of his films and speak on child development to nurses attending an institute. She took part in the program of a Nursing Institute on Prevention and Care of Prematurity, sponsored by the Connecticut State Department of Health; her subject was The Nursing Care of the Premature Infant. Winifred Kaltenbach accepted membership on the board of directors of the Children’s Welfare Federation of New York and will serve on this board during the coming year. Isabelle Jordon is preparing an article on Opportunities in Pediatric Nursing, which will appear in the American Journal of Nursing. Alfihild Axelson has contributed an article on Health in a Progressive School, to Public Health Nursing. She has also been asked to take part in a panel discussion of the National Conference of the Progressive Education Association to plan for the health of children in relation to National Defense. Corinne Bancroft has accepted membership on the Advisory Committee on Maternal and Child Health of the Children’s Bureau.

Respectfully submitted,

M. CORINNE BANCROFT, Chairman

REPORT OF THE COMMITTEE ON LAY PARTICIPATION

One meeting of the Committee on Lay Participation was held during the year, at headquarters.

The committee is pleased to report that the following states have reported the formation of committees on lay participation: Alabama, California, Maine, Massachusetts, Michigan, Minnesota, Nebraska, New York, New Jersey, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, and Virginia; also the state of Colorado has recently written, inquiring about the organization of such a committee. This makes a total of seventeen states in all.

During the past year there has been a good deal of correspondence between the chairman of the national committee and the various state chairmen, and a letter was sent out to all members of the committee asking for concrete suggestions for the work during the coming year. Very few replies were received: while some of the suggestions were very good, the majority
could not be considered because of overlapping with the work of other committees.

It has been interesting to note that scholarships for nurses are growing through the efforts of lay members. Report from one state shows that they were instrumental in sending a student nurse, the first from that state, to the biennial in Philadelphia, and that six other students were sent to their state convention.

The committee has recommended that a joint session for lay groups, sponsored by the NOPHN and the League, be held at the biennial in Chicago in 1942. The League Board of Directors voted to refer this suggestion to the 1942 Program Committee.

The committee further recommended that a simple manual of the organization, functions, activities, of school committees be prepared. While the Board of Directors felt that such a manual was needed, it was voted to delay its preparation until the manual which is being prepared under the auspices of the Accrediting Committee is completed. This would give a better working basis for the manual suggested by the Committee on Lay Participation.

The committee is sponsoring a luncheon meeting for school of nursing committee members and members of hospital boards, in Detroit, on Wednesday, May 28. The program will include a presentation of the organization and functions of the nursing school committee as set forth in Fundamentals of Administration for Schools of Nursing. There will be discussion of this subject from the point of view of a hospital board member, a member of a school committee, and a principal of a school of nursing.

The committee is very appreciative of the kindly interest and cooperation of Miss Wheeler.

Respectfully submitted,

GRACE A. WARMAN, Chairman

REPORT OF THE COMMITTEE ON MEMBERSHIP CAMPAIGN

Activities of the committee for the year 1940-41 have centered in efforts to: (1) maintain the gains previously made by emphasis on reducing lapses in membership, and (2) enroll all eligible members of faculties employed in "educational, preventive, and governmental nursing organizations."

Letters to presidents of state leagues of nursing education have emphasized the value of concerted action, repeated, and continuous campaigns for increasing membership. The state and local leagues have been urged, through their committees on membership, to prepare and publish in their professional bulletins, publications, and news letters, articles on the advantages and responsibilities of League membership.

Recommendations were approved by the Board of Directors of the National League of Nursing Education for publicity on a national scale in the national publications, Professional Nursing, American Journal of Nursing, and Public Health Nursing.
The "membership rally" luncheon sponsored by the Committee on Membership Campaign of the National League of Nursing Education at the biennial convention in Philadelphia, May, 1940, was well attended, and an enthusiastic response was given to reports of encouraging gains in membership. The Board of Directors of the National League, in January, approved the recommendation that a similar plan be followed at the League meeting in Detroit in May, 1941.

It is in the local and state leagues, through the interest and energy of state committees that the real work is done and which yields the most gratifying results. This committee and previous ones have outlined steps in practical programs, which form the foundation for programs that could be put into operation year after year. Until they are part of the regular and organized activities of each committee, we will be far from achieving the goals we have set.

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 two meetings during the year 1940-1941. The committee has not taken on any new activities during the past year, but the chairman has made great effort to keep in touch with the state committees and to promote a program which was formulated last year. It has been very gratifying to note the interest manifested by all the state committees and the effort which they have made to carry out various aspects of the program.

Dr. Charles P. Fitzpatrick, Chairman of the Committee on Nursing of the American Psychiatric Association, met with the League committee on December 19, 1940 for the purpose of discussing courses for attendants in psychiatric hospitals in which the American Psychiatric Association is particularly interested. This organization, through its Nursing Committee, gives considerable attention to educational programs in mental institutions. Some years ago that committee, in cooperation with the Mental Hygiene and Psychiatric Committee of the National League, set up courses for graduate and affiliating students. These have been used as a guide in many mental hospitals throughout the country and I believe the majority of state institutions are making every effort to bring their teaching programs up to the standard suggested by the American Psychiatric Association.

Last year the Association, through its Nursing Committee, began to study the care given by the attendant to the mentally ill and Dr. Fitzpatrick met with the League committee to discuss its program. He reported that there are at present eighty-seven institutions in the United States and Canada which are giving courses for attendants. The content, length, and method of teaching these courses differ greatly, which is indicated by the fact that
they vary in length from twelve hours to six months, and in two institutions the courses are three years in length. After considerable discussion of this subject it was the consensus of the committee that standards for attendants and the outline of a program of study are needed—firstly, because there are not sufficient graduate nurses in the majority of the state institutions, and secondly, because there is considerable care and attention given the mentally ill patient which does not require the services of the graduate nurse but can be done by a trained subsidiary worker under the supervision of the graduate registered nurse.

Dr. Fitzpatrick met a second time with our committee and it was definitely decided that the two committees should work together in planning a course for attendants. This will be a project for our committee for the coming year.

Dr. Fitzpatrick reported his conferences with our committee to his Committee on Psychiatric Nursing, and as a result his committee passed the following resolutions which were later approved by the Council of the American Psychiatric Association and which will serve as a guide for the work of that committee for the coming year:

The committee favors a policy looking towards the extension of training in psychiatric nursing to all student nurses in training in general hospital schools of nursing.

The committee favors a policy of standardization of curricula for psychiatric attendants and endorses cooperative studies with the National League of Nursing Education in arriving at a suitable curriculum.

If agreement on a curriculum for attendants is arrived at, the committee then favors supporting legislation in the various states to license such attendants.

The chairman had considerable correspondence with the members of the committee who could not be present at the meeting and she has material from them regarding the course for attendants. This will be used by her and the committee in formulating a course for attendants which will be submitted to the American Psychiatric Association some time later during the year.

It was agreed by all the members present at the second meeting, and the other members who had sent suggestions in writing, that great care should be given to the planning of a course for attendants, with emphasis on attendant duties rather than on nursing duties, and that every effort must be made to have the graduate registered nurse appreciate the responsibility in the care of the mentally ill and in the teaching of attendants. It was urged that standards should be kept high and that the cooperation of nursing educators should be sought so that there will be no decrease in the interest and attention given to the education of the nurse for psychiatric nursing in mental hospitals.

All agreed that the attendant was needed, but that great care must be taken that she does not in any instance take the place of the nurse. The committee is studying courses given in various mental hospitals and has
made a detailed study of the course of one state institution which has recently published a *Manual for Attendants*.

It is obvious that administrators in state institutions are greatly concerned with the education of the attendant and it is most important at this time that they have the interest of nurse educators so that these courses are properly set up and that the manuals they are publishing are concerned with attendant duties and not the duties of the nurse.

The committee during the past year has given some attention to legislation for the attendant. Nothing definite was decided, but it does seem that some legislation may be not far away. However, it was emphasized that we must think of education before legislation and that we must not be too hasty in promoting laws which will later have to be amended or repealed because they were not formulated without first being preceded by definite educational programs.

The chairman has had the usual amount of correspondence during the past year and just recently letters have been sent to the various state chairmen offering aid in planning programs on the basis of the suggestions offered last year. The response to these letters has been most gratifying and it means that the chairman will have an opportunity to be of assistance to nurses interested in mental hygiene and psychiatric programs of the various states.

It was my privilege to attend the annual meeting of the American Psychiatric Association at Richmond, Virginia, and to participate in the round table discussion on nursing. It is very important that the League have an official representative present at these meetings who is well informed regarding nursing problems in general, as well as in psychiatry.

Respectfully submitted,

MAY KENNEDY, Chairman

**REPORT OF THE COMMITTEE ON NURSING TESTS**

Miss Isabel Stewart, the initial chairman of the Committee on Nursing Tests, felt it necessary to withdraw from that position during the middle of the year to devote her time and energies to other urgent work. She left to the rest of the committee its uncompleted task of developing the plans to establish the National League of Nursing Education Pre-Nursing and Guidance Test Service. Tentative plans for conducting such a service on an experimental basis in two states that had offered their cooperation were submitted to the League Board which "authorized the Committee on Nursing Tests to plan for, establish, and operate on an experimental basis an NLNE Pre-Nursing and Guidance Test Service without committing the League to any financial obligation."

While the League could not itself advance the funds for this project, the Board of Directors was willing to have the committee secure its own funds
on the assurance that the League would be well safeguarded financially and otherwise.

We have been fortunate enough to find some one with faith enough in our project and in the committee to lend us enough money to start the project. The official releases are now signed and sealed and the preparations for the experimental period underway.

The committee has selected the tests and test items and has prepared the special forms to be used in the NLNE Pre-Nursing and Guidance Test Service examinations and they are about to go to the printer. Preparations for the initial testing are now being made with the assistance of the two local state committees, the New Jersey League of Nursing Education Nursing Test Committee, and the Nursing Test Committee appointed by the Education Section of the Connecticut State Nurses' Association. Testing will undoubtedly start within the month.

The response from the schools of nursing in the two states where the experiment is to be tried has been most cordial and enthusiastic. The news seems to have already traveled, for requests for information or for the tests have already come in from several other states.

Whether or not the Test Service will be established on a more permanent basis after this experimental period will, of course, depend upon the success of the present plan. However, the Committee on Nursing Tests is requesting the League Board to recommend to all state leagues of nursing education that state committees on nursing tests be established and that they cooperate with the NLNE Test Committee in its various activities in relation to the local construction of achievement tests, the use and interpretation of the results of various tests for selection of candidates, and in the educational, personal, and professional guidance of students.

Although the Committee on Nursing Tests feels it cannot undertake simultaneously the intensive construction of achievement tests on a wide cooperative basis, it certainly does want to continue to give assistance to individuals and committees interested in or already working on them.

Respectfully submitted,

R. LOUISE MCMANUS, Chairman

REPORT OF THE COMMITTEE ON RECORDS

The year since the last convention has been an active one for the Committee on Records. Twelve meetings have been held, ten of which were all-day meetings and one a three-day session.

Four administrative and teaching records of the new clinical set have been completed and are now available with their accompanying manual. These records are (1) Weekly Time Assignment Plan, (2) Daily Time Assignment and Census, (3) Weekly Clinical Assignment Plan, and (4) Daily Clinical Assignment.
The three health records, the Pre-entrance Medical Record, the Pre-entrance Dental Record, and the Cumulative Health Record, have been revised during the year. Our organization is much indebted to the Yale University Health Service for help and advice in the revision of these forms.

Following the discussion at the meeting of state board members at the convention last May a letter was sent to each of the 48 boards asking for copies of their present forms and whether or not they thought it desirable for the League to prepare state board forms. The general opinion seemed to be in favor of the drafting of such records by the League. Three such forms and an instruction sheet are in the process of preparation by the committee. These forms are:

1. Application for Registration by Examination
2. Request for Statement of Registration
3. Application for Registration by Nurse Registered in Another State.

The clinical records now in process of preparation are those that are kept by students. They include a nursing care plan and a series of procedures and conditions records. If possible the committee would like to complete these records by January 1, 1942.

The total number of records sold during the year 1940 was 804,400, an increase of 176,000 over the number sold in 1939.

Respectfully submitted,

BLANCHE PFEFFERKORN, Chairman

REPORT OF THE COMMITTEE ON STATE BOARD PROBLEMS

The Committee on State Board Problems has held one meeting since the convention in Philadelphia in May, 1940. On the Saturday immediately after the close of the convention the committee sponsored a half-day session which was attended by many members of state boards of nurse examiners and a number of others who showed a lively interest in the papers and discussions.

At the committee meeting held at Headquarters in October all subcommittee chairmen presented interesting reports of their various activities. The Subcommittee on Records has been working very closely with the League’s Committee on Records and is making a very detailed study of clinical teaching records; also of state board forms now in use. These two records had been the subject of many inquiries and expressions from different areas and it is the hope of the committee that something helpful may be the outcome of the study shortly.

Miss Cowan presented many important questions and asked for further suggestions concerning the work of her Subcommittee on Faculty Qualifications. Some of the questions relating to faculty members were quite pertinent, for example, Shall the faculty be interpreted as including those who have responsibility for teaching students as well as for administrative and supervisory functions? The committee believes that minimum qualifications for
faculty members should be set up as a guide for state boards as soon as possible.

Mrs. McManus gave a very full report of her subcommittee's work on tests and measurements. She presented concrete examples taken from various papers, conclusively proving that the formulation of test questions which adequately test a nurse's ability to practice nursing is the work of an expert. In view of the inadequacy of the tests now in use, it is discouraging that funds are not available through the League for the launching of a testing program. However, the Board of Directors of the League has approved of the project and has authorized the Committee on Nursing Tests to seek funds for the establishment of a Pre-nursing and Guidance Test Bureau on an experimental basis. Mrs. McManus reported that the costly work has already been completed and she believes that within a short time the project can be self-supporting.

In view of the interest in tests, the Committee on State Board Problems recommended to the Board of Directors in January that an institute on this subject be held prior to the convention in Detroit. The Board of Directors approved of the institute and of charging a fee to make the institute self-supporting, and the subcommittee has therefore planned an institute to be held in Detroit, May 22, 23, and 24, at the Statler. It is hoped that this institute will prove to be of great assistance to members of state boards of nurse examiners and others interested in the formulation of nursing examinations.

The Committee on State Board Problems was unanimous in believing that a guide is needed which will outline the qualifications for members of state boards, including the executive secretary, educational adviser, inspectors, and examiners. Miss Irene Murchison of Colorado has consented to act as chairman of a subcommittee to study specific qualifications, but has had to postpone the work for a time because she has been supervising the enrollment of the state's nursing personnel in connection with the National Defense Program and her entire time has been occupied with questionnaires relating to this.

Respectfully submitted,

JOSEPHINE MCLEOD, Chairman

REPORT OF JOINT COMMITTEE ON COMMUNITY NURSING SERVICE

The committee held one meeting during the year, on December 20, 1940, in the NOPHN Conference Room, 1790 Broadway, New York, New York. At this meeting the committee reviewed the activities for the year, which were as follows:

1. The preparation of a loan folder containing material developed by the Joint Committee on Community Nursing Service which has been sent to individuals and organizations in response to general requests for information on community nursing service. This loan folder also is included with exhibit material
sent to conventions of state nurses' associations by the American Nurses' Association.

2. Approximately 85 requests for information for material regarding community nursing have been received and filled.

3. Material gathered in a self-survey made by the Health Section of the Council of Social Agencies in New Rochelle, New York, was divided into three sections, that concerned with institutional, public health, and registry nursing services. Each section was routed to the appropriate national nursing organization and analyzed by a staff member assigned by the ANA, the NLNE, and the NOPHN. Suggestions and recommendations were made by them and these were presented to the local committee of New Rochelle in April, 1940.

4. A request for an analysis of a survey of nursing service conducted in Lansing, Michigan, was received during the summer from the Michigan State Nurses' Association and a report was desired by September 20th. Since the request was not received early enough for the three national nursing organizations to arrange time for members of their staffs to analyze the material and since a brief review of the material submitted showed the need for more information regarding certain services, it was not possible to grant this request.

5. Through correspondence, bulletins published by state nurses' associations, reports of conventions, and interviews, it has been learned that the state nurses' associations of California, Michigan, Minnesota, New York, Oregon, and Pennsylvania have committees on community nursing service. The North Carolina State Nurses' Association plans to appoint such a committee and the Rhode Island State Nurses' Association has a committee on community nursing councils.

As a result of discussion at the meeting of the Joint Committee on Community Nursing Service, an invitation was secured for the chairman to present the material developed by the committee and explain its use to the Special Agents for the Survey of Registered Nurses at a meeting held in Washington, D. C., January 10, 1941.

The Subcommittee to Formulate Plans for Community Nursing Service met on December 20, 1940. As a result of this meeting, Tentative Suggestions for Use When Planning Community Nursing Service will be ready for distribution soon.

The Rochester, New York, Council on Community Nursing has undertaken a study to secure information regarding existing councils on community nursing. The Joint Committee on Community Nursing Service reviewed the tentative questionnaire and with the assistance of Louise Tattershall, Statistician for the American Nurses' Association, it was revised. A report of the study will be made available when completed.

The Boston Community Nursing Council has prepared a Handbook on Nursing Services in Boston which is being used widely. Miss Sophie Nelson, R.N., who served as chairman of the Committee on Preparation of the Handbook, recommended the preparation of a similar handbook as a project for newly organized nursing councils since it stimulated interest and cooperation of all nursing agencies.
OBJECTIVES FOR 1941

The Joint Committee on Community Nursing Service voted

"That because of the national emphasis on more adequate community organization for preparedness of the civilian population to meet unforeseen emergencies, which must of necessity include nursing, the objectives of the committee for 1941 are:

"a. To work with state nurses' associations in order to promote better organization and coordination of community nursing resources

"b. To promote organization of councils on community nursing

"c. To redefine the terms 'Community Nursing Bureau' and 'Council on Community Nursing' so as to clarify the existing confusion in the minds of many nurses relative to these terms."

Respectfully submitted,

ELSBETH H. VAUGHAN, Chairman

REPORT OF JOINT COMMITTEE TO WORK WITH THE NATIONAL ASSOCIATION OF COLORED GRADUATE NURSES

The Joint Board of Directors of the ANA, the NLNE, and the NOPHN at its meeting on January 30, 1940, authorized the formation of a Joint Committee of the ANA, the NLNE, and the NOPHN to Work with the National Association of Colored Graduate Nurses.

A meeting of this committee was called on October 28, for the purpose of organizing, just prior to a meeting with representatives of the NACGN. Unfortunately not enough members were able to be present to hold the meeting. The representatives of the three national nursing organizations did meet informally with representatives of the NACGN Advisory Council. Disappointment on the part of the members of the Council that a joint committee of the four organizations had not been formed was expressed. It was explained that it was a new policy of the Joint Board of Directors to organize joint committees of the Board to work with other organizations. At this meeting the representatives of the NACGN expressed some of their felt needs. In the future the members of the Joint Committee will meet with official representatives appointed by the Board of Directors of the NACGN.

The committee held a meeting on Friday, December 27, 1940, at which time Miss Alma C. Haupt was appointed chairman and Miss Wheeler was appointed secretary.

The committee agreed on the following plan of procedure:

1. That as a professional group we attempt to define more clearly our democratic philosophy especially as it relates to the negro race

2. That we build up policies in this direction and extend them with the idea of being more helpful to the NACGN

3. That the committee secure from the ANA, NLNE, and NOPHN all existing policies relating to negro nurses

4. That the committee also secure from the three national nursing organizations any questions or problems relating to negro nurses for purposes of study.
The Joint Board approved the following recommendations of the committee:

1. That the National League of Nursing Education be asked to send to directors of courses in clinical nursing for graduate nurses a questionnaire asking about the availability of these courses for Negro nurses.

2. That the three national nursing organizations encourage state and local groups to make institutes which are given throughout the country open to Negro nurses and to see that Negro nurses receive information concerning such institutes.

Respectfully submitted,

ALMA C. HAUPT, Chairman

REPORT OF THE
ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

The committee held its regular annual meeting on January 24, 1941. In addition to this meeting the executive committee has held two meetings in the past year for consideration of applications for scholarships and loans. Members of the executive committee for the past year were Miss Elsie Lawler, Miss Katharine DeWitt, Miss Laura M. Grant, Mrs. Mary C. Eden, Secretary-Treasurer, and Miss Virginia M. Dunbar, Chairman. By action of the general committee at its annual meeting in January, 1941, Miss Alta E. Dines replaced Miss Laura M. Grant whose resignation from the executive committee was accepted.

The information leaflets, regarding scholarships and loans granted by the committee, have been revised during the year and are available. During 1940 contributions ranging from $5 to $295 were received from 31 states and the District of Columbia.

SCHOLARSHIPS

Five scholarships of $400 each were granted in 1940 from the Isabel Hampton Robb Scholarship Fund. In the period from 1912 to 1940 inclusive, a total of 161 scholarships have been granted.

For the five scholarships awarded, 55 applications were received and reviewed by the executive committee. Information regarding applicants and successful candidates is as follows:

<table>
<thead>
<tr>
<th>Total Applicants</th>
<th>Successful Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools of nursing represented</td>
<td>49</td>
</tr>
<tr>
<td>States represented</td>
<td>18</td>
</tr>
<tr>
<td>Field of study:</td>
<td></td>
</tr>
<tr>
<td>School of nursing or institutional</td>
<td>35</td>
</tr>
<tr>
<td>Administration</td>
<td>14</td>
</tr>
<tr>
<td>Supervision</td>
<td>2</td>
</tr>
<tr>
<td>Teaching</td>
<td>19</td>
</tr>
<tr>
<td>Public health nursing</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
</tr>
</tbody>
</table>

* It is significant that two of the three public health nurses indicated their interest in preparing to teach in schools of nursing.
Place of study chosen:

- Teachers College, Columbia University .................................. 12 2
- New York University .................................................................. 6 1
- University of Pennsylvania .................................................. 5 2
- Western Reserve University .................................................... 4
- Simmons .................................................................................
- University of Chicago ............................................................
- University of Colorado ............................................................
- University of Minnesota ..........................................................
- University of California ...........................................................
- University of Pittsburgh ...........................................................
- University of Texas ..................................................................
- Catholic University of America ..............................................
- University of Michigan ............................................................
- Wayne University ......................................................................
- George Peabody College .........................................................
- William and Mary College ....................................................... 1
- Baldwin-Wallace College .........................................................
- Washington University ...........................................................

Total ......................................................................................... 55 5

The total assets of the Isabel Hampton Robb Scholarship Fund amount to $32,003.27; total contributions received during 1940, $1,718.63; total scholarships awarded in 1940 amounted to $2,000.

LOANS

Twelve loans were granted from the McIsaac Loan Fund during 1940. This was three more than in the previous year. To date a total of 250 loans have been granted. A total of 29 applications for loans were received, and loans ranged in amount from $100 to $200.

Amount of Loans

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 loans of $200 each</td>
<td>$3,600</td>
</tr>
<tr>
<td>1 loan of $150 each</td>
<td>150</td>
</tr>
<tr>
<td>3 loans of $100 each</td>
<td>300</td>
</tr>
<tr>
<td></td>
<td>$4,050</td>
</tr>
</tbody>
</table>

The nurses to whom loans were granted represented 12 states as follows:

- 2 California
- 2 Connecticut
- 1 Delaware
- 1 District of Columbia
- 2 Maryland
- 2 Massachusetts
- 1 New Jersey
- 3 New York
- 1 Ohio
- 4 Pennsylvania
- 2 Texas
- 1 Washington

The total assets of the McIsaac Loan Fund amount to $2,215.07; total contributions received in 1940, $890; loans granted during the year amounted to $4,050; loans repaid, $3,082.25.

Respectfully submitted,

VIRGINIA M. DUNBAR, Chairman
General Session

Monday, May 26, 2:00 p.m.

Presiding: Phoebe M. Kandel, R.N., Vice President.

Symposium: Nutrition Education in the National Defense Program.

Chairman: Mary M. Harrington, M.A., Director of Dietetics, Harper Hospital, Detroit, Michigan.

The Needs of the Nurse Teacher

Harriett E. Saunders, R.N., Clinical Instructor in Medical Nursing, Harper Hospital, Detroit, Michigan

In presenting the topic, The Needs of the Nurse Teacher, I shall discuss first, a part of the philosophy of nursing education, then the preparation of the nurse teacher for her work, then methods she uses in teaching nutrition, and finally the contribution the nurse can make to this phase of the national defense program.

The philosophy of nutrition education in the curriculum of the nursing school is an integral part of the general philosophy of nursing education. One of the major aims of the nursing school is to teach the student the care of the patient as a whole and the problems of the family in the community. To accomplish this aim by inculcating in the student the right attitude, the nurse instructor needs to keep in mind the general philosophy of the curriculum of the school.

To be satisfied with old methods and to be unwilling to venture forth into new fields is the attitude of the defeatist in this day of changing standards. This attitude cannot be accepted in nursing education today. True, in changing methods, mistakes may be made, results may not be up to expectations, but the new experiment is justified when progress is the motive. We cannot afford to fail to look ahead and plan in what direction nursing education should go in these times of universal unrest. Using the same methods year after year results in stasis, and the nurse instructor has little to offer in enthusiasm to her classes, much less the power to motivate them to intensive work. By using initiative in revising her lectures and bringing them up-to-date in both method and content, every hour of preparation is an interesting challenge to her ability.

It must be clear in the mind of the instructor what to conserve from the past, what new objectives are to be reached. However, she must also remember that in adjusting to the new conditions of life, the goal is to make progress.

The instructor should have very definite aims and ideals for her teaching. I shall list a few of these which I believe should be an integral part of her course of study.

1. Each student should be regarded as a potential health teacher.
2. The student, early in her work, should be made aware of this potentiality and her responsibility.

3. Good correlation of theory and supervised ward practice are necessary for adequate experience.

4. Using opportunities in clinical work to relate to the patient's care, all subjects taught previous to, and with, the specific clinical subject.

5. To develop the student's ability to analyze situations and solve problems.

6. To teach the student to be a responsible individual, able to meet emergencies.

In order to carry out these objectives, the instructor herself needs certain preparation to enable her to do her work effectively. She should have a wealth of clinical experience, an adequate academic background, a knowledge of the curriculum as a whole, and a working acquaintance with community agencies. She should be able to teach, not only the care of the patient in the hospital, but also the adaptations that can be made in caring for the patient in the home. Further, she should be able to use her study of the social sciences to make the student aware of the social and economic problems of the patient and their relation to community problems as a whole. She should possess a quality of leadership, and have a definite pride in her citizenship. She needs to develop an awareness of the economic problems in the world today and what governments are doing to provide solutions for them.

The knowledge of content of the basic curriculum, mentioned before, is the starting point from which the nurse teacher begins her work with the student.

First, I shall discuss the problem of nutrition education as it is presented to the clinical instructor. The subject of medical nursing is the one with which I am most familiar. Our students have had their course in foods and cookery before they begin medical and surgical nursing, and the diet therapy course parallels these clinical subjects. However, the first emphasis on the patient's nutrition is stressed early in the course in nursing arts. The student learns methods of feeding patients, and the importance of food intake in relation to the patient's recovery. She learns how to prepare an attractive tray service. Practice in feeding patients is provided at this time. Keeping a record of the patient's intake further impresses the importance of the diet upon the student.

In the clinical subjects, the physician lecturer, the nutritionist, and the nurse teacher emphasize the importance of diet as therapy. The clinical instructor, with her knowledge, has the opportunity to teach the diet as an intrinsic part of the patient's treatment. This concept of one of the routine functions of daily living, assuming importance in the treatment of disease, gives the student an entirely new thought on which to dwell. The student begins to realize, not only that disease may be treated effectively by certain proportions of carbohydrate, protein, fat, vitamins and minerals, but also that illness may be prevented by an adequate diet. When the good health of the community can be maintained, there is a reduction to some degree in disease incidence.
The nurse teacher, in order to make her theoretical teaching sound, should provide for clinical experience. This can be done by utilization of available clinical material in assigning nurses to patients, and in planning the hospital laboratory practice hours. The plan for nursing practice must be compatible with the safety of the patient.

Effective devices the nurse teacher may use to institute a good ward teaching program may well be emphasized, since they are the instruments which she uses to bridge theory and practice. The nutrition of the patient can be made a part of each program planned to emphasize the essentials of good nursing care. Let us consider a few of the devices.

The morning report can be used in the teaching program. The instructor may discuss a patient who is a feeding problem, stress the importance of his caloric intake, and stimulate the group by asking for suggestions as to how this may be increased. At a later morning conference the group may report on the results obtained after these suggestions have been carried out.

The case method of assignment is also valuable in the teaching of nutrition. A conference may be held with the student regarding the total care of the patient, to motivate in her a feeling of responsibility. A sense of pride in her handiwork is created and she enthusiastically reports response to treatment. To illustrate—the typhoid fever patient, whose caloric intake is sufficient to meet his needs, fails to develop the feared "typhoid state," and the nurse feels that she has made a definite contribution to his recovery. The diabetic patient of foreign birth and education, who before refused to eat prescribed foods entirely foreign to his accustomed diet, now cooperates in taking the diet because it is planned in such a way as to include his nationality foods. The student, with the guidance of the instructor, may help in accomplishing this change by discussing with the patient his food habits, and then talking the problem over with the nutritionist.

The analysis of nursing care, which in our school has replaced the case study, is a valuable means of integration of all teaching. The student is guided in her selection of the patient for study. This type of study raises the following questions: What is the nationality, the educational background, the social status, the diagnosis? What are the physician's orders, how should the physician's orders be interpreted in relation to the nursing care, what are the nursing problems, what constitutes effective nursing care, what are the dietary problems in the hospital, will there be a dietary problem in the home, what is the economic status, and will the patient become a public health problem? The instructor's purpose in making such an assignment is to prepare the student to give intelligent nursing care, to teach new facts about the specific disease, to teach the opportunities for teaching, and to plan for the future care of the patient in the community. Through the instructor, opportunities are available for the student to have conferences with many specialists, the social worker, the nutritionist, the physician, the nursing instructors in the sciences, nursing arts, and clinical subjects.
The Out-Patient Department must be considered in the program of teaching. Home visits, under supervision, provide the opportunity for the student to measure the effectiveness of her teaching. The first contact may be made on the clinical service, the second in the clinic. In both places the student contributes to the teaching program. During the home visit, she may discover that the diabetic patient is not receiving his prescribed diet because of his economic situation. She can discuss the problem with the nutritionist and the social worker, and a plan is evolved through which the relief agency increases the allowance to permit the purchase of the necessary foods. We can readily see that in the preparation of the student nurse for her role as a health teacher, the needs of the nurse instructor are unlimited.

A conscientious desire to promote the philosophy of the curriculum; the ability to conserve the successful methods of the past; the willingness to experiment with new methods; the desire to create capable teachers; a knowledge of community, state, and federal organizations active in the promotion of health programs; adequate clinical and academic training; an awareness of her responsibility as a citizen; a broad interest in human relations and a willingness to give unselfish service wherever it is needed, all are essential factors which make her position one of lasting interest, which make her a capable teacher of those women who are to contribute an abundance of service in our national defense program.

The young graduate is just beginning to learn, upon graduation from her school of nursing, the effectiveness of the weapons which have been placed in her hands to combat disease and to contribute to the promotion of the health of the nation. Have we prepared her adequately to meet the challenge of the day? The need for all nurses to be teachers in the defense program inevitably reminds us of prevention of disease.

National defense does not begin with the armies in the field, with the pilots in the air, the sailors on the sea—it begins with the citizen in the community. The nutritional well-being of the populace will to some degree prevent disease. The nurse teacher is in a strategic position to teach the citizen the value of an adequate diet. Disease incidence is reduced in a well-nourished community. Physical fitness enables the man in industry to maintain production at a high level. Poor health is an economic liability to the individual and to the nation.

We as nurses should have knowledge of the work being done by the federal government to improve the state of nutrition of our people. We may keep ourselves and our students informed of the national health program by the reading of authoritative, reliable, and current literature. The introduction of the Food Stamp to provide a more adequate diet for those persons of the lower income group is one effective method of increasing the nutritional well-being of the nation. The introduction of vitamins into refined flour will definitely be beneficial to all people. We do not wish to emulate the action of the totalitarian governments and forcibly feed our citizens that which is good for them. We prefer, through our democratic system, to teach that which is best to elevate and maintain each and every
man, woman, and child in these United States in the best state of nutrition, and thus to vitalize them.

We as nurses will participate in this program of nutrition education, as a part of our contribution to national defense.

NUTRITION TEACHING OF THE STUDENT NURSE

LENN A. F. COOPER, M.A., Chief, Department of Nutrition, Montefiore Hospital, New York City

Nutrition as a science and as an academic subject is comparatively new, but practically it has been and always will be of concern to mankind. The ancients frequently wrote of its importance. Pythagorus placed it first in his rule for sane living when he said “Eat moderately, bathe plentifully, exercise in the open air, walk far, and climb the hills alone.” In these troublous times one almost wonders if “climbing the hills alone” ought not to precede all other rules of life in order to keep one’s mental equilibrium. But I am afraid that if the dietitian or the nutritionist were to do this, she would have to take along a professional book or a magazine for the developments in her field are coming so fast that even with constant study she can hardly keep up with them.

Dr. Sebrell¹ in a recent discussion of Nutritional Diseases in the United States, stated that “Physicians are becoming increasingly aware of the magnitude of the field, and of the many problems yet to be solved. Here is indeed one of the most fruitful fields of medical investigation and one which is advancing so rapidly that it requires constant reading to keep up.” He further states that “the prevention and proper treatment of the nutritional diseases constitute one of the greatest medical problems in this country today.”

The teacher of nutrition welcomes the emphasis that is now being placed on this subject and stands ready to cooperate in every possible way in preparing our nation for defense, not only for an imminent emergency, but for the future years as well. Miss Hazel Stiebeling has well stated the part that nutrition plays in the building of a strong nation. She states that “Strong and alert nations are built by strong and alert people. Strong and alert people are built by abundant and well-balanced diets.”² From the recent surveys made by the Departments of Agriculture and Labor, assisted by other governmental agencies, it is a well-established fact that about one-third of our people are now living on a “Poor” or inadequate diet, with another third on only a “Fair” diet. While economic status is, of course, a cause of many “poor” diets, it is also stated that even in the homes of the well-to-do the diets are often poor, and that many of the “poor” diets could easily be corrected by education and by change of food habits.

Since the nurse is the one professional person who most frequently comes in contact with these families, her training must prepare her for this responsibility. She must be given a thorough knowledge of not only the principles involved in the subject of nutrition, but the basic subjects of physiology and chemistry as well.

Some one has said that "facts are to the mind what food is to the body." If the nurse is to pass on to her patients the value of adequate nutrition and the need for changes in food habits, she herself must be adequately "nourished," not only by food, literally, but by facts as well. There is no need for me to emphasize further the importance of the subject matter so well outlined in the Curriculum Guide, such as energy metabolism, proteins, minerals, vitamins, water, fiber, etc. There are fundamentals which must be acquired as the basis for well-balanced diets and for therapeutic measures as well. She must also "know her foods," as these are the sources of the component factors just mentioned. Likewise, she must also be trained in food preparation, for in this process many changes may occur which affect the value of the foods themselves.

These are objectives that we as dietitians have tried for years to attain, and I am sure that some one is saying "What is new about this?" My answer is this. The subject matter may be compared to the human body, which changes little from day to day or month to month. But when adorned by a new dress or a new hat, the individual looks, feels, and acts like a new person. Just so with our subject matter. We must give it a new dress occasionally. Certainly in this changing world we can find new facts, new ideas, and new illustrations to add to our old or well-established facts. For example, numerous laboratories are reporting on research done in the fields of nutrition, food, and food technology.

The developments in vitamin research alone make a most fascinating story, so much so that even the newspapers and popular magazines are now dramatizing our subject for us, sometimes a little too much, but on the whole, fairly accurately. One of the practical applications of this research is that of "enriched" flour, which our National Research Council is recommending for the purpose of restoring to our diet some of the vitamins lost in the ordinary milling of wheat. Cowgill and others have pointed out that more than half of the caloric value of the diet consists of foods from which the vitamins have been removed, either entirely or partially. These consist of white sugar and refined fats, as well as most of our cereals and breads. The "enriched" bread, therefore, has been reinforced with thiamin, riboflavin, and nicotinic acid, as well as iron. Even baker's yeast is now cultured to absorb about ten times the amount of thiamin that it formerly supplied.

Another development is that of an improved milling process, known as the Earle Flotation. By this method, the wheat is violently agitated in water for a few minutes, when a flotation reagent or frother is added, which releases the fibrous outer coating, or husks. These rise to the top and are skimmed off, leaving the peeled wheat to be dried and ground into a fine
golden colored flour. Chemical analysis shows that there is almost no loss in any of the nutrients—protein, minerals, or vitamins.

We have been reminded that, for twenty years or more, doctors, dentists, and dietitians have been trying to educate the public to eat whole wheat bread, but have been successful only to the extent of two per cent, as ninety-eight per cent of all milled flour has been the refined white flour. Perhaps this new process will produce bread with flavor appeal. If so, our problem will have been solved.

In the field of food technology, new methods of preserving foods have come into practice, i.e., the quick-freezing process, the roentschlening of meats, vegetables, breads, etc., this latter process consisting of the use of the ultra-violet ray for preventing spoilage. New standards for the grading and labeling of foods by the government have recently been established, while some are still under consideration. We must not forget to mention the Federal Surplus Commodities, with which nurses as well as dietitians should be familiar.

As a result of research, we have learned to change our methods of preparation and cooking of foods.

1. We know that most fruits and vegetables retain their vitamin content much longer when kept at a fairly low temperature than if kept in even medium temperatures.

2. We also know that, by means of oxidation, chopped vegetables and fruits (as served in salads) lose considerable of their vitamin value on standing. Potatoes, also, lose vitamins, minerals, and protein when allowed to stand in water after peeling, especially when sliced. These foods should, therefore, be used as soon as possible after peeling or chopping.

3. We know too that vegetables should be cooked in a small amount of water and as quickly as possible. Also that no soda should be used in cooking as this destroys the vitamins.

4. We know that in the roasting of meats there is less loss of their nutrients if cooked at lower temperatures (300° F.) than at the usual higher temperatures.

5. We know also that there are certain protective foods so valuable in human nutrition that they should be included in every person’s diet daily. They include milk, eggs, fruits, and green leafy vegetables, whole cereals, as well as meat or fish.

These and many more facts, too numerous to mention, are symbolic of the newer research which may add zest to the teaching of nutrition.

The teacher must always be on the lookout for new illustrative material, as visualization is one of the most impressive tools in the hands of the teacher. Charts for this purpose may be obtained from the Government Printing Office, Washington, D. C., having been prepared by the Bureau of Home Economics, Children’s Bureau, and other governmental agencies. Many commercial concerns also publish educational illustrative material. These same governmental agencies are supplying numerous bulletins and pam-
phlets, many of which can be obtained free of charge, others for only a nominal fee. Price lists of these publications can be obtained by writing to the Government Printing Office, Washington, D. C.

Last but not least, the dietitian should ever be aware of the teaching material at hand, in the care of her own patients. Physicians are becoming increasingly aware of nutritional deficiencies, and such diagnoses are becoming more numerous. Case histories and case records of these deficiencies should, therefore, be included in the teaching material, not only in the teaching of diet therapy, but in nutrition as well.

In closing, may I reiterate that the nurse must be taught as a student who will apply the principles of nutrition to her own menu-planning and as a prospective teacher to others. She must be made conscious of the fact that sub-optimal health results in fatigue, general discomfort, discouragement, lowered resistance to infection, and inefficiency. These must be combatted. She has a part to perform in the defense of her country in the prevention of nutritional deficiencies. As Miss Elliott has said, "We have a job to do, you and I, and every one. Our job is this: To Make America Strong."

**Diet Therapy Education and Application**

_Jean Chamberlain Tripp, M.S., Acting Director, Nutrition Division, Department of Public Health, Detroit, Michigan._

Nutrition is sharing the limelight of national defense. Your attention has been called to the fact that this country is lacking not only in the mechanical means of modern warfare but that many of our country's men are not receiving the foods necessary for good health. Many of you no doubt have read of the nation-wide study of diets conducted by Dr. Hazel K. Stiebeling of the United States Department of Agriculture, which reveals that five-twelfths of American families live on diets rated as poor, one-third receive fair diets, and only one-fourth of the families in this country live on good diets. The results of Dr. Stiebeling's study emphasize the need for more intensive nutrition teaching in every community.

Nutrition education is in its infancy. Surgeon General Thomas Parran, United States Public Health Service, believes that the science of nutrition stands today where the science of bacteriology stood in 1900. In other words, the results of nutrition education in the future may compare with the progress made by the application of the principles of bacteriology in the past forty years. You, of course, are all aware that the science of bacteriology has greatly decreased the mortality rate from infectious diseases during this period.

It is only with the able assistance of you nurses that the nutritionists and dietitians can educate the public generally in the ways of better eating for good health. You are great in numbers, consequently your opportunities to spread the knowledge of nutrition through direct contact with the public
are unlimited. A thorough understanding of the principles of nutrition by
the nurse is, I believe, necessary in order that she may carry out her part in
this program.

The nurse is first exposed to the study of foods early in her training. The
student nurse who is sufficiently impressed with the importance of
proper diet, applies the lesson to her personal life. She has then made
strides toward becoming a valuable teacher of nutrition. Once interested in
the subject and having a foundation in the principles of an adequate diet,
the student is ready for the more specialized training of diet in therapy.
The fact that only ten to fifteen per cent of all diets in a hospital are
therapeutic does not minimize the importance of this phase of the work.

The training of the student in diet therapy can best be accomplished
through the following mediums:

1. An academic course presented in an awakening manner

   The success or failure of this means of education depends, to a large extent,
   upon the ability and resourcefulness of the teacher. Only a well-trained and
   qualified dietitian can give the student a complete understanding of the
   importance of diet therapy.

2. Laboratory instruction in the diet department of the hospital

   Under the supervision and direction of the dietitian the student receives
   instruction in the various units; namely, the pediatric kitchen, metabolism,
   and the general therapeutic diet service. During this time she learns to plan
   diets, prepare simple foods, and to assist with the general tray service. The
   planning of menus and the handling of trays are important for the nurse
   because it impresses her with the necessity of making the meals appetizing and
   attractive as well as technically correct. She learns by her experience in the
   diet kitchen to make use of the foods that are available at the particular time.
   She receives instruction in weighing and measuring foods and in the proper
   organization of a meal.

   A part of the student's training consists of carrying the tray to the patient
   and assisting him to eat if necessary. Here she has the opportunity of observing
   the patient's reaction to the food served. In so doing the nurse learns to be
   of real service to the patient in teaching him the importance of carrying out
   the prescribed dietary program. The student helps the patient plan for his
   diet after leaving the hospital and this may include food budgeting problems.

   This was well illustrated in one of our local hospitals the other day. The
   nurse was making her regular ward visit during the meal hour and noticed
   that one of her patients, an emaciated postoperative hyperthyroid case, was
   not eating his dinner. She pointed to the tomato salad on his tray and
   suggested he try it. He did not respond to her suggestion and she asked him
   if the meal wasn't satisfactory. He replied, "It is fine but I am going home
   soon and cannot afford such expensive food." The nurse then explained to
   him how on a very limited budget he could obtain food of equal nutritional
   value. She suggested the use of canned tomatoes instead of the fresh, pork
   liver in place of beef, and that the attractive whipped cream dessert could
   be made with whipped evaporated milk. The nurse told the patient that she
   and the dietitian would help him plan his diet and instruct his wife how to
   purchase the necessary foods with the money they had to spend. The
   student nurse left the patient in a much happier frame of mind and eating his
tomato salad.
Group consultations at regular intervals afford the opportunity for the nurse to present case studies to the group and to listen to those given by others. Such discussions result in an increased interest on the part of the student and are invaluable from an instruction viewpoint.

3. Service in the food or diet therapy clinic

Here it is possible for the student to gain an understanding of the patient’s dietary problems and their relationship to his family life. Whenever possible the nurse should be allowed to visit the patient in his home in order to observe his progress and to obtain a complete picture of the case.

A valuable part of the training received by the nurse in the clinic is the taking of food histories. She will learn the food habits of people of different races and nationalities and will be able to judge as to whether or not the patient has been accustomed to an adequate diet. Here more than in any other phase of her training the nurse will become aware that a large percentage of the American people are inadequately fed.

When the student nurse has reached the latter part of her nutrition training she is able to give effectively simple diet instructions. She will help the patient plan his food expenditures so as to include those foods needed in the therapeutic diet. The problems of food budgeting and low cost menu-planning are often a consideration in the food clinic. She may give group instructions on normal nutrition. The experience of giving individual instruction and conducting group discussions aids the nurse in developing poise and self-confidence.

The importance of adequate diet during pregnancy is learned most effectively by the student nurse in the pre-natal food clinic. One of the few opportunities of observing the food habits of a well baby is obtained in the well-baby clinic. Every student observes the clinic dietitian giving diet instructions and is expected to take active part in discussions of cases.

I believe the teaching of diet therapy to student nurses can be most effective if a comprehensive program as I have outlined is followed.

Now let us consider briefly the practical application of the nutrition training received by the student nurse. She may be employed after graduation as a public health nurse in which case the opportunities for her to use her training in diet therapy will be numerous. Here she is responsible for the follow-up care of patients instructed on therapeutic diets in the clinics. She answers the patient’s questions regarding the diet and is at times called upon to judge whether or not he should be referred back to the clinic for further diet instructions.

The visiting nurse cooperates with the private physician regarding diet orders. She must be sufficiently versed in the subject to intelligently convey these orders to the nutritionist who gives the diet instruction. The nurse who calls in the home will report the patient’s progress to both the doctor and the dietitian.

The nurse employed in a private home often plays the dual rôle of nurse and dietitian. She interprets the doctor’s orders regarding diet and instructs the family how to carry on when she leaves. She is in some instances called upon to prepare the patient’s meals and must be able to adapt the available foods to his needs.
The well-trained graduate nurse serving in the hospital is the dietitian's ally and the patient's friend. She reports the reaction to the diet and helps make possible adjustments to keep the patient contented. She impresses upon him the importance of following the prescribed diet as an aid to a speedy recovery.

A good example was reported to me a few days ago by a hospital dietitian. The graduate nurse on the floor noticed that one of her extremely thin cardiac patients was not eating his meals. The nurse discussed with him the reason it was important to eat, and worked out a plan regarding the type of food he might like. The patient agreed to drink an eggnog. This was given him and gradually from taking two or three eggnogs a day his food intake was increased to the required amount. The nurse was able to bring about a change in eating habits in this patient because of his confidence in her. The nurse with her close patient contact accomplished results which the dietitian working alone could not have done.

The alert nurse whether in the public health field, in the hospital, or the home will find many times when her knowledge of nutrition is helpful. The nursing schools throughout the country have a real challenge to maintain training courses that will prepare their nurses to take part in the nutrition program vital to public health and national defense.

THE NURSE IN THE PUBLIC HEALTH NUTRITION PROGRAM

DOROTHY B. HACKER, B.S., Nutrition Consultant, Visiting Nurse Association, Detroit, Michigan

For several years nutrition has been definitely accepted as an integral part of the public health program. In our present national emergency when the nutritional status of each person in the country becomes of paramount significance the nutrition program occupies a place of even greater importance. One of the first steps in the national defense program was to set up machinery by which to evaluate the nutritional situation in each state and to evolve practical methods of reaching all groups, particularly homemakers, with authoritative and scientific information on nutrition. Who is in a more advantageous position to reach the homemaker than the public health nurse who is already going into the home as a health educator. Thus, it becomes the responsibility of nursing and nutrition educators to help her to learn to use nutrition knowledge as effectively as she does her nursing techniques.

What does the public health nurse need to know about nutrition? Illness which requires the use of diet as a part of medical treatment may be the reason for the nurse's going into the home. Once there, she does not confine her nutrition discussion to the needs of the patient. She interprets the diet for the patient in terms of the family's usual meals. If adequate food for the patient cannot be secured from these meals, there is need to improve the family dietary. The nurse must be trained to recognize these situations
and be given material and methods by which to interest and educate the homemaker and her family.

The public health nurse must have a clear concept of an adequate diet for persons at all age levels and under varied economic and social conditions. She must be able to vitalize this for her patient in terms of the food he actually can secure and which he usually eats. This means that she must be familiar with racial and regional eating habits. The pattern she uses for meal planning must be very flexible so that it can be adapted to varied living and working regimes.

How can she be taught this through her hospital training and field experience? The first step is to make nutrition a vital subject, not just for the classroom discussion but information which the nurse uses at the dining table. The greatest compliment new staff members pay my colleagues, their former teachers, is to describe the course they had in nutrition thus: 'She taught foods as if it were something to eat.' Projects in nutrition must be related to the nurse's own needs. Is her daily food intake adequate? She can analyze her own food selection or the hospital menus offered to her. If she eats in a pay cafeteria, what does it cost her? How much would such a diet cost in a home? What she learns in terms of a living person, in this case herself, she can more easily apply to others. The next step is to apply this knowledge to patients in the home, or those who come to the clinic, in terms of the diet they have both at the hospital and at home. This helps to make the situation more real and vivid.

In considering the food intake cost is one of the primary factors. Nurses must be familiar with dietaries at various cost levels. In working out projects on cost and all other subjects, she should be given the material used by the nutrition experts for this purpose. For example, the pamphlet, Diets to Fit the Family Income, Farmer's Bulletin #1757, is used all over the country as a guide. The food budget can never be considered separately from other necessities such as rent, light, fuel, clothing, etc. This has been one criticism of public health nurses which reflects directly on the nutrition educator. Namely, the nurse knows what the family should have to eat and instructs them about it but is not always able to show the family how a meager income can be spent to best advantage in order to include the above necessities and adequate food. Of course, she must be able to recognize that there is a certain minimum income below which it is impossible to secure an adequate diet and healthful living conditions. However, even an inadequate income can be spent more efficiently if the expenditures are properly planned. When real life situations are the basis of these projects the experience is more practical and can be used more easily when the nurse is actually in the field. The figures used should be those compiled by the government or the budgeting agency in the community. Thus the public health nurse becomes familiar with agencies and budgeting in the local situation. This experience will enable her to know where to go for information when she takes a position in a new community. Again careful record and analysis of her own personal expenditures may help her to develop a better under-
standing and philosophy when she applies her budget knowledge to actual family situations. She should be familiar with the standard for welfare allowance in the community and be able not only to help the welfare client who is living on it, but also to interpret to the community the basis upon which they were computed, to what degree they are adequate.

In her contacts with patients the nurse will become familiar with food habits brought from other countries or parts of this country. So she learns to think of the food groups not only in terms of the form of bread and cereal she eats but that which her patient prefers. If he eats rice or grits in place of potatoes or whole-grain or reinforced bread and cereals, she must recognize the food value lost and stress foods, acceptable to the patient, which provide these food constituents. If a patient wants soured milk on his bread in place of butter, how can the vitamin A and caloric value be replaced? The collection of recipes for the foreign born and visits to foreign restaurants serving these foods will prove an interesting class project. The nurse's attitude must be one of appreciation of the good habits in the patient's diet especially the foreign born. Upon basis of these foods she can help the patient to choose other foods necessary to help make the diet adequate.

The régime of family life, including mealtime, is determined to a large extent by the working hours of the wage earner and the school hours of the children. Hours for meals, rest periods for the children, etc., must be adjusted to this régime. The nurse who can plan, for the baby or young child, a schedule which easily adjusts itself to the demands on the mother to prepare meals and care for the needs of the other members of the family will be the one whose plans are followed.

So it is important that we teach the nurse the fundamental principles of good nutrition but in terms of adjustment to individual needs. Thus it is evident that nutrition must be interpreted in terms of the principles of economics, of sociology, psychology, and mental hygiene that have already been given to her as a necessary part of developing her skill in working with people.

We must provide the public health nurse with materials and methods of teaching. She must be able to work out simple but graphic illustrations that will interest and impress the patient so that he will remember and follow her teaching. Each project should be planned to provide both factual information for the student and a method of presenting the material to the patient. Records should provide space for the nurse to express her evaluation of the food intake and her plans and progress in working with the patient. Expression in written form often makes the work more objective and facilitates evaluation by the supervisor so that more useful suggestions can be given the nurse. Familiarity with pamphlets, pictures, etc., from federal, state, and commercial sources is important because they provide excellent visual teaching material.

A case will illustrate these points. The nurse was asked to go in to see a malnourished youngster of 14 months. The mother worked, so the child
was left in the care of a grandmother from the old country. The child had more coffee than milk, and few vegetables—all eaten at irregular hours. The problem was to get the child on a regular schedule for sleep and food and a diet more suited to its needs. It was very important not to arouse the antagonism of the grandmother. By careful questioning the nurse secured a picture of the daily régime in the family. On this she built a schedule for the baby, presenting it to the grandmother in terms of how it would simplify her work. By utilizing the foods the baby already was receiving and gradually adding others especially for the baby to make it stronger—such as more milk with a decreasing amount of coffee, other vegetables which would be good for the family, too—she was able to "sell" to the grandmother an adequate diet. This made a remarkable improvement in the baby and converted the mother and grandmother into good neighborhood salewomen for the value of "having the nurse." The ability of that nurse in recognizing the importance of the grandmother's scheme as the basis for her plan even though it contained unhealthful foods and her patience in making gradual changes were keynotes to success in handling this case.

In summary, we would like the public health nurse to be able to function effectively in the following procedures in nutrition:

Secure a complete and accurate food intake of an individual or family
Quickly evaluate its adequacy and recognize deficiencies
Choose the points upon which the patient can accept teaching and which he has the facilities to improve
When necessary, plan food budget in terms of total budget and family needs
When needed, plan market list and menus in terms of economic status and family's usual eating habits
Interpret nutrition needs in terms family can understand and follow
Demonstrate or direct preparation of food when necessary
Develop an interest in nutrition which will stimulate her to find means of keeping abreast of the current developments of nutrition.

When we have been able to provide the public health nurse with these tools and methods we may feel that we are helping to forge one of the strongest links in the national defense program—namely, a healthy nation!

**Nutrition Application by the Nurse**

**Charlotte H. Stenger, R.N., Clinic Nurse, Out-Patient Department, Harper Hospital, Detroit, Michigan**

The application of nutrition by the nurse begins with her first course in nutrition while she is a student. From the beginning principles are applied, nutrition is not just facts and figures learned from books and charts. Along with the study of metabolism, basal metabolic requirements, total requirements, factors affecting total caloric requirements, weight tables, etc., she calculates her own ideal weight and the calories she requires. She main-
tains or works to attain her ideal weight because of the relation between weight and health and also that she may be an example of good nutrition.

As the nurse becomes diet conscious she watches not only her own diet but that of the patients with whom she comes in contact. In the hospital the menus for each day are planned around an adequate diet. The patient who takes all of his tray presents no problem, but the patient who takes only meat, potatoes, and dessert or who refuses whole-grain cereals and dark breads should be taught the essentials of an adequate diet. He needs to be told what he should eat and why he should eat it. If it is a home case the responsibility is solely the nurse's. In the hospital the nurse shares the responsibility with the dietitians; for it is the nurse, not the dietitian, who is in close daily contact with the patients.

If a tray or a portion of it has been refused the nurse should find out why. It may have been for no reason other than too much candy or other food taken during visiting hours. It may be that the patient has little or no appetite. This should be brought to the attention of the doctor since the problem may require his assistance as well as the cooperation of the nurse and dietitian. Certain drugs which the patient may be getting may dull his appetite. The nurse, aware of this, can arrange for substitutions on his trays. For example, a sandwich or a salad and roll or toast might be substituted for the plate of potatoes and meat. This probably would be more tempting to a lagging appetite and yet would have approximately the same food value. It may be that the patient refuses vegetables because he has never learned to eat them due to faulty diet habits acquired as a child, or to foreign dietary customs.

The foundation for improving dietary habits can and should be laid by the nurse. Her work in nutrition has prepared her for it. To those who do not care to drink milk she can explain the various ways in which the daily requirement may be used and that cheese may be substituted for part of the milk. The variety of vegetables is sufficiently large so that everyone should be able to select enough kinds that he likes, or should be able to learn to like enough kinds so that he can have them three to four times a day and still have variety. One of the daily requirements is a leafy green vegetable. To some this may mean a piece of lettuce or a few leaves of lettuce with a spoonful of some brand of salad dressing, and nothing more. The many other kinds of leafy green vegetables which may be served either raw or cooked and in a variety of ways may be quite unknown. The mere mention of a list of vegetables is not nearly so effective as presenting them as prepared in particular ways. In other words, the nurse does not offer the idea of a bunch of carrots, but offers carrot sticks, carrots in stews, carrots served in numerous ways. People need to be taught variety in cooking.

The process of building good dietary habits will probably be a slow one. One new food is introduced at a time. When it is accepted another can be introduced. It cannot be expected that food habits will be changed overnight. It cannot be expected that all people will learn to like all
foods, nor is it necessary. Consideration should be given to food preferences.

How the nurse will teach these things depends upon the patient and upon herself. Her instruction will be on the patient’s level in terms he can understand. There is no standard procedure. For the most part planned instruction is not so effective as incidental teaching. With her knowledge of nutrition she can teach at opportune moments—when food or any related subject is under discussion. A patient may complain of constipation. Unless it is of the spastic type the nurse has an opportunity to teach the value of sufficient fluids and foods containing roughage or cellulose—principally fruits and vegetables. The mention of poor teeth, especially children’s teeth, should bring up the subject of milk and ways of introducing milk into the diet.

If the nurse is alert to opportunities she may teach patients, particularly those in the lower income brackets, much about meal planning, market lists, and food selection on an economic basis. Substituting tomato for orange juice, purchasing day-old baked goods, buying perishable fruits and vegetables late on Saturday when prices are reduced for their disposal, planning an entire oven meal when the main dish is baked, etc., still need to be taught.

Patients on special diets need very careful supervision and instruction because often their progress and recovery depend to a great extent upon diet. First of all these patients should know that their diet is based upon the normal one with modifications made necessary because of their condition. They should know how their diet differs from the normal and why. Their interest and cooperation ought to be obtained to insure their satisfactory progress.

The diabetic patient receiving insulin needs to be watched to see that he eats all of his food. Any food not taken must be replaced, and, of course, replacements must be eaten. If, while the patient is in the hospital, he is impressed with the importance of a carefully measured diet all of which must be taken or replaced, if he is taught how to weigh or measure his food and how to make replacements, he will be adequately prepared to manage his diet after he leaves the hospital and is no longer under the guidance of dietitians and nurses. This teaching should not be crowded into “going home” instructions but should be taught over the period of his hospitalization. Not infrequently patients come into the hospital with a comprehensive knowledge of diabetic diet management. These patients are the product of good teaching on the part of some nurse and dietitian under whose care they have been at some previous time.

The patient with an ulcer also needs careful supervision and instruction. The nurse explains why small frequent meals at specified intervals are so necessary to him and then sees that his trays are served on time. The importance of regularity in feedings is impressed upon him by the regularity with which he receives his trays.
With her background of diet therapy the nurse understands why special
diets are ordered, how to fill the doctor's prescription for them, how to
make out menus taking into consideration the patient's food likes and dis-
likes, and how to prepare and serve the diets. Either through planned or
incidental instruction this information is passed on to the patient in terms
he can understand.

The nurse not only must know how to maintain or improve the nutritional
state of her patients but she must teach nutrition to them. To be an effective
teacher she must practice her teachings; she herself must be an example of
good nutrition. Her responsibility consists not only in caring for patients
while they are under her supervision, but she must give to them something
which will carry over into their daily lives to help them keep physically fit,
and to teach the fundamentals of good nutrition is to teach the fundamentals
of good health. In the present emergency the United States needs the
highest state of physical fitness of her citizens, thus her position demands
that the nurse make her contribution to the national defense program.

Opening General Session
Monday, May 26, 8:15 p.m.

Presiding: Stella Gooray, R.N., President.

ADDRESS OF WELCOME
WINIFRED C. CAMPBELL, R.N., President, Michigan League
of Nursing Education

In the name of the Michigan League of Nursing Education, it is my
great pleasure to extend a warm welcome and a sincere greeting to each one
of you.

We most cordially welcome those among you who are not nurses, but
who, through your interest and help, have stimulated us to better and more
intelligent efforts. Our appreciation of you grows steadily.

We have met together for the common purpose of increasing our under-
standing and enriching our lives that we may in turn give more vital mean-
ing to all nursing education.

In 1924, the National League held its annual meeting in Detroit in
conjunction with the American Nurses' Association and the National Organ-
ization for Public Health Nursing. Since that time Detroit has increased
its population by more than 600,000 and is now the most dynamic and
American city in the United States.

Since the theme of our convention is Nursing Education in the National
Defense Program, what could be more suitable than that this meeting should
be held in the city whose very name stirs the imagination and whose pan-
orama of defense excites the mind. We see, coming in from all over the
country, the raw materials that are to be used in the construction of engines, tanks, guns, ammunition, and airplanes; we hear the confusion and clash of machinery, the endless ebb and flow of transportation. We see about us the human beings who control this picture. It is rather wonderful to be a part of the life of a great city, especially of a city whose every effort is concentrated on one outstanding task.

We want you to appreciate what is being done here for our nation's protection. Detroit has other more peaceful things to offer. We would ask your consideration of our splendid hospitals, our beautiful parks, our broadcasting stations, our museums and art collections. Indeed, the whole of Michigan, with its forests and lakes, invites you to linger and vacation with us.

I do not suppose in all the forty-eight years since it was founded that the National League of Nursing Education has been confronted with the important problems that are now before it. We have met and conquered many situations but never have there been decisions fraught with such gravity nor has the responsibility for clear thinking rested so heavily upon us as now.

We must reason well that we do not fall into past mistakes. We must not allow fear and uncertainty to confuse our thinking for the future.

Times such as these demand strong minds and stout hearts. Whatever the decision may be, for defense or war, we cannot fail because we have built on a firm foundation. May we not forget in all our planning, that it is "the Spirit which giveth life."

We are indeed happy to have you with us, we are honored by your presence, and again we extend to all a very warm welcome.

RESPONSE TO THE ADDRESS OF WELCOME

STELLA GOOSTRAY, R.N., President, National League of Nursing Education

We are grateful for the cordial welcome which you have extended to us as members of the National League of Nursing Education. The span between our visits to Detroit grows less. Our first visit was in 1902. Twenty-two years later we came together, and now after a space of seventeen years we return. We hope that the convention will be so stimulating to Detroit that you will want us to come back again.

In his autobiography John Buchan wrote that it is a vicious habit to look backward unless the feet are set steadfastly on a forward road. I am not fearful of asking you to look back to that meeting in Detroit thirty-nine years ago when, with your beloved Mrs. Gretter as its President, this organization met here. At that time the total membership was only about one hundred and sixty, but the smallness of their numbers did not daunt those courageous women from undertaking plans from which we today are reaping the benefits. Most of the discussion at that convention related to three
topics: preparatory courses for student nurses, the need for clinical teaching for the student nurses, and ways and means of supporting the new venture in graduate nurse education at Teachers College.

We came back to Detroit in 1924, six years after the close of the World War. We had begun to feel in nursing the results of overexpansion with its tendency toward lowering educational standards. The Grading Committee was just then getting under way, and we entered a period in which we tried to analyze our difficulties and set about remedying them.

Now in 1941 we are here again to take council together about some of the same problems which were facing our association in those earlier conventions, but with the necessary adaptations which the needs of a swiftly moving society demand. But our convention this time meets in much more anxious times. It takes no word of mine to remind you that national defense has become a matter of immediate personal concern to you and to me and to every American citizen, nor do I have to remind you that in any time of emergency which involves the health and well-being of men and women, nurses must stand on the front line of defense.

As nurse educators it is our responsibility to consider the question of supply and demand as it is expressed not only in quantitative figures but, which is equally important, in its qualitative aspects. It is vital to the whole future of nursing that the service which shall be rendered both to the civilian and military population shall be of a quality which will justify our belief that nursing fulfills the fundamental requirement of a profession, that is, that it renders a major service to society. The nursing education, then, of those who are being prepared to give this service becomes a matter of supreme importance not only for meeting the present emergency but in preparation for the health problems incident to the years to come.

It is to that aspect of our responsibility that we shall give our major attention at this convention as we consider Nursing Education in the National Defense Program. To these meetings and conferences we must give our best thinking, and as we have the opportunity for the exchange of experience may it result in making us better equipped to meet the test of the unpredictable days which lie ahead.

A CHALLENGE TO NURSING

W. W. WHITEHOUSE, Ph.D., Dean, College of Liberal Arts, Wayne University, Detroit, Michigan

Periods of great crisis cause every profession to evaluate its program and its approaches. Who among us needs to be convinced that we are facing a crisis? Low, the brilliant British cartoonist, said several months ago that the chief adjunct to a cartoonist was the power of exaggeration. Nowadays even that is taken away from him because the contemporary scene is one of entire exaggeration. Will you pardon a reference to the
obvious? We never thought that we would live to see the day when modern
men would become cave dwellers again. We never thought that men would
stand on the roofs of the buildings like the astrologers in ancient days who
looked towards the heavens, not studying the stars in a prophetic and
leisurely way as the ancients but waiting the arrival of death-dealing aerial
weapons so that they can give the alarm to the sleeping multitudes. We
never thought that England, industrial nation that she is, with the resources
of an empire at her command, would have to explore every possibility in the
dust bin for old paper, tin foil, et cetera. They have gathered the equivalent
of 16,000 tanks from the waste heaps of the country. We never thought
that a professor at the University of Aberdeen, wanting to fly from the
University of Oslo, Norway, to his own school, a distance of a few hundred
miles, would have to circumnavigate the globe, going through Sweden,
Russia, China, and America because of the crisis. We in America are
sensing the crisis. More and more we realize that it is going to have
widespread influences upon us. We are wisely, if late, building what we
hope will be an adequate military defense. Many of our resources in men
and materials will have to be concentrated on this one way of meeting the
present crisis.

Crisis not only is more tolerable but becomes more constructive in its
implications if we understand it. It is typical of eras of crisis that we have
an abundance of activity, tension, confusion, and the spilling of human and
material resources with too often a lack of understanding and goals.

What are the implications for the nursing profession as a layman sees it,
growing out of the disturbed condition of the world?

First, a period like this is a period of very rapid change. Things happen
very quickly. Traditions are questioned. Our accepted ways of doing things
are subjected to threatened upheaval. If that is so, then the profession must
have flexibility and the power of adaptation. Careful observation of the
educational changes in Britain show three definite manifestations of the war:
(1) staff is depleted and changing; (2) there is a scarcity of students for
preparation; (3) long-time programs have to be sacrificed to meet the
immediate and necessary demands. We are in virtually all professional
fields already sensing similar changes, even though at this time we are still
not an active belligerent. Some of us have long been saying that we cannot
live longer in a period like this in our ivory towers because "they are
flecked with blood."

We are thoroughly sympathetic in throwing our resources into meeting
every emergency need, yet the nursing profession in a day of change will
have to give serious attention to retaining foundations that have been built
through the years. With the impingement of the present should go a
consciousness of retaining the progress of the past. There are certain prin-
ciples of professionalization that should not be sacrificed. If ever there was
a time that a program should combine adaptibility and ingenuity with wise
foundations, it is the day in which we are living. If we are not careful at
this point, the profession can be diluted by the admittance of inadequately trained people. It is going to tax our ingenuity to keep the standards high and yet meet the ever-widening needs of personnel, equipment, and standardization. Already there are movements on foot to meet these needs, such as the introduction of refresher courses, the calling back into service of graduate nurses who have not been active for some time.

Second, the present crisis throws a responsibility on your profession of paying more attention to the formation of public opinion. Common with other professions we have been very lax in sensing the importance of public opinion in the life of a people. When the writer attended the International Congress of Health at Leningrad several years ago and also visited a large number of the European countries, he was impressed with the effectiveness of public opinion in deciding what progress was made in meeting the physical, mental, and human needs of the people. One of the poorest countries, poor in terms of national income plus material resources had demonstrated some of the best housing for the poor and the middle classes. One of the richest countries had some of the most shocking slums. One of the poorest capitals in Central Europe had the finest educational program for enlightenment regarding social diseases, and one of the wealthiest had the least effective program. What makes the difference? It is largely a matter of attitude and opinion on the part of the leaders and the people. Students in the field of nursing, in common with many other professional people, need foundations as to the factors entering into the making of public opinion. The process involves the technics to be adopted, the measurement of programs and results. The writer would be the first one to advocate in a program of this type vaccination against the virus of ballyhoo, because that has no place in the approach of sincere and intelligent professional workers and to the making of foundations of sound public relations.

As a profession you have the responsibility of making an atmosphere that will foster the maintenance and improvement of standards within the profession. When William the Silent came into power in Holland, after winning democratic free independence from the Spaniards, he said to the city fathers of Leyden, “You may make your choice, now that we are a free city, between two lines of action—freedom from taxes or a university.” The people of Leyden said, “Give us a university.” So in 1575 public opinion in Leyden dictated the origin of this great university, the influence of which has extended through the ages. Increasingly we must see, of course, that the avenues that make public opinion sound are kept open. Freedom of speech and press, the enquiring mind, the courage within our own profession to break through encrusted and worn-out patterns, all must be religiously maintained. Standardization lifts the level of a profession. It is an endless struggle to keep our patterns improving and enlarging in their application to the needs of the world. New ways and technics are gradually incorporated into the usual program of an organization. Library wagons have pioneered
to open up branch libraries in villages and outlying sections of cities; health
demonstration centers cultivate the taste for permanent and continuous
services.

As a fundamental in modern education we are sensing the necessity of
teaching students not only to amass a quantity of content but to express a
high quality of thinking. In a day of increasing publication of facts and the
extension of the fields of knowledge, educator institutions in common with
other professional groups must avoid the temptation to be pedagogical can-
ning factories. Students can ill afford to neglect either acquaintance with
discovered truth or well-tempered analytical thinking. In the nursing pro-
fession there is increasing evidence that a good nurse, while being faithful
in the execution of routine duties, can also face a situation intelligently,
creatively, and thoroughly. Citizens who have learned the art of thinking
and critical analysis create an effective antitoxin towards short cuts, ulterior
Utopias, and shoddy procedures in any profession or field of endeavor.

Third, a time of crisis like this has another implication for the nursing
profession and that is the capitalizing of every human resource. War days
to nonbelligerents as well as belligerents are days of great need for man
power. The resources of every organization will be taxed to meet the
emergency. David Lloyd George summed it up when he said in reference
to the last war that "England improvised the impossible." Many people
will be taken out of their regular professional patterns and there will be a
problem to keep motivation, culture, and growth alive and continuous.

If we were wise, we would at this time be planning definitely to follow
the young men who are entering the camps for military duty and training
with educational facilities and leadership. Acting in response to the urgent
appeals of professional leadership in Britain the government has recently
appointed Mr. Williams as Director General of Welfare and Education with
jurisdiction to develop social and educational classes and functions in the
camps. It will be a vast educational coordination to keep alive the patterns
of growth, training, and culture for every man. If the draft age is made
uniform at twenty-one, it means that thousands of young people in the
midst of their educational careers will be taken away from colleges and
schools, and some serious attempt should be made by the authorities to see
that there is as much contact and continuation as possible with the arteries of
cultural and educational life. If democracy is to be maintained in this period
we shall have to be alert to every influence for using all the potentials
that we have. In the United States we have committed ourselves to use
surplus food to help in nutrition depletion. We have attacked the problem
of soil depletion by a program of conservation. We still have to correct
the large amount of cultural and professional depletion in our country.
Increasingly we must use technics and enthusiasms to detect every possible
potential talent and then see that it is trained for its fullest possible contri-
bution to the resources of the country. This means careful evaluation and
overhauling of both processes and methods.
It is a well-known fact that Winston Churchill, as was stated in a recent biographical study, had a weak chest, was considered to be one of "the bad boys" at Harrow, was the lowest but two in the lowest grade of the class. How much he owes to the sagacity and enthusiasm of the headmaster, who says that "It would be wrong to pretend that he did not give the masters a good deal of trouble, but I take immediate claim to have felt always as I feel now, a great faith in him." How much would have been lost to civilization if this potential personality had not been cultivated and encouraged to make his contribution to contemporary culture and the future of civilization.

Definite results prove the value of personal guidance and exploration of the abilities, talents, and ambition of the young people in the graduating classes of our high schools and colleges. Democracy must use its potentials, otherwise it is depriving itself of requisite leadership in the future. This principle pervades every stratum of interest in life. It is true of hygiene and nutrition, of vocational opportunity, and leisure-time facilities. In a recent issue of the London Times there is a pertinent statement that applies to your field as well as to mine:

The highly important report on the effect of environment on the education of children which has been prepared by the Glasgow Educational Department and of which a summary appears on another page, merits the earnest consideration of all interested in the vexed question of equality of educational opportunity, or, to put it less academically, in the interests of children born into unprivileged homes. True, it tells us no more than we all know from personal experience, but it does so with a precision that is almost terrifying. "It is highly significant," the report states, "that the results show an almost precise mathematical relationship, that is, that attainment is exactly in inverse ratio to the quality of nutrition and environment. Something of what can be done to remedy the present basic inequality of opportunity is shown by the notable experiment carried out in one school. What a magnificent change could be effected in a single generation were every local authority in the land to introduce similar treatment for its unprivileged children."  

Fourth, in a crisis as far-reaching as this, we in America must become aware of our obligation to see an important "dualism." The point of view can be best illustrated by an incident that happened eight months ago in London. A young R.A.F. officer in the blazing enthusiasm of the traditions and exploits of that famous branch of the British fighting force ended a conversation with an older man who was standing on a railroad platform. He said to him, "Why are you not in Flanders fighting to save civilization?" The man in his fifties, dressed in mufti, had only one lung and the other was not too efficient. He had been gassed in the last war. He did not want to dim the patriotism of the young man and he was too courteous to explain to him his physical incapacity. He did, however, say a very cryptic thing. In answer to the repeated question, "Why are you not fighting in Flanders to save civilization?" he quietly said: "I am that civilization they

are fighting to save." As nurses you have this in common with the educators that we are interested in building our defensive weapons. We are committed wisely to providing guns. In addition to that we are also committed to provide butter. The Armageddon of this titanic conflict may yet prove to be the standard of living. Totalitarianism has yet to prove it can give its puppet and appeased subjects the semblance of the abundant life. People eventually want to cash in on their paper Utopias; history shows they have a way of doing it. In this lies a magic threat to totalitarianism. Democracy must be ingenious, and solid enough to demonstrate its ability to provide wholesome standards for all of the people.

In addition, if we are true to the heritage of American life, we must also see that culture and professional standards are maintained. It was recently said by a prominent educational leader in Britain that the first casualty of the war was education. We know how pressing the emergency is in the Battle of Britain, but the country is now sensing its neglect of other factors which after all affect morale and the perpetuation of the cultural and civil life of a country so decisively. In our own minds, while we are loyal and ready to give all we have to the defense program, we must continue to see that the normal avenues of life are not neglected or discarded. In our own minds there must be a constant conviction that civilization—meaning by that schools, professions, homes, government, industry, the multiple needs of a civilized people—must be maintained at a high level. In this our attitude may be a powerfully deciding factor as to how nearly we keep intact our hard-won heritage.

There is a stirring piece of statistical evidence of this that has come from China. After four years of war China is entering upon the most intensive and extensive educational program of her history. Thousands of new teachers are being trained and hundreds of new schools built. In the midst of a critical war she is finding the resources to prepare for a reconstruction which will take place in the future. The writer does not feel adequately prepared to mention the specific cases in which this principle applies to the nursing field. You are in a position to fill in the details of this pattern of conversation. However, if ever there was a time to be effective in one's own task, interested in our normal institutional services, it is now. We can well see potency in the sign hanging on the remaining walls of a blitz-blasted tavern in England:

Business as usual—No food,
No music,
but
Good spirits.

Good spirit—you notice I have paraphrased this—and consistent morale are needed values.

Fifth, in the last place, a changing and emergency era like this calls for a reappraisal of our adjustment to the main currents of life itself. We can
ill afford to have lost motions. In a day where everything counts in the way of contribution to the sum total of democracy, we must critically appraise our programs and technics. Historically democracy thrives on an awareness of its defects. This does not signify that we need to take a defeatist’s attitude. Too often we Americans have shortweighted the achievements of our own democracy. Totalitarianism blatantly announces its credos and then rigorously compels conformity to them. We in a democracy make progress by voluntary analysis and adoption of programs which are the result of mutual thinking and action. There is no doubt that great benefits have come in the past as a result of emergencies. Such benefits will be incorporated in the program of reconstruction in the measure in which we are alert to capitalize every opportunity for wise and democratic procedure.

It is quite evident again that the examination of millions of young men is going to make us aware of how great is the need for a greater public consciousness of the application of the present body of health knowledge. Granted the best of our nursing and health practice has arrived at definite formulas and practices, the problem is going to be marked for us to function on a wider area. Some certain offshoots are now very evident and will become increasingly so, it seems, as we come into the future. A higher use of leisure is a more sensible approach to the hygiene of the mind. The building of preventive aspects of physical well-being, the providing of means to offset the domination of a mechanized civilization, the linking of the home with health information and resources, the increasing stress on building reservoirs of skill, and attention to the young child that it may learn and not be taught only how to avoid the pitfalls of ill health with advancing years, the rapid integration of health resources and nursing in the field of industry—these are full of promise not only in terms of vocational opportunities for the nurse but above that, and I think this is in definite line with the splendid altruism of your creed, the making possible a virile, satisfying, and abundant life for the American people. In common with all professional people, we are looking out on this critical international scene, feeling that America’s part in it is not only that of an arsenal of democracy but a custodian of world culture.

We shall find a renewal of our democratic life in the very effort we put forth to fulfill our world mission. With the shattering of the resources and personnel in most of the countries of the world, you have the supreme opportunity of demonstrating the democratic and efficient practice of good nursing technic in the realm of hospitals, schools, government, industry, public health, and other fields. In fact, your loyalty to your best self, to the ideals and aims of a dignified and essential profession, and the cause of democracy in our own United States and beyond that to the world leads to the inevitable, invincible faith that there are values and ideals more permanent, stronger, than the fabric of any crisis.
General Session Conducted by the Advisory Council
Tuesday, May 27, 9:30 a.m.

Presiding: Stella Goostray, R.N., President.

REPORTS OF STATE LEAGUES OF NURSING EDUCATION

The number of state leagues has not changed during the past year—we have forty at the present time with forty-five local leagues.

ALABAMA

Members: 25*
New members in 1940: 4

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: Sponsored a large luncheon at the state convention which many lay people attended. Much interest was manifested in lay participation. Attempts have been made to organize local leagues but none have been formed as yet.

ARKANSAS

Members: 28
New members in 1940: 1

Activities: The Arkansas League is working on a problem in conjunction with the University City Hospital of Little Rock in their plans for opening of a school of nursing.

A study of refresher courses is being made by the league with plans to sponsor such a course in the state soon.

The committee on membership reports that the membership in 1941 is already double that of 1940.

CALIFORNIA

Members: 376
New members in 1940: 115

Special committees: Committee on the Care of the Child
Committee on Lay Participation
Committee on State Board Problems

Local leagues: Southern Section—Southern California—Dorrit D. Sledge, President
Northern Valley—Sacramento—Beatrice Bender, President
Northern Section—Northern California—Eleanor Goss, President

Activities: The California League's three sections have held monthly meetings. These meetings have been well attended and opportunity has been given for more group discussion and participation. The Northern Section of the League has been invited to participate with the Mental Hygiene Society of Northern California, and a number of nurses have taken advantage of this opportunity.

The Placement Service Committee of the California State Nurses' Association, with the league representative, has been working on plans for refresher courses. At present

* Number of members in each state whose 1941 dues had reached Headquarters by July 15.
they have completed preparation of an outline for a refresher course in medical and surgical nursing. The matter is now being turned over to the league with the suggestion that the establishment of refresher courses be directly under the guidance of the California League and the directors of nursing service in communities where such a need is demonstrated.

The curriculum committee is organized in three sections and is working with the educational committee of the California SOPHN on plans for better integration of health and social aspects of public health nursing in the basic curriculum. Obstetrical nursing was the first subject for special consideration and the committee has been very active in preparing material for integration in this field.

The vocational guidance committee is endeavoring to formulate a speakers' bureau composed of nurses who would be available to answer calls in high schools throughout the state. This committee works in cooperation with the members of the state board of nurse examiners.

The committee on state board problems has been studying the routine records used in certification of students, student resignation, and student dismissal, with a view to possible simplification of records (the league representative on the advisory committee to the state board of nurse examiners is the chairman of this committee).

At the time of the state convention, the league plans to sponsor a student forum to run throughout one day of the state convention.

**COLORADO**

*Members: 159*

*New members in 1940: 30*

*Special committee:* Instead of a Committee on State Board Problems, the Colorado League has representation on an advisory committee to the state board of nurse examiners which is made up largely of lay members.

*Activities:* The Colorado League has continued to work very closely with the state board of nurse examiners. Upon their invitation, the league has assisted in the revision of records to be used in the schools of nursing and in the department of nursing. Members of the league have assisted in the cooperative project of the editing of state examinations for the licensure of nurses.

Some of the topics discussed at monthly meetings were: how can the pre-clinical course be planned so as to give the maximum opportunity for discovering the student's fitness for nursing?; discussion as to the validity and feasibility of entrance tests in the selection of students for the nursing school; what shall we do about the present shortage of public health nurses?; debate on how much guidance is essential in the social program of the school of nursing. A one-day institute was held in cooperation with the Teacher Education Conference at the Colorado State College of Education. A panoramic pageant of the history of the *American Journal of Nursing* was prepared and presented by student nurses from one training school.

The membership committee has been most active, the programs interesting, and there has been a record attendance, making 1940 a profitable year for the Colorado League.

**DELAWARE**

*Members: 37*

*New members in 1940: 6*

*Special committee:* Committee on Mental Hygiene and Psychiatric Nursing

*Activities:* The Delaware League has had three regular meetings and has joined with the state nurses' association in two meetings. Programs at these meetings have included discussion of curriculum problems; reports on the biennial convention; a skit put on by the visiting nurse association portraying the teaching angle in the demonstration to the mother of the baby's bath; panel discussion held by the league
at the annual meeting of the state nurses' association on the integration of public health into training schools.

Extension courses at the University of Pennsylvania have been sponsored by the league, and public health lectures given to senior nurses in the Wilmington schools, also public health field experience, including one day with the visiting nurse association in the field and, through cooperation of the state board of health, afternoon visits to baby conferences at the board of health's health centers.

**DISTRICT OF COLUMBIA**

*Members:* 104  
*New members in 1940:* 13

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

*Activities:* The District of Columbia League has directed the major portion of its activities toward a detailed study of the content of the clinical services being utilized in the District of Columbia for the education of nurses. This study covered a period of one year, during which time a day-by-day record was kept of the diagnosis of all patients in hospitals and public health agencies to which students are assigned in the District of Columbia. At one of the monthly meetings this was summarized by the Curriculum Committee and mimeographed copies were made of the Master Check List. It is planned that this list will be used for the revision of syllabuses of classes for schools in the District of Columbia.

Emphasis for the annual meeting of the league and the graduate nurses' association was upon mental hygiene as related to national defense and a very interesting and educational series of meetings was presented.

As the educational department of the graduate nurses' association the league has had many educational problems referred to it. Through this very satisfactory working relationship a scholarship loan fund has been developed, to be financed by the graduate nurses' association.

One of the monthly meetings of the league was devoted to the committee on the care of the child. An excellent symposium on the care of the premature infant was presented.

Other activities of the league have been directed toward presenting greatest needs in nursing education at the present time. Current program is planned to interest recent graduates in the professional obligations of nurses and particularly their obligation to their own professional organizations.

The league has recently formed a committee to organize and plan refresher courses for nurses who have not been practicing and who are interested in re-entering nursing during the present emergency.

**FLORIDA**

*Members:* 49  
*New members in 1940:* 16

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

*Activities:* The Florida League held a joint meeting with the state board of examiners, directors of schools of nursing, and deans of two colleges for the purpose of revising educational requirements for applicants to schools of nursing and educational qualifications for all supervisors. Plans have been made for an institute on mental hygiene and psychiatric nursing and tentative revision of the curriculum. The
membership committee has been active. The state board problems committee correlated its activities with those of the curriculum committee.

GEORGIA

Members: 63
New members in 1940: 27
Local leagues: Fifth District—Atlanta—Grace Doig, President
Special committee: Committee on Mental Hygiene and Psychiatric Nursing
Activities: The programs of state and local leagues have included study of the curriculum, particularly the integration of medical and surgical nursing. The league is working on plans to have extension courses in nursing education. It sponsored a luncheon meeting at the state meeting in Albany, Georgia, for the first time, at which the subject for discussion was ward teaching. In conjunction with state nurses' association the league is preparing vocational guidance folders to be distributed to high schools and colleges in Georgia; also had an annual entertainment for graduating classes at headquarters of the state nurses' association and each member was given a vocational guidance folder prepared by the league.

ILLINOIS

Members: 497
New members in 1940: 48
Special committees: Committee on the Care of the Child
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems
Activities: Functioning as the department of education of the state nurses' association, three institutes were held in three different localities so that the faculties in all schools of nursing in the state could be reached. The programs included discussions on ward management and ward teaching, teaching of medical nursing and pharmacology, and current trends in nursing education.

Committee on state board problems has kept state registration authorities supplied with names of candidates for positions on the state nurse examining committee and has continued to stress the need for a state supervisor of nursing schools in Illinois.

INDIANA

Members: 106
New members in 1940: 54
Local leagues: South Bend—Mary Vida Cheek, President
Special committee: Committee on State Board Problems
Activities: The Indiana League has held three regular meetings at which the following topics were discussed: the reports of the annual convention in Philadelphia, psychiatric nursing, and the defense program and nursing education. A two-day institute on methods of ward teaching was sponsored by the league. Efficiency in nursing was discussed at the annual meeting of the league and the state nurses' association.

The South Bend Local League was organized in May. They have had six regular meetings and have presented programs on the following: the school of nursing curriculum and public health, staff migration, accrediting activities in the local area, subsidiary workers, their function and preparation, and ward teaching.

The membership committee is continuing the practice inaugurated last year of asking each league member to bring in a new member during 1941.
IOWA

Members: 130

New members in 1940: 22

Local leagues: Des Moines—Lillian Lindgren, President

Activities: The curriculum committee made a study of textbooks and presented a report at a meeting in January of directors and instructors of nursing schools with the state board of nurse examiners. This committee is cooperating with the board of nurse examiners in revising the Rules and Regulations for Schools of Nursing in Iowa.

A two-day institute was held in March at which the following topics were discussed: medical and social aspects of venereal disease control in a nursing school program; care of premature infants; the purpose of an evaluation program in schools of nursing; and the scoring of tests.

The programs at the Des Moines League meetings have been arranged with the idea of keeping them more educational. A persistent theme which has been enlarged upon to a great extent is how to obtain greater cooperation between high schools and schools of nursing. Behind this topic has ever been the desire to secure for our schools a well-prepared high school graduate who will make an excellent graduate nurse.

KANSAS

Members: 39

New members in 1940: 14

Local leagues: Eastern division—Florence Thomas, President

Activities: The Kansas League sponsored a one-day institute at the annual meeting in the fall at which the following topics were discussed: the mental health of the nurse; the use of the League records; national accreditation; collegiate schools of nursing; activities of the National League; the nurse as a person; tests and measurements for schools of nursing.

The Eastern Division has held five meetings including a one-day institute in April at which some phase of nursing education was discussed, also Kansas nurses and the national inventory, and a demonstration and discussion of tuberculosis nursing.

KENTUCKY

Members: 47

New members in 1940: 11

Special committees: Committee on the Care of the Child
                     Committee on State Board Problems

Activities: The program this year has been based on a study of improving the clinical teaching in the schools of nursing. There have been four regular meetings and two institutes.

At the institute sponsored by District I and the league the topic for discussion was how to put into effect a good clinical program. The institute sponsored by District II and the league had two discussion topics—legal problems that affect nurses and the integration of social and health aspects in the study of diabetes mellitus.

A special committee is making a detailed study of the need for refresher courses. If the committee reports sufficient requests for these courses, they will be sponsored in cooperation with the Kentucky State Board of Nurse Examiners.
LOUISIANA

Members: 28
New members in 1940: 13

Local leagues: New Orleans—Harriet L. Mather, President
               Shreveport—Elsie M. Valentine, President

Activities: The Louisiana League's 1940 annual meeting was devoted to discussions of the desirable qualifications of the student nurse and of means of interesting qualified young women in nursing.

The theme of the spring two-day institute was the introduction of health and social aspects of nursing into the class and bedside experience. A session on state board problems was also included.

The league is represented on the newly formed Louisiana Nurses' Committee for National Defense.

MAINE

Members: 26
New members in 1940: 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: This year the league has continued its interest in the selection of better prepared high school students for entrance to schools of nursing. The program has had the support of the Maine Nurses' Association and the State Board of Registration for Nurses. One institute in the western district was held to demonstrate the keeping of school of nursing forms which are recommended by the National League. It is planned to hold two more meetings of this sort in the other districts of the state. One of these meetings will be held in Presque Isle in June and an institute will be held in Bangor in October.

An institute was held in Portland in December at which an illustrated lecture on the care and treatment of burns was the feature of the afternoon. In the morning a seminar discussion of the pathology, treatment, and nursing care of peptic ulcer and gastric resection was presented by a group of Maine General students under the leadership of their nursing arts instructor, Miss Christine Oddy. Following this, the president of the Maine League talked on case reports in relation to the student.

MARYLAND

Members: 168
New members in 1940: 44

Special committee: Committee on University Relations

Activities: The Maryland League has held regular monthly meetings from October through June. The curriculum committee functioned actively during the year and at the end presented a detailed report giving ways in which the health and social aspects of nursing could be integrated throughout the basic curriculum. The committee on university relations sponsored two extension courses—one on the principles and techniques of teaching, and the other, ward administration.

Topics for discussion at meetings have centered around ward teaching and methods of evaluating clinical experience, examination questions, techniques used in public health nursing during the period of undergraduate field experience, and the nurse in the defense program. Several demonstrations were given during the year and as usual these meetings were well attended.
MASSACHUSETTS

Members: 358

New members in 1940: 150

Local leagues: Western—Northampton—Edna S. Lepper, President
Worcester County—Worcester—Laura Robinson, President
Eastern Massachusetts—Boston—Martha O. Sayles, 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 Education of the Graduate Nurse

Activities: The program committee of the Massachusetts League arranged the annual meeting to be held jointly with the Massachusetts State Nurses' Association and the state organization for public health nursing. Among the topics discussed were: Nurses as citizens; lines of progress in staff education; social aspects of psychiatric nursing; the use of illustrative material in teaching.

A two-day institute held in the spring included the consideration of nurse-patient relationships; refresher courses for professional nurses; methods of meeting hospital nursing needs in the event of a national emergency; and the ward demonstration and its possibilities.

The committee on the care of the child sponsored one session at the annual meeting and plans are now in the making for a one-day institute to be held later in the year.

A nursing information committee has been organized. This committee has planned, with cooperating schools of nursing, for an "open house" day at which time prospective applicants from local and nearby high schools will be given an opportunity to see a hospital in action. This committee has also signified willingness to women's colleges in the state to supply prospective college applicants with information if desired.

The committee on the education of the graduate nurse has completed a suggested outline of lectures, demonstrations, and practice for a refresher course for the inactive graduate nurse. The outline has been distributed to the principals of schools of nursing throughout the state and to those hospitals, without schools, where a refresher course could well be set up.

The committee on lay participation is compiling material to be used as a handbook of information for the members of nursing school advisory committees. This project arose from the evident need for a more uniform method of orientation for new committee members and also to help point out the possible scope of activities for advisory committees, especially as these activities may be concerned with the education of the student nurse.

The programs which have been presented by the local leagues have stimulated an alert interest in nursing education and have been conducive to more informal group discussion and active participation by the younger members of the professional group.

MICHIGAN

Members: 391

New members in 1940: 119

Local leagues: Flint—Mabel McNeel, President
Central Michigan—Helen Martin, Acting President
Western Michigan—Louise Alfsen, President
Detroit—Lyndon McCarroll, President
Special committees: Committee on Information
Committee on Lay Participation
Committee on Mental Hygiene and Psychiatric Nursing
Committee on State Board Problems

Activities: Three local leagues were established during the year, making a total of four in Michigan. It is now much easier for all league members to attend meetings and take an active part in choosing and preparing the type of program desired.

The curriculum committee has worked closely with local leagues and arranged a program on methods of teaching pharmacology which was given in Detroit, Flint, and Lansing.

The Detroit League has held a meeting and two symposiums on the subject of teaching public health in schools of nursing. The Central League held an informal forum in Jackson to discuss high school curricula and the problems presented in preparing applicants for schools of nursing; a meeting in Battle Creek to discuss present trends in nursing; and a meeting in Kalamazoo on newer methods of education and their effectiveness.

The Flint League cooperated with the Flint District Association in meetings featuring maternal and newborn care, the use of new drugs, and nursing care in pneumonia.

The Western League sponsored an institute in Traverse City on needs for psychiatric nursing and mental hygiene, and in Muskegon a meeting at which pediatrics was discussed.

The committees on nursing information and state board problems were both under the leadership of Florence Hixson. The committee on nursing information sent questionnaires to all schools of nursing in Michigan to obtain facts about these schools. A pamphlet called Nursing Education in Michigan was compiled from these facts and made available to high schools, colleges, and individuals seeking information. This committee also assisted in the national survey of nurses.

The committee on state board problems made a study of state examinations both as to type and as to reasons for failures. It was recommended that examination periods be shortened to avoid fatigue and that administrators and instructors attend examinations.

The committee on psychiatric nursing promoted the following activities: mental hygiene institute at Kalamazoo, September 19, and a course of eight lectures for graduate nurses in Ann Arbor. Several mental hospitals have been assisted in bettering educational programs and working hours for nurses. A questionnaire to determine the interest in psychiatric nursing and in an affiliation is prepared and is to be sent to each school of nursing in Michigan during the year.

No separate committee on national defense has been appointed by the league. A joint committee of the league, the state organization for public health nursing, and the state nurses' association is working on a preparedness program for Michigan nurses.

MINNESOTA

Members: 381
New members in 1940: 148

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: Six meetings of the Minnesota League were held during the year with excellent and diversified programs and splendid attendance. All meetings are now held in the afternoon instead of alternating afternoon and evening meetings as formerly, and this has resulted in a much larger attendance of Catholic sisters.
Since it has been impossible to form local leagues, plans were discussed as to how the league might be of greater service to schools in outlying parts of the state whose distance from the Twin Cities made attendance of members at league meetings difficult. A list of topics was sent to the schools and fifty dollars set aside by the league to pay the expenses of a speaker to talk on subjects requested by the schools.

In March 118 nurses registered at a three-day institute on obstetric and pediatric nursing held on the University of Minnesota campus and six states besides Minnesota were represented.

Ten dollars was contributed as usual to both the McIsaac Loan Fund and the Isabel Hampton Robb Memorial Fund, and twenty dollars was allotted for participation in the nursing education exhibits at the state fair.

The membership committee has substantially increased the membership in the league and two schools have 100 per cent membership.

The committee on curriculum wrote to all the schools in the state asking for suggestions for studies. Three topics were chosen out of 56 sent in. A subcommittee was appointed with one member from each school. Briefly the project consisted of the compilation of pre and post tests around the areas of medicine and surgery. The main committee studied the various policies and requirements of schools of nursing in the state as to student enrollment, covering such phases as health, age, education, selection, cost, housing, recreation, etc. The results of the questionnaire study will be summarized and will be available in the hope that they will bring about more uniform entrance requirements in schools in the state.

Changes in the requirements for the use of the league's loan fund have resulted in loans to three graduate nurses, one for work in public health and two in nursing education.

The committee on the care of the child has been concerned with discussions of nursery problems and techniques and with the outlining of a program for next year for investigating the effectiveness of some existing nursery procedures.

The chief objective of the committee on testing and rating has been to stimulate greater use by schools of nursing of the testing facilities available at the University of Minnesota. It was felt that tests would be of more value if they could be given before students were accepted into the schools and if they could be used as part of the admission technique and that they would be more widely used and of greater value if assistance could be given in interpreting scores. Arrangements have therefore been made with the Testing Bureau of the University to give the regular battery of tests in June for any schools wishing to send prospective students. The committee sponsored one meeting this spring when representatives of the schools met with a representative of the Testing Bureau who discussed the content of each test with explanation of the basis for determination of norms.

The committee on lay participation has worked with the Council on Community Nursing, a group of both lay and professional members, chiefly for the purpose of acquainting lay groups with such problems as legislation affecting nursing, the non-professional worker both within the hospital and in the community, and the question of the effect of the defense program on hospital nursing personnel.

The “Intervisitation Program”—the joint project of the educational committee of the SOPHN and the public health committee of the league—has tremendously stimulated the interest of school faculties and head nurses in the community health program. This in turn has resulted in better teaching and better interpretation of the community health viewpoint to students and stimulation of student interest. Faculty and supervisors in nursing schools in the Twin Cities may observe in the public health field through the cooperation of the St. Paul Family Nursing Service and the Community Health Service of Minneapolis. The plan of observation is well developed and observation may be for periods of one week, two weeks, or a month. Public health nurses may also observe techniques in various departments of the University Hospital,
Minneapolis General Hospital, and Ancker Hospital. Since October 1940 seven schools of nursing have sent a total of twelve nurses for observation in the public health field. During the same period one public health agency sent ten nurses for observation in hospitals.

The league has sponsored a plan for refresher courses under the direction of the curriculum committee. Superintendents of nurses, hospital superintendents, and representatives from the hospital boards and nursing school committees have been invited to meetings to discuss the plan and it is hoped that it will be under way by fall in the various schools willing to set up such a course for their own graduates.

**Missouri**

*Members: 137*

*New members in 1940: 21*

*Local leagues: Kansas City—Irene Swenson, President*

*St. Louis—Mildred Sanderson, President*

*Activities: The committee to formulate standards for the educational director and executive secretary of the state board of nurse examiners in Missouri functioned with members appointed by the Missouri State Nurses’ Association and the Missouri League of Nursing Education.*

The curriculum committee is functioning through the local leagues. Problems for discussion have been suggested by the state curriculum chairman and have been followed up by the local chairmen.

**Nebraska**

*Members: 89*

*New members in 1940: 26*

*Local leagues: Hastings—Arta Lewis, President*

*Omaha—Avis Purdy, President*

*Lincoln—Ruth E. Thomas, 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 public health committee was active in attempting to develop an affiliation program for schools with their local agencies. Questionnaires were used to determine the needs of each school.*

Through the efforts of the mental hygiene and psychiatric nursing committee, the graduate school and affiliate school of psychiatric nursing at Hastings State Hospital were approved by the American Psychiatric Association. The committee on the care of the child is planning to sponsor an institute on the handicapped child. The three local leagues are holding monthly meetings from September to June and have had good attendance.

**New Hampshire**

*Members: 46*

*New members in 1940: 20*

*Special committee: Committee on State Board Problems*

*Activities: Quarterly meetings were held during the year. A symposium was given to demonstrate a plan of teaching. Presentation to board of education of problem*
regarding uniformity of content in high school science courses as presented by students wishing to enter schools of nursing. The league was represented on the committee to study qualifications for public health nursing under the merit system. To stimulate interest in psychiatry and mental hygiene the superintendent of the mental deficiency school at Laconia was asked to speak at one meeting. The president of the National League spoke on nursing and the defense program.

A consistent drive for increased membership has been carried on.

**NEW JERSEY**

*Members: 376*

*New members in 1940: 89*

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

*Activities: A questionnaire was sent to the principal of each accredited school of nursing in New Jersey with suggested topics for future programs. The answers to these questionnaires were used as a guide in developing our year's work. In relation to the national defense program the New Jersey League approved the course in military nursing which has been a part of the curriculum of the school of nursing at Hackensack Hospital for the past three years. By request, this course was made available to nurses throughout the state. Lectures on the organization of the Army and medical departments, on chemical warfare—precautions and treatments, and air raid precautions were given by officers of the Army. The role of nurses in the defense program and the use of tests for the selection of well-qualified students for schools of nursing were also discussed.*

**NEW YORK**

*Members: 946*

*New members in 1940: 198*

*Local leagues:*
- New York City—Helen Young, President
- Hudson Valley, Albany—Almira Hoppe, President
- Central New York, Syracuse—Marjorie DuMox, President
- Genesee Valley, Rochester—Margaret Gorey, President
- Western New York, Buffalo—M. Eva Dunne, President
- Mohawk Valley, Utica—Jean Lauber, President

*Special committees:*
- Committee on State Board Problems
- Committee on Mental Hygiene and Psychiatric Nursing
- Committee on the Care of the Child
- Committee on Lay Participation
- Committee on Nursing Information
- Committee on Formation of New Leagues
- Committee on Sisters
- Committee on Graduate Nurse

*Activities: The thirty-first annual meeting of the New York League was held in New York City in October. Topics discussed included student and staff health programs; Red Cross activities, including a pageant; demonstrations of the group conference as a method of teaching; general, as well as nursing, education and national defense; a progress report from the Committee on Accrediting.*

A particularly outstanding feature was the lay luncheon with about five hundred in attendance. This was planned to interest vocational counsellors in high schools and colleges in better applicants for nursing schools.
Six meetings of the Board of Directors were held during the year. In order to coordinate activities, the presidents of the local leagues attended the first board meeting of the year. The local leagues have presented many interesting and instructive programs. Much interest was developed and league membership increased when a twelve-week course on guidance was sponsored by the New York City League.

The committee on curriculum is undertaking a study of communicable disease nursing; the committee on mental hygiene and psychiatric nursing is helping to develop programs in this field in the local leagues. The committee on the care of the child completed a questionnaire study covering practices in pediatric nursing; this study included techniques, content of course, qualifications of staff, and supervision. The committee on graduate education has been responsible for setting up refresher courses throughout the state; the committee on membership is active and results are evidenced by increase in membership; the committee on Sisters is studying clinical teaching programs and the extent of the use of the Curriculum Guide. The committee on nursing information has assembled information for our state bulletin and has under consideration the preparation of a manual listing information about registered schools in the state for the use of our high schools and colleges.

**North Carolina**

*Members: 87*

*New members in 1940: 24*

*Local leagues: Western—Asheville, Winston-Salem, Charlotte, Greensboro—Mary Bell May, President Eastern—Durham, Raleigh, Fayetteville, Wilson, Wilmington—Lottie C. Corker, President*

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

*Activities: A form letter is being prepared by the committee on information relative to the preparation of students who wish to enter schools of nursing. These letters will be sent to all colleges in North Carolina. Radio talks and talks to high school students were a part of the problem to inform eligible young women about the nursing profession.*

The state bulletin has carried news of the league in every issue and through personal contact more executives have become interested. The organization of two local leagues and more study group meetings with varied educational programs have done much to stimulate interest.

The North Carolina League plans to have a program for student nurses at the annual convention in October.

**North Dakota**

*Members: 62*

*New members in 1940: 29*

*Activities: The curriculum and program committees arranged for a round table on the Curriculum Guide. In nearly all of the ten districts now organized where there were a few league members, one was asked to act as chairman and to appoint a secretary who is to send a complete copy of the deliberations and conclusions to the chairman of the Curriculum Committee and the president of the League. A few local groups have been heard from and report a profitable meeting. Some voted to have follow-up discussions.*

The program committee arranged an institute on mental nursing held April 18-19 at the Jamestown State Hospital.
The University of North Dakota has established a pre-nursing course of two years. All contacts between the league and the president of the university are made through the committee on studies. The committee on studies also arranged to have a survey made at the State Tuberculosis Sanatorium in San Haven. The league, in conjunction with the state board of nurse examiners, had in mind an affiliation in tuberculosis for student and graduate nurses, and the survey was made to ascertain whether a sound and adequate educational program would be provided. We were happy to learn that there seems to be a possibility of such an arrangement.

**Ohio**

*Members:* 428  
*New members in 1940:* 103  
*Local leagues:*  
Cincinnati—Georgia Nobles, President  
Columbus—Clara F. Brouse, President  
Cleveland—Helen W. Faddis, President  

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

*Activities:* Curriculum committee of the Ohio League has continued work on the proposed state curriculum. Committee on state board problems has continued work on tests. The Ohio League has become a member of the Ohio Hospital Association. Publicity regarding activities of the league has been sent to the *American Journal of Nursing* and *Ohio Nurses Review*. The Ohio League sent $50 to the Isabel Hampton Robb Fund. A new committee on recruiting has been appointed.

The Ohio League made a careful study of proposed legislation regulating practice and education of nurses, sent suggestions for changes to the legislative committee of the state association, and attended the hearing on the bill.

An institute on meeting community nursing needs in the light of the national defense program was held in Toledo in May. Work has begun on a history of nursing in Ohio.

**Oklahoma**

*Members:* 31  
*New members in 1940:* 1

*Activities:* Among other activities the Oklahoma League sponsored an institute with the Oklahoma State Nurses' Association at which several papers were given on transfusions and infusions, diabetes, urology, social trends, etc.

**Oregon**

*Members:* 75  
*New members in 1940:* 11

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

*Activities:* The program of the Oregon League started with a tea held at the Veterans Hospital. New books were reviewed by a prominent librarian. Ward teaching as actually done in the hospital ward was presented by a group of younger staff nurses whom the league was trying to interest in the nursing education program. A hobby dinner with each member either wearing clothes representing her hobby or bringing her hobby with her was held in one of the outlying towns.
An institute was sponsored jointly with the Oregon State Board for Examination and Registration of Graduate Nurses which created much interest.

The special committee on tuberculosis affiliations has been very active. The committee consulted with the state tuberculosis hospital officials with the result that they were sufficiently interested to secure the money and make arrangements for a teaching supervisor in the hospital so that the hospital might offer an affiliation in tuberculosis nursing.

The joint committee on state board problems has recommended that a study be made of state board examinations and that recommendations be made to the board.

Each member of the membership committee has taken a certain group of nurses and is responsible for their membership in the league.

The joint committee on community nursing service has made an effort to review studies of community nursing service in other communities. They found that in these studies no attempt had been made to discover the point of view and the needs for nursing service of the lay group. The committee feels strongly that such expressions should be secured.

The committee also decided to make a study of the standards of service with a view to probable statements which could be used in the discussion on community nursing in nursing groups or community councils. The committee has made a beginning in a study of nursing standards in hospitals, public health nursing, and nursing registries.

The official publications of the national associations and also the professional journals have been used. A speakers' bureau was formed of members of the committee to help present this information to various groups.

The committee on lay participation is making an effort to establish lay groups in connection with schools of nursing throughout the state. These groups will assist in furnishing an adequate social life for student nurses, scholarships, loan funds, and endowments for the schools and will help to recruit desirable young women for nursing.

**Pennsylvania**

*Members: 538*  
*New members in 1940: 90*

*Local leagues: Philadelphia—Maude E. Lyle, President*  
*Reading—Mrs. Julia C. Ritter, President*  
*Scranton—Frances Purdy, President*  
*Pittsburgh—Ruth Johnson, President*

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

*Activities:* The Pennsylvania League served as co-hostess for the biennial convention of the three national nursing organizations held in Philadelphia in May. The curriculum committee reviewed the progress of the tentative revised curriculum for the state and advised its further use for another year to determine needs for modification.

The committee on mental hygiene and psychiatric nursing sponsored the following activities: a one-day institute for graduate nurses on the care of the mentally ill; also lectures and clinics for the laity, including high school and church groups, conducted by two of the state mental institutions.

The membership committee has endeavored to stimulate interest by individual contact. The special committee on the integration of health teaching prepared an outline of suggested material for teaching two subjects which was distributed at the state convention. A special committee on refresher courses, appointed in February 1941, has formulated suggestions for possible courses and surveyed the entire state to determine the possibility of establishment of such courses.
RHODE ISLAND

Members: 163
New members in 1940: 38
Special committees: Committee on Lay Participation
 Committee on Mental Hygiene and Psychiatric Nursing

Activities: The Rhode Island League prepared a minimum standards curriculum for the state committee on nursing education. They sponsored a two-day institute on the child and mental health. A committee on ward teaching has been formed and has sponsored four meetings open to head nurses, assistant head nurses, supervisors, assistant supervisors, and assistant instructors who are members of the league. There has been a good attendance at these meetings.

Interschool visits of one day each were arranged for league members. The league arranged with the Department of University Extension at Brown University for a course in ward administration and teaching for graduate nurses during the fall semester, 1940. The enrollment for this course was large.

The league is glad to report an increase in membership.

SOUTH CAROLINA

Members: 52
New members in 1940: 7
Special committees: Committee on Publicity

Activities: The South Carolina League had its annual convention in October, 1940, and was grateful for the assistance of the Executive Secretary who spoke at the meeting on present-day educational problems and projects being carried out by the National League.

The programs this year have centered about the new student. In December senior and preliminary students stated the problems of the young student from their point of view. The February meeting was in the form of an institute. The state superintendent of education and the state high school supervisor spoke on the preparation offered by the public schools to applicants for schools of nursing. The educational needs of applicants for schools of nursing were presented by a director of nursing. As a result of discussions following the talks, a committee was formed under the curriculum committee to visit the speakers and plan for further adaptation of the high school curriculum.

The May meeting will be concerned with the use of tests and measurements in the selection of applicants for schools of nursing.

The interest of the league at the present time centers about increasing membership, financial stability, and the promotion of educational projects through committees.

SOUTH DAKOTA

Members: 41
New members in 1940: 3
Special committees: Committee on Affiliations
 Committee on State Board Problems
 Committee on Publicity
 Committee on Exhibits

Activities: The theme of the third annual convention of the South Dakota League was Can South Dakota meet the challenge which 1940 America sets for the nursing profession?

Upon the suggestion of the league, all directors of the accredited schools of nursing in South Dakota requested Miss Carrie E. Benham, Educational Director of Nursing
Education in the state of South Dakota, to conduct a short class on ward teaching in each school. Several such classes were conducted by her.

The curriculum committee, together with members of the state board, set up a minimum curriculum for the schools of nursing, based on the *Curriculum Guide for Schools of Nursing*.

The committee on affiliations has been studying the possibilities of affiliations in South Dakota for tuberculosis, psychiatry, and public health.

**TENNESSEE**

*Members:* 75  
*New members in 1940:* 9  
*Local leagues:* Memphis—Ethel Faye Burton, President  
Nashville—Frances Helen Zeigler, 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, which functions as the department of education of the Tennessee State Nurses' Association, has held one annual meeting and two board meetings during the past year. The program committee of the league in cooperation with the state nurses' association planned a series of institutes which were held throughout the state during February, March, and April. Three districts in the state devoted their meetings to a discussion of the topic, Colleagues in maintaining the health of the community, while three other districts held institutes discussing the topic, Integration of the health and social aspects of nursing in the undergraduate curriculum. Each group conducting the meetings secured the speakers and discussants from local leaders in nursing and allied professions. The Nashville institute included a demonstration of the methods of teaching the social and health aspects of nursing in the guidance of the patient with diabetes mellitus.

The curriculum committee, through a survey of the Tennessee schools of nursing, has attempted to point out the weaknesses and strengths of the clinical experiences of the student programs. Following the study, the committee proposed a state curriculum and certain changes in the division of the clinical period. The proposals, published in a fall issue of the bulletin, were adopted by the Board of Directors of the Tennessee League as a goal for September, 1945, and plans for meeting them are now being formulated by the curriculum committee.

The committee on lay participation conducted a survey of hospitals, schools of nursing, and public health agencies in Tennessee to determine how many of the organizations had lay workers working with their groups, and in what capacity. The returns were gratifying—130 questionnaires were sent out and 80 per cent of the hospitals and 74 per cent of the public health agencies answered. Approximately 25 per cent of the hospitals had lay workers and 65 per cent of the public health organizations had some form of volunteer worker. A second questionnaire was sent to determine what type of contribution the workers were making and if the organizations had any form of training for the workers. The activities were varied; few provided training. The study showed public health workers were uniting hands with lay workers in providing a community health program. It was encouraging that some of the public health directors asked for suggestions in carrying out a more active program.

The committee on mental hygiene and psychiatric nursing has held four meetings and has had several conferences regarding the possibility of establishing courses for undergraduate and graduate nurses in the psychiatric hospital unit now under construction in Memphis. Articles and publicity regarding the mental hygiene program have appeared in the state bulletin.
The committee on state board problems held a round-table discussion at the state meeting and has held two regular meetings. As a result of the round table, a psychologist from the Western State Teachers College has been giving advice to the board of nurse examiners.

The committee on membership is planning for a series of articles which will be published in the Tennessee bulletin.

The committee on nursing information gave a fifteen-minute broadcast at the annual meeting in Memphis. This committee, in cooperation with the state committee, prepared and placed folders containing nursing information in all accredited high schools and colleges.

The Memphis League has held seven regular meetings and an institute. The Nashville League has held two board meetings and four regular meetings with an average attendance of 75 per cent of its membership. Interesting programs on a variety of subjects were presented.

**TEXAS**

*Members: 206*

*New members in 1940: 58*

*Local leagues:* Dallas-Fort Worth—Mollie Malmberg, President  
Galveston-Houston—Marie Luppold, President  
San Antonio—Mrs. Octavia Downie Smith, President

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

*Activities:* The Texas League sponsored a joint institute with the state organization for public health nursing. The membership committee has been working on 100 per cent faculty membership in Texas schools of nursing, concentrating on interesting head nurses particularly. The committee on mental hygiene and psychiatric nursing has been making a survey of facilities in the state for teaching psychiatric nursing. The committee on lay participation is holding a luncheon conference at the state meeting.

The committee on nursing education has sponsored the nursing education program at the University of Texas since 1930. In September, 1940, the University assumed full responsibility for the program. The $10,000 gift of the Texas Graduate Nurses' Association to the University has been set up by the University as a loan fund for nurses enrolled in the University.

**UTAH**

*Members: 51*

*New members in 1940: 28*

*Special committees:* Committee on the Care of the Child  
Committee on Lay Participation  
Committee on Mental Hygiene and Psychiatric Nursing

*Activities:* In May, the league, cooperating with District One of the Utah State Nurses' Association in Graduate Nurse Week, sponsored a lay participation luncheon meeting. The program theme, The nurse in the American scene, was discussed by representatives from various civic groups.

In June the League sponsored an institute on the care of the premature infant. Miss Evelyn Lundeen conducted the institutes throughout the state and held conferences on nursery procedures at the various hospitals.

The major objective of the state league is to establish a school of nursing in the state university. To initiate this program, a session and a conference were held at the Utah State Nurses' Association's annual convention. The state organization for public health nursing cooperated. The collegiate school of nursing and the nurse in the educational program of the university were discussed.
CONVENTION PROCEEDINGS

VIRGINIA

Members: 167
New members in 1940: 70
Special committees: Committee on Lay Participation
Committee on State Board Problems

Activities: A two-day institute was held in November at the University of Virginia. A panel discussion on What is the need and the plan for a psychiatric nursing affiliation in Virginia was presented; also a dramatization of clinical teaching methods used in the out-patient department of the University of Virginia Hospital; the use of visual aids in nursing education; and three lectures relative to nursing education and the national defense program.

One regional meeting was held in February at the Medical College of Virginia, Richmond, with a symposium on staff education, and the annual meeting in March with the Graduate Nurses’ Association of Virginia.

The curriculum committee has been engaged in the study of refresher courses for inactive graduate nurses. The committee on eligibility has reported encouraging gains in membership and two schools have 100 per cent membership.

WASHINGTON

Members: 79
New members in 1940: 9
Local leagues: Eastern Branch, Spokane—Eline Kraabel, President
Western Branch, Seattle—Virginia Olcott, President

Special committee: Committee on Refresher Courses

Activities: The Washington League held its annual meeting in Bellingham in September, 1940. Since this time the eastern and western branches of the state league have held monthly meetings and exchanged minutes. A questionnaire was circulated and the program planned around the expressed needs of the group. For the first time, the western branch published a “year book” containing the date and place of meetings, program subjects, and the names of committee members.

Courses in home nursing for NYA students, the subsidiary worker in the community, the licensing of attendant nurses, and nursing education in national defense have been the major interests of the league this year. A special committee has been instructed to plan for refresher courses for graduate nurses who have been professionally inactive, these to include review in practice under supervision as well as in theory.

A meeting for senior students was held in April at which professional life insurance was discussed and members of the other nursing organizations and of the American Red Cross were present to greet the seniors.

The programs have been largely contributed by our own members and have been kept informal. Free discussion has increased the interest and attendance at our meetings and several of our members drive thirty to ninety miles to be present.

The league is looking forward to the joint annual meeting of the eastern and western branches in Yakima on June 6th at which time the subject, Nursing education and national defense will be presented. With committees preparing studies it is hoped that real and community planning will be accomplished at this time.

WEST VIRGINIA

Members: 58
Local leagues: Northern branch—Wheeling—Mrs. Nora Mapes, President
Southern branch—Charleston—Josephine C. Bingaman, President

Special committees: Committee on Mental Hygiene and Psychiatric Nursing
Activities: Committee on curriculum, by meetings and letters, has created interest in plans for a bigger educational exhibit at the state convention by presenting
for the exhibit lesson plans, guide books, an improvised laboratory for the teaching of anatomy, diagrams of various kinds to be used in teaching and administering in a school of nursing.

The committee on membership secured the names of all nurses eligible for membership in the league, and sent out 170 applications to these people.

The committee on education cooperates with the West Virginia State University in the pre-nursing course already established and in assisting and making possible a collegiate school of nursing in the near future. Educators are giving complete cooperation in this movement.

The committee on mental hygiene and psychiatric nursing has given two programs on mental hygiene and has established a lay committee in psychiatric nursing. Personal contacts were made in the interest of establishing a teaching unit in a selected state institution where an affiliation may be offered to the students of accredited schools of nursing in West Virginia.

A northern branch of the state league has been created and three meetings were held with an average attendance of thirty.

WISCONSIN
Members: 149
New members in 1940: 26
Local leagues: Madison—Christina Murray, President
Milwaukee—Esther Olson, President

Special committee: Committee on Mental Hygiene and Psychiatric Nursing

Activities: The following programs were held from September, 1940, to June, 1941, by the Madison League: Nursing legislation; faculty education and preparation; the application of the sciences, biological and social, to nursing subjects.

The following programs were held by the Milwaukee League during the same period of time: Correlation between doctor, nurse, and medical social worker; counseling students of nursing; individual differences; religion in the life of the nurse; emotional differences; social hygiene; recreation; mental hygiene; nursing organizations as a factor in the development of nursing as a profession; panel discussion on counseling nurses series.

In April a symposium on clinical instruction was held in Wausau. The custom of the past three years was followed again this year—that of sending a circular letter to all members early in the year in an effort to maintain interest in the league, to gain new members, and to acquaint members with current and contemplated activities.

Both local leagues were active and undoubtedly help to maintain interest in the state and national associations. A joint meeting with the Wisconsin State Nurses' Association was held as usual in the fall.

REPORTS OF EDUCATIONAL SECTIONS OF STATE NURSES' ASSOCIATIONS

Connecticut
Members: 135
New members in 1940: 14

Montana
Members: 42
New members in 1940: 6
Activities: During the past year the Montana section set up an affiliate postgraduate course at the state psychiatric hospital to be carried on under the auspices of the Montana State College at Bozeman. This course allows the applicants college credits. A very successful two-day institute was conducted in March on ward teaching and faculty qualifications.
RED CROSS TRAINING CAMP

Mrs. E. W. White presented the following outline of the course which is being sponsored by the American Red Cross, Bryn Mawr College, and the Woman's Medical College of Philadelphia. The name of the course, which Mrs. White said will be similar to that given at Vassar in 1918, is the Red Cross Training Camp for college graduates. It will be held on the Bryn Mawr campus from June 23 to September 13, 1941. The facilities of the Woman's Medical College as well as those of Bryn Mawr will be available for instruction. The plan provides for the acceptance of 200 students who are college graduates. It is expected that they will be graduated in two years from established schools of nursing which they will enter in October.

Mrs. White stressed the importance of doing three things immediately: (1) enrolling 200 qualified students; (2) obtaining the best possible faculty; and (3) receiving the cooperation of schools of nursing in accepting the Red Cross Training Camp students for the remainder of their course.

A PLAN FOR REFRESHER COURSES AS GIVEN IN NEW YORK STATE

GRACE A. WARMAN, R.N., President, New York State League of Nursing Education

In order to cooperate with the defense program in New York State the state league decided last autumn to sponsor refresher courses for retired nurses who would gladly help their communities to meet an emergency need. We realized that there were hundreds of nurses in this group who were once well qualified but who would not now be eligible for active military assignments in case of war. However, these nurses would be willing and capable of relieving the nurses subject to call from our hospital staffs, public health agencies, and the private duty field, provided they could be given an opportunity to review nursing techniques and to learn new developments.

Through the state league Committee on Graduate Education, of which Margaret Conrad was chairman, the league made inquiry about facilities for providing such reviews for qualified nurses. Questionnaires were sent to registered schools in the state, with the result that 29 stated they could make satisfactory arrangements to give the course recommended by the league; 16 schools stated they could give some type of course; while 28 were doubtful or unable to cooperate.

It seemed desirable to set up certain specifications for a course which would receive league sponsorship. The following were decided upon:

1. One member of the nursing faculty to be appointed to act as adviser to these graduates, in order to aid in their adjustment and to plan their program

2. The course to total 400 hours, which would include a minimum of 45 hours of classwork. Basic and new nursing procedures to be demonstrated in the
classroom—5 to 15 hours. Emergency nursing to be included whenever possible. Clinical instruction to be given in the classroom or on the wards, to total 15 hours. A review of administering medicines and of surgical dressing techniques to be given on the general services, and to precede the specialties—10 to 15 hours.

3. Hours on duty not to exceed 48 weekly, including classes
4. The time to be arranged in any schedule acceptable to the school and candidate
5. Library facilities to be made available
6. Recommended division of services to include:
   2-4 weeks, Surgical nursing
   2-4 weeks, Medical nursing
   4 weeks, Special elective, e.g. operating room, orthopedics, etc.
7. Each graduate student to have a permanent record kept in the files of the school. This record to include hours and subjects of instruction and clinical experience, with an evaluation of her achievement in both knowledge and skill.

Admission requirements for candidates were:

1. Current registration in New York State, or proof of eligibility for such registration
2. Application forms to include:
   a. Application blank which was set up by the committee and provided by the league for the participating schools. (This blank provides space for recording the experience of the candidate and is filed in the school at the completion of the course)
   b. Two letters of reference
   c. Health certificate. A physical examination by the school physician was considered desirable before acceptance, since this group present particular health hazards
   d. Personal interview with principal of the school.

The next step was to appoint a representative in each local league who would handle the questionnaires for her area and be ready to answer requests for information from prospective applicants. Each school was asked to send an outline of its course to this representative. We did not feel the necessity of having the course rigid as far as content was concerned.

After applications were passed by the league representative they were sent to the principal of the school for her review before the applicant was finally accepted. It was understood that the school was entirely free to exercise its discretion in selecting candidates.

At the present time we have ten courses organized under league supervision, with probable future courses of ten. One hundred and fifteen graduates are now enrolled or have completed the course, and ninety applications are pending. All applications for the course have been handled through the local league representative and this has been definitely helpful to the participating schools.

At the completion of the course a certificate is given to the graduate student stating that she has satisfactorily completed the refresher course for graduate
nurses consisting of ..... hours of study and practice in nursing, in preparation for possible service in the national emergency. This certificate is signed by the principal of the school where the course is given, and by the president of the state league.

The task of locating recruits presented some difficulties, chiefly because we were a little slow in the beginning in getting under way with publicity for these courses. However, a good deal of attention has been given this through local leagues, district offices, and alumnae associations. A number of articles have appeared in our professional journals and short radio talks have been given. These have been helpful in stimulating interest in the project.

In most instances, the hospitals have allowed partial maintenance, which includes one or two meals daily, and the laundering of uniforms. In a few hospitals, a small allowance has been given after the graduate has been enrolled in the course a certain length of time.

Many lecture courses have been given in various parts of the state and a number of schools have arranged for brief reviews for their own graduates. Although these have been very valuable to the individual, the league has not sponsored any course not organized under its supervision, and which did not include actual care at the bedside.

The courses sponsored by the league have been intended primarily for nurses who have been out of practice for some time. We realized that a different type of course was needed for nurses who have been out of service for only three or four years. This problem has been adequately met in New York State through district and alumnae association programs.

THE NATURE AND CONTENT OF REFRESHER COURSES

RUTH SLEEPER, R.N., Chairman, Committee on Curriculum; Associate Director, Massachusetts General Hospital School of Nursing, Boston, Massachusetts

I should like to start with some of the principles upon which refresher courses should be built, or principles which should be considered in planning refresher courses. We are thinking, as many other professional and vocational groups are thinking today, of producing a group of women who are prepared, and who can come into nursing to work actively in a short period of time. We just heard of the new plan which will require two years for its completion. Two years, in the light of our present needs, seems to be a long time, and yet we must plan both for the immediate and future needs.

The refresher course will enable us to secure a group of prepared women quickly. It will also mean a short period of preparation for these women, preparation which we are now ready to give, and the women who come back into active nursing will constitute a temporary group for the most part, women who will come in to serve during the emergency, and then
who, we expect, at the end of the emergency, will return to their own private lives again, and in that way we should have help while we need it without causing inflation in a later period.

Now, this problem of preparing these women in the shortest period of time, and also preparing them most soundly, involves an educational plan. Whether the course is to be sponsored by a private institution for its own graduates or for graduates of other schools, or whether it is to be a course given under the direction of one of our own state organizations, the standards and the general plan will be practically the same.

We know that we will be dealing, to a considerable extent, with a group of women in the age range from, let us say, twenty-five or thirty up to forty to forty-five, and that in the upper age groups of these women we have a somewhat larger health problem than we have in our younger nurses, and, therefore, I would set health and the physical examination as one of our first standards to be considered.

We would probably select these women as we select women who come into postgraduate courses, or who come to work as members of the staff of any nursing service, that is, with the proper interviews, the proper references and credentials, as we usually use them. There should be carefully prepared credentials and carefully considered credentials if these women are to be later accepted as members of hospital staffs or are to work in the communities as private nurses.

We must remember, in setting our standards, that we are dealing in part with women who have been inactive, whose courses were given sometimes ten to fifteen years ago when science and other courses in nursing schools were on a different level from those of today, and that we cannot plunge at once into a comprehensive and detailed discussion of some of our present treatments. We must give them in a simplified manner to women who have forgotten part of what they learned and who have sometimes had very much simpler courses. We must remember that probably without exception we have great interest to begin with, and that we can build not only on this interest but on the mature judgment of women who are older than our usual student groups, and many of whom have developed under great responsibility at home.

Now, we should also keep in mind that these courses are not set up for nurses now active who wish to advance somewhat in any clinical service. They are not courses for specialization. They are not courses to supplement inadequate preparation or limited experience. They are entirely for the purpose of reviewing and bringing up to date the women who have been inactive.

I think we should also emphasize, with our own hospital groups and with the friends of nursing, that these women are not coming into our hospitals to replace nurses who are now working there, until such time as these nurses are released to go into national defense service. We would not expect the refresher course to bring in another student group to take the place of the
employed graduate staff. They will come in as students until they return
at the end of their course as regular members of the staff to help to meet
the emergency. They may, it is true, give some contribution during their
student experience, just as any student group may do.

Now, for the classes, we would think of them as covering a rather wide
range, and yet we must be careful that we do not include in them such a
wide range that we make them confusing. From talking with members of
various groups giving courses, it seems to be true that we can include medical
and surgical content without deviating too widely or giving too wide a con-
tent to be confusing, but if we are to try to put medical and surgical and
obstetrical and pediatric, let us say, all into one short course, we will probably
make for difficulty. A group cannot grasp all that so quickly, and we will
go ahead more rapidly if we limit the content of our first course, and perhaps
teach some of the procedure and knowledge on the job.

We also must be careful in doing this that we do not limit the experience
which is now available for the students in the school. Both groups need to
be considered.

Then we must watch our supervision of the group. There must be good
instruction, and there must be adequate and perhaps even more generous
supervision than we have for the student group. Now, I say that with great
feeling because I have just watched a course in process. This group which
returns to the hospital is not for the most part familiar with procedure
sheets or case experience records or nursing treatment sheets or the modern
doctor's order book. In other words, they must learn all of our new teaching
 technique at the same time that they are learning the steps in the procedures
and the new ideas relative to medicine and other therapies.

We therefore need someone with them in the ward who can help each
nurse to see the value of the procedure sheet and why she keeps it, to see
why she needs an assignment sheet in order that her carefully selected
assignments will be those which she carries out, and to see that she is
not confused through her desire to learn so much on the floor that she
scatters her attention and comes away with a confused picture of the whole,
rather than with certain definite detail which she can keep for later use.

Now, the instructors will be, as our other instructors are, nurse instructors,
doctor instructors, and probably the dietitian or nutritionist who will be
brought in for those aspects of the course. But there is need for a coordina-
tor of the course, a nurse who is responsible for it, who has been active in
setting it up, and who will see to it that the members of the group secure
what they need in the course.

I would make a plea for the already heavily burdened members of the
staff in the institution that, if possible, someone be assigned, either part
time or full time, to the refresher group, so that those who are already car-
rying a heavy load of student or staff nurse instruction and supervision will
not have to add this to their other load, thereby lessening the benefits to the
student and staff nurse group, and at the same time giving inadequate instruction and supervision to the refresher group.

We will have to be sure that those coming in expect to attend regularly enough to get full value of the course. I think we will discover that some of them will find it difficult, and there may need to be a variety of hours for the practice. It is possible, and sometimes helps the supervisory problem, to have classes at definite hours, but to allow the ward practice to be taken at selected hours which fit the home program.

The maintenance will have to depend on how the course is set up, whether it is going to be set up on the basis of full-time class and practice, an eight-hour six-day week, or whether it is going to be set up on practice for two or three days a week and classes on those same days in order that the group may not have as long hours at the hospital. The refresher nurses giving full time should probably be maintained on some plan which is acceptable to the institution.

Now, just a word about Massachusetts, which is the state where I know the course best. We have there in our state association a Nursing Preparedness Committee. It is a committee of the Massachusetts State Nurses' Association. At the time that work began in the fall, this committee looked through the committees of the state association, the state league of nursing education, and the public health nursing organization to see what committees were already in existence which might share in making the plan for the refresher courses. They turned among the first to the Committee on the Education of the Graduate Nurse, which is one of our state league committees, and asked that committee to participate in setting standards for the course and in planning the content.

This committee worked very actively during the winter and has now turned over to the state association standards for the course itself and for the selection of applicants. It has also offered to stand by as an advisory committee to any schools in the state or hospitals which wish to give the course.

The state nurses' association has asked the districts of the state association to assist in the process. There has also been a questionnaire sent out to the hospitals, those with schools and some without, which have clinical facilities for the course, and to some sanitaria where there are facilities, asking these hospitals and schools if they would be willing to participate, and it is hoped that in each district of the state nurses' association there may be a staggering of courses so that all hospitals or schools will not be giving the course at the same time, but that there can be a constant series of courses in each district in order that the nurses who cannot participate now may later on find a course which is open to them.

We are not far enough advanced yet to know how this plan is to work in the various districts, but we believe it has sound possibilities, and that in the fall or the late summer we may begin more courses than are now in process in the individual hospitals and have them open to nurses throughout the state who are interested.
General Session
Tuesday, May 27, 2:00 p.m.

Presiding: Stella Goostray, R. N., President.

THE GUIDANCE OF YOUTH IN THE NATIONAL DEFENSE PROGRAM

HILDA THRELKELD, PH.D., Dean of Women, University of Louisville,
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The welfare of its youth should be of major concern to any nation. A study of the factors contributing to Hitler's success shows it is due to his program of directing the souls and disciplining the bodies of German youth. According to Dorothy Thompson, "It was out of a generation of emotionally and spiritually unemployed youth—left utterly rudderless—that Hitler made the leadership of a movement that has plunged a large part of the earth into destruction. . . . Out of this youth should come our intellectual, political, and spiritual leadership of tomorrow." In America, "the lost generation" of yesterday has suddenly been called to fill the military ranks and to aid in industrial production for defense. In such a crisis as now confronts us, it is urgent that we examine critically its implications for the guidance of our young people.

The term, youth, is commonly understood to mean that great group of our population between the ages of 16 and 24. Many of them drop out of school as soon as their state attendance laws will permit. Approximately 30 per cent finish high school, 5 per cent finish college. A select group pursues graduate and professional degrees. Intellectually, they range from morons to near genius. Economically, they represent all types of families from those on relief to the privileged few who control over 80 per cent of the nation's wealth. Racially, they include the amazing variety of people who compose the melting pot that is the United States. According to the recent study made by Bell of the youth group in Maryland, about 40 per cent had full-time employment. Federal authorities estimate that one-third of our army of unemployed are between the ages of 16 and 24.

By guidance, we generally mean "the process of assisting the individual to choose, prepare for, enter upon, and progress in courses of action pertaining to the educational, vocational, recreational, and community service groups of human activities." Fundamental to the process is a knowledge by the individual, and by the person guiding him, of the most significant experiences, interests, and abilities of the individual and of the demands of the activities to be pursued. Guidance is implemented by the use of an increasing number of techniques. Individual guidance is a person-to-person relationship, in which a course of action is charted on the basis of the constellation of traits that distinguish the person being guided. In the discussion which follows, individual guidance will frequently be implied, but it will deal in general with group guidance, the assistance in choosing, pre-

paring for, entering upon, and progressing in courses of action, which is
given to individuals in groups.

This type of guidance assumes that there are large areas in which young
people have many traits and needs in common, and many human activities
for which all of them must prepare. The demands of the defense program
must be met by all the citizens in a democracy. Naturally, the service each
will render is influenced by many factors, and the outcomes in the person-
ality and character of the individual will be tremendously significant to him
and to society. Therefore, those concerned with the guidance and education
of youth must give considerable thought to three broad problems. (1) How
may youth be trained most effectively to meet the emergency needs for
defense? (2) How may the kind of character be developed in youth that
will safeguard the spiritual values upon which national morale ultimately
depends? (3) How may youth be prepared to solve the problems of
building a better world order after the conclusion of the national defense
program?

What are some implications for guidance in the training of youth for
defense activities? The actual defense program is concerned with two
broad areas: (1) the primary one involved in building up and training a
highly efficient army and navy personnel; (2) the secondary one required
to equip and maintain the fighting forces of the nation. In this emergency,
demanding the greatest possible speed, draft boards and recruiting agents
are summoning the rank and file of young men into the military ranks.
Such vocational inducements as the following appear in our papers:

"Young men! Uncle Sam offers you unlimited opportunity in the U. S. Army
Air Corps. Instead of you paying for the world's finest aviation training, Uncle
Sam pays you. A flying cadet receives $75.00 per month, plus food, uniform,
books, and medical care for 7½ months. Upon graduation, he is commissioned a
second lieutenant in the U. S. Army Air Reserve, and placed on active duty with
the regular U. S. Army Air Corps for three years at a salary of $245.50 per month
—plus a $500.00 bonus upon the completion of active duty."

The rapidly expanding industrial plants are employing young men and
women who have some knowledge of construction, mechanical, and clerical
work. Lest widespread confusion prevail, guidance workers should be
qualified to counsel youth to appraise carefully the personnel needs of
national defense, to advise students in the wise selection of courses in the
light of such needs, to set up standards by which to appraise the potential
services of the individual to the total national defense, and to request the
derferment of military service for those who can best serve the national
defense by being permitted first to complete their training; for example,
those training for nursing, medicine, and engineering.

Perhaps the wisest guidance to youth in general was given last August
in a letter from President Roosevelt to the Administrator of the Federal
Security Agency. He said:

"Reports have reached me that some young people who had planned to enter
college this fall, as well as a number of those who attended college last year, are
intending to interrupt their education at this time because they feel it is more patriotic to work in a shipyard or to enlist in the Army or Navy than it is to attend college. Such a decision would be unfortunate. We must have well-educated and intelligent citizens who have sound judgment in dealing with difficult problems today. We must also have scientists, engineers, economists, and other people with specialized knowledge to plan and to build for national defense as well as for social and economic progress. Young people should be advised that it is their patriotic duty to continue the normal course of their education, unless and until they are called, so that they will be well prepared for greater usefulness to their country. They will be promptly notified if they are needed for other patriotic duty."

Not only is it wise to counsel able young people to continue their college education and professional training, but it would be extremely shortsighted not to prepare others of low academic ability by introducing into secondary and vocational schools general types of industrial courses, giving broad foundational training upon which may later be built the superstructure of specialized training. Such general industrial courses on the high school level include experience in wood work, sheet metal work, bench and forge work in metal, some simple metal work on machines, elementary work in electricity, fundamentals of blue print reading and drafting, and some elementary work in plumbing. Since, according to Ben Wood, the curriculum is "the major strategy of guidance," such exploratory courses, supplemented by careful vocational guidance, will prove of inestimable value in helping a student to determine his ability to profit by such training and will serve as a basis for his future specialization. Furthermore, when every individual feels he has a job to do and is prepared to do that job and an opportunity to work is given him, whether it be in public or private enterprise, we shall have built a rampart to strengthen the American way of life which will need no interior guard.

The Federal government is actively encouraging the establishment of such courses. It is also sponsoring actual training in the industries essential to national defense. These occupations will be determined by the Advisory Commission to the Council of National Defense. State and local boards of vocational education in cooperation with employees, labor representatives, public employment agencies, and state and local advisory committees will determine (1) the jobs in essential defense industries for which training is to be given, (2) the number of persons to be trained for each job, (3) the content of the courses through which training is to be given, (4) those permitted to enroll in the course. In projecting these plans, two elements are being stressed, (1) local responsibility, (2) moral and spiritual preparedness. Federal funds, with a maximum responsibility for their use, are being lodged in the hands of local administrators and school boards, while schools are warned lest they expand courses for defense to the point that they curtail their longer term programs of vocational education. Every consideration must be given to fortifying the will and the spirit—the morale—if youth is to be guided to face unflinchingly the days of stress and strain which lie ahead.

What are the responsibilities of the guidance worker and the teacher in
the development of such character in youth? Certainly, they must continue to provide youth with facts upon which to base intelligent judgment. The security that comes from critical thinking is more important now than ever before when emotion clouds opinion, patriotism prompts hysteria, bitter intolerance of differences among us rears its ugly head. Counselors of youth must also feel more deeply their obligation to communicate a genuine loyalty to the ideals of true democracy; a sense of the spiritual values of our shared activities and aspirations. Belief in the final worth of the human personality, belief in intelligence, in truth, in moral law, and social justice—these must be made to come alive in the loyalties of youth.

Attitudes, beliefs, loyalties, and morals are more important than bullets in determining the ultimate outcomes of our national defense. What are the procedures and techniques by which they are built up? Our young citizens must understand from personal experience and actual participation the characteristic nature of democratic institutions and the benefits enjoyed through them. In our homes, schools, and colleges, students must acquire habits of social behavior indicating a sincere respect for their fellows. From the earliest years, they must be guided to assume responsibility for their words and actions and for the development of activities within the groups of which they are members. They must be encouraged to utilize many opportunities to grant equal rights to others with regard to religion, opinions, and friends, and to get at the same time varied experiences in the exercise of their own personality. They must be freed from the fear of officials, from exploitation from any group, in their search for information and in the development of their abilities, and yet they must clearly understand that their rights are limited by the rights of others. Youth also must be made more keenly aware of their obligations to society and must prepare to meet them fully. Young men and women must participate actively in arriving at decisions affecting the common good. This involves both the thoughtful study of each issue and the casting of their ballot. Then, they must cooperate with good sportsmanship in putting into practice the decision of the majority. Situations in the home, extra-curricular projects in the school, experiences in the recreational activities of the community are pregnant with possibilities for character growth under wise guidance. Experiences that will change unwholesome attitudes must be definitely planned. Too frequently course content is stressed and vital learnings in character development are left to chance. Incidental learning has not proved to be either dependable or efficient. Directed experience in the student council is better than talking about the organization of the city government. Character is not made in a vacuum. It is what happens to us when we rebound from a difficult situation. We love not those who do the most for us but those for whom we do most. Not gratitude but sacrifice begets loyalty, and youth must be prepared to sacrifice for the common good. He must continually experience democracy, as a way of life, not static but adaptable to changing conditions. Its foundations of freedom, individual initiative, equal opportunity, freedom of speech, Bill of Rights, obligation of the individual,
self-discipline, fair play, and a square deal must be made as vital to youth as when their fathers fought and won them for their posterity by self-denial, by hard work in peace, and by hard fighting in war.

At a conference table in Washington, a speaker recently said, "As I view this program of national defense, there are three main problems for schools and colleges to consider—health and physical fitness, recreational interests and skills, morale. And I am quite sure that national morale is best cultivated through the development of robust health and the recreational interests of youth." I think we will generally agree with the speaker. Courage, stamina, endurance are essential conditions demanded in youth before military training begins. They reach back into early childhood and rest upon vitality, strength, skills, quick movement, endurance, and hardihood developed in homes and schools. While physical education is prerequisite to military training, it is not designed to prepare youth for the actual, technical tasks of warfare. This is the job of military experts.

Of the persons examined for military service in 1917, 34 per cent were found to be physically unfit, and from present trends, it is believed that little improvement will be shown in the examinations being conducted for the increase in our armed forces. Studies of youth during the recent depression showed a tragic lack of medical and dental care. Certainly much needs to be done in this area by guidance workers. A signal effort to improve conditions is being made by the American Association for Health, Physical Education and Recreation of the National Education Association. An appropriation is being sought from Congress to promote more general and efficient health education, health services with appraisal and follow-up, adequate time allotments for physical education in every school, provision of school camps, preparation of recreational leaders for the Army, the Navy, and for community needs.

Thus, guidance for the common defense must face in two directions. It must prepare our young people for united, skilled resistance to an aggressive, expanding dictatorship, and also sharpen their wits and deepen their understandings of ways to bring about the more rapid solution of the social and economic problems of the machine age. Democracy can be lost either from pressure from the outside or by collapse from within. Guidance workers and teachers must try to look ahead to the world reconstruction which must follow upon democratic victory, if they are to help youth to become qualified to form the public opinion which will insure peace upon an enduring basis. Knowledge that can produce a finer, fairer world order is already available. The study of human relations in the last 20 years has progressed incredibly. It is not so much what to do in the distribution of wealth, in the balancing of production and consumption, in the restriction of war that is in real doubt. It is how to do it. Can young people be so trained in discernment that they will ask the right questions of the future and get answers that they can put to work? The good old days are treasured by the adult members of our society. Youth has no nostalgia for the past, for they have no active memories of it. They say to those who would
give them counsel, "Come along with us to the frontier, but think carefully before trying to steer us back into the limited confines of yesterday." We crave the gift of prophecy in order that our guidance may be to and not back to ideas of how to adjust to and influence the trend of a new society. No matter what dire days may lie ahead, we must make sure that our youth see American life in terms of national peace and social progress, as well as in terms of military strife and wholesale destruction. We must recognize that the "wave of the future" is already upon us making new demands, requiring new means, and necessitating the relinquishment of some of our accustomed ways of behavior. Of one thing we can be certain—today's cost of defense and war participation will be paid for tomorrow by lower standards of living, by having less for education, less for health, less for improving social conditions, and less for those cultured phases of life which mark the progress of a civilized people. Nevertheless, we must strengthen youth with courage and a spirit of optimism to face the future. As the Reverend Ralph Sockman said at the opening session of the American Association of School Administrators' convention in Atlantic City last February: "The school and the church must be kept as centers where minds are rallied around their loves and hopes rather than around their hates and fears. Youth must be made to feel that there is a future worth working for. Let us convince the young that all is not over because everything has been interrupted. The goal of individual success which has been emphasized by our go-getter commercialism is not adequate for tomorrow's citizenship. We must not allow the exigencies of military preparedness to weaken the support of education or to distort its long range perspectives. We must develop inner stamina, the capacity for straight, hard thinking and strong, self-reliant living."

These, briefly outlined, are some of the problems we face in the guidance of youth for immediate and ultimate national defense. We must do far better the daily tasks of working with each young person to whom we have a responsibility. We must view each individual as a whole person with a distinctive pattern of traits, attitudes, and aspirations. We must develop better means of appraising his abilities, of analyzing his potential fitness, of improving his skills, of increasing his loyalties and social sensitivities, and of adjusting him to that field of service where he can work with the greatest service to society and the deepest satisfaction to himself. For "it is becoming increasingly clear that education of whatever sort is an affair of persons. Its primary function is not, as has been traditionally assumed, to transmit the accumulated and logically organized subject matter of the past to the oncoming generation. Neither is its primary function to mold the young into the traditional behaviors and institutions of society in its status quo. The primary function of education is to assist persons during the period of maximum growth to make satisfactory adjustments to their physical and social world by helping them discover and face the issues which these worlds present and by placing at their disposal every available resource of knowledge, standards, and techniques which the experience of the past has de-
VOCATIONAL GUIDANCE IN SCHOOLS OF NURSING AND NURSING SERVICE

DOROTHY ROGERS, R. N., Director, School of Nursing, Presbyterian Hospital, Chicago, Illinois

A glance at newspapers any one of these troubled days leads one to question the timeliness of this subject. Discussions which carry implications for well-ordered planning to meet predictable needs of a well-ordered society, seem out of place. How can we talk of guidance when no one, not even Mr. Hitler, knows where we may be going? Yet it is that very uncertainty, that realization that we are probably embarking upon uncharted paths that makes more urgent than ever before this very question of directed development of our nurses. Every potentiality of individual ability, every unused quality of leadership, every element of strength that our profession possesses, both individually and collectively, must be ferreted out and put to use. Although the task of grooming others for first line duty may be lacking in dramatic thrills, it is as essential as bales of bandages and tons of carefully knitted socks.

Since the techniques of this field are a vastly important subject in themselves, since they rightfully belong in the hands of skilled persons, let us set them aside and consider here the reason for, and the approach to, the responsibility of directing the development of our nurses. Furthermore, techniques, although comfortingly concrete, are of little help without a grasp of the principles which underlie them. So frequently, when we unearth them from pages of convention notes, they fail to fit the bulges and saggings of problems faced in the home school and hospital unless we understand how to refit them to the oddities of form in our own organizations. What do we mean by guidance? How best can we fit that interpretation to the interests of our nursing students and our graduate nurses?

The subject has a broader scope than the suggestion of a course or courses to be undertaken by the aspiring professional woman. It is a more widespread task than can be accomplished by one individual labelled as Chief Guide. It demands the vision of a far-distant goal and a clear knowledge of the routes of progress thereto. The coordinated effort of all who in any way touch the lives and the development of oncoming generations of nurses is essential. Impetus for progress may come from the influence or counsel of not one but each faculty member; it may come from the social director of the school, the matron of the residence, or from an interested alumnae member. Among them all there must be unified understanding and active

participation in achieving that primary objective to which a guidance pro-
gram of an organization is pledged, the development of every asset the nurse
has and the subjugation of those liabilities of professional and personal
talent which every human being possesses. Some of these characteristics
were there long before she registered as a beginning nursing student; more
were developed under the impact of nursing school contacts; still more
found best or worst expression in response to professional problems encoun-
tered and their solutions. Whatever their source, all make up the educative
process which is the composite whole of concern in this discussion.

To quote the oft-consulted Mr. Webster, "to guide" means "to conduct
in a course or path; to lead." To do this for another, three factors are
essential. One, a receptive attitude on the part of the one who is led; two,
a qualified leader or leaders; and three, a mutually acceptable goal. The
first is the most easily provided. The very fact that guidance is sought indi-
icates a receptivity of mind. But even if desire for assistance is not ex-
pressed, it is a psychological fact that we all seek, and welcome when we
find it, the security and peace of spirit that comes in congenial stimulating
work. Among nurses this motive is particularly strong, for the desire to
serve others is an age-old reason for choosing to be a nurse. The second
factor of adequate leadership is not so easily provided. Many are forced to
undertake the responsibility of guidance with little preparation for it; many,
through lack of sensitivity to its need, fail to give it the attention which it
merits. And all too frequently there is too little undisturbed time in which
to give the careful, patient help one would like to. But a way must be
found to overcome these difficulties, for the growing complexity and diver-
sity of nursing demands, to say nothing of present national emergencies,
have made the trial and error method of developing effective nurses too
costly to continue. Successful teachers have always been needed. Now,
more than ever, they are essential to helping the nurse power of our nation
to do its important share of the world's work. The director of nursing
serves as the initiator and coordinator of guidance plans, but all who partici-
pate in the program of the school and nursing service must assist her to define
and to keep in sight the third essential factor—a mutually acceptable goal of
successful nursing.

Helpful as are such definite aids as tests and measurements in pointing out
the best qualities and the most ominous hazards of the one guided, they can
only serve as guideposts along the way. In addition there are an infinite
number of adjustments for the individual to make, endless adaptations to
the job on the part of the worker. It is here that the scope of guidance must
be broad; here that the efforts of many must be brought to work together;
here that advice must reach beyond the immediate decisions only if each phase
of development is to provide an ever-increasing challenge and learning be-
come a growing activity. For adequate guidance sees beyond present levels
and builds for qualities of strength that can climb still higher, as each suc-
cessive rung of achievement comes into view. At the same time skillful
direction strives to free the nurse who seeks advice from ultimate depend-
ence upon a guide and to help her to make future decisions wisely, rationally, and constructively.

I can hear you say all this is fine, high-sounding philosophy, but how does it apply to the student in school or the graduate nurse eager to begin her career or to take a momentous step about which she is still uncertain. And a fair question it is. To arrive at the most satisfactory results, work must begin with the undergraduate student. Her selection must be made with the intent of providing a future contributor to the profession, not merely fulfilling her nebulous dream of becoming that mysterious person, a graduate nurse, or to provide one more student worker in the hospital. Whatever the devices of selection—tests, interviews, personal histories, physical examinations, and the many others—they can only be treated as means to an end and not an end in themselves. The real reason for careful selection of the student group is always a desire to build for better nursing by admitting those young women who give most promise of constructive nursing practice. Having selected carefully, it is heartening to see such attitude continuing in a growing democratic way and philosophy of education in our nursing schools. An authoritative arbitrariness in meeting the daily problems of student life, that places decisions in the hands of a few faculty members, is short-sighted. It does little to guide the student in making her own decisions, through weighing facts and relative outcomes one against the other. Miss Kratz, writing in the American Journal of Nursing of last August, aptly stated that "the real purpose of guidance is self-adjustment, and the assistance given at any stage must be determined by the individual to manage his own life without help. It must develop a feeling of power, not a feeling of dependence upon others." This is not a working philosophy easily adopted, for nurses have always found it difficult to throw off the shackling traditions of military discipline.

The organized program of the school offers many opportunities for participation in a guidance program through its courses, extra-curricular activities, and periodic conferences of individual students with individual instructors. The most obvious of these is that portion of the course in Professional Adjustments which we used to know as the Survey of Nursing. Through this medium, as its present title implies, the student may be acquainted with the advantages, the problems, the scope, and the challenge in all the many branches of present-day nursing; then helped to select wisely among them. Student interest in the subject is at high pitch, for the status of graduate nurse is within grasping reach when students enroll in this course, as they enter in their senior year. It is a wise instructor who takes full advantage of this and endeavors to help the student to realize her choice of specialization and to make plans for her future career. She will bring her to an appreciation of the fact that nursing history of her generation will be the result of the composite work of herself and her contemporaries, not alone the work of those veteran leaders who have preceded her. She will make available to the bewildered student all accessible information that clarifies her thinking. Through individual conference, she will strive to bring her face to face with
the assets of her ability and personality which would make for her success and to recognize those liabilities in her character and professional life that may prove her downfall. Dr. Clothier, writing of personnel work in general education states "it is the systematic bringing to bear on the individual student all those influences, of whatever nature, which will stimulate him and assist him, through his own efforts to develop in body, mind, and character to the limit of his individual capacity for growth, and helping him to apply his powers so developed most effectively to do the work of the world." His summary is particularly pertinent to us in the field of nursing education where it is a definite obligation that we give the student opportunity "to make a prolonged, systematic, and unbiased study of the problems and conditions which they will actually face as citizens, workers, and leaders in our profession."

Studies made of senior students have shown that interest in their own professional future is pathetically low, unless roused by discussion of that future. We know too that frequently the young graduates flock to postgraduate courses without knowledge of why they are doing so, only to leave them dissatisfied with their experience, chiefly because they did not know what they expected to gain from it. Long-range planning is not a characteristic of inexperienced youth, unless the need for it and method of developing it have been made clear to them as one of the inevitable responsibilities of growing up in their careers. Curiously enough, we find those students turning to members of the medical staff or to interested but uninformed members of their families, for answers to dawning misgivings about what next. Is this because nursing counsellors have not established desirable rapport with their students, or because we have failed to give due thought, or helpful information in reply to their queries? If either or both reasons are fairly universally true, there is much to be done in our schools of nursing.

The guidance of the graduate nurse must continue the same helpfulness that she desired in her undergraduate days, for maturity of judgment in directing her professional progress does not descend with the mere donning of a white uniform. Miss Tittman of the Nurse Placement Service, tells us of the all-too-frequent picture of the young graduate nurse who applies to a placement service, having evidenced considerable floundering from one job to another in the first years after graduation. Many circumstances of graduate life might be at the bottom of such ineffectiveness. Perhaps she was easily turned aside from initial undertakings because she was unable, or unwilling, to recognize, and to meet as such, the obstacles to be encountered in the beginning of any new responsibility. Perhaps she failed to see in them a challenge to her integrity of purpose, and considered them deliberate barriers put in her path by an organization unappreciative of her needs. Perhaps she has not developed the stamina needed to meet any conflict in life with a determination to conquer, rather than to be conquered by it. If so, her problem is deep-seated and of no small proportion.

Another reason for her maladjustment may be found in unwise choice that has led her into responsibilities for which she is not prepared or personally
suited. That way lies danger and real tragedy. Lured to such whirlpools by a temptingly larger salary than she is yet ready to command, or by the satisfaction of increased prestige, she succeeds only in leaving a trail of errors on her record that mean inevitable discouragement and disillusionment for her, and a serious loss of confidence in her on the part of her employers. It is a common fallacy that tends to think of professional guidance only in terms of seeking the leader of the group. Real leaders, capable of standing at the head of the line, must necessarily be few. Even they can only lead when those who accompany them are in step, supporting them, contributing their share to the procession, each in her own way equally important. Many of the nurses of tomorrow will be those who do their bit and do it exceptionally well, because they have found that place in the nursing work for which they are particularly fitted. Not all can be teachers or executives; not all will benefit by the much coveted academic degree, but with due thought each should be able to find that work which is satisfying and stimulating to her, helpful to the better nursing of the patients, and contributive to the public welfare.

Still another fundamental reason for failure to grow may be found in the indifference of those employing nurses to provide opportunities in which individual ability may be demonstrated, or to give recognition to such ability. Industry has long realized that real satisfactions of the worker in his job and substantial loyalties to his employer, are built up through friendly recognition of his work, however humble that work may be. Mention of distinctive nursing to fellow members of the nursing group, to alumnae members, to hospital boards, to professional organizations may be just the needed spur to greater accomplishment, greater insight into the needs and potentialities of the task at hand. Whatever the reason for professional stagnation or regression, the responsibility of providing continued growth in the experience of the graduate nurse is not one which can be shifted to her shoulders entirely, merely because she has outgrown the formal relation of student and teacher. New challenges, consistent with her needs and abilities must be found at periodic intervals. Guidance must be given in meeting them, in order that she may become a better nurse wherever she is.

Guidance toward effective nursing that will endure under the stress of troubled days such as we are facing, or that will meet the expanding demands of our rapidly growing profession, must strive toward the education of the person to her fullest capacity, using those techniques which most effectively realize that end. The one guided must come to know that such professional education is a process which begins the day she is admitted to the school of nursing and continues throughout her professional life. In the most constructive guidance, decisions are not made by the counselor, but by the one seeking that guidance, for the counselor merely helps her to acquire a sound basis for making her own decisions. Finally, it must be admitted, that while nothing succeeds like success, it is equally true that success does not come until a beginning is made in the right direction and consistent effort is carried forward in every day's undertakings.
Report of the Panel Discussion on
The Status and Preparation of the
Non-Professional Worker in the Defense Program

Wednesday, May 28, 9:00 a.m.

Presiding: Ella Hasenjaeger, R.N., Chairman of the ANA Committee to Outline Principles and Policies for the Control of Subsidiary Workers in the Care of the Sick.

Chairman: Mr. C. T. Andersen, Assistant Secretary, Board of Education, Detroit.

Participants: Mrs. Lulu St. Clair Blaine, R.N., Executive Secretary, Detroit Council on Community Nursing; Claire M. Sanders, R.N., Secretary, Detroit Council for Youth Service; Mabel S. Campbell, R.N., University of Chicago Clinics; Helen W. Faddis, R.N., Director of Nursing Service, University Hospitals, Cleveland; Sister Marie Bernard, R.N., Member of the Michigan Board of Registration of Nurses and Trained Attendants; Ella Hasenjaeger, R.N.,

The panel members agreed to spend not more than three minutes in the presentation of the most important factors related to this problem.

Mrs. Lulu St. Clair Blaine believed that there is a place for the non-professional worker in the care of the sick. In the development of these workers, Mrs. Blaine believed their preparation—program of supervision, teaching, classroom and clinical experience—should be consistent with that for peace-time needs. The program for the group in an emergency would be simplified.

Mrs. Sanders reviewed the course of training of subsidiary workers in Detroit which dates back to 1916. Its development and growth correspond to the work in Brattleboro, Vermont. Her contact with these workers was during a period in which she witnessed the rise in status of the professional worker and she therefore sees the need for subsidiary workers, but under controlled and well-supervised conditions, with the limits of their work clearly defined and with careful selection of the non-professional student and worker.

In Detroit at first it was decided to train these workers mainly for household duties and to give them a minor amount of instruction in the nursing care of the sick, but it was found that the nursing care needs were of major importance with a lesser amount of emphasis needed on household duties.

Miss Campbell says the University of Chicago Clinics follow, in employment of non-professional workers, the policy adopted by the Illinois State Nurses’ Association, namely, “That ward helpers and orderlies be prepared on the job for the specific tasks they are to perform.” This policy has proven satisfactory in controlling and limiting the tasks these workers perform. They have found it necessary to make these positions attractive in order to
secure satisfactory workers but each worker's duties must be carefully circumscribed.

Miss Faddis said that the first reference she could find on the use of subsidiary workers was fifty-two years ago by an English nurse. During the last war this type of worker came to the front. Certain parts of the country have seemingly used this type of worker wisely, for example, Detroit, Cleveland, and Brattleboro. She pointed out the need for the professional nurse's realization of the place of these workers in nursing services.

Sister Marie Bernard centered her three minutes on the present needs both in the army and at home. Nursing must go on, and go on in a greater degree and under more difficult conditions in times of stress than in times of peace. Greater numbers are being required for nursing than there are trained nurses. The nursing profession, then, must accept auxiliaries. Professional nurses must be free from non-professional duties as a matter of economy. The routine of hospitals demands large numbers of subsidiary workers to perform tasks which need not consume the time of the professional nurse. It is imperative to acquaint the public with the differences between the so-called practical nurse and professional nurse. The status of the non-professional worker must be safeguarded as well as that of the professional nurse, so that the public will not be exploited when these workers are called into the homes and into other situations where nursing is required. It is therefore befitting for us to consider action toward establishing of legislation, of community nursing bureaus which will control and guide the distribution of nursing service.

Miss Hasenjaeger reiterated the plea of Mrs. Blaine for the careful planning of such courses in communities where these workers will meet peacetime needs. Miss Hasenjaeger recalled a statement made by a director of a vocational school where such courses were being extended, namely, "I shall not exploit the student or the public by making an emotional appeal for applicants because of a national defense program. This type of worker is not prepared for national defense measures. Her course is developed around community needs in the care of the mildly ill, the care of the aged, and the care of the chronically ill."

Mr. Andersen, Chairman, summed up his reaction to the discussion to include:

1. Need to expand a program for the non-professional worker
2. Careful planning so as not to overdevelop the program
3. The relation of the non-professional to the professional
4. Prevention of exploitation of the public as well as of the non-professional
5. Need for legislation.

Generalized discussion then followed:

Mrs. Blaine believes that there must be some clarification of terms. What are we going to call the non-professional worker who cares for the sick? In the hospital the worker is called an "Attendant"; in Detroit the title is
"Home Nursing Aid." This worker in Detroit is given a four-and-a-half month course and her experience is obtained in the home under the supervision of a graduate, registered nurse from the Visiting Nurse Association, as well as supervision by the instructors of the Home Nursing Aid Course. In Detroit, no course exists for the non-professional worker in the hospital. The salaries of the professional groups are improving and the work of both groups needs greater clarification. All of our plans should be built about a well-organized community nursing program for peace time.

Mr. Andersen stated that "Since there is evidence of a shortage of professional workers, what plans can be made to fill the need?"

Miss Hasenjaeger then referred to the study made by the American Nurses' Association and the National League of Nursing Education—the Study of Employment and Vacancies of Graduate, Registered Nurses in Hospitals and Related Institutions as of April, 1941. According to the findings of this study which covers 49 per cent of the institutions of the United States, the total number of vacancies in all graduate registered nurse positions was estimated as 9,900 in the country as a whole. Eighty-two hundred of these were in general duty positions and 1,700 in all other positions. It was stated that nurses can be secured where salaries are higher and where working conditions are better and hours of duty are not too long. This, however, does not seemingly hold true in all communities since one of the middle western cities pays $90 monthly for general duty nurses with maintenance, and the working week consists of forty hours.

According to national findings, 100,000 registered nurses are inactive. Refresher courses are being extended to recall these nurses into the field.

The question was then raised as to how much help can be obtained from inactive or retired registered nurses even though they take refresher courses. Hospital patients must be nursed twenty-four hours a day and workers who can only come from eight to twelve o'clock or twelve o'clock to four do not fill the needs.

Another question raised was: What is the emergency, does it already exist? Certainly nurses have not been taken into the army in such large numbers that this has created a shortage.

The Nursing Council on National Defense has gone on record as believing that student enrollment should be increased 10 per cent in schools where the clinical facilities and faculty are sufficient to safeguard the preparation of students.

Miss Pfefferkorn added that the industrial mobilization may increase numbers of certain types of patients, such as surgical and communicable disease, and therefore increased enrollment must be carefully planned so the proper experience in the various services can be given them. With reference to the subsidiary worker, Miss Pfefferkorn stated that it was highly important that the head nurse carefully select the patients for whom they perform any functions.
Dr. Anthony Barowski, Public Health Consultant of the Works Progress Administration, Washington, D. C., is interested only in working with existing agencies in all parts of the United States. He has assured the American Nurses' Association that he will work with them toward accomplishing what they believe is safe and helpful for public welfare.

The panel then adjourned with the announcement of the subcommittee's project to prepare a model law which may be used by states to be of assistance to state nurses' associations when preparing legislative measures designed to protect the public in the various states.

General Session

Wednesday, May 28, 10:40 a.m.

EVALUATION OF CREDENTIALS FOR ENROLLMENT IN THE RED CROSS NURSING SERVICE

Presiding: Virginia M. Dunbar, Assistant Director, Nursing Service, American National Red Cross.

(The meeting took the form of a discussion such as would take place when problems in connection with credentials are referred to the National Committee on Red Cross Nursing Service for recommendations. Miss Nellie X. Hawkinson, a member of the National Committee, presided at the committee meeting. Problems were presented by a member of the Red Cross staff and discussed by members of the committee.)

Presentation of Problems—Gertrude Banfield, Assistant Director, Nursing Service, American National Red Cross.

The increased effort to enroll Red Cross First Reserves is bringing to light inadequacies in the basic training of graduates of schools associated with small hospitals. The nature of the work which Red Cross nurses are called upon to do in peace or war requires broad preparation and experience in at least the four basic services—medical, surgical, pediatric, and obstetric nursing.

The increase in number of applications, coupled with the more general use of the 1939 revision of the school credential form, has revealed a situation of which we were not previously aware.

It is the problems arising as a result of these revelations with which we seek the committee's help today. We need help particularly in answering three questions—

1. How can we define an adequate service and what evidence of adequacy may we expect on a school credential?
2. Can postgraduate experience be accepted in lieu of the minimum requirements? How can experience be evaluated and what would be the nature of experience which could be accepted in lieu of basic preparation?
3. Should supplementary clinical courses be accepted as meeting a deficiency even though they are not in the service in which the nurse is deficient? For instance, a nurse who is a graduate of a school in a hospital with a daily average of 40-45 patients, with a daily average of 25 patients in surgery, 10 in medicine, five in obstetrics and three in pediatrics. Obviously, her six months' required supplementary course should include at least obstetrics and pediatrics, and also medicine if possible. However, it included only pediatrics and operating room technique. Has she made up the deficiency of her basic training in obstetrics by a course in operating room technique?

Since 1936 the Red Cross Nursing Service Bulletin has stated that the requirements for enrollment shall include, among other things, that an applicant must be a graduate of an approved school of nursing in a hospital maintaining a daily average of at least 50 patients throughout the course of study and offering experience in medicine, surgery, pediatrics, and obstetrics—the last two to be in segregated services.

Because Red Cross nurses must be prepared to work individually and under unusual conditions, it has always been considered essential that the applicant shall have had supervised practice during her course of study in the care of the variety of conditions with which it will subsequently be necessary for her to be familiar. In using the former school credential, which called for only the total daily average number of patients, with a statement regarding the services offered, it was assumed that when a school said it offered experience in a given service that there were patients in that service. The 1939 revision of the school credential calls for not only the total daily average number of patients, but also the daily average number of patients by services. With this more detailed information it is apparent that for the first time have we been able to adhere to our long standing requirements.

The situation has revealed that patients in many hospitals with a daily average of 50-100 are predominantly surgical, with a very limited number in one or more of the other services. When we have stated that a service of 1-5 patients provides too limited a clinical field to offer this practice, we are immediately asked, “What does constitute an adequate service?” We realize that many other things than the number of patients in a service must be taken into consideration in answering this question.

*What Constitutes an Adequate Service?—Ruth Sleeper, Assistant Principal, Massachusetts General Hospital School of Nursing, Boston, Massachusetts.*

Generally speaking, the daily average number of patients is, within certain limits, of less importance than the variety and character of the service. From the standpoint of its use for educational purposes the value of a service is in direct proportion to the number of acute cases on the service. There are, therefore, two criteria to be considered—the numbers of patients and the rate of turnover or acuteness of the service.

In 1934 the Committee on the Grading of Nursing Schools conducted an activity analysis of nursing; the purpose was to discover conditions requiring
nursing care and the activities involved in giving this care in hospitals and homes. It was considered then, and is also considered now from further study, that the student nurse should have opportunity to study and to learn to give care to patients with these common disease conditions, and that the nursing activities involved in this care should be planned as learning activities for the student.

To be adequate, any service must include either experiences with these common disease conditions or with similar ones in which the nursing activities are also similar. To enable us to evaluate the quality of a service a list of these essential conditions has been included in the Curriculum Guide under the heading Master List of Disease Conditions. As a basis for determining eligibility the Red Cross Nursing Service could not possibly handle detailed reports of case experience for all applicants or for any number of them. However, the schools themselves could and should analyze their own services for adequacy or inadequacies, comparing their individual services with this list of disease conditions.

Less study has been done to determine the numbers of patients necessary to give adequate experience. In the Grading Committee study it was not possible to include a study of a large number of hospitals of different sizes. However, study does indicate that clinical resources in hospitals under a daily average of 100 offer an experience which is meager in variety. For example, in a hospital with a daily average of 88 and another with a daily average of 48 only half of the disease conditions present occurred frequently enough to give each student experience with the condition. It was revealed also that in the non-segregated medical and surgical services not only did surgical conditions predominate but there was little variety in the surgical conditions. Educationally speaking, a service should be segregated whenever the necessary teaching content cannot be effectively combined with that of another service. We know that medicine and surgery can be integrated because the teaching content makes possible many common factors. If the quality and quantity of clinical material is adequate for the number of students assigned to the service, a non-segregated service in medicine and surgery may be satisfactory. However, such integration is not possible for services where content is more diversified and where there is more specialization, such as in the care of obstetrics and pediatrics.

The minimum daily average number of patients necessary is dependent upon two things—the number of students to be assigned and the type of conditions available. In the type of case both the degree of acuteness and the disease condition are to be considered. The minimum number which would be acceptable would vary, depending on the type of patient, chronic or acute, the disease condition, whether essential or not, and the opportunity for variety through assignment. For example, on the pediatric service where the number of hours required for good nursing care is high (4-6 out of 24), a somewhat lower daily average than on other services might be acceptable if other factors were satisfactory.
It is appalling, however, to realize that the daily average number of patients in a service is as low as is indicated in some applications for Red Cross enrollment. For instance, in a service where there is a daily average of 2 to 4 patients, a student could observe a very limited number of patients during her entire period in pediatrics, and care for even a more limited number, perhaps 12 to 15 in all. Also, with such a small daily average number of patients there can be little variety and even periods without any patients at all.

To be considered an adequate clinical field a hospital should also meet the standards of the American College of Surgeons and American Medical Association. This does not relate directly to the specified experience necessary for the student nurse but it is essential as an indication that standards are such as to make possible a good educational situation.

*Can postgraduate experience be accepted in lieu of the minimum requirements? If so, under what conditions?*

Various points were brought out by different members of the Committee who thought that, to be considered as making up a deficiency in the basic training, the following conditions should obtain:

1. The experience should be in an institution which could provide segregated services and a staff education program. The experience should be in the field in which the nurse is deficient.
2. The nurse should be well recommended by the institution in which she serves.
3. Comprehensive examinations might be used in connection with the experience.
4. A relatively long experience, possibly two years, was suggested.

No conclusion was reached on the advisability of accepting such service in place of the minimum requirements.

*Should supplementary clinical courses be accepted as meeting a deficiency where they are not in the service in which the nurse is deficient?*—Mrs. Ada Crocker, Director, Cook County Hospital School of Nursing, Chicago, Illinois.

The example given and other similar examples were discussed. It was thought that the acceptance of such a course should depend on how closely related the content of the service is to the one in which the nurse is deficient; for instance, a clinical course in communicable diseases including children is related to pediatrics. It was suggested that in most instances, if the course were in a service related to the service in which the nurse is deficient it would serve to supplement a small service but not usually take the place of a completely deficient service.

A general conclusion was that today's emergency is a civilian as well as a military emergency, and everything points to the need for a broad preparation for the nurse.
Special Luncheon Meeting for School Committees and Members of Hospital Boards

Wednesday, May 28, 12:30 p.m.

Presiding: Grace A. Warman, R.N., Chairman, Committee on Lay Participation.

Presentation of the Organization and Functions of the School of Nursing Committee as Expressed in Fundamentals of Administration in Schools of Nursing

Effie J. Taylor, R.N., Chairman, Committee to Study Administration in Schools of Nursing

The purpose and the function of the school of nursing committee or council vary greatly in different institutions. Not only do they vary in purpose and function but also in personnel.

To definitely define the authority of such a diversified organization is therefore a difficult matter since opinions are not in agreement as to whether or not these councils have the legal administrative right to assume more than an advisory control over an organization which is established within another organization. The authority is doubtful especially if the parent organization is under a general board of directors, trustees, or governors, who, according to the charter, have assumed responsibility for the general upkeep and conduct of all the departments within the institution, although these may not be indicated by name.

It is conceivable, however, that a large degree of authority can be delegated to any individual or group but whether or not a delegated authority, absolute in nature, is sound administrative practice may be open to question. It is indeed not difficult to imagine a number of situations where serious problems might arise and in which vested authority might be questioned and even repudiated should it be in conflict with the opinions of the legal body.

Only a comparatively few schools of nursing in our country are wholly independent. When this organization does exist, its own board of control may carry the ultimate authority for the school of nursing in the same manner in which the hospital board carries responsibility for the hospital and all of its inherent departments. Under this organization, the school committee or council, as it exists now within the hospital, is probably superfluous.

The independent school must have a clinical field for its students and this can be procured by a number of different affiliations, the protection of which is usually assured through certain contracts often legal in nature but, in any case, binding.

The independence of a school within another organization may be assured, to some extent, by vesting authority in a school committee or council. But unless the school itself holds a charter and has complete financial resources,
the authoritative status of a council may be difficult to maintain and, administratively, its advisability may be open to question.

The university school of nursing, established as an integral part of the university, may or may not find use for a school of nursing committee of the type now under discussion. If the school is a separate school within the university, it is probably best controlled, as are all other schools, by the governing body of the entire university, although there may be many forms of government set up to meet the needs of highly specialized professional units.

With these general statements, it is my function at this time to present to you the concept on the subject for consideration set forth in the recently published volume, *Fundamentals of Administration for Schools of Nursing*. While several persons assembled here today were members of the committee responsible for the preparation of this work, it is not essential that the statements presented express the opinion in detail of each individual who participated in the making of the book. In the main, however, they were in agreement with the general notion in so far as the subject has been discussed. It may be remarked, however, that considerable opportunity is still afforded for expansion of its many ramifications and for the presentation of other views without differing greatly in the acceptance of their principles.

The personnel of any governing body, be it a board, a council, or a committee, should be representative of the interests inherent in the organization it is to direct or advise. This fact should be kept in mind in selecting the personnel for a school of nursing committee, since the school of nursing in its simplest form is complex in its activities and in its relationships. It also has traditions laid upon its back, probably not borne by any other professional school in the present era.

The text under discussion today states that "It is better to have as members of the board, people who are willing to serve because of their genuine interest in the service of the institution to society." Note that the interest expressed is that of *service to society* and not *service to the institution itself*. One need not, to this assembly, amplify or explain this statement. If the personnel of the controlling body were selected because of its interest in and understanding of the purpose of the school and the final goal of all nursing in its diverse and extensive areas, most of the problems confronting the administrative body of the school of nursing would be minimized and many would be entirely eradicated.

The point is stressed in this text that members of the profession of nursing are the only persons qualified to define nursing, and the inference is drawn that any governing or controlling body must look to the profession itself for an exact interpretation of goals and aims and of the manner in which it has found it can best serve society. It is herewith stated that "The specific needs for nursing service can be properly analyzed only by members of this profession in collaboration with other agencies which are involved in providing medical service as a whole, and with the social scientists who can interpret the social welfare in the large."
Since the school of nursing exists to adequately prepare its students for service to society, this function must be clearly comprehended by any authoritative or advisory body if it is to function to the interest and the advancement of the school for which it makes itself responsible.

The personnel of any such body should therefore represent the community to be served, the associated groups concerned with general education, with financial resources, and with the profession itself. The selection of these members should be based on their general fitness to analyze the factors involved. Equally or even more important is their personal interest and belief in the purpose of the school and its objectives. It is to be noted that the research assistants engaged on the project which resulted in the preparation of this book analyzed the various components of the school of nursing committee in a number of schools.

Nurse educators have long felt the worthwhileness of a nursing school council, particularly since the majority of schools of nursing are established within the hospital, to safeguard the education of the student against the more urgent demands upon the hospitals relating to the care of the sick, and have encouraged their creation. Nevertheless, the investigators in a study of administrative practices of fifty schools found it difficult to interpret the function and purpose of the committees in operation in these schools. In fact, they could not find that the committees themselves understood their own function, or the real purpose for which they existed, and few were acting in accord with the purpose set forth by the National League of Nursing Education. There seemed to be no accepted method by which these committees or councils were appointed and it was clear that "the status of committees as an agency of the board was not established."

The majority of these committees functioned only as advisory bodies, while a very few had some legislative and controlling power. It was also found in this study that nursing school committees do not always function exclusively for educational purposes. Indications seem to point to the fact that the purpose of school committees should be to act as secondary controlling bodies to safeguard the educational aims of the school, which are not always in harmony with the general control of the hospital. The text states, however, that "If the general purpose of the hospital is not compatible with the school, a committee which can only offset the bias of control would be no adequate solution."

It is good reasoning, therefore, to imply that if the purpose of the school is inherent within the purpose of the hospital, and if the hospital administration is liberal and intelligent, the need of a school of nursing committee to safeguard its educational interests does not exist. Might there not, however, be other purposes and functions for a school of nursing committee of far-reaching and useful implications, providing this primary function has been adequately protected?

Probably the majority of nurse educators would be loath to say from their own personal experience, that the primary function of the school of nursing
established within the general hospital is usually adequately protected. Hence it would probably be the opinion of many that some type of guardianship is still essential until the school of nursing is established with education of students as its primary function and until sufficient financial resources are available to it for the accomplishment of its purpose.

The concept of a school of nursing committee as set forth in the publication, *Fundamentals of Administration for Schools of Nursing*, may be summed up as follows:

1. The committee should be appointed by the board of directors and be responsible to it.

2. Its membership should include educational experts, representatives of the general interests of the hospital, nursing education, and lay representatives who are primarily interested in the school. It is further recommended that the chief administrative officers of the hospital and school be members of such a committee and since the membership must act as experts in matters pertaining to the school, the members should be appointed in consultation with the head of the school.

3. The function of the committee is advisory only, to assist the board of the hospital in performing its functions intelligently, in promoting the primary interests of the school.

Questions upon which the board may need advice are in:

1. Safeguarding the purpose of the school
2. Interpreting the financial needs of the school
3. Enacting essential policies
4. Appraising efficiency of operation. (This might include the handicap or difficulties under which the school is attempting to function.)

It is inferred that the committee will act as an interpreter to the public upon the function of a school of nursing, its needs and accomplishments. The board may assign to this committee other functions and may delegate such other authority as it deems expedient, even to the extent of giving the board some of the prerogatives of a council in the control of what is described in this volume as an independent school. The School of Nursing Committee is, however, in this text, looked upon as an advisory and not as an authoritative or legislative body.

**Discussion from the Viewpoint of a School Committee Member**

**Mrs. Henry James, President, Board of Managers, Bellevue School of Nursing, New York, New York**

The chairman has outlined my part in this discussion. In 1931 I talked on the same subject—and even then many schools were eager to have committees of lay people organized to discuss and advise. During these ten
years the number of lay committees has increased and so far as I can learn, they have made themselves useful and helpful.

Through the League of Nursing Education the profession has made important studies to clarify and standardize the position of nursing schools. There have been the curriculum and accrediting studies, and now this new and interesting book of Dr. Bixler’s on the administration of schools of nursing is in our hands. All has been done with the purpose of planning the very best kind of education for the student and at the same time achieving better protection to the public, and better and better care for the patient.

I will begin by speaking about the student.

We all know it to be a fact that in order to attract the best type of student in any field, not only must the teaching be of a high order, but the care of the student in all her development is important—housing, food, recreational and cultural opportunities all come into the picture, so that the graduate shall be as well-rounded a person as possible—intelligent, skilled, alert, kindly, happy—qualified, in short, to undertake work with further special training if she desires, in any of the many fields now open to registered nurses. The graduate nurse is no longer called upon only in times of anxiety and illness—she has become a part, and a very vital one, of the social fabric, a citizen highly skilled and prepared to counsel, advise, and act in matters to do with the public health and the prevention of disease. So the public has come to regard her; in so honoring her it challenges her to give the best of all that in her lies.

This challenge also confronts the directors of nursing schools, and the institutions in which they function must not only accept a responsibility to the student and the patient, but must assume a duty to keep pace with the growing demands of a public whose standards of health and behavior are improving and evolving. And here I can do no better than to quote or paraphrase what President Lowell of Harvard once said in one of his annual reports.

"More and more," said he, "as education in all its grades and forms assumes a public character, the community realizes its importance. It must therefore be responsive to public needs—keep in touch with them—at the same time the public must be made to understand the aims of the education undertaken and the means essential to attain them." ¹

I maintain that in this respect nursing education is no different from college education and has an equal right to be proud of its place. Dr. Lowell goes on to say "the administration of every public service must comprise both expert and lay elements. Without the former, it will become ineffectual; and without the latter, it will become in time narrow and rigid—or out of harmony with its public object. And for this purpose it must possess the influence and secure the guidance of people conversant with the currents of the outside world." However, these two elements, the expert and the lay, should

¹LOWELL, A. L. At War With Academic Traditions in America, p. 286.
not and need not conflict with each other. Each has its own function and neither should try to perform that of the other. If the layman should propose an aim to be attained, it is not for him or her to direct the experts as to how they should go about it—and it is enough to indicate the desired result. And again I quote from Dr. Lowell. "From this flows the cardinal principle, popularly little known but of well-nigh universal application, that experts should not be members of a nonprofessional body that supervises experts. One often hears that men with a practical knowledge of teaching should be elected to school boards, but unless they are persons of singular discretion they are likely to assume that their judgment on technical matters is better than that of the teachers, with effects that are sometimes disastrous." Mutual confidence and respect make a workable and useful control.

Let me remind you how many matters affect the welfare of a nursing school beside what is strictly teaching—such as advising and helping with the housing, food, recreation, health of the student body. These boards can be useful in legislative questions affecting nursing. Of course it is to be understood that nothing will be done, no action taken without consultation with the experts and through the channels of the administration of the institution.

The size of a board would of necessity vary, but it should be large enough to provide diversity so that its membership may represent different interests and points of view, as well as different ages, and not become a clique—probably it is better, therefore, that it should be as large as nine. But if the hospital and school are large, a larger board might work better provided it is not so large that every member won't feel bound to make a positive and active contribution, and so large as to slow up the transaction of its business.

Whenever the constitution of lay boards is discussed, it is noticeable that people whose experience has been chiefly with some one institution are apt to recommend a system which they have learned to make work successfully in their own institution. But I would suggest that there is no one formula, and that the important thing is to adopt a constitution that takes adequate account of whatever may be the external relations which the school must endeavor to foster or improve.

Nursing schools usually labor under the disadvantage that they do not fully control the school budget and are once or even twice removed from the ultimate source of financial control. In the case of schools in municipal hospitals there is the central city authority and the hospital administration itself—in the case of private hospitals there is the board of hospital trustees. At the basis of everything are funds and their administration—that is the commonest reason why nursing schools cannot reach their fullest aims and realize their fondest hopes. Their board's chief functions are usually to inspect, to criticize, and to counsel, but these are important functions which may be discharged so as to exert a constructive influence. A lay board entirely devoted to the school's welfare can do a great deal in presenting the needs of the nursing department to the body that controls the funds and makes the
final decision. In some instances the lay board may gather its own funds to
be used for the development and advancement of the school. When the day
comes that nursing schools have their own endowments they will unquestion-
ably enjoy more power, but they will have new responsibilities and these will
make it more rather than less necessary to have a lay board.

The board on which I serve has been in existence for sixty-nine years; it
is a self-perpetuating body of thirty women serving for four-year terms in
groups of five. We are appointed by the Commissioner of the Department
of Hospitals of the City of New York. We meet twice a month at the
Nurses’ Residence from October through May, the Executive Committee once
a month. The members have definite duties. We all visit the hospital wards
and, in the areas severally assigned to us, know the institution and its per-
sonnel. We have certain standing committees to consult and advise with
the experts in charge of corresponding departments. We are often called
upon by the Commissioner and enjoy ready access to him. We are likewise
in close touch with the superintendent of the hospital, with our own director
of the school, and the Chief Nurse of the Division of Nursing, Department
of Hospitals. We often exchange ideas with board members of other city
schools. It goes without saying that we never take any action without going
through the administrative channels of the school and hospital. Each
Wednesday morning the director of the school holds council meetings and
one or more members of the board is invited to be present. In this way and
many others the experts constantly educate the laymen and the layman is
encouraged and given opportunities to question and comment. Members
of the lay board become familiar with the aims and problems of the school.
Many occasions arise when the board can exercise a real service to the pro-
fession by virtue of its informed and I hope intelligent understanding and
by virtue of such influence as it has earned. So far as the Bellevue Board
is concerned its membership naturally changes in character as the needs of
the time indicate. The farsighted group who organized the school in 1873
expressed the hope that in time it would be called a “College for the Train-
ing of Nurses” and they set for it standards of education that were high for
those days. That was the right way to begin. During nearly seventy years
our standards have evolved upward, for we have always had high aims and
an ideal of better and broader usefulness to guide our service and inspire
our efforts.

The women who compose the Board vary in age—New York is a cosmo-
politan community and we have Catholics, Protestants, and Jews on our
Board and all of us serve without pay. The qualifications are interest, intel-
ligence, and willingness to serve, to gain experience as time goes on. In
describing the Bellevue Board I do not present it as a model that should be
closely copied in other places. I have said that there is no one formula.
Every community must develop its own plan; attempts to define and express
in writing what kind of people, how many, what their exact relationship
with the school shall be—in short, to try to fix a standard pattern for lay
boards everywhere—would only impede those processes of adjustment to the particular situation which I hold to be of prime importance. One of the best elements you must seek in the relationships of your board will be an intangible and indefinable influence. This will come as the fruit of mutual confidence and mutual regard. The functions of governing boards and other agencies of control, what each had better undertake or leave to the other, and those matters which require mutual concession, are best learned from experience and embodied in tradition and customary practice.

This brings me to my last observation and a final recommendation which I can utter with entire conviction. In all older communities and many new ones you will find a small number of philanthropic or educational boards which enjoy the respect of the whole community. They have usually been in existence for some time, and have charge of something that may be expected to go on indefinitely. To serve on one of them is regarded as an honor, and the best citizens will give up other things in order to carry on the work of these boards. How have they won such standing, and how can you imitate them? The answers are plain. It is largely a matter of personnel. The boards have not let themselves become cliques or clubs. Selfish motives of friendship or political or social interest have not been allowed to influence the selection of their members. On the contrary you will find that these boards have secured members who were conspicuous for their independence, their sense of social responsibility, their special qualifications, and their possession of courage and judgment. Boards thus composed never become rubber stamps or decorative nonentities. They may be self-perpetuating, but they will be truly democratic, because they will be unselfishly concerned to learn and meet the community's need. Choose such people for the board of your nursing school. Each time you get a really first-rate person to serve on your board you will make it easier to secure another. Never be content with second-rateness and do not play politics. Don't be afraid to aim high. Enlist your leading citizens. Gradually you will build up such a tradition and command such respect and confidence as to dare hope that anything within reason that you want to undertake may be brought to accomplishment.

DISCUSSION FROM THE VIEWPOINT OF A HOSPITAL BOARD MEMBER

FRED T. MURPHY, M.D., Member, Board of Directors, Harper Hospital, Detroit, Michigan

In the formal program there is a separate listing of these discussions dependent upon the viewpoint of the discusser. This seems to me to be unfortunate. The goal of every interest is better nursing. Different factors may control the means available to accomplish this end but the desire of all, including the great public which is to be the guinea pig in this development, is the same.
With the idea of considering nursing as a profession I am personally in agreement though, if I remember rightly, so eminent an authority as Mr. Flexner did not accept this view. Modern medicine differs widely from the practice of the family doctor of the Ian MacLaren school, and yet as modern medicine fails to appreciate the real virtues of the ancient practitioner it fails to satisfy and comfort the patient, hence is not acceptable to the public.

Nurses are not consultants who come in and go away. It is a mistake, it has always seemed to me, to press the professional side of training to the point of seeming exclusion of the essential—good care. I realize that of course those responsible for the furtherance of the idea of putting the training of the nurse on a professional basis assume that basic good care will be a first responsibility but in meetings like this such stress is often put on just the educational requirements essential to the nurse, teaching and extent of laboratory instruction, etc., that to the practicing physician and to the layman there seems to be a desire to train the nurse suitable for the work in an institute rather than to prepare her for the care of the sick, be it in the hospital or in the home. Personal experience has convinced me that the more highly trained a nurse is the better is the nursing, but to accomplish this there must be wise direction at the head of the school and a continuing insistence that irrespective of all training and knowledge the essential, as with the practitioner of medicine, is the care of the patient.

But to return to the more specific discussion of the subject of the day. Yes, an independent endowment with a board of control interested in education is doubtless desirable but they will be so rarely found that I doubt if they warrant serious consideration. Are not the same results obtained within the limitation of budget possibilities if an intelligent advisory committee works with the head of the training school and the superintendent of the hospital to formulate recommendations for the trustees of the hospital? Surely an intelligent interest on the part of the trustees must be granted, for it is my belief that ignorance rather than purposeful opposition is responsible in most instances for seeming failure of such boards to appreciate the needs of the training school. In this desire to advance too rapidly to the study of ideal professional standing may not the requirements for the pupil nurses laid down by the official report of the committee be too rigid? Certainly, for almost all institutions, economic and other conditions will warrant a modification in detail of certain requisites. Condemnation of honest effort for better training is, in my opinion, not justified even if the effort falls short of the ideal. If we can accept the basic principle that the training of the nurse should be mental rather than fundamentally manual and if we who direct institutions appreciate our responsibility for a contribution in education and discard the primary idea of bed and board for service rendered, then I believe that trustees of hospitals will play a constructive part in furthering the development of training schools on whatever level of professional accomplishments experience proves to give a better training of the nurses for the care of the patient and service to the public.
DISCUSSION FROM THE VIEWPOINT OF A PRINCIPAL OF A SCHOOL OF NURSING

M. ANNIE LEITCH, R.N., Principal, Butterworth Hospital School of Nursing, Grand Rapids, Michigan

A few years ago at a convention of the NLNE a well-known nurse educator gave a paper entitled The Principal's Dilemma, in which she pictured the director of nursing service, who is also principal of the school, as a person standing not on solid ground but as it were on quicksand, never knowing when the earth might give way beneath her. In the years since this paper was given some progress has been made in strengthening not only the principal herself but also her foothold. But considering the particular pitfalls that surround the nursing profession at this crucial time, there are still many nurses carrying the dual responsibility of nursing service and nursing education who have to wonder where firm ground ends and quicksand begins. To me it appears that the strongest, warmest helping hand that can be offered is that of a sympathetic, understanding committee on nursing. The friendship of such a committee would, in my mind, alone justify its existence.

But if the professionally prepared principal is at times almost overwhelmed, is it not possible that some board members are also confused regarding their responsibilities? To these workers who sincerely seek to make worth-while contributions to the school of nursing, the philosophy inherent in the Fundamentals of Administration for School of Nursing, should be a guiding light to keep them, too, from the dangers of quicksand.

First of all this text presents a concise outline establishing the school of nursing as an institution with a clearly defined purpose arising from the needs of society for nursing service with the objectives of its educational program derived from this general purpose. Reluctant as we may be to admit it, it is doubtful how many hospital schools meet this basic assumption of educational policy. It is at this point that our nursing committee meets its greatest challenge in "safeguarding the purpose of the school."

The struggle of the average hospital school of nursing to establish its entity and maintain standards is generally recognized. Miss Taylor has just stated, "The school of nursing has had traditions laid upon its back probably not borne by any other professional school in the present era." The submergence of nursing schools in hospital service, which is still characteristic of many schools, has been aptly described by the nurse educator referred to earlier as follows: "The illness of the nursing profession began in its infancy when almost immediately after its birth as a new profession for women, it was adopted, we might say kidnapped, and became the stepchild of a busy and well-meaning family, which, bent upon fulfillment of its special function, saw in this infant money and service value. The hospital and its

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ally, the medical profession, have controlled the education of nurses for sixty years."  

In view of the established place of nursing in maintaining health and alleviating distress and disaster, does it not seem worth while to make an effort to assure the profession of nursing—no longer an infant—a measure of guidance from a responsible group to whom education for nursing is a matter of primary interest?

Nursing committees have, of course, been in existence for some time and many of them have notable achievements to their credit. Nevertheless, we are told that investigations made by the committee preparing Fundamentals of Administration for Schools of Nursing reveal a lack of uniformity in both form and function. After a searching analysis the conclusion reached points to the place of the committee as advisory only to the general board of control with lines of authority extending through the chief administrative officer of the hospital to the chief administrative officer of the school. Both of these individuals are, of course, included in the personnel along with representatives from the board and from the community at large.

Principals of schools of nursing, I believe, should be satisfied to work with a committee organized on such a basis. The chief administrative officer of the hospital is the person best prepared to represent the interests of the hospital. Our text implies that in addition to being an expert on hospital service, the administrator might well have some understanding of education. It is noted that although one-fifth of all hospitals support schools of nursing, university courses in hospital administration approved by the Committee on Educational Policies of the American College of Hospital Administrators have omitted educational subjects.

The place of the chief administrative officer of the school is an important one, for on her as the interpreter of nursing lies the success or failure of the whole committee. This point is especially stressed in the Fundamentals of Administration for Schools of Nursing and great emphasis placed on the fact that only a nurse is expected to be an expert in nursing. One of the hoariest traditions laid upon the back of a school is that a student who elects to become a nurse can learn nursing from anyone. This, in spite of the fact that from kindergarten to college the same student has, in all probability, never had a lesson from anyone with less than a college education. Hand in hand with this goes the belief that any woman who holds a diploma in nursing automatically becomes imbued with the qualities required in the position she accepts. In our public school system, administration is considered a responsibility demanding special preparation. Is it not reasonable to expect administration in a school of nursing to be open only to those who meet specific qualifications of experience, scholastic preparation, and personality? The nurse educator who understands the high goals of nursing and is herself enthusiastic about the ways and means through which they can be achieved should find little difficulty in arousing and holding the in-

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2 BURGESS, ELIZABETH C. "What Are Nurses Going to Do About It?" In American Journal of Nursing, May, 1932.
terest of lay groups. The presentation of interesting reports, news of professional nursing organizations, current studies of schools by the National League of Nursing Education, the accreditation program, all serve to stimulate and focus attention on nursing. New members will soon grasp the plan of activities in a school requiring a highly qualified faculty to direct a curriculum in keeping with the aims and objectives of the school. The necessity for suitable classrooms with adequate lighting and essential equipment can be demonstrated. A weakness that persists in our schools of nursing today is the deplorable lack of library facilities. In this field alone there is a wealth of opportunity for lay members to lend assistance. Again, in the distinction between nursing service and nursing education, the principal emphasizes the necessity for an adequate graduate staff that will facilitate the execution of plans for the students' clinical experience. In all this there must be a free exchange of ideas in order that all decisions are reached through group thinking and all plans are cooperative.

Lay members are entitled to key positions in the group because they are a permanent part of the community and are able to interpret the community to professional members. The importance of this was well illustrated in our own school a few years ago. The question of raising tuition was about to be given an affirmative vote when a member whose experience in industrial affairs was well known, pointed out the inadvisability of such a step because of certain economic situations likely to arise in the city. Events of the following year justified his judgment and it was evident to all that his advice had been invaluable. At another time a lay member gave timely assistance in working on a plan to improve the course provided for students in night nursing. His familiarity with the problems of night workers in industry made him an ally of the principal of the school in presenting the need for change. Many other such instances might be given but I mentioned these two specifically to encourage lay members who may underestimate their opportunities to make worth while contributions to nursing education. While our text does not suggest any exact ratio of men and women the viewpoints of both are important.

In outlining the personnel of the nursing committee, an important point stressed is that "educational competence is the fundamental quality to be sought." This, I believe, should be given serious consideration. Too long have nurse educators been shut away from the stimulation afforded through contact with other teachers. College professors have been meeting graduate nurses in their classes and many of them have developed a genuine interest in nursing education. The principal of the school should put forth a definite effort to stimulate the attention of educational leaders in her community who in turn may assist her in shaping educational trends. The text suggests the proportion of two representatives of educational interests to one representative of general hospital interests.

We agree that our advisory committee is responsible to the board of control and concede that appointments to the committee must be made by that
board. The book suggests, however, that consultation with the principal of the school might help to insure more members who are interested, not alone in the school itself but also in the wider problems of nursing as service to the community. This would give her a chance to include educators or possibly a director of public health nursing service or other qualified nurses.

No specific length of appointment is mentioned but it would seem advisable that the period should be long enough to enable members to feel the satisfaction of achievement although not so long as to allow the committee to become static. The regular addition of new members should prove a source of stimulation and a broadening of interest. A set time for committee meetings helps make possible the attendance of busy people and encourages promptness in presenting reports. Holding the meetings at the hospital affords the members frequent opportunities to become familiar with classrooms and hospital wards. A new member of our nursing committee has made it a practice to come early to the board meeting and spend a half hour in the nursing office making first-hand observations of the operations of the school.

Until the publication of this book the organization of the nursing committee into standing committees has been generally accepted. Standing committees are discouraged because of the dangers of their usurping administrative authority and responsibility. The substitution of special committees seems justified when committee members meet the high standards set. A well-informed, enthusiastic member does not need much time to become familiar with the scope of committee work. Special committees would permit a rotation through the various activities pertaining to the school during one term of office.

The functions of the committee as outlined by Miss Taylor should also prove satisfactory to the most exacting principal. "Safeguarding the purpose of the school" is the core of all activities initiated. The policy-making function naturally follows to give strength and support to the plans suggested by the professional members. The responsibility of interpreting the financial needs of the school to the board can be accomplished more readily by group action than by an individual. Here is an opportunity for the businessmen on the committee to render a real service to nursing education through promoting cost studies and developing budgetary control. Board members should also be ready to present the financial needs of the school when soliciting funds for the hospital. Lack of sound financial backing is a bit of quicksand one rarely has a chance to forget.

The interpretation of nursing and something of its relationship to other agencies for social welfare may be expected of all members. The position of leadership already attained by the lay members gives them an added advantage in meeting this responsibility.

In conclusion may I repeat my earlier statement—I believe that, from the standpoint of the principal of the school, the friendship of a committee alone would justify its existence. I now add that I believe that the friendship of
a committee functioning along the lines recommended by Miss Taylor and her committee would induce such a finely balanced working partnership between lay and professional workers that the appellation "advisory" could in no way retard achievement.

**General Session**

*Thursday, May 29, 10:45 a.m.*

Presiding: M. Corinne Bancroft, R.N., *Chairman, Committee on the Education of Nurses in the Care of the Child.*


**CHILD HEALTH AND THE NATIONAL DEFENSE**

**NAOMI DEUTSCH, R.N., Chief Public Health Nursing Consultant, Children's Bureau, Washington, D. C.**

That "the health of the child is the power of the Nation" is no less true today than it was in the second year of World War I when it was used as the keynote of the "Children's Year" activities. Perhaps it is even more pertinent in 1941 than at that time because of the decline in our birth rate from 25.1 in 1915 to 17.3 in 1939. The very fact that in 1941 we are faced with the necessity of making vast plans to meet the needs of national defense indicates that throughout the world people need to become more expert concerning all aspects of child life if the citizens of tomorrow are to be aided in utilizing science to conquer poverty and superstition and in making an enriched life possible for all.

That children are one of the greatest assets of a nation and should be cherished as such in regard to mental and physical health, education, recreation, and the innumerable other factors that make up an individual has been recognized for only a relatively short period of time.

Although three White House Conferences on children and child life had been held before 1940, it was not until the fourth White House Conference on Children in a Democracy that to the many aspects of child welfare considered previously there was added a new concept. To quote from the opening address of the President of the United States made at the initial session of that Conference in April, 1939: "It is still our task to bring to bear upon the major problems of child life all the wisdom and understanding that can be distilled from compilations of facts, from the intuitions of common sense, and from professional skill. . . . It is our purpose to review the objectives and methods affecting the safety, well-being, and happiness of the younger generation and their preparation for the responsibilities of citizenship.

"But we have gone one step further. Definitely we are here with a principal objective of considering the relationship between a successful democracy and the children who form an integral part of that democracy. We no
longer set them apart from democracy because they are dependent upon a
democracy and democracy is dependent on them."

If on no other basis than that of numbers, this is true. According to the
1940 census, children under 20 years of age comprise a little more than one-
third of the total population, and those under 15 constitute approximately
one-fourth of all our people.

Owing to the ever-growing interest in the health protection of children
and to the increased efforts for the promotion of their health and that of
their mothers during the 25 or 30 years before 1940, not only by public and
private agencies but also by interested citizen groups and community organi-
izations, we find ourselves entering upon this era of national defense with
the knowledge that the health of mothers and children is being safeguarded
to a greater extent than during any previous period of time in our country.

Both maternal and infant mortality rates are declining sharply. The ma-
ternal mortality rate for 1939 was 40 per 10,000 live births, the lowest on
record; the infant mortality rate for the same year was 48 per 1,000 births,
also the lowest on record. This maternal mortality rate of 40 represents a
32 per cent decrease when compared with the rate for 1934, the year pre-
ceeding the passage of the Social Security Act. Likewise, the infant mortality
rate of 48 represents a 20 per cent decrease in comparison with the rate for
1934. These decreases are statistically significant and represent a real saving
in the lives of mothers and children. Inasmuch as we do not have indices
to show statistically an improvement in the general health status of mothers
and children, we can only surmise that there is a positive correlation between
a decrease in mortality and an increase in health. If such is the case, then
we now find ourselves at a higher peak of health for mothers and infants
than we have ever previously attained.

What are some of the factors that have been responsible for this situation?
One of the first, undoubtedly, is an increasing realization by the people of
our nation of the value of safeguarding the lives and health of mothers and
children. It would appear from the statistics given previously that a second
factor might be the passage of the Social Security Act in 1935 by which the
Federal Government made available sums of money to be used as grants-in-
ad to the states for the purpose of increasing both facilities and personnel
for the protection and promotion of the health of our people. During the
5 years that have elapsed since the act was passed, all 48 states, Alaska,
Hawaii, Puerto Rico, and the District of Columbia have met the requirements
and have developed programs made possible by the financial provisions of
the act. These programs consist of medical, nursing, dental, and nutritional
services for mothers and children. For certain groups, such as children with
crippling conditions and cardiac disease, they include surgical, hospital, and
aftercare services. Recently, in special demonstration areas, medical and hos-
pital care for maternity patients and prematurely born infants have been in-
tegrated into regular public health programs. But, in spite of the increased
interest in, and the expanded programs for, the health of mothers and chil-
dren, grave deficiencies still exist. In 1939, 220,000 mothers were delivered of their infants without the assistance of a physician. Approximately 50 per cent of the total deliveries in our country occurred outside hospitals. Even today, approximately one-third of all the counties in the United States are still without any organized program for maternal and child health services, even those of a public health nurse, and three-fourths of the counties lack child health conferences for infant and preschool children. Even greater deficiencies exist in such services as medical and hospital care for mothers and children, prenatal clinics, and nursing attendance at deliveries.

For example, reports from the states on maternal and child health activities for 1940 showed increases over 1939 of from 16 to 25 per cent in the number of admissions to prenatal, postpartum, and infant medical and nursing services. They showed also increases of 8 per cent in the admissions of preschool children to medical services and of 9 per cent in the number of maternity cases given nursing service at the time of delivery. Yet, even with this encouraging increase, the reports show that for 1940 only 9 per cent of the maternity cases in rural areas and in cities under 100,000 population received any prenatal medical care, and only 11 per cent of the infants in these areas had any medical supervision under the maternal and child health program.

If it had been possible for us to have attained the standards recommended by the White House Conference on Children in a Democracy, then we should find ourselves in this emergency period of national defense in a much stronger position to maintain at a high level our services for mothers and children. Among the recommendations made at that Conference in January, 1940, were the following:

1. The health and well-being of children depend to a large extent upon the health of all the members of their families. Preventive and curative health service and medical care should be made available to the entire population, rural and urban, in all parts of the country.

2. For all women during maternity and for all newborn infants, complete service for maternity care and care of newborn infants should be available through private resources or public funds.

3. For all infants and children, preventive and curative medical services should be available, including adequate means for control of communicable disease.

To the extent that we have failed to provide these services for mothers and children—to that extent must we intensify our efforts to meet these standards.

It would appear that the problem of child health in relation to national defense is twofold. We must continue, maintain, and strengthen the fundamental services that we already have for protecting the health of mothers and children. This is the long-range point of view, one of continuity of service, not only for the years of the emergency but for the years of the distant future. We must strive toward meeting and fulfilling the recommendations given at the White House Conference of 1940. But in addition to this long-
range program we must expand our present services and provide new ones in an attempt to meet the demands of the immediate situation due to our ever-increasing national defense program. And it is this latter aspect that we are particularly interested in today. The problems associated with newly established or greatly expanded industrial activities as well as those confronting communities near military cantonments where national defense programs are being intensified and extended is familiar to many of you.

Frank Bane, Director of the Division of State and Local Cooperation of the Advisory Commission to the Council of National Defense, in his testimony on March 4, 1941, on the Community Facilities bill, stated that there were 60 to 75 critical defense areas where shortages of community facilities now exist and that the number of defense areas can be expected to increase. "The rate at which these concentrations are taking place," Mr. Bane said, "is so great that it is far beyond the normal capacity of local communities to increase their facilities sufficiently."

Vast machinery is getting under way to coordinate the nation's health and welfare resources; good teamwork is essential in order to safeguard the gains that have been won and in order to make further progress in protecting, promoting, and conserving the health of children and mothers throughout the reproductive cycle. Certain principles are being emphasized as the plans to coordinate the nation's health and welfare resources are being put into operation. An effort is being made to use existing organizations to provide services, rather than set up new agencies of an emergency nature.

A brief review of the national defense organization as it relates to health and welfare will show the pattern into which medical and nursing activities are being merged.

The Council of National Defense is composed of six cabinet officers—the Secretaries of War, Navy, Interior, Agriculture, Commerce, and Labor. The Federal Security Administrator, Paul V. McNutt, was designated in November, 1940, as Coordinator of all health, medical, welfare, nutrition, recreation, and other related fields of activity affecting the national defense. An interdepartmental Advisory Council composed of the heads of all Federal organizations whose activities relate to these functions was organized by the Coordinator. Advisory committees composed of specialists in several fields have been established, including (1) a Health and Medical Committee, with a subcommittee on nursing, (2) an Advisory Committee on Family Security, and (3) an Advisory Committee on Nutrition, and a Division of recreation and a Division of Social Protection have been set up. These committees will (1) consider problems in their respective fields, (2) evaluate the resources available for the national defense and the methods of making such resources available, and (3) submit reports and recommendations to the Coordinator.

Regional advisory defense councils have been set up in each of the 12 regions in which the Social Security Board carries on its activities throughout the country. Their function on a regional basis is similar to that of the interdepartmental Advisory Council on a national basis.
Although great efforts are being made to meet the rapidly expanding needs of defense areas, it is a fact that serious shortages exist both in facilities and in personnel. These shortages were told about in a particularly illuminating way at the recent meeting of the directors of maternal and child health divisions of the various state departments of public health which was held in Washington, March 24 to 26. They were reiterated in written reports sent in later to the Children's Bureau. Insufficiency of personnel was almost universal among the states reporting. This lack was apparent both in number and in quality of all types of professional personnel that participate in public health programs. Of the 22 state health departments that sent in written reports regarding their needs, 18 reported that a total of 401 public health nurses were needed for their program. Six states reported that 61 graduate nurses were needed for clinics and conferences. Five states reported that the services of 18 nurse-midwives were needed; one other state mentioned such a need but did not give the number.

It is undoubtedly true that in certain defense areas, whether they be for army cantonments or for industrial plants, there is woeful lack of the basic services for the adequate care of mothers and children—in many such areas there are no prenatal clinics or child health conferences, or if such facilities are available they are so limited that they utterly fail to meet the need. The number of hospital beds is so inadequate that overcrowding results in below-safety standards which often imperil the lives of mothers and children. In addition, such general conditions as poor housing, lack of sanitation, unsafe water and milk supplies, overcrowded schools, and a low economic status have in many instances baffled the ingenuity of communities where attempts have been made to improve them.

The last reports of the medical examinations of the men entering selective service show that 43 per cent of the men examined were physically unfit for regular military service. A large part of the defects found were remediable, 45 per cent of them having to do with dental, eye, ear, nose, and throat diseases, and hernia. These are arresting facts and would indicate the need for careful scrutiny of our child health program. Many of the men being examined and rejected at the present time by selective service were born during or after the last World War.

These facts are a challenge to community groups throughout our country concerned with public health and medical care. Nursing services and nursing education share with these agencies the responsibilities for improving and expanding these programs on a nation-wide basis.

The National League of Nursing Education's Committee on the Education of Nurses in the Care of the Child has formulated an outline for an advanced course in pediatric nursing to meet the growing demand for nurses well qualified in the clinical aspects of this subject as well as in the growth and development of well children and parent education.

To be an effective part of the national defense program, community nursing services must be so organized that the available nurse power may be
utilized to its utmost. Systematic plans need to be put into operation for the integration of hospital-clinic and home-nursing services that will provide children with the kind of care needed for complete recovery and health protection.

Medical examinations of infants and children in clinics and in schools will not necessarily assure the correction of the physical defects found. Instruction of parents and accessibility of resources for care play an important part. An analysis of physical examinations of children may show a large number with similar defects; however, in each family the situation is different, and each child’s condition must be considered individually and each must be given care, guidance, and instruction in which the plans and wishes of the family are understood.

The present emergency calls for immediate and concentrated action in relation to problems created by industrial and military expansion, but this activity must be accomplished by unrelenting efforts to maintain and strengthen the safeguards that should surround families in normal times as well as in times of stress. This also calls for vigorous effort to protect the safety and well-being of the children through whom our ideals, our standards, and our values will be transmitted to future generations.

THE NURSE IN CHILD CARE—YESTERDAY AND TOMORROW

WINIFRED RAND, R.N., Instructor in Parent Education, Merrill-Palmer School, Detroit, Michigan

The story of our yesterdays is the story of how we grew, and the story of some of our most recent yesterdays is important to our consideration of the tomorrow for the nurse in child care. If we limit ourselves to the yesterdays since the last war, and it seems a natural thing to do in the face of our today and immediate tomorrows, we can trace a significant growth pattern in relation to the concept of child care which has already had its effect on education, on social work, and on nursing and which still must have its effect in the tomorrows which are ahead of us.

What were we as nurses saying and doing about children in those days just before and during the last war? We were not the only ones who were saying and doing things about children and what some of those other people were saying and doing was going to have its effect on us in the days to come. But in 1914-18 we were not knowing much, for example, about what the psychologist, the educator, the anthropologist, or the nutritionist was saying about children. We were to hear from them later.

In hospitals we had been learning how to take care of some of the diseases of children. Some of us had even been to schools of nursing in children’s hospitals and supposedly specialized in pediatrics. It certainly was pediatrics that was our specialty—not children. Some of those diseases which filled the wards of those days hardly exist now or if they do the treatment of them is doubtless different. In the summer time for example came an end-
less procession of babies with infectious diarrhea—no community was sure of a safe milk supply in those days. We often had bad cases of scurvy. Mothers boiled the milk to guard against infectious diarrhea and didn't know that their babies must have fruit juices. The Italian mothers did give their babies raw tomatoes but we told them not to! Our orthopedic wards were constantly filled with those children with the semi-circular extremities called bow legs—but we never gave cod liver oil! When asking about it in class once because I remembered the cod liver oil bottle of my childhood I was told that its only virtue was a disciplinary measure because of its foul taste! That it really did any good was just an old wives' tale.

We learned to care for diseases—we didn't really know how to care for children. The goal of health toward which we were supposedly working was hazy in our minds and if asked about it, we would have described it only in physical terms. However, by the time of the war, which called itself the World War as if that were to be its distinguishing work, nurses had become very active in the crusade to lower the infant mortality rate. Valiant and effective work had been done by 1914 and we went on with it in the years to come. A safe milk supply had to be provided at that time by the milk station for laws did not require it for all, and milk stations were to be part of the infant welfare program for some years longer.

A national organization was in existence, the American Association for the Study of Prevention of Infant Mortality—doesn't such a name date it! Can one imagine stopping long enough these days for a name of that length! Within a few years that organization was to become the American Child Hygiene Association and then through union with another organization, the American Child Health Association, a change in name which surely reflects growth and development in our thinking. The National Organization for Public Health Nursing had come into existence shortly before the war. We had become health conscious, not only concerned with caring for the sick and preventing deaths but concerned with promoting health. We had already been doing something for the baby and something for the school child and before the 20's the preschool child appeared upon the horizon. But in the reports and magazines of the health organizations of those war days we find papers and articles which would indicate that health still had only a physical meaning to us.

And then came the 20's—a decade whose significance to children can hardly be measured. In 1919, following the children's year, the Children's Bureau set up the following minimum standards for the protection of infants and preschool children:

1. Birth registration
2. Prevention of blindness
3. Sufficient number of child health centers for health instruction under medical supervision
4. Sufficient number of public health nurses to make home visits on infant and child needing care. To teach:
   - Value of breast feeding
Technique of nursing
Technique of bath, sleep, clothing, ventilation, and general care of baby with demonstration
Preparation and technique of artificial feeding
Dietary essentials and selection of food for the infant and for older children
Prevention of diseases in children.
5. Dental clinics, eye, ear, nose, and throat, venereal, and other clinics for treatment of defects and diseases
6. Children’s hospitals or beds in general hospitals or provision for individual and nursing care at home, sufficient to care for all such infants and young children
7. State licensing and supervision of all child caring institutions or homes where infants and children are cared for
8. General educational work in prevention of communicable diseases and in hygiene and feeding infants and young children.

These standards, you notice, have to do largely with physical welfare. But the 20’s closed with a White House Conference which adopted the Children’s Charter—a document which pledges itself to these aims:

1. For every child spiritual and moral training to help him to stand firm under the pressure of life
2. For every child understanding and the guarding of his personality as his most precious right
3. For every child a home and that love and security which a home provides; and for that child who must receive foster care, the nearest substitute for his own home.

And so on—under 19 headings, many of which, of course, have to do with physical welfare. Yet even those which have to do with physical welfare reflect an appreciation of welfare as an integration of all aspects of well-being.

It was in the 20’s that the Child Development Council of the National Research Council came into existence, that the National Council of Parent Education was organized. The 20’s might indeed be called a child-centered decade for during those years all those disciplines and professions that had begun to look at some aspect of the child began to draw nearer and nearer together—psychologists, anthropologists, biochemists, sociologists, nutritionists, educators, doctors, and nurses found themselves in each other’s company, for child development was the concern of all. There was a growing recognition of the child as a total organism, the various aspects of which are so closely related that no one aspect can be ignored. Parents began to receive a great deal of attention, not, I must confess, primarily because they were people who had their own individual needs but because they were parents, who were caring for children and so needed to be educated as to how to do it.

Nursing education did not go through that decade untouched by this quickening of concern for the child. It not only saw that the graduates of its schools were going out with the community in larger and larger numbers to take part in a constructive health program. It also saw that a health program was a total health program and that care of the child meant care of the whole child. To teach about the diseases of children as in the past was not
enough. It must now teach about children. This was verbalized in the White House Conference Nursing Report and in the early 30's the Committee on the Care of the Child of the National League of Nursing Education was organized.

If the 20's can be called a child-centered decade, the 30's may perhaps be called a family-centered decade, for more and more recognition has been given during those years to the importance of family life for the individual and hence for the growing child. In these years of growing international insecurity, security in the life of the individual—that security which may come through a sense of belonging to a family group—becomes increasingly important. We began talking about the importance of human relationships in all its aspects. Parents actually became husbands and wives and people too, as well as parents. They had needs as husbands and wives and people as well as parents.

And now today finds us in the 40's. What must we make of our tommorrow? What have we still to do to make the best use of what the 20's and 30's have taught us, for talk is always ahead of accomplishment and nursing education may still change greatly because of our yesterdays. Can we in our care of children and in our teaching about children be more sensitized to the emotional and social needs of the child, seeing his physical needs more nearly in relation to all his needs?

Have we placed our emphases where they had best be placed? The schools of home economics once placed enormous stress on the absolutely perfect loaf of bread and taught little about raison d'être of the home, the child. Today the loaves of bread may show some signs of individuality and there are also courses in child development. Have we in our schools of nursing placed too much emphasis on the perfection of techniques and taught too little of child development? Machines turn out models which are perfect and exactly alike but the vases fashioned by the artist craftsman are never exactly alike and never even absolutely symmetrical. True, basic principles must be met (even the vase must stand and hold water) but basic requirements may be attained without exact conformity in every motion. Nursing is a science but it is also an art and the quality of art, that stamp of the individual, must not be lost from it.

Can we not possibly review our teaching of pediatrics and see whether or not we are placing first things first? And is it not the child himself who, in his growing and formative years, is called upon to go through the experience of sickness who must come first? Techniques are only a means to an end and not the end itself. Yet it is easy to fall into the error of making them the end.

As I view the education of the nurse in child care, a little from the outside it is true, but possibly with a certain perspective which the long view gives, I would say that one of our greatest needs these days is for teachers and supervisors and other people in administrative positions in the pediatric departments who have had postgraduate courses, not in pediatrics and the dis-
eases of children, but in child development. Which, I am glad to say, the Committee on the Education of Nurses in the Care of the Child is planning for—and I look to a time when students may, within the hospital, see daily practice guided by the same principles which guide procedure in a nursery school.

But all this has to do with what the 20's and 30's have taught us and on which we have made a beginning. Have the 40's something for us to do? A rhetorical question, is it not, in the face of the grim realities of today. "A war to make the world safe for democracy"—Does that phrase ring a bell in the minds of some of you who have vivid memories of the last war or does it sound to those of you who are of the younger generation merely like a different way of saying "a war to save democracy"? Yet those two slogans are nearly 27 years apart. The war in 1914 did not in any way make a world that was safe for democracy but rather a world in which the few valiant attempts to make democracies were quashed. No, very definitely, the world was not made safe for democracy but rather a world ripe for the growth of the anti-democratic ideology in its various and violent forms. And so 27 years later we are again in a world at war and are mustering our forces this time, it is said, in order that democracy may be saved.

Yesterday concerned itself with something that really sounded altruistic—"A world made safe for democracy." Today the altruistic note is not there, only a cry to save democracy as something in great peril.

What is this democracy which is said to be in danger of being destroyed and which we are called upon to save, a political philosophy, an economic philosophy, a social philosophy, any one or all three? Can it endure unless it becomes all three? Our forefathers certainly left us the great heritage of a democratic form of government under which we have been living for well over 150 years. But what of our democratic growth in other aspects of life? Have we been guided in our economic and social living by a democratic philosophy? Look, for example, at education, at family life. For many a long year after the democratic form of government came into being the child grew up in the patriarchal family with no experience whatsoever in democracy and attended a school which in no way exemplified the democratic principle, but rather the opposite. What preparation was that for making him a citizen who truly understood the democratic principle? Is it then to be wondered that there are still so many weaknesses and flaws in our democratic form of government?

But we are called upon today to "save democracy" and we as nurses are called upon to do our part. What then can our part be? Twenty-four years ago one of the efforts proposed was "to save the lives of one-third of the 300,000 babies and young children who would die in 1918." If we accomplished that purpose, some of those thousands saved today fill our camps and prepare for war. How content does it make us to have our efforts of 1918 brought to such a pass? Shall we once again strive merely to save babies' lives that they may live to die in war, or can we do something more?
The answer, I would say is "yes" we can do something more. If truly desirous of saving democracy and making it really work, it must become for all of us a philosophy of life. It must permeate all human relationships and in that statement we find direction for the effort which we are to make. We who are here today represent a group concerned with education and especially with the education of the nurse. Can we accept as an essential aspect of education that it must be a process by which the individual through experiencing democracy is prepared for living democratically?

It is an accepted fact that with the growth of the democratic idea, and it has grown through the years, an increasing valuation has been given to human life. The effort to lower our infant death rate is one example of the increased value we came to put on human life.

Compulsory education is but another evidence of the importance we give to the individual. The individual matters and his very individuality is important. True he is part of a group (for democracy implies group organization) and as such he takes on part of the characteristics of the group, but he is also an individual and as such he will have characteristics which make him different from the group.

A few weeks ago I heard Dr. J. E. Plant of the Essex County Child Guidance Clinic of New Jersey speak of this need to be like and need to be different as one of the basic needs of childhood. He said we must strike the artist's balance between regimentation and individualism—certainly most of us want to be enough like the group not to be called "queer" and yet different enough not to be lost in the crowd (Dr. Plant's illustration of the choice in hats).

Does the history of education and especially the history of nursing education indicate an appreciation of this basic need of the individual which is inherent in the democratic principle?

Although education for the masses as expressed by the school system came into being as an evidence of the growth in the democratic philosophy it had existed to a certain extent for the privileged few over the centuries and it had certain characteristics because of that fact. The emphasis was on the acquirement of knowledge, knowledge was something that was to be attained only by a few and to be imparted by them to a selected group of the young. When the schools which are the forerunners of our schools today came into existence they were institutions for passing on knowledge, not institutions for learning to live. They were rigid, formal affairs in which regimentation was the keynote of the program and individualism was stamped out. Oxford University for example cast out the boy who was to write Ode to a Skylark because he didn't conform—he could not be pressed into a mould.

Is it to be wondered then that schools of nursing, coming to birth as they did in the Victorian Age, followed the pattern of regimentation? There are so many reasons why this should be so, the times, the attitude toward women as creatures that must be protected or even cloistered, the almost revolutionary character of the idea that women of culture should make of this business of nursing a profession, therefore, the necessity for being conservative where
one could, the importance of exactness in performance because one was dealing with human lives, and mistakes would seem to be inexcusable.

Yes, emphasis on regimentation in nursing education is to be understood even as one suggests the necessity for a certain shift in emphasis, a shift which occurred in general education some years ago and which showed itself first in elementary experimental schools. There, in the early years of the progressive education movement we saw such evidence of emphasis on individualism that the results lead some to absolute condemnation of the whole movement and others, among those who had faith in the new movement, to a realization that the right balance had not been struck. Some have never forgotten their early condemnation and still think of a progressive school as one where the children can do as they please. They are mistaken. Progressive education today is striving toward that artist’s balance between regimentation and individualism, toward a democracy where the individual pleases to do that which is for the good of the group.

Can the nursing schools of tomorrow do anything better as their part in a defense program which is to save democracy than to become centers of progressive education, than to accept democracy as a philosophy of life and to live democratically? There is so much in our nursing setup which is based on a militaristic organization, and the militaristic organization is autocratic, is it not? Do we really need to be quite as autocratic as we are? Our student nurses are people. We want students who are intelligent people, not automatons. Automatons work best under a dictatorship. People work best in a democracy. We have then a heritage of regimentation. We have, too, the example of the early progressive schools to show us the fallacy of complete individualism and lack of restraint. Ours, then, is the opportunity to work out in our schools and hospitals the artist’s balance between regimentation and individualism.

Membership Rally Luncheon

Thursday, May 29, 12:15 p.m.

Presiding: Edna S. Newman, R.N., Chairman, Committee on Membership Campaign.

After luncheon was served brief, inspiring talks were given by several chairmen of state membership committees or their representatives. Miss Lolla Mae Goggans, R.N., of Florida, Mrs. Faye Brewick, R.N., of South Dakota, and Miss Margaret McKenzie, R.N., of New Jersey, spoke on How We Achieved a High Percentage of Membership Gains from 1935-1940. Sister Andrew, R.N., of Ohio, and Miss Lilian Leeson, R.N., of New York, spoke on Checking on Lapsed Members. Miss Frances Purdy, R.N., of Pennsylvania, described their Continuous and Systematic Membership Campaign.

Certificates of Honor for 100 per cent faculty membership in the League were presented to the following schools:

Florida—Orange General Hospital School of Nursing, Orlando
Georgia—Emory University Hospital School of Nursing, Emory University
Illinois—Department of Nursing, University of Chicago, Chicago
Iowa—Broadlawns Polk County Hospital School of Nursing, Des Moines
      Iowa Methodist Hospital School of Nursing, Des Moines
      St. Joseph’s Mercy Hospital School of Nursing, Sioux City
Michigan—Butterworth Hospital School of Nursing, Grand Rapids
      Department of Nursing, College of Liberal Arts, Wayne University, Detroit
      Hackley Hospital School of Nursing, Muskegon
Minnesota—Ancker Hospital School of Nursing, St. Paul
      Asbury Hospital School of Nursing, Minneapolis
      Charles T. Miller Hospital School of Nursing, St. Paul
      Northwestern Hospital School of Nursing, Minneapolis
New York—Deaconess Hospital School of Nursing, Buffalo
Ohio—University of Cincinnati School of Nursing and Health, Cincinnati
Pennsylvania—Moses Taylor Hospital School of Nursing, Scranton
      St. Luke’s Hospital School of Nursing, Bethlehem
      Scranton State Hospital School of Nursing, Scranton
Rhode Island—Homeopathic Hospital School of Nursing, Providence
Tennessee—Division of Nursing, George Peabody College for Teachers, Nashville
      Vanderbilt University School of Nursing, Nashville
Texas—McKinney City Hospital School of Nursing, McKinney
Virginia—Stuart Circle Hospital School of Nursing, Richmond
      Virginia Baptist Hospital School of Nursing, Lynchburg

Round Tables

Thursday, June 29, 2:00 p.m.

Round Table on the Preparation and Status of the Nursing Arts Instructor

Presiding: Virginia Henderson, R.N., Instructor, Division of Nursing Education, Teachers College, Columbia University, New York.

Participants: Ruth Harrington, R.N., Helen Penhale, R.N., Mildred Montag, R.N., Florence Brenner, R.N., (Secretary), Virginia Henderson, R.N.

The discussion was opened by the chairman, who introduced the participants and stated the purpose of the round table. The hope was expressed that the discussion would help to throw light on the questions (1) Who should teach the nursing arts? (2) What preparation should nursing arts instructors have? (3) How should their status be determined? (4) How much teaching time is required per student in the first nursing arts course?

These questions were further elaborated as follows:

1. In the light of studies which show that a large proportion of the teaching of nursing arts throughout the curriculum is done by head nurses and supervisors, is there any justification for speaking of the nursing arts instructor; is there reason to believe that the planning and execution of nursing courses should be a cooperative process carried out by all members of the nursing faculty and staff concerned with it?

2. Should all those who teach nursing courses be prepared as experts in their particular clinical field and as teachers? Is there any reason to believe that the instructor in charge of the first nursing course should be exempt from the
requirement of clinical expertness? Is there any reason to believe that the methods of teaching in the various nursing courses should differ? Is it true that all instructors need a strong science background and that all should be prepared to develop health concepts and present the preventive, as well as therapeutic, aspects of nursing?

3. If schools are taking in one class a year, is it not reasonable to have the instructors who teach the first nursing arts course continue to teach these students in the medical and surgical nursing courses? Would it help to bring about cooperation between the teaching and service staffs to have instructors assigned to particular clinical divisions so that they can be thoroughly familiar with patients and with service problems? Would it not be logical to have the instructor in charge of the first nursing arts course relieved of guardianship in the medical and surgical divisions during summer vacations?

4. What determines the “status” of instructors in a nursing school? Should the responsibility for planning courses, the authority, the salary, and living conditions of all instructors in charge of courses be on a parity? Should the minimum and maximum salaries for the sciences and the nursing courses be the same with consideration given to preparation, ability, and duration of service, as is usual in colleges and universities?

Miss Harrington made the following points in answer to the questions raised by the chairman.

The work of the instructors of the first nursing course and subsequent courses differs in degree rather than in kind. Since there are more new skills taught in this course than in subsequent courses, more time must be devoted to the kind of teaching required for the development of skill. Instructors of the first nursing course use the nursing laboratory constantly; the instructors of subsequent nursing courses use the “human laboratory” (the clinical divisions) almost entirely. Actually, a more careful analysis should be made of each skill to see whether it can be demonstrated and practiced in the classroom or whether it must be taught and learned in the clinical divisions. All instructors should have access to, and be able to use effectively, the nursing arts laboratory and the clinical division.

There seems no reason to believe that the preparation of the instructors of the various nursing courses should differ except in their familiarity with the particular clinical field in which they teach. Instructors of the first nursing course should have special preparation in medical and surgical nursing. Actually this first course might be called An Introduction to Medical and Surgical Nursing. All instructors should be competent nurses. “It is a fallacy to put anybody in a teaching position in the nursing arts who is unable to work skillfully and get along well with patients and other workers.” Competence in teaching should also be a requirement; ability to “put across” information, familiarity with underlying principles, and ability to help others explore scientific fields.

Status and rank are more satisfactorily defined in university than in hospital schools. Some of the dissatisfaction and confusion that exist in our schools may be the result of our failure to define the responsibility and authority of instructors and those in administrative positions on the patient-service side. Perhaps the suggestion that each instructor be assigned to a
special clinical division would help. It would seem that the rank of the instructors of the basic science and nursing courses should be the same. While the minimum and maximum salaries should be the same, the salary for each individual would vary within this range according to preparation, length of service, etc. Exceptions might be made for persons of outstanding ability. Science instructors have commanded higher salaries than nursing instructors in the past because it has until recently been assumed that the latter group needed no special preparation for teaching. This is no longer true, and since as good preparation is now demanded for one group as for the other, salaries and privileges should be put on an equal basis.

Miss Harrington emphasized the desirability of having curriculum and course planning done by committees rather than by an "educational director." It was recommended that the director of the school be in charge of the educational program and that the position of "educational director" be discontinued in order that a more democratic form of organization may be developed. The chairman of the "coordinating committee," as it might be called, could be elected annually, and the office should probably be a rotating one.

Miss Penhale gave a brief report of a study to determine the amount of teaching time required by each student in the first nursing arts course. The content of the course as outlined in the curriculum was analyzed and an activity analysis prepared. Opposite each activity were columns headed: A. Community (1) individual instruction, (2) group instruction; B. Clinical Division (1) individual instruction, (2) group instruction; C. Laboratory (1) individual instruction, (2) group instruction. A group of 10 nursing arts instructors decided in which place each activity should be taught and whether individually or in a group. An estimate was made of the teaching time required per student for each activity. The total teaching time took into account the hours required for organized lectures, demonstrations, etc. given to the whole class. The result of this study was the conclusion that if the course was taught as planned in the Curriculum Guide, and if each instructor worked for a 40-hour week, the ratio of instructors to students would be 1:5. This shows that there is a good deal of justification for the feeling that exists among nursing instructors in charge of this course that they are "over-worked," and that this course cannot be taught satisfactorily unless they have the cooperation of head nurses and supervisors.

Since Miss Montag was not able to be present, the chairman gave a digest of her paper on the preparation of the nursing arts instructor. This was based on a study made by Miss Montag several years ago. The first part of the study was a comparison of the preparation of teachers in the general field of education and in nursing. In general education there is a tendency to put teacher education (or normal schools) on a college level and to require a master's degree for teaching in high schools. Even taking into consideration the improvement of preparation of teachers in schools of nursing as shown by studies such as Nursing Schools—Today and Tomorrow, it is
obvious that we have not established as high standards as those in the general educational field. Through conferences with more than a score of nursing arts instructors, Miss Montag found that they thought practice teaching to be possibly the most helpful single factor in their preparation. It was urged that this experience be made available to teachers whenever possible and that teaching internships be established in connection with teacher-training programs. Miss Montag made a plan for thorough grounding in the basic sciences and especially recommended that the instructor be a clinical expert and competent in the use of fundamental teaching methods.

Miss Penhale was asked by Miss Agerter whether the time estimates used in her study were based on time studies. Miss Penhale said no, that none were available and that while the Pfefferkorn and Rottman study might be helpful, it could not be used finally because it represented only one situation. She brought out the fact that the estimate made in her study was the minimum time required, since only one practice per student was allowed for each procedure or activity.

Miss Harrington was asked by Miss Brackett what she thought caused the nursing arts instructor to feel like an outsider on the clinical division. Miss Harrington thought this might be because she was unfamiliar with the service problems and that attaching her to a particular clinical division might relieve this situation.

Mrs. McClelland raised the question as to whether all instructors would be prepared to assume leadership as chairmen of committees. It was urged that this system be used in spite of difficulties as a means of educating the staff.

In summarizing, the chairman listed the following points made by participants in the round table.

1. The nursing arts, because of the number of hours required for group and individual instruction, must be taught by a large group of instructors, supervisors, and head nurses. It creates the wrong impression to speak of "the nursing arts instructor."

2. Each nursing course taught in a clinical division (including the first nursing course which is taught in the medical and surgical divisions) should be cooperatively planned by all members of the staff concerned with its execution.

3. Attaching each instructor of nursing to a particular clinical division would tend to make her more clinically expert and would further cooperation between instructors, administrators, supervisors, and head nurses. Instructors of the first course are possibly the logical members of the staff to relieve medical and surgical nursing supervisors during vacation periods.

4. Methods of teaching suitable for use in all nursing courses are similar. The amount of laboratory practice required in the first course may be greater than the subsequent courses, but there is no essential difference between the way in which introductory nursing arts and the later courses are taught. The preparation of instructors of the nursing arts courses should be similar except that each should be clinically expert in the care of patients found in the clinical division or divisions in which she teaches. Teachers of nursing are probably not as well prepared as teachers in general education, and standards should be raised as rapidly as possible.
5. The status of the instructors in charge of courses in the basic curriculum should be the same. Authority should be given with responsibility and each should be clearly defined. The minimum and maximum salaries for all these positions should be the same. Individual salaries should be based on preparation, experience, ability, and length of service in the institution.

ROUND TABLE ON PREPARATION FOR ORTHOPEDIC NURSING

Presiding: Carmelita Calderwood, R.N., Clinical Instructor in Orthopedic Nursing, Children's Hospital, Denver, Colorado.
Participants: Lucy Germain, R.N., Norma Pfrimmer, R.N., and Katherine Allen, R.N.

The Secretary, Miss Bernadette Banker, R.N., Sigma Gamma Hospital School, Mt. Clemens, Michigan, gives the following report on the round table.

The Possibilities for Integration of Orthopedic Nursing Throughout the Hospital Field were discussed by Miss Lucy Germain, Field Representative of the American Journal of Nursing. She emphasized the fact that orthopedic nursing is the practice of good nursing, planned according to the needs of the patient who has an orthopedic condition, either actual or potential. She pointed out also that the first aim of the nurse is to assist in a program that will give the greatest return to the patient as he takes his place in the social order. She explained that the preparation of the student in orthopedic nursing must include an integrated and coordinated program, and that to do this, we must use as many facilities as we can find both in the hospital and the public health field. To do this, there must be in charge of the orthopedic nursing service an instructor who will utilize every opportunity for teaching in all the services where orthopedic conditions may be observed.

Integration of Orthopedic Nursing in the Generalized Public Health Nursing Program Through an Official Agency was discussed by Miss Norma Pfrimmer, Assistant Consultant in Orthopedic Nursing, National Organization for Public Health Nursing, New York City. Miss Pfrimmer emphasized that we must recognize that orthopedics must be considered a part of the general public health nursing program since orthopedic patients and potential orthopedic patients are present in all services. She pointed out that the local nurse is the logical person to do this integrating. The responsibility of the orthopedic nursing consultant is to assist her in obtaining a good understanding of orthopedics and her function in the program. She dwelt briefly on the fact that there is a definite problem confronting the public health nurse, due to sluggishness in coordination between hospital and home, and suggested conferences between the two groups as being one way of obviating this difficulty. Concluding, she presented the question to the group as to whether our present courses in orthopedic nursing are actually giving public health nurses the scientific knowledge and practical experience necessary to equip them as nursing consultants to skillfully guide and develop such programs.
The Integration of Orthopedic Nursing in Urban Agencies was discussed by Katherine Allen, R.N., Instructor in Orthopedic Nursing, Teachers College, Columbia University, New York City. Miss Allen contrasted the problem of many agencies and the danger of over-specialization to lack of facilities and dearth of people prepared for the specialty. She compared the highly skilled orthopedic personnel with limited experience in the general field to the personnel trained to see the application of the specialty in all fields. The matter of division of responsibilities between generalized and specialized staff was considered, as well as the importance of possibilities of application of orthopedic nursing in the generalized service. The specialized service and its possibilities were also considered, and cooperation between the two suggested through the following methods:

1. Placing the orthopedic nurse with the group in general service for stated hours
2. Careful interpretation of the purpose of such an arrangement
3. Selection of an orthopedic nurse who understands well interagency relationships as well as the policies of her own agency
4. Pointing out of opportunities for conferences
5. Recording of conference material and exchange of examples between stations and offices.

Discussion from the floor was brief due to lack of time. Miss Lehman of Western Reserve University briefly discussed the philosophy behind course planning in orthopedic nursing courses at that university.

Miss Naomi Deutsch commented briefly and favorably on the discussion and pointed out how important the whole problem of orthopedic integration had become in both hospital and public health fields.

ROUND TABLE ON PSYCHIATRIC NURSING

Presiding: May Kennedy, R.N., Chairman, Committee on Mental Hygiene and Psychiatric Nursing.

Participants: George H. Stevenson, M.D., and Mrs. Louise A. Meyer, R.N.

Miss Kennedy expressed disappointment at the small attendance as compared with previous meetings. She stated that though progress had been made, there were still too many positions for nurses in mental hospitals unfilled and added that psychiatric nursing should not be considered a specialty but a required part of all undergraduate courses. She stressed the importance of heeding this need, particularly at this time of world stress when the psychiatric aspects of illness are becoming increasingly significant, and urged that every effort be made to get administrators, alumnae associations, and boards of trustees to make it possible for more and more students to have this experience. Superintendents of mental hospitals are interested not only in securing well-prepared nurses, but also in nursing education as shown by arrangements that have been made at considerable cost to provide affiliate
and postgraduate courses. Often after these courses have been organized, general hospital administrators have not availed themselves of the facilities.

Dr. George H. Stevenson, Superintendent of the Ontario Hospital, London, Ontario, Canada, and formerly President of the American Psychiatric Association, discussed the problem under the title Nursing in Our Mental Hospital—As Seen from the Inside by an Administrator.

Dr. Stevenson stated that though these hospitals were supported by taxes, they were given little attention by the public except when certain defections were aired in the newspapers, particularly at election time. He gives the timely warning that in our interest in the defense program we should not forget sound fundamental principles because of the emergency.

According to Dr. Stevenson the mental element in physical diseases constitutes between 50 and 75 per cent of the physician's work. He suggested that the time had come for a change in nomenclature. Mental hospitals should be considered hospitals for delirious people and instead of thinking of schizophrenia, paresis, etc., we should think of schizophrenic deliriums, paretic deliriums, and so on. He added that the general hospital prides itself on the short stay of the patient, but that mental hospitals often have to provide care for the delirious patient over a period of many years. He believes that prognoses for these delirious patients may be a handicap through attitudes which tend to stultify medical and nursing care. This should be a challenge demanding the very best efforts of every member of the medical and nursing staff and calling for a highly trained personnel. It is taken for granted that the physician has had a general medical background before specializing; the nurse, too, should have sound preparation in general nursing before specializing. A director of nursing should have charge of all nursing in the hospital, not just certain divisions. Often the men's division is left to the nonprofessional worker. Men are entitled to as good care as are the women. The registered male nurse has an important place in these hospitals.

He advocated that every ward be headed by a registered nurse. Unrecovered patients, he says, are entitled to this; they are our failures.

In the discussion of subsidiary workers Dr. Stevenson states that this group, many of whom do excellent work, have an important place in the mental hospital, and, because of the duties they perform, need some form of training. He is, however, strongly opposed to any form of training that might tempt this group to call themselves psychiatric nurses, or that would lead to competition between the two groups. He adds that there can be no such person as a partially trained specialist. He objects to the issuance of diplomas, or to licensure for the attendant, and believes that duties should be definitely defined and limited and be under the direct supervision of graduate registered nurses.

In his recommendations for the course of instruction for the attendant group he advocates that nothing in the line of the sciences and the technical skills be included. He suggests a period of orientation in which the attendant is given some of the underlying principles of mental disease so that he
will appreciate the high privilege of assisting professional nurses in caring for these patients. Courses in home nursing and first aid should be included.

Mrs. Louise Allen Meyer, Nursing Adviser, Department of Public Welfare, Springfield, Illinois, in her paper on Nursing in the State Mental Hospital reemphasized many of the statements made by Miss Kennedy and Dr. Stevenson, and added that, in view of the general shortage of staff nurses, an organized effort should be made to improve the limited staff of every psychiatric hospital through a well-planned staff educational program, and suggested the following themes: (1) Ward management and teaching; (2) The care of the aged; (3) A review of psychiatric nursing.

To bridge the great gap between the small nursing staff and the patient population the Illinois program for in-service training includes 60 hours of formal instruction and 20 hours of ward teaching for the large attendant group employed.

The material as outlined by Mrs. Meyer is divided into four units. Unit I is considered the orientation period and is devoted to a discussion of the attendants' attitude toward the entire hospital program. Unit II deals with the attendants' part in assisting with the personal care of patients. Unit III covers the topic of household management, and Unit IV includes a discussion of the human organism and its psychiatric disorders with an explanation of the attendant's approach to patients with whom he comes in contact. Much emphasis is laid upon the ideals and attitudes, so necessary in the development of a good attendant. An effort is made to impress the attendant with the importance of his place in the hospital organization. Mrs. Meyer feels that with a thorough understanding of his relationships and responsibilities the attendant will proudly assume his proper place in the ward program and will not be resentful of the title "attendant." The words "nurse" and "nursing" are carefully avoided in the teaching program. The terms "attendant" and "attendant care" are stressed in the effort to clarify the subsidiary worker's part in the care of patients.

A standard system of service rating for all personnel is now in use in Illinois' 11 psychiatric hospitals. The plan is a combination of the graphic and narrative methods and should furnish a clear picture of each nurse's and attendant's performance on the job. With the use of the service rating system Mrs. Meyer believes it should be possible to determine what the educational needs of both nurses and attendants really are, and states that in the future the in-service program can be planned on a more concrete basis.

In connection with the problem of securing an adequate number of nurses with which psychiatric hospitals not maintaining approved schools are confronted, Mrs. Meyer asked the following questions, the answers to which she stated should point the way to solution: Where does the responsibility of preparing an adequate number of nurses to meet community needs lie? Is it the problem of the individual hospital and its community, or is it the problem of the nursing profession as a whole?
ROUND TABLE ON COURSES IN WARD TEACHING AND SUPERVISION

Presiding: Marie Farrell, R.N., Instructor, Division of Nursing Education, Teachers College, Columbia University, New York.

Participants: Margene O. Faddis, R.N., Margaret Crump, R.N., Marion Wright, R.N., (Secretary), Lula Wolf, R.N., and Sallie Mernin, R.N.

The topic was introduced by Miss Farrell.

At the session on Monday evening, Miss Goostray reported that a discussion of clinical education was on the program when the League met in Detroit in 1902. It appeared again in 1924. We are still at it in 1941. Perhaps at no time in the history of nursing education has it been more important than now. We have never thought that good nursing could be taught in the classroom alone. As an applied art and science, it requires continuously and consciously directed educational effort.

Miss Stewart has told you the estimated increase in student enrollment for the coming year if the numerical nursing needs of the country are to be met. You have heard of some of the difficulties which accompany the carrying out of refresher courses. Many of you are aware of the difficulties which are existent in providing adequate nursing service commensurate with the quality discussed this morning and yet within the reach of contracting hospital budgets. Should these problems and their solutions be considered as related to an emergency situation growing out of possible world events? Or should we consider what is essential when the immediacy of the present situation is over? Can the immediate and future problems be met by persons who are students today, head nurses, supervisors, and instructors tomorrow? Can we do the things which need to be done unless the clinical teachers are well prepared and qualified to engage in clinical teaching? Can we do it with a group of people in minor executive positions who do not know how to apply the principles of management to obtain effective quality service as economically as possible?

How far have we come since 1902? Where are we now? What is the next step? It will be impossible to answer all of these questions in the brief time allotted to us, but we shall attempt to answer each of them in part.

Miss Faddis' remarks follow. The following functions may be allocated to the head nurse, the ward instructor or the supervisor, according to the administrative pattern set up or according to the particular qualifications of the personnel in different institutions. For the purposes of brevity, they will be discussed as belonging to the head nurse, since that is probably where they appear in practice with the greatest frequency. These functions are (1) junior executive in the hospital nursing unit; (2) coordinator of the activities of the hospital nursing unit; (3) clinical teacher in this unit.

The types of courses organized for the preparation of the head nurse fall in two main categories, namely, pre-service and in-service. A hospital may provide courses to develop its head nurses or to prepare staff nurses for promotion; universities and colleges may offer courses or a group of courses to
inexperienced or experienced graduate nurses; these courses may be offered with or without field work; institutes and extramural courses are also available. Courses without supervised practice in the actual situation cannot possibly develop the skills and other characteristics which are essential for the preparation of a good head nurse. They are at best only a makeshift, but they do develop understanding, attitudes, and knowledge which will serve to guide the head nurse in her early experiences in carrying out the functions mentioned previously.

The central aim for such courses might be said to be, "To develop an understanding of the managerial and teaching functions of the head nurse and the means by which these functions may be performed most effectively."

The contributory objectives would then be:

1. To develop new interests, aspirations, and the power to sense new values, both individual and social, within the scope of the position of the head nurse.
2. To study the role which various workers, especially the head nurse and other personnel in her unit, have in helping to perform the function of the modern hospital.
3. To consider principles which are fundamental to successful administration and to effective direction of personnel.
4. To develop an understanding of the factors involved in effective function of the physical unit.
5. To consider factors which determine effective nursing care of patients and ways and means by which it may be accomplished.
6. To consider the function of the head nurse in teaching personnel and patients, and means by which this may be accomplished.

Very definite problems are found at present in conducting courses for this group. There is a wide variation in the abilities of the individuals who take such courses, whether in-service, pre-service, or post-service, which makes a difficult teaching situation. Some students take the course because their positions are dependent upon it rather than because they themselves have a deep feeling of need for it. They come with but slight interest and even definite antagonisms, scarcely conducive to sound learning. Some of these are entirely lacking in promise, which goes back to the problem of vocational guidance. Aside from those who have no potentialities or aptitudes for these functions, it would seem to be the responsibility of some institutions, for the present, at least, to meet the needs of the many variables, so that the job which is going to be done anyway will be done better. For many of us it is a problem of improving what we already have. It is, therefore, necessary to make the course understandable to the group being served. One way in which to do this is to ask the members of the group to bring in actual written problems, out of their own experiences, centering the subject matter discussions around these vital interests.

Another inhibiting factor is the rapid turnover in the head nurse group. Perhaps one of the reasons for this is the lack of monetary recognition given to this position. Instead of being considered as a stepping stone to something else, the position should be made one of dignity and worth in its own
right in order to attract able persons into this field and to provide sufficient all-round satisfaction so that they will have the desire to continue.

Miss Crump outlined the way in which one faculty group worked cooperatively together to organize a curriculum for the pre-service preparation of the head nurse. The five persons chosen as the committee were all instructors in different clinical specialties in the curriculum, but they also had certain functions of supervision in the hospital situation. Carrying out these functions meant that each one of them was in constant contact with the problems in the practical situation. Although this curriculum has been developed for the university situation, the methods used might easily be adapted to the hospital school. The director of the university school of nursing acted as a consultant.

The first task which confronted the committee was to study curriculum construction so that the plan would follow sound curriculum practices. Each committee member worked independently on different phases of the program. They met frequently enough, however, to discuss the findings and to develop the final plan. This meant making compromises at times or finding new approaches so that bias or opinion would not obstruct critical and objective thinking. The working out of the plan was a highly educative experience for the entire group.

The objectives which were finally reached might be summarized as follows:

1. To acquire more social and intellectual skills to deal more effectively with the patients, the hospital personnel, and the community.
2. To develop a broader knowledge of clinical and related subject matter fields from which to select experiences and situations of both educational and practical significance.

In order to achieve these purposes, the committee felt that certain principles of learning were particularly important.

1. Learning tends to be more effective when the student actually participates. Therefore, the amount of participation set up as a minimum was 15 hours of practice in the head nurse field under adequate supervision for a period of 11 weeks.
2. Learning tends to be more effective when interest is sufficiently deep to promote effort and to encourage self-activity in learning. Therefore, it is essential to understand student interests and motives in order to individualize the program to meet felt needs.
3. Teaching includes the understanding of educational principles and the application of them. Therefore, it is essential to insist upon certain prerequisites which will provide basic understanding.
4. Learning develops attitudes. Therefore, it is important to make provision for the development of those attitudes which are significant for creative teaching and learning.
5. Education takes cognizance of where individuals are at a given time. Therefore, it is essential that the initial plans meet immediate needs but that these plans be sufficiently flexible to provide for extension as rapidly as possible.

The prerequisites decided upon by the committee were:

1. A basic professional course comparable to the basic course in nursing at the University of Wisconsin
2. One year of practical experience as a private duty or staff nurse
3. Educational psychology before the course in ward teaching.

The committee not only wrote out what, in retrospect, they felt their own needs were as head nurses, but they interviewed the hospital head nurses in order to include common problems in the content of the curriculum. The courses given in other similar types of schools were examined also for content, sequence, and methods. Some of the suggestions made were the need for orientation to a job; plans for educational programs for student nurses in the clinical situation; the methods by which the increased demands of the medical staff, requiring nurse assistance with medical research, might be met; some way of assisting with nurse-relative relationships and nurse-patient relationships including intelligent handling of the health teaching and social situations; and the means by which an increased knowledge and awareness of the problems of follow-up in patient care might be adequately met and handled.

The head nurse group themselves felt that they needed advanced work in their clinical specialities and related fields, actual participation in professional organizations to widen professional understanding, as well as courses in ward teaching and ward management.

The proposed program eventuated in the following courses: basic educational sociology and psychology, history of education, preventive medicine and health, ward management and teaching, and electives to increase breadth of background.

Miss Wright said that the in-service program for the head nurse and supervisory group at the Harper Hospital varies each year according to the felt needs of the group. It is planned by a representative committee of the faculty. The chairman is elected by the group who then selects her own committee subject to the approval of the entire group.

The program this year began with a study of "Our Town" by Sylvia Perkins in the American Journal of Nursing, December, 1938. This led to the development of a program focussing on the public agencies in the community, public health, social and civic; the unique functions of these agencies; and the relationship between the voluntary hospital and these community agencies.

To develop a coordinated program offered difficulties. Outstanding speakers came from the nonofficial and official agencies, bringing with them pamphlet material for distribution. They were most interested and cooperative. In order to fit his unique contribution in without unnecessary overlapping or undue gaps, each one wanted an overview of the total plan. A further attempt at coordination was made through the introduction of the speaker, tying the immediate subject up to that presented the previous week. At the end, the chairman, in summarizing, attempted to bring the subject into a unifying relationship with the hospital situation.

The head nurse and supervisory group feel that they are much better able to understand the total health program in the community and the nation
and their own relationship to it. They have a closer understanding of patients' needs and how to meet them. They are aware of the need for a better preparation in nursing and health in the family if they are to meet the health needs of the hospital patients adequately.

A few of the topics presented were: The work of the Children's Aid Bureau; History and work of the recent Poliomyelitis Commission in Michigan; Survey of federal, state, and local health organizations; Social hygiene care as given by the nurse; Food handlers' clinic; Social security; Comparison of public and private social and health agencies.

Miss Wolf said that regional conferences are the dual responsibility of the League and the university, but the initiative should come from the League. In Tennessee, the head nurses asked the State League of Nursing Education for some assistance with problems of ward teaching. The curriculum committee of this organization assumed the responsibility for getting the assistance of the university in meeting the problem.

In planning institutes around the executive and teaching function of the ward, it was decided that it was essential to (1) give the head nurses or ward instructors hope, so the institute presented solutions which were within the possibility of accomplishment for those who would attend; (2) consider the amount of time which these persons could devote to ward teaching in their respective situations so that discussions and demonstrations would point up the kind of teaching which would be feasible; (3) provide visual aids in sharpening understanding of what is meant by ward teaching so that the group would have something concrete to take away; and (4) limit the size of the group to that which could profitably be accommodated. For this reason, it was limited to 35-50 head nurses the first year.

The program was built around the fact that the head nurse must be taught to integrate the social and health approach with the curative aspects of nursing care. In considering the plan for the institute, the problem arose of how to meet the individual need of these persons in relation to their specialties. For a part of the institute, the group was divided in the areas of specialization such as pediatrics, obstetrics, etc., and these were handled by clinical specialties. It was important, also, to be sure that each person who attended the institute could attend the whole series as a definite progression of sequence was planned.

To insure the meeting of individual needs, demonstrations were followed by conferences, group and individual, to clarify any misapprehensions and to discuss problems raised. One such institute covered problems in teaching; discussion of equipment, old and new; care of equipment; student nurse teaching or mothers' classes and parents' classes. The last session was in the form of a round table and forum to bring the whole institute together through a discussion of the planning of personnel on the ward to facilitate teaching and learning.

The institute was built on the fact that these head nurses are responsible for all three functions, administration and organization of the hospital nurs-
ing unit, coordination of services, and education. Good planning is essential if the work is to run smoothly and if there is to be time to teach. Suggestions were given for the development of bibliographical references to increase individual learning through more effective use of library resources. Where the head nurse did not have time to teach and supervise the practice of the student, suggestions were given for the use of a card file which would indicate the most significant factors to be considered in caring for the patient with a given disease condition and the kind of teaching which he should receive.

The educative use of the blackboard and the bulletin boards was presented as devices which would supplement the teaching and which could be carried on with a limited time budget.

Miss Mernin believes it is better to talk of functions rather than talking of the head nurse or supervisor, since the allocation of these functions is variously distributed under differing administrative patterns. As yet, the titles do not necessarily define the functions, except in a few organizations.

The points presented speak for an in-service program built around a curriculum which will provide us with better qualified personnel to carry out the essential functions. Instead of limping along and working with what we have, it is now time to be foresighted and center attention on the problem of long-term planning to develop these well-qualified persons who are needed. We should carefully select graduate nurses who have the potentials and capabilities for these functions and prepare them. It is time to develop an interest in improving and upgrading these important positions.

Selection should pick graduate nurses who are themselves good nurses with aptitudes for becoming good teachers of students of nursing. The preparation of good nurses requires sound clinical teaching done by persons capable of and prepared to teach.

It is essential, too, to make a selection of persons for these positions from those who have well-balanced personalities and the capacity for further growth and development. They should be able to get satisfaction themselves from doing well this kind of a job.

Although we have gone along in the past using persons for these functions, who have picked them up on the job successfully or unsuccessfully, what we now need are people who are adequately prepared for them. We need better pre-college vocational guidance on the part of the basic nursing schools and employing nursing organizations to help with a more careful selection of those who should carry these functions. We need careful selection on the part of the colleges and universities preparing them. We need to pick a few capable young people, encouraging them to continue their preparation and helping them with long-term plans which will make that preparation well rounded and broad, as well as deep. They should know that in order to teach, they have to know something about what they teach. The knowledge of their clinical specialty should be extended well beyond that of the basic course or what the general staff nurse has. Their basic
course should have been secured in a good school of nursing. They should be cognizant of positive health aspects of nursing as well as curative.

They should know a good deal about the system of general education and the principles and philosophy of education in a democratic society, and they should know where nursing education fits into the total educational structure. They should have an understanding of the development of nursing education, how it got where it is and what the trends are now.

In order to carry on a teaching program, they need an understanding of educational methods and the principles of psychology which apply to effective teaching and learning. If they are to help people to learn, they need to know what teaching is. These are all basic to the functions mentioned above. The time has come when we must have more well-prepared nurses, and this means well-prepared clinical teachers.

ROUND TABLE ON WRITING OF PERSONNEL REFERENCES


Participants: Anna L. Tittman, R.N., Edna B. Groppe, R.N., Marguerite Wales, R.N., and Ellis J. Walker, R.N.

Miss Tittman spoke on the Objectives of Good Reference Writing and pointed out that as yet we have no reliable accessible substitute for references. Personal interviews are not always possible nor are they always reliable because we have not perfected our skills in interviewing. Fairness to the individual and at the same time fairness to the field of service should be the objectives of reference writing.

Various devices, such as the reference form or rating sheet, and the setting up of these so as to require a minimum amount of time on the part of the person filling them out were discussed. The mere checking of traits was considered unsatisfactory, especially if not accompanied by narrative qualifying statements.

Miss Tittman said that studies and a wide experience indicate that the following are characteristics of good reference writing:

1. Form and expression
   a. Group opinion, if possible, to obviate the element of bias
   b. Narrative in form
   c. Clarity and conciseness in expression, free from vague terms and generalities and hearsay evidence
   d. Frankness (possible because statements are confidential)
   e. Fair discrimination in evaluation.
   f. Balance in amount of space given to specific traits according to their importance
   g. Strong and weak points listed separately
   h. Three-fourths to a full page, preferably typewritten (employers show a definite aversion to long references)
2. Content

a. An evaluation of the subject in the situation where observations were made, not an opinion of how she may fit into a specific kind of situation elsewhere or in some other type of nursing work; in other words, it should be free from prophecy and should describe traits as demonstrated, leaving the judgment as to potentialities for a prospective position to the prospective employer, or to the agency.

b. A confirmation of dates of employment

c. A statement of the administrative relationship of the writer to the subject.

d. A brief statement of the title and responsibilities carried in the position held

e. A discriminating statement of traits of personality and performance as expressed in activity—these could well cover major headings of personal appearance, culture, health (physical and emotional), scholastic achievement, character, technical nursing skill, teaching ability, executive and supervisory ability, professional interest, etc.

f. A statement of degree of success or failure in overcoming weaknesses, under guidance, i.e., whether progress was made and under what conditions.

Miss Edna Groppe talked about the Relation of Reference Writing to Student Records and her remarks covered the fact that records have been incidental to the whole program of schools of nursing, when the director was oftentimes also instructor, or when the school could boast of but one instructor. She pointed out that the League has assisted considerably in emphasizing the importance of records by calling attention to them in the Essentials of a Good School of Nursing and by publishing record forms.

The record pertaining to personal qualities is the one which should give us much concern, since it may follow the student throughout her professional life. She stressed the importance of objectivity in compiling such a record, and the aids which can be procured from the field of general education, professional education, and industry.

Miss Marguerite Wales discussed Personnel References Considered from the Standpoint of the Prospective Employer and said that there were three viewpoints to be considered: (1) the employee, (2) the employer, and (3) the agency.

She believed that the nurse should be told something about the attitudes of her possible future employer. Otherwise, she might be nervous and communicate this nervousness to her interviewer who might reject her although she was well prepared for the position. She spoke of one organization which obtains the opinion of at least five people to insure a group opinion.

The check system as to traits which includes such items as "Sees and meets needs," or "Respected personality" does not produce information satisfactory to the prospective employer. The name and the evaluation of the writer of the reference have their effect on the reader and a well-written reference builds up the confidence of the employer.

Personnel References versus Personal Interview Impressions was discussed by Miss Ellis J. Walker. She made it quite clear that references do not give a true picture of the individual because they are too often couched in words which are elusive and represent the writer's emotional attitude. The interview is not a matter of collective bargaining but an individual transaction
during which the person being interviewed is under a strain and often appears at an unfair advantage.

References should prepare you for what you will see and what you will meet in the individual. They should tell you what outstanding asset that individual has brought to life and to her particular work. The interviewer should ask "What is the best thing you will bring to this job and what the weakest?" References should be "white in their integrity." They should be illuminating, undogmatic, and humble.

The outcome of the personnel reference and the individual conference should be a satisfactory answer to the question "Is this the person for the position?" If not, it is well to inform the applicant why not, also the agency. The reference and the interview should supplement each other.

The round table was well attended and every one was much interested in the program. Many expressed regret that there was insufficient time for discussion as planned.

**Round Tables**

*Thursday, May 29, 3:30 p.m.*

**Round Table on Tuberculosis Nursing**

Presiding: Bertha Haspel, R.N., *Supervisor of Tuberculosis Nursing, Herman Kiefer Hospital, Detroit, Michigan*

Participants: Grace M. Longhurst, R.N., Constance Munford, R.N., Blanche Davis, R.N., E. Blanche Harstine, R.N.

Miss Longhurst, who spoke on The Place of Tuberculosis in the Curriculum, said that two criteria should guide the determination of the place of any course of study in the nursing curriculum and she quoted these as follows from the Curriculum Guide: "first, the social value of the experience in helping the nurse to save life, prevent disease, conserve health, and promote social well-being; and second, the learning value of the experience in helping the student to learn economically and effectively the key principles, techniques, and points of view . . . which she will need in studying, interpreting, and meeting similar nursing experiences." Miss Longhurst pointed out that, in the Master List of Disease Conditions in the Curriculum, tuberculosis is double starred as being "so essential from the standpoint of nursing care and experience that practice . . . should be provided for every nurse."

Until recently tuberculosis has received scant attention because general hospitals have not attempted to treat tuberculosis or assumed any responsibility for its prevention and control, because of the lack of available facilities for experience in tuberculosis nursing, and because nurse educators who themselves have not had the experience have not always recognized its importance in the public health of the community or the social and learning value of this experience to the student nurse.
Miss Longhurst pointed out ways in which the study of tuberculosis could fulfill the two criteria mentioned in the Curriculum. In discussing the social value to the student there are three points of view—the epidemiological, social, and economic. From an epidemiological standpoint tuberculosis has the greatest incidence of any disease, with the possible exceptions of syphilis and gonorrhea. In New York State, despite a well-organized program of tuberculosis control, 14,876 new cases were reported last year. Although the mortality of the disease has gone to seventh place in the known causes of death, yet in the age groups of 15-35 it still maintains second or third place. There is no specific measure for preventing tuberculosis as in diphtheria, scarlet fever, or smallpox. Socially, tuberculosis occupies one of the first places in the disorganization of family life; economically, the cost of the disease to communities is tremendous, amounting to millions of dollars annually.

Therefore, it would seem that the study of tuberculosis nursing justifies itself as an instrument of social value to the nurse whereby she may gain experience which "will help her to save life, prevent disease, conserve health, and promote social well-being."

In considering the learning values, we find that the study of tuberculosis is necessary for the nurse because she will learn the techniques of prevention and control—knowledge which can be adapted to other communicable diseases; because she will develop a health-minded attitude from teaching prophylactic measures and personal hygiene to her patients and their visitors; and because she will learn the skills necessary for the care of a patient with a chronic disease, she will learn something of the social and economic backgrounds of her patients and how to solve behavior problems caused by long protracted illness, and she will learn to appreciate the importance of nursing the whole patient so he may gain maximum benefit from his treatment.

Miss Constance Munford, whose subject was Nursing Service in a Tuberculosis Hospital, said that since the opening of the first sanatorium for the care of tuberculous patients the problem of adequate and skilled nursing for these patients had received little consideration from the nursing profession, consequently the director of nurses of such an institution today feels this to be her greatest problem. According to the report of the survey of tuberculosis facilities in the United States published in the *Journal of the American Medical Association*, March, 1940, the nursing staff of a majority of hospitals consists of attendants rather than registered nurses.

Twenty or thirty years ago when fresh air and rest constituted the treatment of tuberculosis, the use of attendants presented no particular difficulty. Today when collapse therapy, much of which requires major surgical intervention, has come to play an important role in tuberculosis treatment, the sanatoria have become hospitals and this change in the treatment of tuberculosis naturally has changed not only the amount of nursing service needed but the character of this service. Tuberculous patients are entitled to the same intelligent and thorough nursing care given to patients in general hospitals.
The responsibility of interesting the nurse in tuberculosis nursing lies with the nursing profession. This might be done by providing an affiliation in a tuberculosis hospital for the student nurse—experience now received by a small proportion of each year's graduates. A few hospitals offer post-graduate work in tuberculosis nursing but because of the low enrollment, it would seem unwise to urge establishment of more such courses.

In discussing the subject of attendant workers in tuberculosis hospitals, Miss Munford said she wished to make it clear that these attendants do not serve in the capacity of subsidiary workers as they are used in general hospitals. In many tuberculosis hospitals, the entire nursing staff consists of these attendants and in others, 95 per cent of the nursing responsibility is carried by them. Not only do they do all the bedside nursing, administer medicines including narcotics, but they hold supervisory positions, assist in the surgery where all pulmonary and extrapulmonary surgery is done, and have charge of the postoperative care of all surgical patients. In some hospitals they are classified as nurses and are permitted to wear the regulation uniform and cap.

It may be thought that such conditions exist only in the smaller tuberculosis hospitals but some of the larger, better known institutions in the country have attendant nursing service with few if any registered nurses on their staffs. Aside from the important factor of poor nursing care resulting from such practice, it should be remembered that these attendants are caring for patients with an infectious disease. Those daily exposed to tuberculosis should not only know how to protect themselves but should have a sufficient knowledge of cause, prevention, and control of the disease to be able to teach the patient to care for himself so that he may be less of a menace to those around him. The necessity for this knowledge, together with a knowledge of the new treatments for tuberculosis and the after-care, places too great a responsibility on the attendant group, a responsibility which they cannot and, for the welfare of the patient, should not assume.

In a study of 50 attendants in a tuberculosis hospital only 20 per cent were found to be high school graduates, while the preliminary education of the remaining 80 per cent ranged from fifth grade to two years of high school. About two per cent had been enrolled in a school of nursing but had been requested to leave because of personal and scholastic unfitness.

The task of instructing these attendants is an important one and any tuberculosis hospital employing a large number of them should provide a qualified nurse for this work.

It is quite evident, especially with the present shortage of nurses and the almost certain shortage for some time to come, that these attendants cannot be completely replaced by a registered nurse staff, but if the nursing care in a tuberculosis hospital is ever to reach the standard of that in a general hospital, an effort must be made to so proportion the number of these workers and the registered nurses that the major nursing duties are the responsibility of the nurse rather than the attendant.
Miss Blanche Davis spoke next on How to Attract and Retain Staff Nurses in Tuberculosis Hospitals. Miss Davis said this problem was both universal and serious and to contribute new and provocative points which might lead to actual, concrete plans whereby the conditions will be alleviated is difficult. However, she emphasized two points as aids for a solution: (1) inclusion of tuberculosis nursing in the education of the nurse during her basic course of study, and (2) the stimulation of interest in tuberculosis after the nurse is employed as a member of the graduate staff. Too many nurses are of the opinion that patients in a tuberculosis hospital do not require as skilled nursing service as those in a general hospital, but fortunately this belief is becoming dislodged.

Instruction and experience in tuberculosis nursing will help the staff nurse to realize and to appreciate the prime importance of her contribution to a national and international campaign to eliminate tuberculosis. Another point of emphasis in the basic education of the nurse might well be that of developing an attitude of more genuine and earnest feeling for the work she accepts when she leaves her school of nursing.

How to develop and stimulate interest after a nurse is employed is a difficult task but it is generally agreed that it is the prime function of an administrator to encourage and stimulate those under his jurisdiction. Many things, such as low salaries, inconvenient and unattractive living quarters, and the location of tuberculosis hospitals away from the “center of things” could be named as reasons for short tenure. It behooves us, then, to consider the status of our tuberculosis hospitals and to evaluate what we have to offer the staff nurse in the way of standardization, organization, and recreation. This would not preclude a continuation of effort to eliminate eventually the adamant conditions for it has already been proven that a higher salary for the staff nurse is of major importance in reduction of turnover.

Instruction and experience in tuberculosis are important in the basic program but since so many nurses do not have this experience, there is a definite need for staff education in tuberculosis hospitals. The staff nurse might be given an opportunity to help in the organization of a staff education program because there is nothing more forceful in challenging an individual to highest effort than the sense of being a definite part of an organization.

Recreational activities are another means of stimulating interest, and any facilities available to help a nurse spend her leisure time pleasantly should be utilized. In some hospitals a well-organized program for recreation is under way.

Miss Davis summarized her remarks as follows: The basic educational program for student nurses should be organized to (1) include a method of instruction and experience in tuberculosis nursing; (2) discourage the false conception that short tenure in a variety of hospitals is recognized as desirable; (3) develop a more responsible attitude toward general staff nursing.
The interest of the staff nurse should be stimulated by creating and maintaining high standards of organization such as (1) employment of more registered nurses to do the actual bedside nursing; (2) adequate instruction through personal supervision and guidance, as well as specific directions for all nursing procedures or policies which govern the institution; (3) development of a feeling of pride and importance by recognition of service; (4) encouragement from administrators through leadership, interest, and enthusiasm; (5) participation in a well-organized program of staff education and recreation.

Miss E. Blanche Harstine continued the discussion by outlining the position of The Nurse in the Tuberculosis Program of the Public Health Agency. Miss Harstine said that some might think that our work was pretty well finished with the drop of nearly 40 per cent in the death rate from tuberculosis. Mr. Louis Dublin of the Metropolitan Life Insurance Company states that, at the present rate of progress, tuberculosis will be virtually eradicated by 1960. However, Dr. Chadwick, noted worker in tuberculosis, stated before the National Tuberculosis Association meeting a year ago, that the rate according to the present decline would be about 4 per 100,000 by the year 2000. This brief statistical picture is probably sufficient to show that there is still much to be done, and that we will have a very definite responsibility if we are to reach such a goal for succeeding generations. No doubt our task for the future will be even more difficult than it has been in the past.

Case finding becomes one of the most important functions of the public health nurse and she can perform this function by (1) whenever a case of pulmonary tuberculosis is found, persuading all persons who have had close contact with the patient to be examined; (2) by attempting to find the course of infection when cases of tuberculous meningitis or miliary tuberculosis are found; (3) being alert to all signs of tuberculosis on every home visit, and having suspected persons examined; (4) by assisting in mass surveys and in the examination of special groups of apparently healthy people where often many cases of tuberculosis are found.

The nurse's responsibilities do not cease after the case is found. When hospital care is recommended, it is often necessary for the nurse to persuade the patient of the advantages of such care. It is often necessary also for the nurse to assist the family in making some plan for financial support. The nurse, if calm and composed, can be a source of great encouragement to the family. When the case is not hospitalized, the nurse will need to visit the family periodically to instruct them in the care of the patient, to see that proper isolation is established and maintained, and to see that contacts are promptly and periodically examined.

When a patient is discharged from a sanatorium, the nurse should visit him as soon as possible, to determine if he is adjusting himself to family life once more and to see that he is carrying out instructions regarding rest and exercise.
It is a challenge to the nurse herself to find new ways and means of imparting her information to her patients so that they may learn from her. None of us can doubt that if every nurse, in public health or other nursing service, were to analyze the quality of her contribution to tuberculosis work, face her shortcomings and correct them, much would be done to bring the aims of our most optimistic prophets to speedy realization.

**ROUND TABLE ON ACCREDITING**

Presiding: Elizabeth C. Burgess, R.N., Chairman, Committee on Accrediting.

Participants: Clara Quereau, R.N., Sister Laurentine, R.N., and Blanche Pfefferkorn, R.N. Miss Anna D. Wolf, R.N., acted as secretary.

The Chairman stated that the purpose of the round table was to describe the process which takes place from the time of the submission of the application of the school for accrediting to the period when it is finally acted upon by the Board of Directors of the National League of Nursing Education.

Miss Quereau told of the method of handling the formal application, of its careful examination in search of obvious deficiencies, and the importance of this so that should the school show weaknesses, it may be suggested to the school that it may wish either to withdraw its application or to have the visit postponed until there has been an opportunity to strengthen these weaknesses. She stressed the fact that a decision to visit the school does not mean that approval of the school is assured. She explained that after the decision to visit the school is reached two sets of schedules are sent to the school which are to be filled in by the school in duplicate—one set to be retained in the school, the second to be sent to the committee. This latter set is put in the hands of the visitors for study before they go to the school. The visitors on starting out are also supplied with a manual of directions, a set of scoring sheets, and directions for scoring.

Sister Mary Laurentine, a member of the committee, who has been one of the visitors to a number of schools, described the role of the visitor. Having studied the application form and the submitted schedules, the visitors take these with them. The visit lasts from two and a half to three days. The hours at the school are from nine to five. Information is obtained from the individuals specified by the school and from first-hand contacts with the various departments. The first contact is with the director of the school. Both visitors make a tour of the institution together, visiting those departments which are concerned with the student body; they separate for their individual assignments. Faculty credentials are reviewed. Data concerning the school are checked, and desired information regarding teaching, supervision, and nursing service rendered is secured.

A narrative report is written at the hotel where visitors are staying. This is recorded either in longhand, on the typewriter, or by the use of the Ediphone. No local stenographic service is used since material must be kept
strictly confidential. The points not clear are taken up with the director of
the school in the final interview. The material is sent at once to headquarters.
Miss Quereau stated that reports are typed as soon as received and re-
turned to the visitors for first editing. The reports are then sent back to
the office for final editing and for the statistical work. From the first con-
sideration of a school's application a code number is used. The completed
report, still bearing a code number and without other identifying material,
is then submitted to each member of the Executive Committee, the strong
and weak points as noted by the visitors appearing at the end.

The Chairman said that after the members have studied the reports the
Executive Committee meets as a board of review. It goes over reports care-
fully, together with the pattern maps which show the school in its relation
to other schools studied. It may make further or additional statements on
strengths and weaknesses. The recommendation which is made to the Board
of Directors of the League is reached by vote. After the vote is taken, the
name of the school is disclosed.

When the Board of Directors receives the recommendation of the com-
mittee and the final decision is made, the school is again presented and
passed on under a code number.

Miss Pfefferkorn then presented and discussed the pattern map, explaining
that schools are being judged under 66 characteristics. She gave illustrations
of the scoring used, the method of handling the final scores, and stressed
the importance of a knowledge of the implications of statistical data when
reading the maps.

A number of questions were raised relating to the method of handling
scores on the pattern map, the possible changes in pattern maps when an
increased number of schools have been visited, the points considered in the
choice of visitors, etc.

Genuine interest was evident.

ROUND TABLE ON NURSING TESTS

Presiding: Mrs. R. Louise McManus, R.N., Chairman, Committee on
Nursing Tests.

Participants: Bernice Anderson, R.N., Alice Crist, R.N., and Agnes K.
Ohlson, R.N.

The round table conducted by the Committee on Nursing Tests was de-
voted to outlining the objectives of the committee and to the initial activities,
namely, the experimental cooperative operation of the Pre-Nursing and Guid-
ance Test Service in two states.

The main objective of the Committee on Nursing Tests, like all com-
mittees of the National League of Nursing Education, is to improve nursing
education and hence nursing standards in general. This it hopes to accom-
plish (a) by making possible a wider use of tests from related fields useful
in nursing education, (b) by increasing understanding of tests, their uses,
contributions, and construction by cooperative development of nursing tests and other tests, (c) by fostering the use of tests before entrance, during and throughout training, at graduation and thereafter for professional, personal, and educational guidance.

Miss Bernice Anderson gave a report of the study of causes for accepted students discontinuing their training during the past five years. Although many schools during this period had used tests to aid in selecting candidates, 27 per cent of all students in September classes, and 32 to 35 per cent in spring classes were found to discontinue their course. Personal and professional maladjustment was the most frequent cause, failure in classwork ranked a close second, with scarcely any failures reported in practical work.

These figures indicated to the committee the urgent need for better selection in relation to personality factors as well as intellectual capacity, and, equally important, more stress laid upon personal and professional guidance of the student after acceptance.

The experiment now underway in Connecticut and New Jersey under the Pre-Nursing and Guidance Test Service was explained by Mrs. McManus—the abilities sought, the areas tested, the tests used, the personal data record obtained, and the proposed plan for testing, reporting, and making follow-up studies.

Miss Alice Crist described how the information in the personal data record is used in the guidance program to aid the student in adjustment, in self-growth, and to aid faculty counselling.

Miss Jane Taylor, chairman of the Educational Section of the Connecticut State Nurses' Association, described the enthusiasm and interest aroused in that state where the initial testing for 119 applicants has already taken place. Miss Anderson outlined the plans already made for testing of over 100 candidates in New Jersey.

Discussion from the floor centered around various aspects of the experiment, including cost to the applicant, service to the school of nursing, and availability of the service in other states at the termination of the experiment.

ROUND TABLE ON TEACHING PROFESSIONAL ADJUSTMENTS

Presiding: Daisy Dean Urch, R.N., Director, Department of Nursing Education, College of Saint Teresa, Winona, Minnesota.

Participants: Katharine J. Densford, R.N., Anne L. Austin, R.N., and Agnes Gelines, R.N.

This definition of integration was given: "A well-adjusted individual is one whose thinking and feeling and acting are all moving toward a worthy goal."

Miss Densford said instruction in Professional Adjustments I may be given in one of three general ways. It may be concentrated in a formal course (or courses). It may be integrated in other courses and experiences through-
out the entire curriculum. Or these two methods may be consciously and purposefully combined.

Beginning with the student may we look briefly at four factors surrounding the learning (a term preferred to that of teaching) of this subject:

1. Too much treatment of the students as employees by the faculty. A fair percentage of undesirable social development, or lack of development, will be caused by this one factor.

2. If students are to develop in an ethical situation, it would seem that greater effort should be made in schools to resolve the conflicts between theory and practice, to prevent the frustration of student effort to give effective nursing care.

3. The lack of opportunity afforded the student to work cooperatively and effectively with others, to make contribution of her thinking, and to pool with others her reactions to nursing situations.

4. The measurement of the student's nursing practice on the basis of intrinsic rather than merely extrinsic values.

Against the background of these (and other) inequalities, affecting as they do the welfare of our people, could we not encourage student thinking in terms of community welfare to the end that they might participate in community activities?

The chief responsibility of a school is to have a high-minded, right-minded faculty—one which has a concept of a student in terms other than as an employee, which can provide for her an environment free from frustration and one in which she will be able to work through cooperative effort; which will have sufficient sensitivity to implications of total situations and sufficient critical judgment to measure student practice on the basis of intrinsic as well as of merely extrinsic values; which will be concerned with the welfare of the community, and which is capable of so guiding students that they will participate in community activities—and all this to the end that the student may be learning something of concern for the welfare of the group.

I should like to see the approach to this learning a simple one which will present various points of view and which will stimulate the student to develop for herself a satisfactory philosophy of life. But to do this we must first be concerned with a milieu which will permit ethics to be soaked into one as a "mental and spiritual habit" rather than as a formal statement, to the end that it becomes "not so much knowledge as power."

Miss Austin would place History of Nursing in the second year preceding Professional Adjustments II, because when the student first comes to the school she is interested in the art of nursing. Later she comes to see the professional value in her art and thus becomes interested in its history. She would present the content by a combination of the chronological approach with other approaches, such as "events" and "personalities." She would spend more time on Units V and VI and less on Units I, II, III, IV than
recommended in the Curriculum Guide. She believes that in times like these the course in History of Nursing becomes

1. A balance-wheel, for keeping our perspective
2. It broadens the cultural life of the nurse, and gives her interest in her profession which can serve many useful purposes in the education of the nurse, not only during the basic course but throughout her education as a person
3. There is a need for the teacher of this subject to keep alert to the illustrative materials available, and to the new "slants" which can be given the subject to make it live for student nurses
4. The teacher of History of Nursing must love her subject, and be able to touch off the "spark" of interest which may be latent in her students. If she does these things, nursing history will become vital to those who pass through her hands in her classes.

Miss Gelines said: As we think of the reactions of former students, they may have shown lukewarm appreciation for some of the course content in Professional Adjustments II. The real enthusiasm is expressed by students for the help they receive in being brought up to date in content, in preparing for senior comprehensive and state board examinations, in getting registered, and securing their first jobs. Seniors enjoy doing the traditional social activities which come at this time like the senior banquet, promenade, teas, baccalaureate service, and commencement activities.

Pressure extending beyond graduation is necessary to assure 100 per cent membership in the alumnae, the American Nurses' Association, and the Red Cross Nursing service, and subscriptions for professional journals.

I like to see our graduates return for additional vocational advice but particularly important for us to know is what the people say about the graduates they employ from our school. Our faculty and teaching staff also need to keep abreast of the times and realize what job requirements are elsewhere, what the public needs, and where the desirable available jobs are to be found so that their guidance of seniors is sound.

In order that the faculty and teaching staff may adequately help the senior student make a gradual adjustment to postgraduate life and work, they must offer guidance to the student throughout the entire program, adjust the senior program to the student by providing senior duty and classwork in Professional Adjustments II, conduct refresher classes in subject matter previously taken, give senior comprehensive examinations, and assistance in job selection, so that the student may approach commencement day with the assurance that she is a professionally competent nurse.

ROUND TABLE ON SIGHT CONSERVATION

Presiding: Eleanor W. Mumford, R.N., Chairman, Subcommittee on Eye Health of the Curriculum Committee.

Participants: Agnes H. Demarris, R.N., Lulu A. Saunders, R.N., Sister M. Ancina, R.N., and Eleanor W. Mumford, R.N.

The round table on sight conservation was called to order at 3:30 with
Miss Agnes Demarris, Clinical Instructor in Eye Nursing at Harper Hospital, Detroit, presiding.

The first topic was a progress report of a project on Vision Appraisal of Student Nurses which has been under way in Rochester, Minnesota, participated in by the Kahler and St. Mary's Hospital Schools of Nursing and the Mayo Clinic in cooperation with the National Society for the Prevention of Blindness. Miss Demarris called on Miss Eleanor W. Mumford, Associate for Nursing Activities of the National Society for the Prevention of Blindness, to introduce this project and explain how it was initiated. Miss Mumford explained that the purpose was twofold: (1) to test out the vision appraisal procedures used by many college health services as a method of discovering visual defects in student nurses and (2) to further the education of student nurses by showing them the importance of vision testing as part of the student health program.

Miss Gilberta Durland, Educational Director at Kahler, reported for her school, and Sister M. Ancina reported for St. Mary's. Both schools have found the method of sufficient value to continue another year, although they varied greatly in their evaluation of it. St. Mary's felt the greatest value was the educational value for both students and faculty and plans to have a senior student assist in the tests next year as a public health project.

In the discussion which followed three schools reported complete ophthalmological examinations for all applicants and one plans periodic re-examination by an ophthalmologist.

The second topic was a Preliminary Report on the Study of Eye Teaching in the Basic Nursing Curriculum given by Miss Mumford as Chairman of the Subcommittee on Sight Conservation of the Curriculum Committee. Miss Mumford reported that the study is in two parts, the first dealing with the integration of sight conservation with other topics and the second with the teaching of nursing in eye conditions. This preliminary report was based on returns from twenty-nine schools. From these it appears that many aspects of sight conservation are integrated with other subjects in the curriculum of many of these schools but that as different integrations are made by different schools, little pattern can be discerned. A few schools reported very few integrations.

In the second section of the study, the preliminary analysis seems to show that the amount of subject matter about eye conditions taught in many of these schools is very great in comparison to the amount of class time and ward and clinic time reported. To determine the relative value of the various items of teaching content, the committee requested five eye instructors to indicate what items they considered essential and which they thought should be included in an ideal course. This showed far greater selectivity of items and of the diseases to be considered.

Unfortunately, there was no time for discussion of this report.

Following the Round Table, the National Society for the Prevention of Blindness's talking slide film, The Nurse's Responsibility in Saving Sight, was presented.
General Session

Thursday, May 29, 8:15 p.m.

Presiding: Stella Goosnay, R.N., President.

A delightful program of music was presented by the glee clubs of the University of Michigan School of Nursing and the Harper Hospital School of Nursing.

NURSING PREPAREDNESS

SOME LESSONS FROM WORLD WAR I

ISABEL M. STEWART, R.N., Director, Division of Nursing Education, Teachers College, Columbia University, New York City

Probably some of you are wondering why we should bother at such a critical time to mul over the memories of the old war instead of getting on with plans for meeting the menace of today. May I assure you that it is not just an interest in history that makes me look back and ponder the lessons of 1917-1919. I believe that we shall get ahead faster and make fewer mistakes if we give some thought to the nursing problems of the last World War and how they were met. I know that the situation today is different in many respects, that the world has changed, that nursing has advanced, that we have some professional machinery and other assets in 1941 that we did not have in 1917 (some losses also—especially in leadership—which we must put on the debit side). History, of course, never exactly repeats itself but if we compare the problems that faced our nursing leaders in 1917 with those we are facing today, we shall be more impressed by the similarities than by the differences.

The question is how far we have profited from the experience of those war years. An editorial in the New Republic of May 19 entitled "The Lesson of Last Time" starts out as follows:

This country is now engaged in a tremendous effort at national defense. In many important ways we face the same problems we did twenty-four years ago after entering the Great War. In view of this it is extraordinary that so little effort is being made to profit by that experience. On point after point we are repeating exactly the mistakes we made then.

It is not only to avoid the mistakes but to learn from the achievements of the nursing profession, during that critical period, that we are going to discuss a few of the educational problems that the nursing profession had to meet during the period of actual American participation in the war and immediately after.

Miss Nutting, who, as most of you know, was chairman of the Committee on Nursing of the General Medical Board, Council of National Defense, during the first World War, has given the official records of this committee to the historical nursing collection at Teachers College. These materials, which fill two large drawers of a filing cabinet, have recently been classified
and catalogued and are now available for study. Even to those of us who are fairly familiar with the achievements of that committee, the record is impressive—remarkable not only for the scope and variety of the committee’s activities but also for the vision and statesmanship of its leaders. There were other committees concerned with nursing but none that exercised a more far-reaching influence.

Let me give you briefly the main facts about this committee. War was declared by President Wilson on April 6, 1917. Some months earlier, in August, 1916, the President had formed the Council of National Defense consisting of the six cabinet members, with Newton D. Baker, Secretary of War, as chairman. Its purpose was "the creation of relations which render possible in time of need the immediate concentration and utilization of the resources of the nation."

When war was declared by the United States, this Council was enlarged by the addition of an Advisory Commission of seven, representing the various large groups of activity and interest, including medicine. A General Medical Board was formed, of which Dr. Franklin Martin was chairman.

Shortly after war was declared Miss Nutting, Miss Wald, and Miss Goodrich—a self-appointed committee—met to consider what should be done to speed up the production of nurses. They sent telegrams to eighteen leading schools asking whether the schools would cooperate in a plan to reduce the three-year period of training for specially qualified college graduates. When replies were received, they sent a circular letter to presidents and deans of women’s and co-educational colleges asking them to present the need for nurses and the plan of training to their students and graduates. Julia Lathrop of the Children’s Bureau signed this letter with the valiant three.

This small committee with a few additional members met on June 4 as the “National Emergency Committee on Nursing” and promptly sent a letter to Mr. Baker, asking for official status in the country’s war effort. On June 24 it was established as a regularly authorized committee of the General Medical Board of the Council of National Defense whose chairman was Dr. Franklin Martin. Miss Nutting was formally invited by President Wilson to represent the Committee on Nursing on this Medical Board. Miss Wald served as chairman of a Committee on Home Nursing of the Committee on Labor. In the medical section there were many committees, one of which, the Committee on Hygiene and Sanitation, had a subcommittee on public health nursing whose chairman was Miss Mary Beard. As might be expected, the three groups concerned with nursing stuck closely together and coordinated their activities, sharing funds and facilities.

The personnel of the Committee on Nursing were M. Adelaide Nutting, Chairman; Ella Phillips Crandall, Secretary (loaned by the National Organization for Public Health Nursing for this service); Mary Beard; Dr. Hermann Biggs; S. Lillian Clayton; Jane A. Delano; Mary S. Gardner; Dr. S. S. Goldwater; Annie W. Goodrich; Mrs. Lenah S. Higbee; Julia C.

1 We are indebted to Miss Eleanor Pise, a part-time assistant and student in Teachers College this year, for this piece of work.
Lathrop; Clara D. Noyes; Dr. Winford H. Smith; Dora E. Thompson; Lillian D. Wald; Dr. William H. Welch; Dr. C.-E. A. Winslow. It will be noted that eleven of the seventeen were nurses, including presidents of the American Nurses’ Association, the National League of Nursing Education, and the National Organization for Public Health Nursing, and the heads of the Army and Navy Nurse Corps; four were physicians (two hospital administrators); one a sanitarian; one a social worker, head of the Children’s Bureau.

I was interested in finding out how the work of this committee was financed. The government provided space for an office, secretarial service, franking privileges, and some few other items, but practically the whole cost of the committee work—its publicity program and the rest—was paid from funds contributed by friends of nursing and by nurses themselves. Of the total sum of $10,750 expended, four women contributed $10,000 (Mrs. Felix Warburg, Mrs. Helen Hartley Jenkins, Mrs. V. Everitt Macy, and Mrs. R. L. Ireland), two nurse members of the original committee, and four state leagues of nursing education—Pennsylvania, Minnesota, Vermont, and Rhode Island—contributed most of the balance. Apart from the service of the executive secretary and some publicity specialists, all the work was done on a voluntary basis.

It will be noted that even before the committee was fully launched, placed on an official basis, and provided with machinery and means of carrying on its work, it had begun to tackle its main problem of “supplying nurses for home as well as for war defense.” In order to understand the magnitude of that problem and some of its complications, we must consider what provisions had been made for war nursing in this country, what the situation was at that time in relation to the supply of nurses, and what authority and status the professional nursing group had in planning for military and civilian nursing needs in a great emergency.

I shall not refer to nursing in the Civil War or even in the Spanish-American War, except to remind you that the tradition of the volunteer war nurse was deeply rooted in this country as well as in Europe. Clara Barton, who brought the United States into the International Red Cross sixty years ago this May, is often mistakenly called the Florence Nightingale of America. Actually she was not especially interested in the training of nurses for regular professional service.

For war nursing she favored the system used by the European Red Cross societies, with its short period of preparation for emergency service. The experiment broke down under the test of real war conditions and left the Army in the Spanish-American War to the mercy of a nondescript assortment of untrained volunteers, practical nurses, and trained nurses. After some agitation on the part of professional nurses and their friends, properly trained nurses were put in charge in at least a few of the military hospital nursing services. The authorization of the Army Nurse Corps was approved by Congress in 1901 and the Navy Nurse Corps in 1908. Finally in 1909
the arrangement between the professional nurses' organization and the American Red Cross inaugurated what is called the "American plan" for a professional nursing service in time of war and other national emergency.

We are inclined to forget or to minimize the importance of these contests between military and civilian concepts of nursing organization and between professional and amateur standards of war nursing. Although the professionals won out, their opponents were by no means reconciled to the new order of things. Moreover, the change was so recent that the nursing leaders did not feel that they could take any chances. Before America entered the war in 1917 the old issues had begun to flare up again, stimulated by the stories of war nursing exploits, by V.A.D.'s and other amateur nurses in Europe. It must be remembered that the World War broke out suddenly, and even in Great Britain, where professional nursing was relatively well established, there was no choice but to throw in large numbers of untrained and semi-trained workers to dilute the trained personnel. Sometimes the solution was very weak, and the elements did not mix well, but there was no time to improvise a more satisfactory plan in the midst of a war. The professional nurses held most of the charge positions in the British organization, but in countries where modern nursing was young and insecure, lady volunteers held most of the high posts and were very much in the spotlight.

In America, interest in nursing began to rise to fever heat, especially after war was declared. Many society girls and women were eager to go overseas as nursing aides at their own expense and they were all taking intensive Red Cross courses. In July 1917 Miss Delano wrote to Miss Nutting that "the enthusiasm seems to have swept the country and the most discouraging phase of it all is that the doctors are the ones most desirous of giving these courses." According to the plan made by the American Red Cross in the spring of 1916, twenty-five nursing aides were to be included in the personnel of each hospital unit, but later there came an official request from the French and British governments to send only trained nurses overseas. President Wilson's slogan, "This is no war for amateurs," helped to strengthen the position taken by the professional nurses but this position was often held with great difficulty. I remember one Red Cross meeting where the argument waxed hot, and a lady rose to remark that she did not see what trained nurses had against amateurs since their own founder, Florence Nightingale, was an amateur! One wonders what Florence the Great, Mother of Trained Nurses, would have said to that!

The Committee on Nursing, having taken a definite stand on this question, was practically compelled to guarantee a steady supply of trained nurses for the care of acutely sick patients in both military and civilian groups. This was a big order, especially as the original request for 10,000 nurses for the Army began to rise to 20,000, then to 30,000, and at the very end, to 35,000. Home needs were also becoming acute, especially in industrial centers and cantonment zones. No one knew how many nurses there were to draw on. The committee asked the American Nurses’ Association to make
a survey to find out what the resources were. Another study was made by
the Red Cross. The estimate arrived at from a combination of these results
showed that there were in 1918 roughly 115,000 trained nurses in active
practice—98,000 registered and 17,000 unregistered. In addition, there
were about 45,000 students in training, and 85,000 practical nurses. We
might note in passing that our resources in trained and student nurses are
just about double that number today.

It is easily seen that to take 30,000 or even 10,000 out of a supply of
115,000 would make quite a hole—especially since up to this time there
had never been any oversupply of trained nurses in this country. The Com-
mittee on Nursing set out at once to increase the production of trained
personnel by recruiting a larger body of student nurses, using this group to
help in staffing home hospitals and so releasing more graduates for the
work abroad. It was planned, if necessary, to graduate third-year nurses
earlier or transfer them to military hospitals to finish their training. The
Committee not only started an active recruiting campaign, but sent out an
appeal to all the nursing schools in the country, asking them to take as
many students as they could find room for, and promising to help them in
filling their schools with good applicants.

In order to understand and properly estimate the importance of these
measures we must see them against the background of the pre-war situation.
For many years—but especially since 1912—hospital schools had been suffer-
ing from an acute shortage in applicants and many of them had become so
desperate that they had reduced their requirements to a dangerously low
level. The minimum age of admission had gone down to eighteen, in some
cases to seventeen. Educational requirements in 60 per cent of the schools
were one year of high school or below. Although full high school prepara-
tion had been required by the better schools for many years, only 20 per cent
of the 1,456 schools accredited in forty-one states at this time required this
much education, as against 27 per cent that required eight years of grammar
school or less. Yet in spite of these extremely meager requirements the
directors of nursing schools were being urged by their trustees and hospital
administrators and in many cases compelled to pull down the standards still
further to service the constantly expanding hospitals of the country. Twenty-
five years ago there was no pretense that nursing schools existed primarily
for educational purposes. Emphasis on education was increasing, however,
and nursing leaders were making great efforts to attract better-educated
women into nursing schools.

The experience of the British had greatly influenced the thinking of the
American Committee on Nursing in its efforts to improve the numbers and
quality of nursing recruits. Many of the young women who had entered
hospital work as V.A.D.'s at the beginning of the war were still carrying
on as V.A.D.'s after two or three years of service. Some of these young
women had excellent qualifications for nursing and would have been great
assets as members of the nursing profession, but they had put in their time
at more or less routine jobs when they might have been learning nursing in a more thorough, systematic way, and laying the foundations for a professional career. It was now evident that even if they had had no intention of practicing as nurses later, they would have made better use of their abilities and would have become progressively more valuable during the period of the war emergency had they entered as student nurses instead of as volunteer aides. But the long period of training and the hope that the war would soon be over kept many of them from taking this step.

The American Committee on Nursing wanted especially to attract the more mature and able members of this group, but everyone was not enthusiastic about their plan to recruit college graduates, and to shorten the period of preparation for such applicants. The answers to the original eighteen telegrams on this subject sent out by the first committee make interesting reading today. Some of the directors of schools were ready to take the risks, but others were cautious and some openly skeptical. The latter wanted to know what evidence there was to show that college graduates made good nurses or that a longer period of academic education was any special asset in the training of a nurse. Some feared that if they once admitted that nursing could be learned in less than three full calendar years, they would never be able to hold on to the three-year standard that nurses had "fought and bled and died for." One letter addressed to the chairman by a well-known and highly respected hospital superintendent takes her sternly to task for advocating such an inconsistent and questionable policy and ends with the statement: "The last thing in the world that I should ever have expected to do was to write a letter like this to Miss Nutting."

Within the committee itself there were wide differences of opinion on this and on the question of aides. One or two members held out strongly for a much wider use of volunteers in home hospitals. The widespread teaching of home nursing and first-aid courses to practically all members of the population from the adolescent up had been recommended to "Hooverize" nurses and to provide for home care in case of milder epidemics and emergencies of certain kinds. Full approval was given also to the preparation of more trained attendants for the care of chronic and convalescent cases in homes and hospitals. But the memory of earlier experiences with untrained war nurses and the stories related by colleagues in France and other European countries stiffened the resolution of the professional group to keep the nursing care of the acutely ill and the direction of nursing services in the hands of trained nurses, and nurses in training, as far as possible.

The importance of discipline, knowledge, and skill was constantly emphasized in the recruiting of student nurses. Even today when we are more publicity minded, I think we would be impressed by that campaign—the posters and press appeals, the speeches and rallies, the leaflets and booklets distributed—210,000 copies of nine different pamphlets addressed to high school and college graduates, to secondary school principals and teachers, to college deans and other educators, and, in addition, twelve circular letters
aggregating 38,000 copies, that went from the Committee on Nursing to
boards and superintendents of hospitals and nursing schools, college presi-
dents, state boards of nurse examiners.²

The Student Nurse Reserve campaign was admirably organized and car-
ried through. By April 1918 (a year after the United States entered the
war) approximately 7,000 applicants, over and above the 15,000 admitted
annually, were enrolled in nursing schools. A campaign the next year was
equally successful. You will wonder how over-worked nurses managed to
put on such a recruiting campaign. The fact is that they did not do much
of it. The Committee on Nursing enlisted the help of another large and
important committee of the Council of National Defense—the Woman’s
Committee, which coordinated the work of many different women’s societies
engaged in war work. Under the chairmanship of Dr. Anna Howard Shaw
of suffrage fame, and with a very energetic and capable secretary, Hannah J.
Patterson, this committee was organized in the different states into 12,000
state and local committees which worked closely with the state councils of
defense on all kinds of projects—food conservation, war savings, child
welfare, and the like. When they accepted the job of filling up the Student
Nurse Reserve they went at it with vim and vigor, organized state committees
for this purpose in twenty-one states, called for their best speakers, and set
to work. I should not be surprised if some of the fervor and zeal that had
burned so brightly in the suffrage campaign and had been dampered down
when the war effort began went into these recruiting speeches.

The Committee on Nursing supplied the Woman’s Committee with the
general plan and the ammunition, and they fired the guns. Interested eligibles
were invited to fill in blanks and send them to the office of the Committee
on Nursing in Washington. Miss Crandall, the very efficient secretary, did
a valiant job in organizing the work at that end. With the help of eleven
assignors secured from the group of state inspectors of nursing schools and
state boards of nurse examiners, the applications were examined, sifted, and
classified, and referred to schools in various sections of the country. At
the close of the campaign, 13,889 had been enrolled. Of these 5,380 met
the requirements for the Army School of Nursing then being organized;
5,185 were assigned to civil schools; and 1,000 or more who did not meet
qualifications for nursing were referred to hospitals needing attendants.
Many schools that had reported a lack of applicants were filled and all were
better supplied with students than they had been for many years. To be
sure some were misfits and the enthusiasm of others cooled off when they
reached the hospital, but that was perhaps unavoidable.

The chief fault, however, was not on the side of the applicants. Some of
the institutions they entered did not give them a fair deal. A good many
hospitals had no proper facilities for even a modest educational program,
and their living and working conditions were intolerable. Complaints began

² This and much of the following information will be found in the final report of the Com-
mittee on Nursing published in Washington, D. C., April 1, 1919, as one of the official bulletins
to come in to the Committee on Nursing. At its suggestion, a circular letter was sent by Miss Patterson to the 12,000 state and local committees of the Woman's Committee, urging them to follow up the young women who had been placed in schools in their vicinity, to take an interest in them, and try to see that they secured their training under satisfactory conditions. Especially were they asked to look into the cases of those who had been admitted to schools of inferior grade. Enclosed with this letter was a memorandum prepared by the Committee on Nursing entitled, "What Is a Good Training School for Nurses?"  

I wish I could quote more from this document which points to the urgent need for "a livelier and more sympathetic public interest in hospitals and training schools" and winds up with the statement,

It is quite certain that the welfare of a democratic society demands the maintenance of a vigilant and persistent interest in the conduct of our public institutions. Especially must we be concerned with those which are controlling an educational system in which approximately 50,000 young women are being trained annually—in a field in which well over 100,000 nurses are constantly occupied.  

To these contacts between nurses and lay groups during the war we can trace the origin of the nursing education councils that were organized within the next few years in several sections of the country. Many of the workers on the woman's committees had seen too much to pull out when the war work ended—the insecurity of the nursing school, the struggles of the nursing staff, the problems of the students they had helped to bring into nursing schools, and the vital need of competent nurses to the community. Some of the state and local committees of women became so much interested that they conducted surveys in their own communities to determine what nursing resources they had and how they could best coordinate and use these resources. The Cleveland branch of the Woman's Committee of the Ohio Council of National Defense made such a study at the request of the Committee on Nursing. Undoubtedly the movement for community nursing councils which has been more fully developed in recent years owes a great deal to the interest aroused through these war surveys.

The Committee on Nursing also asked for the assistance of the woman's committees in helping to standardize and regulate the work of nursing volunteers and in checking on the short courses which were soon sweeping the country. Commercial interests had, of course, exploited to the full the patriotic and other emotions that are stimulated by war, and they were reaping quite a harvest. After the influenza epidemic in the fall of 1918, some physicians and public health officials joined in the clamor for short courses. One health officer in a large city came out in headlines declaring that the country needed "a million housekeepers for the sick." He also outlined a plan for training them in three months—chiefly through lectures. Sensa-

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a Final report of the Committee on Nursing published in Washington, D. C., April 1, 1919, as one of the official bulletins of the Council of National Defense, pp. 15-16.

b Ibid., p. 16.
tional newspapers took up the cry and blasts of criticism against trained nurses were mixed in with astonishing tales of the heroism and competence of these short-course graduates. The old arguments against “the over-trained nurse” were dragged out again supplemented by specific complaints about the independent, high-handed, “bossy” ways of nurses—nurse executives especially. Perhaps some of the medical officers were “fed up” with tributes to Army nurses and reacted like the veteran medical officer of the Crimea when asked if he knew Florence Nightingale. “Oh, yes, he knew ‘the Bird.’ Never could see why people made such a fuss about her. Much overrated. Certainly no saint. In fact, a very interfering woman.”

Loaded up with heavy responsibilities and without adequate authority to discharge them, it was not surprising that nurses sometimes broke through Army red tape and interfered with traditional routines. But that is another story that deserves a paper by itself—a story that culminated in the fight for Army rank that was won after the World War.

One of the most important of the educational projects developed under the sponsorship of the Committee on Nursing or with its active cooperation was the Army School of Nursing. This grew out of the recommendation of the committee in February 1918 that Miss Goodrich be asked to inspect the nursing service of military hospitals. The appointment was made by the Surgeon General, and the result of the tour of inspection was a recommendation by Miss Goodrich, backed by the committee, that a satisfactory nursing service in these military hospitals would be best assured by the establishment of an Army School of Nursing.

Plans for such a school were made and approved by the Surgeon General, and the school was established in May 1918 with Miss Goodrich as dean. The scheme was capable of almost unlimited expansion. It provided for the progressive release of graduate nurses for service abroad and the transfer to Army hospitals of third-year students from civil hospitals in case additional nurses were called for.

Only a few of the unique features can be mentioned. First, this school was supported by government funds and students were not expected to supply the whole nursing service of the military hospitals. Standards of admission were more exacting than in most schools of the day. As was stated earlier, the students had been secured chiefly through the student nurse recruiting campaign and the school started with a list of over 500 picked candidates to draw from. The faculty was unusually well prepared. The educational program followed the general lines of the first League Curriculum, which came “hot off the press” in the summer of 1917, just in time for the opening of the Army School.

The contribution of this school to the Army and to civilian nursing is too well known for comment here. The point that needs to be emphasized is that a new pattern of organization had been created to meet a new and critical situation. It took imagination and creative ability to conceive it and considerable administrative ability, as well as strategy, to put it through.
The plan certainly helped to meet the need of that day. The same plan might not fit into the needs of today, but some of its elements undoubtedly could be used if we should have to expand our educational machinery quickly to produce nurses on a larger scale.

Another 1918 educational project that could furnish some very helpful suggestions to nursing educators in 1941 was the Vassar Training Camp for Nurses. Actually, it started as a plan to train college women as aides, but the sponsor, Mrs. Blodgett, after an interview with Miss Nutting, changed her mind and often expressed her gratitude for the good advice she got. Organized under the auspices of the American Red Cross and the Committee on Nursing of the Council of National Defense, the object of the Camp (called the Women’s Plattsburg) was to utilize the plant and resources of Vassar College and to interest the college women of America in nursing service by providing an intensive preparatory course of three months on the Vassar campus. On the satisfactory completion of this course the students went directly to one of the thirty-three approved schools of nursing, each of which had promised to admit a certain number of these students and to carry them through the remainder of the program. As a rule, the period of hospital training for this group was approximately two years, but some took the usual three-year program.

The recruiting campaign for this group was organized by the Vassar alumnae. It brought in over 500 applicants representing 117 different colleges. Of these, 439 entered the Vassar course and 418 completed it, 399 of these entering the affiliated schools. Seven died in the influenza epidemic that struck this country about three weeks after they entered the hospitals. Following the Armistice, a number dropped out, feeling that they had fulfilled their pledge to serve during the period of the war. But 169 stayed on and graduated, and many of them have given a very good account of themselves in the years since. Similar preparatory courses on a smaller scale were carried on in two or three other colleges during the summer of 1918 with an estimated total of about 600 students.

A tremendous interest was aroused by these preparatory or pre-nursing courses in the colleges where they were located, and in the nursing world generally. Most of the students who took the courses were very enthusiastic about them. No doubt the situation in those anxious days of 1918 had something to do with the fine morale and the serious spirit of students and staff. But the excellent teaching and the good educational facilities in college laboratories and libraries and museums, also had much to do with the success of these programs. There were some difficulties in articulating the centralized preparation in college with the programs of the different schools of nursing, but on the whole the experiment was successful. In addition to arousing an interest in nursing among college women and giving this group of several hundred a good start in their professional preparation, courses of the Vassar type helped to relieve the hospital schools which at that time were very shorthanded and greatly overburdened by extra work.
This is another educational pattern that could be used if we should meet
a similar situation in the future. With our experience in 1918 and since,
we should be able to do a better job in 1941. More colleges and universities
have been experimenting in the field of nursing education and they should
find it easier to create not only a plan for a preparatory course but for the
clinical part of the basic program which could be provided through the co-
operation of several hospitals.

The Committee on Nursing followed up the successful experiments in
the summer of 1918 with a more comprehensive plan which was to be put
into operation in the next academic year with the cooperation of the newly
formed American Council on Education. This Council, to which the Na-
tional League of Nursing Education belongs, was organized during the war
to link up the educational institutions of the country and help them to give
more effective assistance in the war effort. Following a letter from Miss
Nutting, President McCracken of Vassar conferred with Mrs. Blodgett and
the two sent a telegram strongly commending the pre-nursing project to
the colleges and universities of the country. Surgeon General Gorgas also
gave the plan his hearty endorsement.

With this backing and some good publicity work by Dr. Robert L. Kelly,
who was at that time executive at the Council office in Washington,
a circular letter outlining the Vassar plan was prepared and sent out to a
large number of colleges and universities where women students were en-
rolled. The Committee on Nursing had issued a special pamphlet entitled
Preparatory Courses for Nurses in Colleges and Universities—A War Mea-
sure. This was to be used as a guide in the development of these programs.
It was hoped to provide pre-nursing courses for several thousands of highly
prepared young women who would then be drafted into the hospital schools.
When the Armistice came in the fall of 1918, fifty colleges had agreed to
offer such preparatory courses, and plans for recruiting were under way.

We do not know, of course, what the outcome of that comprehensive plan
might have been. Undoubtedly it had some influence on the subsequent
development of collegiate schools of nursing. Perhaps if the seed had been
more carefully watered and cultivated a larger crop might have been reaped,
but with the close of the war other problems immediately claimed attention.

Nurses began to flock home again, hoping to slip back into their old
positions and often finding them filled. Many were restless, disturbed by
the experiences they had been through, needing advice and assistance. The
Committee on Nursing, with the help of the American Red Cross and the
nursing organizations, established in New York a bureau of advice and in-
formation to handle such problems. This later developed into a permanent
headquarters for the nursing organizations. Scholarships were provided by
the American Red Cross and others to give special training to some of the
nurses released from military service, especially to those who wanted to go
into public health nursing. Many adjustments had to be made, and it was
a long time before things settled down again. Applications to nursing
schools began to decline after the war, and a general reaction set in in nurs-
ing as in everything else. Considering the tension and strain of those war years, this letdown was to be expected, but unfortunately some of the gains made in the war were lost in the peace.

The Committee on Nursing wound up its work and turned over its unfinished business to the regular nursing agencies and organizations. Before this was done, however, it called a special conference of representatives of state boards and state associations to discuss some of the problems that had come up in the placement of student nurses and in the educational program generally. At that conference recommendations were made pointing to the urgent need for revision of some nurse practice acts to allow for the substitution of work in a college for part of the three required years in hospital residence. There was much discussion of conditions in nursing schools—the need for reducing hours and routine work, increasing the quantity and quality of instruction, and making other improvements. The group was urged to develop further some of the experiments begun during the war such as the plan for the preparatory courses to be carried out in cooperation with the American Council on Education.

Many of these recommendations were repeated in the last letter of the chairman which accompanied the final report of the committee, and the same points were emphasized in a letter that went out to hospital boards. There was no mincing of words in these documents. It was evident that the committee recognized its own obligations in bringing several thousands of young women into nursing schools, and was determined not to give up its work without reminding the schools that had accepted these students of their responsibilities. It was not as if they had entered primarily to help the individual hospitals or even to prepare for a career. They went because they wanted to serve their country in its hour of need. The committee appealed for equal generosity and patriotism on the part of hospitals, for satisfactory opportunities and just and wholesome conditions of life and work so these students would not regret their action. The report went on to speak of the widespread prejudices encountered by the committee in its work—prejudices against the present system of hospital training and the deep-seated conviction of many citizens that reforms were urgently called for. I wish time would permit more liberal quotations from this hard-hitting and courageous report written by the chairman and underwritten by practically the entire committee. Here are a few excerpts:

Student nurses are everywhere overworked—the hours of duty are far too long. . . . The work is too hard . . . much of it is simple unskilled labor which could be easily performed by regular employees. . . . There is constant repetition of tasks that have no educational value whatever and have no place in a satisfactory scheme of training. . . . There is much exploitation of students in the effort to provide an inexpensive nursing service for the institution. Many hospitals do not, as far as their student nurses are concerned, put into practice either the hygienic or the humane principles for which in the community they stand as a living embodiment. . . .

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⁶ Final report of the Committee on Nursing published in Washington, D. C., April 1, 1919, as one of the official bulletins of the Council of National Defense, p. 23.
It was pointed out that while not true of all hospitals these conditions were so general as to react injuriously on all.

The war has revealed with striking clearness the great dependence of hospitals upon the services of the student nurses. . . .

This dependence is much greater than it ought to be and no system of education or training can eventually survive which has to subordinate so largely its essential requirements to the needs of another institution. . . .

Our schools of nursing have come to take a vitally important place among our educational institutions; and with the continuous advancement of medical and sanitary science, and the progress of the public health and social movements, a whole new field of the greatest usefulness and promise is opened up to the nurses who are trained in these schools. Conditions which affect their healthy growth, which do not permit them to develop as they should in response to the needs of the times, are matters of deep and public concern. Our committee would ill perform its obligations toward one of the nation's essential defenses if it passed out of existence silent on a problem which it believes to be of grave moment, and of immediate concern to all hospital authorities and workers. 6

Do we need to point out the lessons of World War I? Does anyone doubt the value of that experience of twenty-five years ago to us today? Is there any reason to hope that we might escape the same kinds of difficulties if we should have to face a war situation? Would nurses today be able to show equal resourcefulness and courage and intelligence in meeting them? I sometimes wonder if our growing size, the increasing weight and complexity of our machinery, and professional paraphernalia may not tend to slow us up and perhaps to confuse us in an emergency. Certainly it would be hard to match the swift action of the Committee on Nursing in 1917-1918 or the quantity and quality of the work accomplished. These leaders had no doubt where the chief responsibility rested for nursing preparedness. They had thought their plans out in advance. They seized the initiative and held it throughout the year and a half of war. Driving forward with vigor and dispatch they were not for a moment diverted by opposition or abuse, although they had plenty of both.

With the added assets and experience of the past twenty-five years, we should certainly be able to go as far and perhaps a little farther in certain ways than we did then. We have nearly doubled the number of nurses, and many of them are better prepared than they were in 1917. We know more about the selection of student nurses and the measurement of nursing ability. Our hospitals are better manned. A number of poor schools have been weeded out (but there are signs that some of these are sprouting again). We have gone ahead a good deal farther in the centralization of hospitals and nursing schools and in the establishment of relationships with higher educational institutions. We have made a good beginning in the accreditation of nursing schools and we know more about these schools—good and bad—than we did in 1917. We have learned from bitter experience the dangers of inflation and the possibilities of overproduction; but we also

6 Ibid., p. 24.
know that some risks must be taken if we are to have enough nurses to meet this critical emergency.

Let us face the dark side of the picture as well as the brighter side. If war comes the cry of nurse shortage will become louder. Reactionary movements will flare up again—indeed they have already begun. All kinds of short cuts will be tried and we shall be told that patriotism demands the sacrifice of many of our hard-won standards. Some compromises may be required, but let us not forget that a period of crisis is also a period of opportunity. We shall lose some parts of the old system, but there will be a chance to try out new ideas and methods.

There will be many differences of opinion among us as to what should be done or not done in the critical days ahead. Don’t let us try to suppress frank and honest discussion or to regiment the thinking of our group. Even if voices sometimes rise a little and the argument gets heated this is far healthier than to have a great body of professional women with no dissenting voice or only a whisper of dissent, and don’t let us think for a moment that we shall get through the next few years without making some enemies.

I asked Miss Nutting to look over my summary of the work of her committee and I got an answer back in her strong bold handwriting remarkably vigorous for a frail lady of nearly eighty-three years. In that note she quotes the saying of Whitehead: “The past is the present and the present is the future.” I hope we shall remind ourselves often of that truth in the crucial days ahead—that we are not only meeting an emergency but building the future of nursing by the actions we take or fail to take today and that our successors will some day read the record and appraise it.

**UNITED WE STAND**

**JULIA C. STIMSON, R.N., President, American Nurses’ Association; Chairman, Nursing Council on National Defense; Major, Army Nurse Corps, Retired**

This paper is part of an address given at the request of Mr. Norman H. Davis, Chairman of the American Red Cross for the Annual Convention of Red Cross delegates in Washington, D.C., April 21-24, 1941. Mr. Davis gave me a tremendous task since all he asked for was a review of the history of nursing in the United States Army; the relationship of the Army Nurse Corps to the American Red Cross; the organization of the Red Cross Nursing Service under Miss Delano; a review of nursing in the World War I; the present relationship between the American Nurses’ Association, the Red Cross, and the Nurse Corps of the Army and Navy—all this in half an hour, using the last few minutes to outline the present organization of home defense as it relates to nursing!

Naturally, I could hit only the “high spots” in that talk and I can do no more than that tonight—nor can I start at the beginning because what I
am anxious to bring out are the difficulties that arose in connection with nursing and the Army in the Spanish-American War due to the lack of organization on the part of nurses and to contrast those difficulties with what is being done today.

In 1898, at the time of the Spanish-American War, there was no large well-organized national nursing organization. Delegates from ten alumnae associations of schools of nursing had met in 1896, and in 1897 the Nurses' Associated Alumnae of the United States and Canada had been organized. This was the nucleus of what in 1911 became the American Nurses' Association. Moreover, there was no legislation for the registration of nurses in any state at that time. So there was little organized help from the nurses of the country when suddenly the Army needed it badly.

At the outbreak of the Spanish-American War, the office of the Surgeon General of the United States Army was deluged with applications from all sorts of women, offering their services as nurses to the sick and wounded in camp, field, and hospital. It is estimated that about 18 different groups sought to furnish such help.

The clerical force of the Surgeon General's office was inadequate and so wholly unfamiliar with the suitability and qualifications of applicants as to be unable to investigate and pass on their papers. Even had they known such work, the organization of a new activity at this busy time was not to be thought of. It was at this critical moment that a remarkable woman doctor came to the rescue, a woman to whom the Army Nurse Corps will always owe a great debt, Dr. Anita Newcomb McGee, the daughter of a famous astronomer and mathematician. Realizing the situation, Dr. McGee secured the support of the National Society of the Daughters of the American Revolution in a plan to examine all applications received by the Government from women, and from these to supply both the Army and the Navy with suitable women nurses as they were needed. This offer was immediately accepted and applications were sent to Dr. McGee who was left free to make her own standards.

Early in the conflict in 1898 Surgeon General Sternberg, although opposed to having any women with the Army in the field, obtained through Congress authority to hire contract nurses for employment in base and camp hospitals at $30 a month with rations. Following this legislation, for the first time in the history of the United States, graduate women nurses became a part of the Army.

Dr. McGee was appointed a contract surgeon and assistant to the Surgeon General and had the unique distinction of being the only woman acting assistant surgeon in the United States Army at that time. A report made by Dr. McGee in September 1899 states that, during the greatest stress of the work, valuable assistance in securing the services of nurses was rendered to the Government through the "Daughters," by a number of organizations. The Sisters of Charity merit prominent mention in this connection, since they furnished from their Order 200 Sisters, many of whom had much hos-
pital experience. A few Sisters from four other Catholic organizations and one Protestant Episcopal Sisterhood also served for a time. The Society for the Maintenance of Trained Nurses, which was Auxiliary No. 3 to the American National Red Cross Relief Committee of New York, in August, and for a few months thereafter, examined the credentials of a large number of applicants and was unique in its work of furnishing money for the transportation of nurses and for their comfort while awaiting orders in New York City and while serving at certain Army hospitals. Much valuable aid was rendered by the superintendents of training schools, although it is an interesting fact, Dr. McGee continued, that no organization of trained nurses had rendered any noteworthy assistance. In spite of the overcrowding which had previously been complained of in the nursing profession, there was much difficulty at the time of greatest stress and need in securing enough suitable applicants to fill the demands from the camps. Several Chief Surgeons were therefore authorized to secure women nurses without regard to training, and in this way a few undesirable appointees unavoidably crept in.

In addition to the Army nurses, temporary help was accepted at a few hospitals from women who were not connected with the Medical Department. That such should be the case is much to be regretted, as irregular nurses are not subject to control and discipline and do not hold the same honorable position as do women who have governmental authority for their presence with the Army. However, Dr. McGee added that the zeal of womankind is such that some exceptions of this kind were almost inevitable. One of the most important features provided for in the organization of the Nurse Corps as planned by Dr. McGee was the body of reserve nurses, which consisted of women who had served in the Army at least four months, and whose record had been thoroughly satisfactory in every respect.

The other side of the story of the difficulties of this period appears in the first volume of our American Journal of Nursing, published in the fall of 1900 (November, p. 998). We find there an extract of the speech of Isabel Hampton Robb, first President of the Associated Alumnae, which had just held its third annual meeting. Mrs. Robb said:

To those of our members to whom the benefits to be derived from organization were perhaps not yet clear, I feel sure that certain events of the past two years have shown the imperative need for organization, so that I trust this question may be regarded as permanently settled. Indeed, to our cost we now know that the concentration of our forces came too late by at least a year, for one can hardly doubt that the nursing of our soldiers during the Spanish-American War would naturally have fallen into our hands had our professional organization been completed earlier. If this had been done, our capacity to meet properly so important a crisis would have been better understood and appreciated, with the result that not only would our soldiers have received better nursing, but we ourselves might have been spared the extra exertion that has been demanded of us during the past two years in our continued efforts in supporting the Army Nursing bill, and at the same time upholding the honor of our professional status.
The leading nurses of the country, including Mrs. Robb, were greatly distressed that they had not been able to organize Army nursing under nurses. Mrs. Robb wrote:

In the early part of the war, the vice-president and I went to Washington and had a personal interview with the Surgeon General. But our mission was a failure, as we were told that the nursing department had been given into the charge of the Daughters of the American Revolution, with a woman physician as director (Dr. Anita Newcomb McGee). Visions of what splendid systems of work might be done if the nursing might only be in the hands of the nurses themselves, supplemented by the extra supplies so generously provided by D.A.R., the Red Cross, and other societies, floated before us, but it was not to be. The chaos and confusion that reigned supreme at first, owing to the suddenness and greatness of the emergency, were intensified, and prolonged by the lack of experience on the part of those into whose hands the work was entrusted.

This, and the appointments made from all varieties of women mentioned above, resulted in much bad nursing, a worse morale, and in a total lack of standard or system. How long such a condition would have continued to exist it is hard to say, had not the situation been saved by the assistance and admirable work rendered by Red Cross Auxiliary No. 3. This group was organized for the express purpose of supplying and maintaining trained nurses in Army hospitals. Too much cannot be said in praise of the work it accomplished, hampered as its members were by being only auxiliaries and not the controlling head. It was through this auxiliary that the best nursing was done.

Both Dr. McGee's and Mrs. Robb's statements are necessary for a fair picture of the situation. Although the Spanish-American War was of short duration, it gave the Army nurse ample time to become indispensable to the service. The esteem these women won and the recognition by officers and men undoubtedly led to the continued employment of women as Army nurses.

The war was not yet over when the idea of securing the existence of the Army Nurse Corps by legislation was agitated by various war workers. In December 1898, Dr. McGee went to New York to suggest to some of the nurses with whom she had been in close touch the wisdom of attempting such legislation. While she, as a subordinate of the War Department, could not initiate it, she would, she promised, do everything in her power to obtain Congressional approval of an act that should not be too great a departure from the methods and ideas of the Army. At almost the same time Mrs. Robb, representing the organization of nurses, also went to New York to lay a similar proposal before nurses and auxiliary members, all of whom received the suggestion with enthusiasm.

A committee of women, many of them of national distinction, and prominent nurses, promoted the bill. Powerful yet intangible opposition was met with. It seemed to be especially directed against the professional requirements asked for and the stipulation that the head of the Army Nurse Corps should be a nurse. The committee and the entire nursing profession back of them regarded these requirements and the claim for a nurse superintendent as fundamental.
The bill sponsored by the committee was brought up in Congress on January 24, 1899, but failed to pass. Resolute in their determination, the committee continued their work through 1900. The contest ended in a reasonably satisfactory compromise, for the committee finally agreed to accept a section in the Army Reorganization Bill which had been drafted by Dr. McGee, at the request of the Surgeon General, on what seemed to the War Department acceptable lines. The committee obtained the insertion of an amendment to it specifying in part, for the superintendent, the educational qualifications they had wished to secure for all the staff. The bill was signed by the President on February 2, 1901, and from that date the Corps has been an integral part of the Army. A nurse, Mrs. Dita Kinney of the Corps, selected by Dr. McGee to be her successor, was duly appointed Superintendent and Dr. McGee resigned.

The first few years after the war were full of reorganization plans, both in the American Red Cross and in nursing societies. In 1905 a plan for the reorganization of the National Red Cross Society was of special interest to nurses in view of the fact that a committee was appointed at the last meeting of the Associated Alumnae to arrange, if possible, for some form of affiliation with the Red Cross, so that the great nursing body of the country might have a recognized place in Red Cross work. At the first annual meeting held under the new charter, William H. Taft, Secretary of War, was elected President of the Society. The Executive Committee included Surgeon General Wyman and Miss Mabel T. Boardman.

Miss Boardman, always a strong and understanding friend of nurses, realized that a nursing service should be one of the most important departments of the Red Cross. She made it a point to become acquainted with heads of training schools and assure them of her conviction that nurses themselves must take charge of the nursing department because they best understood nursing problems, duties, and qualifications.

Then came many months of attempts to work out a suitable affiliation between the nurses' organizations and the War Relief Board of the Red Cross. Various propositions were made by the nurses and rejected by the Board, but finally an agreement was reached, and in December 1909 the War Relief Board named a National Committee on Red Cross Nursing Service with representatives of the Board which already had on it some prominent nurses, including Miss Delano. Also, other representatives of the Nurses' Associated Alumnae were put on the Nursing Committee. By the appointment of this committee, with the majority of its members nurses, the responsibility of the nursing department of the American Red Cross was placed upon the shoulders of the nurses of the Associated Alumnae. Up to then, the nurses of the country had not responded to the call for enrollment in the Red Cross as they should, the reason frequently given being that such a department under the direction of laymen could not be conducted on a practical working basis. This excuse could no longer be advanced—the work of organizing a Red Cross nursing service was placed then in the hands of nurses.
Miss Delano, who had long been closely associated with Red Cross activities and was deeply interested in plans for war nursing, was appointed Superintendent of the Army Nurse Corps on August 12, 1909. Mrs. Dita Kinney, who had served in the Spanish-American War, was the first nurse superintendent of the newly organized Corps; Miss Jane A. Delano was the second. Miss Delano’s selection for this responsible work had been made on Miss Boardman’s recommendation, who felt that the appointment would unify the Red Cross and Army nursing work and that, in case of war, complete understanding and cooperation would be assured since Miss Delano had also been appointed Chairman of the Red Cross Nursing Committee. At that time there were not more than 20 nurses reporting regularly as members of the Army Nursing Reserve Service, then called the Eligible List of Volunteer Nurses, which was started shortly after the Spanish-American War, and Miss Delano concluded that the best way to secure an adequate number of reserve nurses was to do away with this branch of the Army Nurse Corps and to have the Red Cross authorized to provide this service. The Surgeon General agreed to her suggestion. Devoting herself to the serious duty of reorganizing and improving the Army Nurse Corps, Miss Delano secured many changes and improvements in it. Through her influence Red Cross nurses became the Army Nurse Reserve and the Eligible List of Volunteer Nurses was finally discontinued. In all of this the cooperation of the Red Cross was most effective. Miss Delano served as Superintendent of the Army Nurse Corps for two years and seven months, resigning in March 1912 to become Director of the Red Cross Nursing Service, to which she wished to devote her whole time. One important matter accomplished in 1911 was the decision that every nurse enrolled for service under the Red Cross must be a member of an organization affiliated with the American Nurses’ Association. Since the World War, plans have been evolving and changing, and growth and progress have been steady.

The contrast between the way the Red Cross Nursing Service under Miss Delano in 1917-1918, with the full assistance and cooperation of the American Nurses’ Association, enrolled and assigned thousands of nurses to base hospital units and emergency detachments for the Army and Navy, and the present decentralized method of securing Reserve Nurses for the Service is too complicated and detailed a story to tell now. It is recounted in full in the History of Red Cross Nursing Service and in our Journals. Suffice it to say that the Red Cross Nursing Service and the national nursing organizations are again exerting their greatest efforts to meet the nursing needs of the federal services and of the country at large in what we now know is the people’s war. The searching of credentials, the certification of professional fitness are all accomplished by committees of Red Cross nurses before names of eligible nurses are sent to the offices of the Surgeons General and their representatives in the various Corps areas. Orders for their assignment to duty are issued by the latter and not, as in the last World War, by the Office of the Surgeon General.
The national nursing organizations, through their representation on the National Committee of the Red Cross Nursing Service, are kept fully informed of the situation as it evolves from day to day, and through their component parts (the state and district nurses' associations) and all their official publications, the facts and the appeals are sent to all our vast membership.

A closer relationship and a greater harmony and cooperation between the nursing services of the Army and the Navy, the Red Cross Nursing Service, and the American Nurses' Association can scarcely be imagined. It is a completely interlocking arrangement. Every single registered nurse throughout the length and breadth of the country is tied in with these closely cooperating organizations. As a member of the alumnae association of her school of nursing she has a direct channel and an intimate hook-up with the officials and the headquarters of these national and federal groups. If she did nothing else together with other nurses than pay her dues to her alumnae association, the 42 cents from that amount, which pays her dues to the American Nurses' Association, makes her a component part of it and through it and her elected representatives she has her share in their activities.

At this very moment she and the 170,000 (more or less) others like her, in hospitals and homes and out in the rural districts, are trying to find out how they may do their part in meeting the nation's needs for total defense. Whether she is a first reserve enrolled Red Cross nurse and is making her decisions as to where her duty lies—in the Army, or Navy, or in her present position; whether she is an older nurse carrying on her work as private duty nurse, staff nurse, supervisor, or teacher in a hospital; or whether she is in public health nursing, in school, industry, or home; whether she has been out of active nursing and is engaged in bringing up a family, she and all of them have a share and a definite connection with the national defense plans and all can be counted on to show that the nursing profession is ready and eager to do its part in this national emergency.

The Nurse Corps of the Army and Navy are honored because both in peace and war they are an integral part of the national forces; subject to their obligations and eligible to their privileges the Red Cross first reserves are the selected group, the ones chosen as qualified and fit to augment the Nurse Corps in this time of need; the public health nurses are the second line of defense and must be equally elite; the American Nurses' Association and all of our organizations, the rest of us in every state of the Union, doing what we can in our own communities, some of us veterans envying our more fortunate younger sisters, all of us are behind the nurses in the federal services, behind the Red Cross Reserves, and behind every effort to preserve our freedom and to bring it back to those from whom it has been so ruthlessly snatched, and more than that—to extend the blessings of democracy to every one of our citizens to an extent that has never before been accomplished.
CONVENTION PROCEEDINGS

General Session

Friday, May 30, 10:45 a.m.

Presiding: Stella Goosraty, R.N., President.

SAFEGUARDING THE SCHOOL OF NURSING DURING NATIONAL EMERGENCY

Anna D. Wolf, R.N., Director of the School of Nursing and the Nursing Service, Johns Hopkins Hospital, Baltimore, Maryland

Our subject this morning portends apprehensions of gravity for schools of nursing. Against what formidable circumstances should our schools be protected? Are we justified in anticipating that changes in our system of education are obligatory under these circumstances and that they necessarily imply destructive rather than creative results? Might we rather assume that a challenge has been offered us to meet which competently and effectively calls for our concerted efforts to maintain sane thinking and action, an even balance which is devoid of hysteria, high morale, and an unshakable conviction that out of the turmoil in which life is now cast there will be peace, abiding and lasting, between nations in which constructive work can be done?

Twenty years and more have elapsed since the leaders of our profession were asking these same questions at another equally critical time when our profession was called upon to meet unprecedented demands. With pride we turn the pages of history and review the declarations of our leaders of those harrowing days. It behooves us to scrutinize their writings from which we can secure wise guidance, can profit from similar experiences and avoid pitfalls, and through the indomitable fortitude, faith, and courage expressed revive our disheartened spirits.

Those of us who were active in nursing schools during the World War can readily note many changes between the schools of those days and these. We have gone far, not without struggle, to improve our schools and we are aware of what happened to schools in those years 1917-19. We have fears, not altogether unfounded, that the conditions of today will retard, perhaps destroy, some of the results of the efforts of our building of the past years. Tragic as wars have been and are, their influence upon nursing has been extraordinary. In the words of Sophia Palmer1 in editorial comment February, 1917,

Within the recollection of people living today war has had a marked influence in the development of nursing education. Florence Nightingale had begun the study of nursing and had the idea of training women for this work before the Crimean War, but it was her experience in that war and the appreciation of the English people which made it possible for her to organize the first training school at St. Thomas' Hospital. It was after our own Civil War that training schools developed so rapidly in this country under the organization of a group

of women who had been the organizers and administrators of the Sanitary Commission with which the women of practically the whole country were affiliated for what we now call war relief work. Those first schools, especially Bellevue, the New Haven, and the Massachusetts General, were organized by the women who had had the need of better trained nurses brought home to them by their experiences in connection with such work. The experience of nurses, themselves in our more recent Spanish-American War brought about the organization of the Army and Navy Nurse Corps and the development of the Red Cross Nursing Service on its present lines. And the necessity of providing a means of legal distinction between the properly trained and the untrained nurses gave an impetus to the movement for state registration.

There will be results beyond our vision from the present terrible struggle in Europe, where the services of highly trained nurses have been of inestimable value in every country engaged in the conflict.

We might well ask ourselves, have we today in 1941 fulfilled this prophecy expressed by Miss Palmer in 1917? Are our schools of 1941 very different from those of that period? Are our graduates better prepared than previously to meet the exigencies of such crises? May we too expect improvements in our educational work and professional service to result from the present turmoil?

Some comparisons of the present situation with the past seem appropriate for the consideration of our problem. The membership of the American Nurses' Association in 1917 numbered some 40,000 nurses; in 1940 over 167,000; the enrollment in the American Red Cross Nursing Service in 1917 was quoted by Miss Delano as 12,000, while in April 1940 there were something over 17,000, now reported about 24,000 First Reserve and 24,000 Second Reserve nurses. It was estimated that there were at the end of 1918, 98,162 registered and unregistered nurses as compared with an estimated 300,000 registered active nurses in 1940.

The extension of hospital services in the United States has been extraordinarily large in the past few years due to various causes, among them the advantages accruing to patients who receive benefits from insurance plans. According to the American Medical Association patients received almost twelve million days more care in 1940 than in 1939. It is estimated that the bed capacity of civilian institutions is expanding at the rate of about 3 per cent yearly. The 1,300 schools of nursing today have enrolled some 85,000 students, graduating each year between 23,000 and 24,000 as compared with 1,579 accredited schools in 1918 graduating 13,288 students with a few over 50,000 enrolled students in all schools. Then as now most schools of nursing were established as integral parts of hospitals. Today we have an appreciatively larger number controlled and governed by univer-

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6 Ibid.
sities and colleges. However, the largest output of graduates is still from hospital schools of nursing.

The studies of the Winslow Committee, the Grading Committee, the two revisions of the 1917 Standard Curriculum, and the many other excellent publications of the National League,\(^8\) the ANA, the NOPHN, have been of untold value in pointing the way toward better administration of our schools. Curricula in schools have improved steadily, undoubtedly due to keener appreciation of the need for more systematic organization and administration of them and of the values accruing through better instruction in didactic studies as well as supervised clinical teaching. Faculties are better prepared and less burdened for their work. Scheduled hours of class and nursing practice for students have been reduced in many schools although today we still find a number unable to meet the generally accepted 48-hour program. More reasonable vacations for students have also been instituted quite generally.

Hospitals in 1919 were almost entirely staffed by student nurses with proportionately a mere handful of graduates in executive and teaching positions. The requirement of stabilizing nursing service with graduate nurses, both for the better care of patients and for better education of students, has resulted in the employment of some 28,000 graduate nurses in hospitals having accredited schools,\(^9\) and an estimated 60,000 in some 6,000 registered hospitals.

Another marked difference between our institutions in which schools of nursing are established today as compared with yesterday is shown in the total number of subsidiary staff who are now employed and the organization of their work. It was customary twenty years ago to engage orderlies to assist in the care of men patients and a limited number of maids to be assigned to housekeeping duties. However, stimulated by the findings of the Rockefeller Committee and the subsequent study of the Grading Committee many schools employed additional workers similar to ward maids to carry on many non-professional and repetitive activities, thus deleting many of these from students' assignments.

In the field of public health nursing today there are some 24,000 graduate nurses,\(^10\) all of whom have had the basic nursing preparation with whatever additional study may be required by the agencies employing them. The increase in this group has been prodigious and will be greatly stimulated due to the present needs in the defense program.

Private duty nursing still attracts the largest number of graduate nurses in service. It is very significant that during the past few months registries

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are reporting a larger number of calls, filled and unfilled. Nurses who previously were employed in institutions as general staff nurses are now entering the field of private nursing since the public is better able to pay them. As soon as the economic situation of the public depreciates again, which we may anticipate after a cessation of military activities and the defense program, a sequence of events as occurred following the World War, these same nurses will be without work; we shall have our registries distraught because of inability to place nurses in service. Overproduction of nurses will be the hue and cry of the times.

The actual call to the Army and Navy Nurse Corps today seems small in proportion to the total number of professional nurses actively employed or available for service in addition to the number in schools giving care to civilian patients. It would seem that with the present output the calls that are now being made should be met without too great strain. Much of this I feel depends upon the obligation and responsibility of nurses individually and as a whole to meet larger opportunities for service and on the second hand upon the public and its demands for individualized and luxury service as may be extended by private nurses.

My remarks are in no way to be interpreted to mean that patients who require the most skillful type of nursing should not have it but they should be interpreted to mean that that type of service should be given to those who actually need it and that our professional services should be spread as far as is possible during this emergency so that the public may be nursed safely but not necessarily luxuriously.

This brief and superficial résumé of the comparison of the nursing situation of the past and present is offered as a background for our consideration as to how we may at the present time maintain high standards in our schools so that we may be able to graduate sufficient numbers of well-qualified nurses who may meet the peculiar exigencies arising now and following this present crisis. The demands will probably center in more extensive public health services, an expanded and a higher quality of professional work in schools of nursing, in hospitals, and in private homes with the more largely accepted use of practical nurses and subsidiary staff for the care of patients where skilled professional services may not be needed but with careful supervision guaranteed. What our schools do today must of necessity meet not only the immediate situation imposed upon them by the defense program, but they should anticipate to a degree the demands to be made upon their graduates following such catastrophic conditions as exist today. Upon our schools will fall responsibilities not only for our own national needs but also for the rehabilitation of international groups. The future is unpredictable. Past experience has been a sad teacher. The dearth of highly qualified nurses through even our periods of greatest depression was significant. This we may expect to be repeated unless our schools assume the obligation and responsibility for maintaining their standards upon high professional levels and to graduate only those who are professionally capable and competent.
This is supported in a recent pronouncement made by the Chairman of the Nursing Council on National Defense, Julia C. Stimson, published in the May 1941 American Journal of Nursing.

Representatives of federal agencies and committees concerned with the matter recognize the urgent need for many more nurses. They agree that these nurses should be prepared in accredited schools of nursing which now exist.

The Nursing Council proclaimed these principles at its inception in July 1940, and has been exerting every effort to find a means of meeting the problem on a scale that has heretofore not been attempted by our nursing organizations. Although unable to announce success or even definite encouragement on such a project, the Council wishes to reaffirm: (1) The need for many more graduate registered nurses; (2) The importance of an increased number of superior young women in schools of nursing whose graduates qualify for enrolment in the Red Cross Nursing Service.

In either war or peace there is need of an increase in well-prepared nurses. No shortcuts to quality nursing will, in the long run, bring satisfaction to patients, the medical profession, nor to temporarily patriotic young women themselves.

Students are increasingly useful as they go on in their course. They know that what they are doing is worth while. In case of great military emergency they would be ready to be used. For these reasons good schools of nursing can attract better candidates than can short courses of whatever sort.

Specific problems of immediate concern which may seriously affect our educational standards and reduce the output of qualified graduates are:

1. An exodus of faculty and inability to replace them or to increase their numbers for additional educational work in the schools
2. Unstable and inadequate nursing service in clinical fields
3. Pressure to increase admissions of students beyond capacity for good teaching and without proper qualifications
4. Reduction of financial support.

A strong faculty inclusive of head nurses is essential if a school is to maintain its standards. Head nurses will likely be the first of this group to withdraw, which will seriously handicap clinical teaching and impose heavier burdens on supervisors. Larger numbers of better qualified faculty were needed before the present crisis and will be especially essential in the event that there is a reduction in numbers of faculty or an increase in student body and subsidiary staff. It is a well-recognized fact that an ill-prepared instructor can in no way contribute to a school program, either in quality or quantity, what a highly prepared and skilled instructor can—an observation made by many of us. The American Red Cross has supported us in the belief that the faculties of schools of nursing should not be reduced to the point that effective teaching cannot be carried out, a condition which resulted during the last war and one which was deplored by all administrators, faculty, and students alike. In an address entitled How the Nursing Profession is Trying to Meet the Problems Arising Out of the War, presented before the National League of Nursing Education at its Twenty-fourth Annual Convention held in Cleveland, May 1918, Miss Nutting, Chairman
of the Committee on Nursing, General Medical Board, Council of National Defense, comments forcefully upon this.

The readiness of our training schools to assume heavier burdens and to do their share in adding more largely to the nursing resources of the country should be long remembered. And this leads me directly to our next problem, which is the serious effect upon our training schools of the loss of so many of their highly trained executives and teaching staffs to enter the service of the army. Of such persons there has never been anything like a satisfactory supply, and there is no way whatever of replacing most of these women.

The efficiency of the army service as well as of our training schools might be greatly furthered if a good way can be found to bring back some of these specially trained officers to posts now so sorely needing them. They are certainly out of place doing a junior nurse’s work anywhere, and such waste of ability and skill should be avoided if possible. A year ago I would have said, and in fact did say, that I did not see how such careful sifting and selection of nurses for army service could be carried out. But this war has been a steady process of education for me, and noting the satisfactory way in which the Red Cross has been handling some such special problems in public health nursing during the past few months confirms me in my belief that some practicable plan can be evolved which will insure keeping at their posts in our teaching hospitals an adequate number of those upon whom the training of nurses depends. Not a single trained instructor of nurses should at this time feel that there is any national service she can render which is comparable in value to that she can give in teaching nurses. At best we have a mere handful of nurses trained for such work.

If we sense responsibility for a larger output of students and accept that obligation, we must realize that it will be absolutely necessary to retain an adequate faculty to meet these obligations.

Staff education must be continued. Provisions for the further study of faculty members must be stimulated irrespective of the possibility of reduced staff. Encouragement to faculty to continue their extramural studies should be given as far as is possible. Not only will this provide for better preparation but will be a means of establishing and controlling morale within a group harassed by the difficult problems of an emergency situation. A ready response to an appeal made to retired well-qualified graduate nurses, formerly instructors and supervisors, would help immeasurably in maintaining sufficient numbers of this essential group.

One of the most serious problems in maintaining the curriculum and carrying out an effective program of clinical teaching will be to service our clinical fields so that we can give our patients good bedside nursing and our students good teaching. Undoubtedly it will be this aspect of our work which will feel the first impress of the defense program. In fact many have already felt it. General staff nurses in hospitals are most frequently of that age which is acceptable to the Red Cross nursing service. They also are healthy young women of patriotic zeal who are desirous of meeting their duty to their country. Therefore, when the call comes for additional nurses in the Army and Navy Nurse Corps, it will be this group who will prob-
ably be called upon to meet the requirements of the service at once. In a recent letter issued by Dr. Irvin Abell, Chairman, Health and Medical Committee of the Federal Security Agency, to all employers of registered nurses, he has urged hospitals and other organizations employing nurses to:

First: Encourage their nurses to offer their services to the country and arrange, wherever possible, for holding their positions until they return to civilian life from their year of service.

Second: Institute, or, in conjunction with other organizations, support, "refresher" courses for nurses who are now inactive but otherwise competent and experienced for nursing staffs. Such women are being discovered by the nation-wide inventory of nurses.

Third: Many of these inactive nurses already have signified their willingness to return to duty during the emergency. I would urge the temporary employment of this type of nurse to substitute for members of your staff called to military duty. By this method, no serious disruption should occur in the operations of your agency or institution.

Undoubtedly all of us feel obligated to encourage nurses to go into these services and anticipate an active response to this patriotic duty. Every effort should be made to orient and re-employ nurses who have been out of service for those who must go. A number of retired nurses are quite willing to return and, if available, to take so-called refresher courses, as has been suggested by the League, the Nursing Council on National Defense, as well as by Dr. Abell in these comments. It is doubtful that nurses fully appreciate the emergent need now in our schools. Ways and means of bringing requirements to their attention must be continued. It is highly improbable that equal numbers of nurses can be found to replace those who leave for military services and other available activities stimulated by the defense program.

Careful study of all nursing practices should be made to eliminate those activities not determined as essential for safe nursing care. Cooperation of the medical and administrative staffs in promoting such plans is essential.

Substitution for the loss of essential graduate nursing service hours must be made and is likely to be done through additional student service or through subsidiary staff. If subsidiary staff can be secured, it is probable that in many institutions the total number of these workers could be increased considerably with careful reallocation of nursing service under good supervision. This would thereby help materially to meet the deficiencies in service arising out of the shortage of professional nurses. In our own experience where authority was granted for increasing this staff, which was done after careful consideration of duties within clinical fields, it was found that clerical workers fitted in extraordinarily well and could share in a number of activities under guidance which did not undermine the bedside care of patients or the instruction of students. This type of service has been advocated for a number of years by many nursing school and service administrators. It is believed that this group of people can be used more largely than is done in most institutions and is a practical way of meeting the emergency which
may probably result in a permanent method of handling this part of the work in hospitals. In our experience we have found that the turnover of this group is very much lower than that of the so-called ward helper or attendant and orderly group who are more interested in industrial activities and who are diverted from a regular job to another, even though it is temporary, because of a larger salary. If this latter group of workers could be selected on a basis of suitability for service, properly instructed and trained for the job, there is no reason why they should not be used most effectively up to a maximum which will not undermine the care of patients. Following the suggestions of the joint committee on subsidiary workers, it would seem best to give instruction to these individuals on the job, not to formalize that instruction.

The high turnover of orderlies in nursing service bears a very distinct relation upon the effectiveness of patient care and the ability to maintain certain aspects of a clinical teaching program in which this kind of auxiliary service is generally accepted. If this group cannot be established satisfactorily, students must assume this work which not only changes certain characteristics of clinical practice but will also increase an already heavy service load.

Another group who should be relied upon to contribute to nursing service in great emergency is volunteers, particularly those who may have had the course of study as outlined for the volunteer nurses' aides by the American Red Cross. It has been most interesting to review the address of Jane A. Delano entitled The Red Cross Aid versus the Short-term Course, presented before the National League Meeting held in Cleveland, May 1918, in which she reiterated so strongly her belief that these women had the right to help serve during times of emergency and to have such instruction as is needed to make them valuable in assisting nurses in the care of the sick.

The primary object of the Red Cross organization from that day [the beginning of the service] until our own American Red Cross was organized was to coordinate and really develop the volunteer service of the world.

Now I cannot believe that we should use at this time the services of our graduate nurses to sit down and feed our helpless men in the war; I believe that women of common sense or judgment, a student or aid, or whatever she be, could do those services acceptably, and that a very grave responsibility will rest upon us if ultimately we prevent from drawing into the hospitals a sufficient number of women, trained students or aides, to meet the military needs.

Such a group of volunteer nurses aides are of value. However, if they are used, it must be remembered they create an increased responsibility upon clinical and supervisory staffs.

If it is believed that A Curriculum Guide for Schools of Nursing is an accepted basis upon which an educational program may be built, it would seem essential that we maintain as far as is possible during this period of stress such standards of education as are therein discussed. However, the committee which prepared this curriculum would not have us accept it with-
out individual consideration of each unit of study based upon experimental study and practice. It would seem to me therefore that under our present circumstances we should give thoughtful consideration to each detail of the curriculum, to consider ways and means of improving it so that the content may be well covered, our methods of teaching and study most appropriate, and to give very particular thought to the possible reorganization of clinical practice which might be reduced in certain aspects for those students who have shown particular abilities in their course of study or who may have had advanced educational preparation. At this time it might be quite possible for schools of nursing to give consideration to the development of special courses of study for honor students, a plan which might prepare certain individuals for specialized fields of service more promptly. More schools might take into account the advantage to students of having had their college work before admission, developing a more concentrated program which would reduce the time in the school of nursing and make possible application to graduate service earlier. Such an experiment as The Vassar Training Camp could be repeated to great advantage. Such educational endeavors set up in several centers in cooperation with good schools of nursing would be of inestimable value. We have just had word of the camp to be established at Bryn Mawr, a beginning of this kind of educational work so helpful at this time. It is to be remembered that, according to certain state laws, the time element within a school of nursing must be satisfied before an individual can register in that state. This should be clearly understood by those students who might profit by such a course of study now offered in some schools associated with universities and colleges particularly which have the advantage of academic recognition. State departments in some instances have limited the opportunity of experimental education as well as the utilization of time to greater advantage for the student. The rather inflexible curricular plans as advocated by some states might well be a subject which state boards of examiners could study and revise in order that schools of nursing would be able to make some adjustments in the curriculum which might prove far more profitable from the standpoint of learning and later experience than is possible under the present circumstances. I refer particularly to such hard and fast regulations as specific periods of time for certain clinical practice such as operating room and diet kitchen. It would seem to me that at this time every effort should be made to consider possible revision of curricula on the basis of content rather than time, which would strengthen the course of study and at the same time might be planned more effectively for women of higher preparation so that they may be more promptly available for graduate service. None of these suggestions is new; each one is a reiteration of philosophies expressed previously by others.

The steady progress already made to balance clinical assignments and to include practice in psychiatric, communicable disease, and public health nursing as well as the four major clinical fields, may be threatened; students' hours may be lengthened, vacations may be reduced, greater leniency in judging students may be enforced, all for the sake of producing more stu-
dent hours for patient care. Every effort should be made to "hold fast to that which is good" and to effect only such changes as seem imperative and then only temporarily if they retard educational progress. It can readily be seen that the curriculum of the school and its administration could be directly effected in extreme circumstances.

Every effort should be made to bring into our schools of nursing as many students as our facilities will allow; the greatest scrutiny, however, should be used in the selection of applicants at this time. Strong appeal should be made to highly qualified young women to enter the nursing profession. It is earnestly urged that the National League through the Nursing Council on National Defense promote immediately a plan of sound, organized publicity and recruitment so that our schools may have the benefit of a nationwide plan of securing highly qualified applicants. This is an impelling need and one which deserves priority in relation to our participation in the national defense program. If worse comes to worst and our clinical situations in which students are learning must be deprived of employed services now used and we must again revert to a larger proportion of all activities in ward situations to be carried by students, it is all the more essential to have young women of unusual abilities, integrity, intelligence, and potentialities to carry on. The result would be undoubtedly more effective nursing service during and after student days and would bring about a higher quality of professionalism than if less qualified applicants were admitted. The attendant dangers in letting down the bars for admission to schools of nursing are self-evident. If we lower standards of matriculation, it is perfectly obvious that nursing services of students will be unsatisfactory and that our output will be a larger number of less qualified graduates who will not be acceptable by our communities and will be in the group who will not be able to find work after the emergency is over. May I repeat again, first, the importance of having active and persistent publicity and a recruitment program throughout the length and breadth of our country in our women's colleges, in universities, and in our preparatory schools, to secure for society the best possible type of young womanhood in nursing. In the second place, to urge our schools to review their situations carefully in order that they may admit as large a number of highly selected applicants as they can possibly take which should result in a lower turnover of students, an increase of a better quality of service to the institution during the clinical periods of study, and a qualified group of graduates afterward.

Financial resources must be sufficient to maintain the established work of schools and also to promote new activities. There is no question but that the income from all sources, especially in our privately endowed institutions, may be considerably reduced. History has proven this through past crises and we can anticipate that history will repeat itself. Whether organizations supporting schools of nursing can increase financial subsidies in order to maintain their schools properly will be a matter of grave concern. If this cannot be done, undoubtedly there will have to be curtailment of certain activities of education. The expenditure of public funds for defense activi-
ties, the large appropriations of private funds for capitalizing industry in the interest of defense undoubtedly will divert sources of income from educational and eleemosynary institutions. The high cost of living, which is reflected very largely in any institution through the purchase of everyday commodities, will have to be met. These costs must be paid and, if total funds are limited, education will undoubtedly suffer. Salaries may be reduced, making it more difficult than ever to secure and hold competent staff. This will produce considerable pressure upon schools of nursing to place upon the shoulders of students much of the work previously carried by employed staff and to admit to schools as large numbers of students, irrespective of qualification, as possible for this purpose. It will take most unusual fortitude and courage to withstand pressures of this sort which come not because of lack of interest necessarily or lack of understanding as to the needs of nursing education and service, but primarily because of lack of funds to carry on a program as set up, and secondly because of the inability to secure service at reasonable cost.

In many instances wages paid in public service are quite high by comparison to those paid in voluntary institutions. One can understand why individuals in the low income brackets, particularly, leave voluntary institutions to secure service under the Government. WPA projects for the training of subsidiary staff are a well-known example of this. Schools of nursing which have established foundations or endowments are particularly fortunate at this time. Their funds are earmarked and cannot be diverted for other purposes.

Strong appeals for funds from private and public sources should be made. As subsidies have been contributed by the government for other types of education for defense needs, it would seem appropriate and justifiable that such monies be allocated to nursing schools, especially in these critical times when large numbers of nurses are needed for the national emergency.

To summarize, it seems that the likely inroads upon schools of nursing during such emergency times as these will be the deleterious effect upon a good faculty who may have more than they can humanly accomplish due to the reduction of the staff and an increase in those to be taught and supervised; the spreading of activities so thin that good teaching is not possible; extreme difficulty in maintaining adequate graduate and subsidiary staff to stabilize nursing care of patients so that an educational program can be carried out effectively; necessary changes in content of the curriculum; undue pressure to admit too many students for the facilities provided for learning and too many unqualified students who will later be a burden upon the community as graduate nurses; pressure to increase student nurses' hours beyond the accepted time as approved for all social groups to the extent that health may be undermined, educational program may be extremely limited, and a reversion to the apprenticeship method may result; financial resources diverted from educational purposes.

Practical suggestions which may offset these very likely situations are difficult to find. There must be utilization of every means at our disposal to
safeguard the standards of our schools which will produce a sufficient number of required properly qualified graduates. Therefore, it is urged that we not release for general service instructors and teachers who should be kept in schools in order to carry on the educational program; that we encourage graduates to continue their preparation for advanced posts; that we exert every effort toward bringing back into service anyone who can give us help in taking care of our patients; that we stabilize nursing service in clinical fields as far as possible through the work of auxiliary staffs including volunteer nurses aides; that we work with the subsidiary staff diligently in order to develop this service upon an instructive basis which will attract the proper type of woman and man and will make it a field of service in which individuals will wish to stay; that we study with the public nursing care of patients in order to curtail all luxury nursing and that we reduce nursing to essentials and carry those essentials out to a high degree of professional efficiency; that we urge private duty nurses to consider their opportunities of giving their services to larger numbers of patients and to develop ways and means of caring for patients in homes through visiting nurse services which may reduce calls for private nurses; that we establish group nursing on private floors wherever it is possible, which may more nearly give to private patients the quality and quantity of service they would normally have through the services of private nurses; that we recruit immediately from colleges and preparatory schools the best young womanhood available; that we urge their application to such study as will give them a thorough background for professional work; and that we give consideration to such revisions of the curriculum as may provide for a more prompt preparation of students, this to be based entirely upon high qualifications of students upon admission and in the school, or upon the advance of those students who show particular aptitude in their course of study and by virtue of that could be graduated more promptly than others.

Administrators and faculties of schools of nursing, we have an extraordinary opportunity of utilizing our best thinking and applying every resource to our work today. What a great challenge each one of us faces! How broad and wide the fields of work, how vast the opportunity for service! How uncertain the future! Are we ready to assume the grave responsibilities placed in us?

**Discussion**

**Sister M. Ancina, R.N., College of Saint Teresa, Winona, Minnesota**

One of the greatest strengths in the program of education planned for nursing schools is the opportunity which the students have for applying in an actual practice situation the knowledge and skills which must become a part of their professional equipment. All efforts must be expended therefore to improve and develop the practice field and any proposed changes in hospital or school must be scrutinized carefully to determine the probable effect upon the environment in which students acquire the art of nursing.
In order to make the practice truly educational the student nurse must observe good nursing and must have the opportunity to do good nursing. Any emergency which will adversely affect the environment in which students practice is a source of real danger to the welfare of nursing schools. At the present time reports are coming from all sides that hospitals are finding it difficult to replace the staff nurses who are being called for service elsewhere. As a result of this shortage, graduates are being employed who, in other times and other circumstances, would not qualify for these positions.

The learning which students do on the ward is gained largely through imitation. A student may have been taught to follow a procedure or technic or routine according to a particular pattern but, if the procedure, as she observes it being done by staff nurses on the ward, differs from the procedure she was taught, she is more apt to follow the former than the latter. Students are not always capable of discriminating between good nursing and poor nursing as it is exemplified by the work of the graduates. To the student the graduate represents the goal toward which she, herself, is striving and it is this which adds weight to the influence which the graduate exerts and power to the example which she sets.

The plans which have been proposed to bring graduate nurses who have been inactive for a period of time in the practice of their profession into the hospital situation for the so-called "refresher" courses provide an excellent opportunity for the graduate and will provide some needed service for the hospital. However, in order that the plans be carried out successfully, the graduates must recognize their own needs and shortcomings and must be willing to make the necessary effort to learn and to practice.

The presence of such a group can be utilized to the advantage of the young student. Even though the older nurses may not be familiar with all the modern technics, they should possess the maturity of judgment, the skill in meeting and handling people, and the experience in recognizing and solving problems which are so lacking in the younger and less experienced group. The inclusion of older, experienced graduates on a nursing staff will do much to stabilize the service in general and give a greater degree of permanence to service in any particular ward.

However, no hospital or school of nursing has the right to admit graduate nurses for these courses, or for more permanent employment in case of necessity, unless a satisfactory program of formal instruction is provided for them and unless supervision, adequate as to kind and amount, is also available. It must not be forgotten that the graduates taking the refresher course, as well as undergraduate students, need to observe good nursing.

The second requisite for the kind of ward practice that is contributory to the education of the students is that each student must have an opportunity to do good nursing. Time is the first essential. Students must have time to perform correctly and satisfactorily to themselves and others the activities assigned to them. Vacant staff positions mean that there are fewer persons to share the responsibility of the ward. Generally speaking, this situation will result in an increased work load for students. When students,
graduates, or undergraduates must work under too great pressure the quality of their performance is bound to suffer. Lack of adequate time to do the desirable extra things for their patients makes the difference between just nursing and the giving of high quality nursing care. In addition, the necessity of constantly "cutting corners" will result in the development of undesirable work habits which are difficult, if not impossible, to eradicate.

To do good nursing, students must have the equipment and the necessary materials with which to work. Mounting costs and increasing difficulty in obtaining the supplies the nurses have become accustomed to using may demand some adjustments. This may not be the hardship it appears to be. Good nursing has been done with out-of-date equipment and meager supplies. It can be done again.

Costs, however, will affect the personnel. More supervision may be desirable, but hospital administrators will be faced with the necessity of balancing the hospital budget. Cuts in salaries may result in the employment of less well-prepared supervising nurses. Where graduates of several schools with varying backgrounds of preparation and experience as well as students are working together in a single situation, the problems of supervision are multiplied. Better prepared, rather than less well-prepared, supervising nurses are a necessity in order to safeguard the patient and insure the education of the student.

Persons connected with nursing schools must realize that this is no time to lower the standards of nursing. Instead, all should direct every effort now to establish firmly such sound standards for nursing as will prove unassailable during times of stress. Students and graduates should be so well instructed and prepared now that they will be enabled to give good quality nursing service to patients even under less favorable circumstances.

**DISCUSSION**

**Ernestine Wiedenbach, R.N., Secretary, Nursing Information Bureau, New York City**

Miss Wolf has made an earnest plea to us this morning to carry forward a nationwide plan for securing highly qualified applicants for our nursing schools.

I should like to elaborate on that plea.

Without question, our efforts to recruit desirable students for our nursing schools will need to be greatly intensified in the coming months. Plans are already under way. Not only do we need to distribute more vocational material about nursing more widely, at more frequent and more carefully timed intervals, but we need to put into it more appeal, so that it really will stimulate the students we want to enter our nursing schools.

In our concern, in these troubled times, to safeguard standards of nursing service and preparation, we run the danger of emphasizing in our public pronouncements what we want for our profession and our nursing schools,
rather than what the public wants. We want qualified young people for our schools. The public, on the other hand, wants qualified schools for its young people.

Parents and counselors want to know the answers to such questions as: Will our young people be well cared for while in nursing school? Will they be educated for dignified, respected self-support? Will they be able, once they are graduate registered nurses, to render the type of service for which nurses are in demand? As one counselor from a college in the West wrote us not long ago: "Are your nursing schools worthy of my students?"

Counselors know only too well that all schools of nursing are not good schools. Ever since the Grading Committee's report came out, with its blunt statement: "There are three sorts of schools—a few very good ones, a few very bad ones, and a great many neither good nor bad," we have emphasized the importance of selecting good schools.

But how much do we help counselors with their job of guiding students to the right schools? The NIB pamphlets, *Nursing and How to Prepare for It* and *Nursing a Profession for the College Graduate*, help them, among other things, to evaluate the content of a nursing school's program. They are useful.

The League's Accredited List will be exceedingly useful too. It is a ready made list of schools whose programs have been evaluated by a professional body, and have been stamped "Good." But the Accredited List contains so far only 72 of the 1,305 existing schools, located in but 20 of our states.

The Association of Collegiate Schools of Nursing has just published a pamphlet about its member schools. It also will be useful. Again, however, not all of the good collegiate schools are listed in that pamphlet.

Among the 1,200-odd schools not on these two lists are many of our most prominent and respected schools. How will counselors find them? The logical answer is: By searching through nursing school catalogues, and applying to them criteria for evaluating programs.

Catalogs should be important safeguards to schools. In a sense they are the schools' representatives to a large portion of the public, including counselors. Their appearance, organization, and content make either a good or bad first impression, and so will attract or repel.

First impressions, we all know, are lasting and hard to displace. In addition, catalogs, so far as the public is concerned, serve two important purposes: (1) to give authoritative information about the school to prospective students and the general public; (2) to provide sufficient information to make possible comparisons of the educational programs of schools of nursing.

I wish we had had time, before coming to this meeting, to analyze the catalogs many schools generously sent us this spring. We did look at them as they came in and were really thrilled to see many of them attractively illustrated with pictures showing student nurse activities. The catalogs seem much more attractive and interesting than those we last received in 1935. Unfortunately, we couldn't examine with care the content of all of the catalogs.
Two years ago, however, the *Journal* carried the report of an excellent study of nursing school catalogs, made by Frances Thielbar while at the University of Chicago. "As a group," the report concludes, "nursing school catalogs show several outstanding weaknesses."

Specific weaknesses of which they stand accused are:

1. Curriculum information frequently does not include content of clinical experience
2. Faculty preparation and experience are frequently not indicated
3. Clinical facilities available to the school are often not listed
4. Accuracy of statements at times may be questioned
5. Organization of content is poor in many catalogs.

If these weaknesses still hold true for a majority of catalogs, including those of good schools, it may explain why counselors question whether our nursing schools are worthy of their students.

Counselors—and the public in general—know little about nursing schools, except as we tell them about them and give them understandable, reliable facts.

Recruiting qualified students for our good schools is a joint, a partnership, activity. You who are in nursing schools play as big a part in it as we who are on the staffs of our national or state organizations. We can only do the general thing.

You provide the individual appeal. Your catalogs carry the persuasive information which finally influences the counselor or student in favor of a particular school. Catalogs are essential tools to counselors. They are used to getting school information from them. The catalogs, with our other vocational material, should help them to decide: (1) whether they shall direct their top ranking students to our nursing profession, and (2) to which particular nursing schools to direct them.

Catalogs play a real part in safeguarding our nursing schools. Their importance should not be minimized. They are an essential part of any nursing information program for securing highly qualified applicants for our nursing schools.

**Closing Business Session**

*Friday, May 30, 2:00 p.m.*

Presiding: Stella Goostrey, R.N., President.

**REGISTRATION**

Miss Anna L. Jenkins, Chairman of the Subcommittee on Registration, for the convention reported the registration as follows:

<table>
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<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate nurses</td>
<td>1,168</td>
</tr>
<tr>
<td>Student nurses and guests</td>
<td>417</td>
</tr>
</tbody>
</table>

Total registration: 1,585
All but the six states of Idaho, Mississippi, Nevada, New Mexico, Vermont, and Wyoming were represented.

The registration by state was as follows:

<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Alabama</td>
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<tr>
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<tr>
<td>Arkansas</td>
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<tr>
<td>California</td>
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<td>Colorado</td>
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<td>Connecticut</td>
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<td>Delaware</td>
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<td>District of Columbia</td>
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<td>1</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>(no state given) 28</td>
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After the report of the Subcommittee on Registration, Miss Goostray said she would like to express the gratitude of every one to the various committees and the members of the Michigan and Detroit Leagues for the excellence of the arrangements and the program.

Miss Goostray then said she would like to present the person who was president of the League when the convention was held in Detroit in 1902, and who wrote the Nightingale pledge, Mrs. Lystra E. Getter.

Mrs. Getter's remarks follow: "May I express my appreciation of the honor it is to me to be here at this Forty-seventh Annual Convention of the National League of Nursing Education. I am happy to say that I am a charter member.

"I have not been able to attend all of the meetings, but I have carried with me in my mind and in my heart the knowledge of the spirit that actuates this League of Nursing Education, and I feel that there are endless spiritual values in the knowledge and the skills that are being developed by it. I think with all the teaching and the learning of skills and knowledge, that unconsciously perhaps, but I believe more and more consciously, we have come to realize that there are spiritual values in nursing and that these are brought about through the application of the principles of religion in the service of nurses.

"I am delighted to have this opportunity to greet you, and I hope that you will meet in Detroit again."

Miss Pfefkerkorn then presented the report of the study of the employment and vacancies of graduate registered nurses in hospitals.
STUDY OF EMPLOYMENT AND VACANCIES OF GRADUATE REGISTERED NURSES IN HOSPITALS AND RELATED INSTITUTIONS AS OF APRIL, 1941

In order to have information which would provide evidence on the number of graduate registered nurses regularly employed in hospitals and related institutions in the United States, the number of graduate registered nurse vacancies in these institutions, and the number of graduate registered nurses released for national defense, a postcard questionnaire was sent during the first week of April, 1941, to the 6,290 institutions in the 1941 list of hospitals registered by the American Medical Association. Thirty-one hundred and two (3,102) institutions or 49 per cent returned usable information.

Graduate Registered Nurses Employed

In round figures the total number of graduate registered nurses regularly employed in the 3,100 institutions was 83,000. Of this number 54,000 held general duty positions, and 29,000 were employed in other capacities.

Graduate Registered Nurse Vacancies

The total number of vacancies in all graduate registered nurse positions was 5,000. Four thousand (4,000) of these vacancies were in general duty positions, 1,000 in all other positions. Reduced to percentages, 6 per cent of the total regular positions for all graduate registered nurses were vacant; 7 per cent of the general duty nurse positions, and 3 per cent of all other positions.

Graduate Registered Nurses Released for Defense

The number of nurses released for defense in the 3,100 hospitals was 2,600. This number represented 3 per cent of the total graduate registered nurse positions and 54 per cent of the vacancies in these positions.

In some instances, as in the case of the West South Central Division, no figure is included in the column "Per cent of Vacancies." Where such an omission occurs it is because the reported number of nurses released is greater than the reported number of vacancies. This is possible because the vacancies were reported as of a particular date, whereas the figures for nurses released for defense not only may cover the vacancies of that date but also any nurses released preceding it.

Hospitals Reporting Vacancies

Of the 3,102 hospitals, 1,018 or 33 per cent reported some vacancies, and 2,084, or 67 per cent, reported no vacancies in graduate registered nurse positions. The parts of the country where the largest percentage of hospitals reported vacancies were along the Atlantic Coast, and the East North Central and Mountain Divisions. The fewest vacancies were reported for the Pacific Coast region.
Estimated Figures for the U. S. A.

No attempt has been made to find out the proportion of large institutions and the proportion of small institutions of the total institutions in the country that sent in usable replies. If we assume that the institutions reporting are representative of the total institutions and that the 'reporting group' and the 'group not reporting' each employ proportionately the same number of graduate registered nurses and have proportionately the same number of vacancies, then, in round numbers, in the hospitals in the United States there are approximately:

Regularly Employed
170,000 graduate registered nurses
109,000 graduate registered general duty nurses
61,000 graduate registered nurses in other positions

Vacancies
9,900 vacancies in all graduate registered nurse positions
8,200 vacancies in graduate registered general duty positions
1,700 vacancies in other graduate registered nurse positions

Released for Defense
A total of 5,300 graduate registered nurses.

Committee on Nominations for 1942

The members of the Committee on Nominations appointed by the President in accordance with the provisions of the by-laws\(^1\) were:

Edna Groppe, Illinois, Chairman
Zora McAnelly Fiedler, Texas

Nominations from the floor were:
Miriam Ames, Maryland
Minnie Poe, California
Helen Potter, Massachusetts

Report of the Committee on Resolutions

The Committee on Resolutions has experienced difficulty in finding adequate means of expressing the appreciation of the National League of Nursing Education to all those who have contributed to the success of its Forty-seventh Annual Convention. It realizes that many whose portion of the work was unseen have had a part in making the meeting a memorable one.

The Committee on Program set a high standard of performance by planning an excellent program, and this was made effective by the constant alertness to every need on the part of the Committee on Arrangements.

The management and employees of the Statler Hotel have by their thought for our every comfort made our week in Detroit an enjoyable one.

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\(^1\) By-laws—Article VII, Section 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.
Those who took part in the program, both our friends outside as well as within the profession, graduate and student nurses, contributed a core of educational and recreational content which was stimulating to us all.

The hospitals which made possible visits to their institutions added to the value of the convention.

The committee wishes to mention also the part played by the monitors and ushers, the displays of the exhibitors and publishers, the trips planned for our recreation and pleasure, and the publicity so generously given the convention by the newspapers and radio stations.

Those who attended this convention of the National League of Nursing Education will long remember the week in Detroit in 1941.

Respectfully submitted,

LYNDON MCCARROLL
CHARLOTTE SKOOGLUND
ANNE L. AUSTIN, Chairman

REPORT OF TELLERS AND INSPECTORS OF ELECTION

Total ballots cast ........................................... 388
Total of valid votes ........................................ 385

For Vice-President
Phoebe M. Kandel ............................................ 225
Gertrude R. Folendorf ...................................... 152

For Secretary
Marian Durell ................................................. 265
M. Cordelia Cowan .......................................... 112

For Directors
Ruth Sleeper .................................................. 309
Isabel M. Stewart .......................................... 281
Edna S. Newman ............................................. 272
Sister M. Olivia Gowan .................................... 200
Margaret Tracy ............................................... 148
Henrietta Adams ............................................. 139
Ruth V. Wheelock ........................................... 113
Maria Johnson ................................................ 57

Respectfully submitted,

MARGARET PINKERTON, Chairman

Tellers
Mrs. Elizabeth Earle
Mrs. Mary Montieth
Muriel Thomas

Inspectors
Carrie A. Benham
Lilian Leeson
Sister Rose Victor
CONVENTION PROCEEDINGS

The report was accepted and the chair declared the following officers and directors elected:

_Vice-President_
Phoebe M. Kandel, Greeley, Colorado

_Secretary_
Marian Durell, Belleplain, New Jersey

_Directors_
Ruth Sleeper, Boston, Massachusetts
Isabel M. Stewart, New York, New York
Edna S. Newman, Chicago, Illinois
Sister M. Olivia Gowan, Washington, D. C.

OTHER BUSINESS

There was a motion by Miss Dorothy Deming, which was seconded and carried, that the National League of Nursing Education, in view of the anticipated demand for many more graduate nurses in this national emergency, authorize the Nursing Information Bureau to release a statement to the press this week, if possible today, urging young women to prepare themselves for nursing, giving information where lists of accredited schools and guidance may be secured. Also that this statement be directed particularly to college graduates, pointing out to them the satisfactions of nursing as a future profession.

In closing, Miss Goosray said: "I think it is very important in these troubled days that we all try to live as normal lives as possible, and I hope we are not going to forget that in the days to come. Many of you, as Major Stimson said last night, have heard the nightingale singing in the summer woods in England. We hope you will not forget that either.

"We are not going back to easy days. We are going back to days which are probably going to be filled with difficulties, and I should like to say again what I said in my presidential address. We must be prepared to meet the present emergency but we must be preparing for the future. It is not only a temporary crisis. We are confronted with opportunities, the duration of which may be permanent. We shall have to define our position many times. Let us be sure that we are holding out for essentials. Let us state our principles with forthright simplicity, and having stated them, hold fast to them.

"We shall look forward to seeing you all in Chicago in 1942."

The convention was then adjourned to meet in Chicago in 1942.
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 Georgias 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 this 15th 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;
   a. Having become a registered nurse in one or more states;
   b. Being a member of the American Nurses’ Association;
   c. Holding an advisory, executive, or teaching position in an educational, preventive, or government nursing organization; and
   d. 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.
ARTICLE III

Elections

Section 1. The President, the Treasurer, and four Directors shall be elected in the even-numbered years to serve for two years. The Vice President, the Secretary, and four Directors shall be elected in the odd-numbered years to serve for two years.

Sec. 2. All elections of officers and directors referred to in Section 1 of this Article shall be held at the annual convention. All elections shall be by ballot. All elections shall be had by plurality vote.

Sec. 3. The President shall appoint the necessary tellers and inspectors of election.

Sec. 4. The Secretary shall furnish to the chairman of the tellers a list of officers, presidents of the state leagues, and active members. The teller in charge of the register shall check the name of the member voting.

Sec. 5. The teller in charge of the ballot box shall place her initials upon the back of the ballot and voter shall then deposit the ballot.

Sec. 6. Polls shall be open for such a period of time as shall be specified by the Board of Directors.

Sec. 7. Each officer shall hold office until the adjournment of the annual meeting at which her successor has been elected.

Sec. 8. In the event of a vacancy in any office, the Board of Directors shall fill the vacancy until her successor is elected.

ARTICLE IV

Duties of the Board of Directors and Officers

Section 1. The Board of Directors shall:

a. Supervise the affairs of the League, perform all necessary functions of management, and devise and mature measures for its advancement and welfare;

b. Hold a business meeting immediately preceding and immediately following each convention and shall meet at other times at the call of the President or at the request of five (5) or more members of the Board;

c. Transact the general business of the League in the interim between annual conventions;

d. Report to the League at each annual convention the business transacted by it during the preceding year;

e. Provide for the proper care of all books and papers of the League;

f. Select a place of deposit for funds and provide for their investment;

g. Provide for the auditing of accounts;

h. Provide for the maintenance of National Headquarters and for the making of this office the center of all activity of the League in connection with the American Nurses’ Association and the National Organization for Public Health Nursing;

i. Appoint an Executive Secretary, define her duties, except as herein provided, and fix her compensation;

j. Appoint all committees not otherwise provided for;

k. Act upon applications for membership; and

l. Determine the hours during which polls shall be open for election.

Sec. 2. The President shall:

a. Preside at conventions, at all meetings of the Board of Directors and Advisory Council, and be a member ex officio of all committees;

b. Issue vouchers for all bills paid by the Treasurer;

c. Perform all other acts and duties of a general nature as may be incident to her office.

Sec. 3. The Vice President shall perform the duties of the President in her absence or during her inability to act, and such other duties as may be delegated to her by the President.
Sec. 4. The Secretary shall:
   a. Keep the minutes of the convention and of the meetings of the Board of Directors and of the Advisory Council;
   b. Preserve all papers, letters, and records of all transactions, and have custody of the corporate seal;
   c. Present to the Board of Directors all applications for membership together with the recommendations of the Committee on Eligibility;
   d. Report to the Board of Directors at each annual convention or upon request;
   e. Within one month after retiring, deliver to the new Secretary all books, papers, and reports of the League in her custody with a supplemental report covering all transactions from January 1 to the close of the annual convention;
   f. Send a notice of the annual convention to each member at least one month in advance.

Sec. 5. The Treasurer shall:
   a. Collect, receive, and have charge of all funds of the League, and shall deposit such funds in a bank designated by the Board of Directors;
   b. Pay only such bills as have been ordered by the President;
   c. Give a bond subject to the approval of the Board of Directors for the faithful performance of her duties, said bond to be paid from the treasury;
   d. Report to the Board of Directors the financial standing of the League at each annual convention and upon request;
   e. Deliver, one month after retiring, to the new Treasurer all papers, books, records, money of the League in her custody, with a supplemental report covering all transactions from January 1 to the close of the annual convention.

Sec. 6. Necessary expenses incurred by officers or committees in the service of the League shall, upon approval of the Committee on Finance, be refunded from the general treasury. Necessary expenses of the directors shall be fixed at an appropriate amount by the Committee on Finance in its absolute discretion, and shall be included in the budget of the finances of the League. The amount so fixed shall be refunded from the general treasury.

ARTICLE V

Advisory Council

Section 1. The officers of the National League and the presidents of the state leagues belonging to the National League shall constitute an Advisory Council.

Sec. 2. The duties of the Advisory Council shall be to keep the National League informed of the progress of nursing education in the states represented and to cooperate with the National League of Nursing Education.

Sec. 3. Meetings of the Advisory Council shall be held in connection with each annual convention, at such times as shall be designated in the program. The members shall be prepared to report on the work in their respective state leagues.

Sec. 4. In the absence of its president a state league may be represented in the Advisory Council by an alternate appointed by the state league.

ARTICLE VI

Executive Secretary

Section 1. Except as herein specifically provided, the duties of the Executive Secretary shall be outlined by the Board of Directors.

Sec. 2. She shall be responsible for the disbursements of all headquarters funds as assigned by the Board of Directors, and in this capacity shall be bonded.

Sec. 3. She shall attend the meetings of the Board of Directors and shall be a member ex officio of all committees.
BY-LAWS

ARTICLE VII

Standing Committees

Section 1. Except as otherwise specifically provided, standing committees shall be appointed by the Board of Directors to serve for one year. They shall consist of at least three members and shall be as follows:

a. Accrediting
b. Convention Arrangements
c. Curriculum
d. Eligibility
e. Finance
f. Headquarters
g. Nominations
h. Program
i. Publications
j. Revision
k. Studies

Sec. 2. The Committee on Accrediting. This committee is responsible for determining the standards and procedures for the accreditation of schools of nursing. It is also responsible for putting the program into operation and for its administration.

Sec. 3. The Committee on Convention Arrangements. This committee shall be responsible for the plans to be followed in carrying on the annual convention, by making arrangements for suitable places for general and committee meetings, hotel accommodations, exhibits, and general information.

Sec. 4. The Committee on Curriculum. The work of this committee shall include the study and presentation of the curriculum for schools of nursing and any other activity approved by the Board of Directors.

Sec. 5. The Committee on Eligibility. This committee shall check the qualifications of the applicants applying for individual membership according to the requirements of the By-laws, and if sufficient data are not furnished on the application form, shall secure such data by correspondence.

Sec. 6. The Committee on Finance. This committee shall prepare and present a budget of the finances of the League to the Board of Directors, advise concerning investments, and approve other than routine expenditures.

Sec. 7. The Committee on Headquarters. This committee shall have the power to act between Board meetings upon all matters which are referred by the President or Executive Secretary which do not require the formation of new policies, and to pass upon applications for membership which come from states where there are no state leagues.

Sec. 8. The Committee on Nominations. This committee shall consist of five members, two of whom shall be appointed by the chair and three by the house. On or before each September 1 preceding the annual convention, this committee shall issue to each state league a form on which the state league shall submit the name of one nominee for each office to be filled. These forms shall be signed by the president or secretary of the state league and returned to the Committee on Nominations of the National League of Nursing Education before December 1 preceding the annual convention.

From the forms returned by the state leagues, the Committee on Nominations shall prepare a ticket consisting of two names of the nominees receiving the highest number of votes for each office, and eight names for the office of directors. If the list of names submitted is not sufficient to form a ticket, the Committee on Nominations shall have power to add names so that a full ticket may be made up. No name shall be presented to the Board of Directors or to the convention, either by the Com-
mittee on Nominations or from the floor, unless the nominee has consented and is free to serve if elected. This report shall be in the hands of the Secretary by January 1.

The list of nominations shall be published in the March issue of *The American Journal of Nursing*, shall be mailed to each state league at least two months previous to the annual convention, and shall be posted on the daily bulletin board on the first day of the annual convention.

Sec. 9. The Committee on Program. The chairman of this committee shall request from the members of the Program Committee, the officers of the National League of Nursing Education, the state leagues, and chairmen of all committees, suggestions for the program. This committee shall submit a draft of this program to the Board of Directors to be acted upon at the mid-year meeting. The committee shall be responsible for all correspondence unless otherwise instructed.

Sec. 10. The Committee on Publications. The committee shall keep informed concerning the contents of professional nursing magazines and pamphlets and other journals publishing material of interest to nursing and nursing education, recommend and decide upon reprints of articles contained in such periodicals, cooperate with the Committee on Curriculum in matters pertaining to its publications and prepare such other publicity material as may be indicated and approved by the Board of Directors and as allowed by the budget.

Sec. 11. The Committee on Revision. This committee shall investigate the eligibility of all state leagues applying for membership in this organization. It shall devise ways and means for cooperation with states and territories for securing members and report its findings to the Board of Directors, whose decision as to the eligibility shall be final. It shall receive all proposed amendments to the By-laws of this association, and submit them for action at the annual convention. This committee shall also advise state leagues concerning proposed amendments to their constitution and by-laws for the purpose of keeping them in harmony with the Articles of Incorporation and By-laws of this organization.

Sec. 12. The Committee on Studies. This committee shall approve the studies to be undertaken by the Director of Studies, the plans for and reports of such studies, and otherwise serve in an advisory capacity to the Director.

Sec. 13. Each committee shall present a written report of its activities to the annual convention and to the Board of Directors at the mid-year meeting, and keep the Executive Secretary informed of its work, as may be indicated, during the year.

**ARTICLE VIII**

**Dues**

Section 1. The annual dues for all active members of the National League of Nursing Education shall be $3.00.

a. In states where there is a state league, dues ($3.00) for all active members shall be paid through the state league on the basis of membership March 1 of each year, except the first year of membership, when dues shall be paid at the time of application.

b. In states where there is no state league, dues ($3.00) shall be paid directly to the National League of Nursing Education. Dues shall accompany application.

Sec. 2. The annual dues for junior active and associate members shall be $2.00.

a. In states where there is a state league, dues ($2.00) shall be paid through the state league on the basis of membership March 1 of each year, except the first year of membership, when dues shall be paid at the time of application.

b. In states where there is no state league, dues ($2.00) shall be paid directly to the National League of Nursing Education. Dues shall accompany application.

Sec. 3. The annual dues for sustaining members shall be $8.00, which shall entitle the members to receive all pamphlets and reprints published by the League during the year.
a. In states where there is a state league, dues ($8.00) for all sustaining members shall be paid through the state league on the basis of membership March 1 of each year, except in the first year of membership, when dues shall be paid at the time of application.

b. In states where there is no state league, dues ($8.00) shall be paid directly to the National League of Nursing Education. Dues shall accompany application.

Sec. 4. Any state league or individual member failing to pay the annual dues by the first day of April shall receive a notice from the Treasurer, and if the dues are not paid within two months they shall have forfeited all privileges of membership. Active individual members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

Associate members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

ARTICLE IX

Meetings

Section 1. A convention of the National League of Nursing Education shall be held annually. In the even-numbered years it shall be held conjointly with the convention of the American Nurses' Association, in the odd-numbered years it shall be held at such time and place as shall be determined by the Board of Directors.

Sec. 2. The order of business at each convention shall include:

a. Reading of the minutes
b. Annual reports of all officers
c. Annual reports of all Presidents of all State Leagues of Nursing Education
d. Annual reports of all Standing Committees
e. Address of President
f. Miscellaneous business
g. Election of officers and directors

ARTICLE X

Representation

Section 1. The voting body at the annual convention of the National League of Nursing Education shall consist of active, junior active, and sustaining members of state leagues in good standing, and individual active, junior active, and sustaining members in good standing.

Sec. 2. The associate members shall have no vote at state or national meetings.

ARTICLE XI

Quorum

Section 1. A quorum of the Board of Directors shall be eight (8) members.

Sec. 2. A quorum of the Advisory Council shall be ten (10) members other than the officers.

Sec. 3. Members from fifteen (15) states shall constitute a quorum for the transaction of business at any annual convention.

ARTICLE XII

Fiscal Year

The fiscal year of this association shall be the calendar year.
ARTICLE XIII

Application of the Term "State League"

Where the term "state league" is used in these By-laws the word "state" shall be understood to apply equally to any state of the United States of America, to the District of Columbia, or to any territory, possession, or dependency of the United States of America, and the rights and privileges, responsibilities and obligations of all members in the states, the District of Columbia, the territories, possessions, or dependencies shall be the same. (See Article XIV, By-laws, American Nurses' Association.)

ARTICLE XIV

Duties of State Leagues

It shall be the duty of each state league:

a. To know that all requirements for membership in the state and local leagues meet the requirements for membership in the National League of Nursing Education;

b. To know that the dues are paid by the first day of April of each year on the basis of membership the first day of March of each year;

c. To send to the President, Secretary, and Executive Secretary of the National League of Nursing Education and to the American Journal of Nursing, the names and addresses of all officers, immediately after their election or appointment, together with the date and place of their next annual meeting;

d. To report the activities of the state and local leagues at the annual convention, and at such other times as may be required;

e. To confer with the Committee on Revision of the National League of Nursing Education regarding changes in their state constitution and by-laws; all such changes to be made shall have attached to them a card of approval, signed by the Chairman of the Committee on Revision of the National League of Nursing Education, before being presented to the state league for action; upon the adoption of any changes by a state league, three copies of the changes adopted, accompanied by the card of approval, shall be sent to the Executive Secretary, one copy shall be retained at National Headquarters, one copy sent to the Secretary, and one to the Chairman of the Committee on Revision;

f. To help organize local leagues when desired;

g. To provide official representation as a member of the Advisory Council at each annual convention.

ARTICLE XV

Parliamentary Authority

Deliberations of all meetings of the National League shall be governed by 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.P.H. ...... School of Public Health, Yale University, New
Haven, Conn.
DEWITT, KATHARINE ............ 14 Grand Avenue, Poughkeepsie, N. Y.
NUTTING, M. ADELAIDE ......... 500 West 121 Street, New York, N. Y.
Powell, M. LOUISE ............. 337 East Beverley Street, Staunton, Va.

LIFE MEMBERS

DOCK, L. L. .................... Fayetteville, Pa.

ACTIVE MEMBERS 1

SYMBOLS USED

(*) Indicates junior active member
(**) Indicates sustaining member 2
(†) Preceding state names indicates that state leagues have been organized

‡ALABAMA—25

BOWLINE, STELLA L. ............. Cullman
CAMPBELL, MRS. GERTRUDE B. ... 1127 S. 12 St., Birmingham
COLEMAN, MARY S. ............. Peoples Hospital, Jasper
DEBOW, ALICE** .............. 708 Tuscaloosa Ave., Birmingham
DENNY, LINNA H.** .......... 1520 N. 25 St., Birmingham
FITZGERALD, ROSE E. .......... Hotel Empire, Birmingham
JACKSON, ANNICE** .......... Hillman Hospital, Birmingham
JESS, MRS. MYRTLE M. ........ Peoples Hospital, Jasper
KILPATRICK, MRS. WANITA ..... South Highlands Infirmary, Birmingham
LAFORGE, ELIZABETH .......... Public Health Department, Birmingham
LAWLER, RUBY M. ............. Norwood Hospital, Birmingham
MASTERS, SUE ................ Norwood Hospital, Birmingham
MCDONNELL, ELIZABETH T. ... 2101 Highland Ave., Birmingham
MCELDERRY, BERTHA .......... 203 Court, Talledega
PARKER, MAGWIDE .......... St. Margaret’s Hospital, Montgomery
PENCE, MRS. DONNA T. H. .... Norwood Hospital, Birmingham
ROBERTS, MRS. ROSS E.** .... Norwood Hospital, Birmingham
SANNER, MARIE ............ St. Vincent’s Hospital, Birmingham
SISTER LYDIA ................ St. Vincent’s Hospital, Birmingham
SISTER MARY LOUISE MOONEY** St. Vincent’s Hospital, Birmingham
STEELE, MRS. AGNES .......... Bryce Hospital, Tuscaloosa
STIEN, MRS. ROMA ............ 112 Edgewood Blvd., Birmingham
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TURNER, MRS. MARGARET ...... Norwood Hospital, Birmingham
WHITTING, FRANCES ......... 1320 N. 25 St., Birmingham

1 This list includes only those members whose 1941 dues reached the National office by July
fifteenth when this Report went to press.
2 By-laws, Article I, Section 4. A sustaining member is an active member who has paid the
dues required of such membership.
Article VIII, Section 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.
ARIZONA—12

Benson, Minnie C. .......... 1620 Hedrick Dr., Tucson
Blake, Mrs. Ella L. .......... State Capitol, Phoenix
Brunelle, Irma L. .......... Ganado Mission, Ganado
Buzzell, Pauline .......... 345 W. Moreland, Phoenix
Finch, Alberta T. .......... 310 W. Monte Vista, Phoenix
Fisher, Irma J. .......... St. Joseph’s Hospital, Phoenix
Griffin, Evelina L. .......... Good Samaritan Hospital, Phoenix
Liebeck, Clara M. .......... St. Mary’s Hospital, Tucson
Morgan, Florence .......... Ganado Mission, Ganado
Sister Mary Theophane .......... St. Joseph’s Hospital, Phoenix
Sister Mary Veronica ** .......... St. Joseph’s Hospital, Phoenix
Walsh, Ellen G. ............ 83 Columbus Ave., Phoenix

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Atwood, Eva .......... Box 330, Fort Smith
Boyd, Florence .......... University Hospital, Little Rock
Brammer, Helen .......... Camp Robinson, Little Rock
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Carpenter, Marian E. .......... Pyramid Life Bldg., Little Rock
Findley, Louise J. .......... University Hospital, Little Rock
Hoeltzel, Elizabeth M. .......... 1100 Barber Ave., Little Rock
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Masbach, Flores .......... Base Hospital, Camp Robinson
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Sister Mary Kevin Gallagher .......... Warner Brown Hospital, El Dorado
Sister Mary Sebastian .......... St. Edward’s Mercy Hospital, Fort Smith
Sister M. Thomasina Walter-
scheid .......... St. Bernard’s Hospital, Jonesboro
Sister Mary Vincent Kallen-
brun .......... St. Vincent’s Infirmary, Little Rock
Sister Mildred Felderhoff .......... St. Bernard’s Hospital, Jonesboro
Teter, Mrs. Martha B. .......... Trinity Hospital, Little Rock
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Vaughan, Margaret S. .......... State Board of Health, Little Rock
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McLain, Mrs. Thelma M. ................................ 141 E. Olive St., San Bernardino
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Nastold, Mary ......................................... 114½ W. Ave. 28, Los Angeles
Nelson, Merle A. ....................................... Kern County General Hospital, Bakersfield
Newton, Marjorie D. .................................. 3326 Farnsworth, Los Angeles
Newton, Mildred ....................................... 1921 Eighth Ave., San Francisco
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<tr>
<td>Vogel, M. Ellen</td>
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**COLORADO—159**

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BERGER, ELENA .......................... Children's Hospital, Denver
BERKOWITZ, LIBBIE* .................. Denver General Hospital, Denver
BINNING, MYRNA* ...................... Denver General Hospital, Denver
BLAKE, GRACE J. ....................... St. Joseph's Hospital, Denver
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TAYLOR, LOUISE B. ..................... Presbyterian Hospital, Denver
TINES, ANNA M. ......................... Denver General Hospital, Denver
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VESTERDAHL, CAROL .................. Children’s Hospital, Denver
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WORK, LIDIA L.* ....................... Denver General Hospital, Denver
WRIGHT, NAOMI* ....................... Denver General Hospital, Denver
YOUNGLOVE, MARGUERITE .......... Denver General Hospital, Denver

CONNECTICUT—135

ALBRIGHT, MYRTLE M. .......... The Municipal Hospital, Greenwich
ALLEN, BERNICE M. ............... 45 Hawkins St., New Britain
ALLING, OLIVE A.*................. Hotel Taft, New Haven
ALLYN, LUCIA G.* .................. 15 Dwight St., New Haven
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BIXLER, ELIZABETH S.** .... Norwich State Hospital, Norwich
BLACK, JESSIE B. ..................... Hartford Hospital, Hartford
BLISS, LOIS A. ...................... 350 Congress Ave., New Haven
BROWNHILL, HELEN E. .......... 161 Cook Ave., Meriden
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<td>Cobalt Lodge, Cobalt</td>
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<td>Lang, Virginia</td>
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<td>Arnold St., R. F. D. 2, Middletown</td>
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<td>160 Retreat Ave., Hartford</td>
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<td>General Hospital, New Britain</td>
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<td>Hartford Hospital, Hartford</td>
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<td>McCorkle, Mar D.</td>
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<td>McIntyre, Elizabeth M.</td>
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<td>McLaren, Jean I.</td>
<td>Stamford Hospital, Stamford</td>
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McVicker, Mabel ............... Waterbury Hospital, Waterbury
Meeker, Vera J.** ............. 45 Hawkins St., New Britain
Meier, Ida M. .................. 64 Robbins St., Waterbury
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Sister Catharine Teresa Rodgers, St. Francis Hospital, Hartford
Sister Celeste Cummings ...... St. Vincent Hospital, Bridgeport
Sister Eleanor Marie Walsh .. St. Mary’s Hospital, Waterbury
Sister Elizabeth Mary Walsh .. St. Mary’s Hospital, Waterbury
Sister Francis Elizabeth Hayes St. Francis Hospital, Hartford
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Sister Mary Christine Leonard, St. Mary’s Hospital, Waterbury
Sister M. Concepta Hayes .... St. Francis Hospital, Hartford
Sister Mary Germaine Hanley . 114 Woodland St., Hartford
Sister Mary Madeleine Forcier . 114 Woodland St., Hartford
Sister Mary Mechtilde Carty .. St. Francis Hospital, Hartford
Sister Mary Sacred Heart ..... St. Mary’s Hospital, Waterbury
Sister Teresa Austin Walton . 114 Woodland St., Hartford
Sister Mary Teresa Dowd ...... St. Mary’s Hospital, Waterbury
Sister Mary Visitation Mc- 
Cathy** .......... St. Mary’s School of Nursing, Waterbury
Sister St. Catherine Deschines . 56 Franklin St., Waterbury
Skinner, Charles H.** ........ 305 W. Preston St., Hartford
Solizdzral, Olga G.* .......... 350 Congress Ave., New Haven
Stack, Margaret K. .......... 252 Asylum St., Hartford
Steiner, Josephine* .......... 15 Dwight St., New Haven
Stewart, Peggy Z. ............. 40 Batter Place, New Haven
Storm, Elsa E. C. .............. Wm. W. Backus Hospital, Norwich
Sullivan, Mary E.** ........... Hartford Municipal Hospital, Hartford
Swanson, Myrtle V.* .......... 117 Bassett St., New Haven
Taylor, Effie J.** ............ Yale University School of Nursing, New Haven
Taylor, Jane E. ............... New Haven Hospital, New Haven
Toelle, Hedwig C. ............ 512 Townsend Ave., New Haven
Walters, Sylvia ................ Stamford Hospital, Stamford
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Winebrenner, Mary R. .................. 37 Jefferson St., Hartford
Wolcott, Marion A. ....................... 9 Howe St., New Haven
Woodward, Frances E. .................. 37 Jefferson St., Hartford

‡DELAWARE—37

Beach, Beulah F. ......................... Memorial Hospital, Wilmington
Bowdle, Frances E. ..................... Wilmington General Hospital, Wilmington
Brimer, Grace E. ......................... 524 Kingshighway, Lewes
Brumbaugh, Virginia G. ............... Beebe Hospital, Lewes
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Downes, Gladys M. ...................... Delaware Hospital, Wilmington
Dugan, Lucile E. ......................... Delaware Hospital, Wilmington
Dutter, Violette L. ...................... Homeopathic Hospital, Wilmington
Elder, Wilhelmina M. ................... Memorial Hospital, Wilmington
Felder, B. Carolyn ....................... Memorial Hospital, Wilmington
Ferry, Mary M. .......................... Wilmington General Hospital, Wilmington
Halloway, Edna M. ...................... Delaware Hospital, Wilmington
Harrington, Mabel W. ................... Milford Emergency Hospital, Milford
Healy, Olive L. .......................... St. Francis Hospital, Wilmington
Herman, Gladys L. ...................... Delaware Hospital, Wilmington
Hill, Carolyn G. ........................ Wilmington General Hospital, Wilmington
Hynew, Mrs. Evelyne W. ............... Wilmington General Hospital, Wilmington
Jones, Margaret L. ..................... Wilmington General Hospital, Wilmington
Leach, Marian I. ......................... Delaware Hospital, Wilmington
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Reed, Nora E. ........................... 330 Savannah Rd., Lewes
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Rollins, R. Rae .......................... Wilmington General Hospital, Wilmington
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†FLORIDA—49

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Cato, Dorothy S. .................. 1210 Kuhl, Orlando
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Clarkson, Lillian ................... Munroe Memorial Hospital, Ocala
Cussen, Ruth B. .................... Orange General Hospital, Orlando
Erdman, Lucy J. .................... Brewster Hospital, Jacksonville
Ewing, Mrs. Clifford H. ............ Box 3454, Jacksonville
Feltes, Bernadette M. ............. St. Luke's Hospital, Jacksonville
Fulgham, Dora ...................... Florida State Hospital, Chattahoochee
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Gutwald, Kathryn R. ** ............. Martin County Hospital, Stuart
Hanselman, Frances M. ** ......... Orange General Hospital, Orlando
Hazel, Madalee J. .................. 414 Florida Bank Blvd., St. Petersburg
Hobbs, Mildred ** .................. Tampa Municipal Hospital, Tampa
Hyatt, Frances F. .................. Orange General Hospital, Orlando
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Jones, Florence M. ............... Brewster Hospital, Jacksonville
Kenneally, C. Mildred ............. Tampa Municipal Hospital, Tampa
Landers, Emma B. .................. Orange General Hospital, Orlando
Linton, Elsie ....................... Jackson Memorial Hospital, Miami
Lohman, E. Laura ................... Orange General Hospital, Orlando
McCullum, Floris A ................ Orange General Hospital, Orlando
MCLAUGHLIN, CLEO ............... 310 W. Church St., Jacksonville
Mettinger, Ruth E. ................. State Board of Health, Box 210, Jacksonville
Miscally, Elizabeth ............... Good Samaritan Hospital, West Palm Beach
Moog, Elsie M. ..................... Florida State Hospital, Chattahoochee
Nelson, Mrs. Inez M. .............. State Board of Health, Jacksonville
Rackley, Madge ..................... 7828 N. W. Fifth Ave., Miami
Robson, Juana ...................... Pensacola Hospital, Pensacola
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Sister Miriam Harold ............. St. Vincent's Hospital, Jacksonville
Sister Odile Allnut ............... Pensacola Hospital, Pensacola
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Weaver, Katherine ................. Drawer 1100, Orlando
Weddon, Mary E .................... Good Samaritan Hospital, West Palm Beach
Young, Etelka W. ................. Florida State Hospital, Chattahoochee

$GEORGIA—63

Atkinson, Lucile ................. Harbin Hospital, Rome
Babin, Ruth A. .................... St. Joseph's Infirmary, Atlanta
Bonner, Mrs. Myra * ............. Milledgeville State Hospital, Milledgeville
Brady, Coralie E .................. Macon City Hospital, Macon
Bratton, Jimmie K ............... Georgia Baptist Hospital, Atlanta
Candlish, Jessie M ................ Egleston Hospital, Atlanta
Chambers, Annette * ............. Emory University Hospital, Emory University
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Childress, Rosalie</td>
<td>Emory University Hospital, Emory University</td>
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<tr>
<td>Crosby, Elsie</td>
<td>Public Health Department, Atlanta</td>
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<tr>
<td>Cumbee, Lillian</td>
<td>544 Moreland Ave., Atlanta</td>
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<tr>
<td>Cundiff, Melya J.*</td>
<td>Emory University Hospital, Emory University</td>
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<td>Davis, Effie</td>
<td>Patterson Hospital, Cuthbert</td>
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<td>Dickerson, Durice A.</td>
<td>131 Forrest Ave., N. E., Atlanta</td>
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<td>Doig, Grace W.</td>
<td>Emory University Hospital, Emory University</td>
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<td>Douglas, Louise</td>
<td>Emory University Hospital, Emory University</td>
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<td>Dunn, Dorothy E.</td>
<td>Grady Hospital, Atlanta</td>
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<td>Erb, Florrie</td>
<td>Health Dept., Tifton</td>
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<td>Feebeck, Annie B.</td>
<td>Grady Hospital, Atlanta</td>
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<td>Floyd, Theodora A.</td>
<td>State Dept. of Public Health, Atlanta</td>
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<tr>
<td>Freeman, Annie</td>
<td>Emory University Hospital, Emory University</td>
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<td>Garron, Genevieve</td>
<td>Piedmont Hospital, Atlanta</td>
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<tr>
<td>Hamrick, Shirley N.</td>
<td>727 Main St., Cedartown</td>
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<td>Harkness, Frances R.</td>
<td>640 Forrest Rd., N. E., Atlanta</td>
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<td>Harris, Lucy</td>
<td>Georgia Baptist Hospital, Atlanta</td>
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<td>Henley, Ruth</td>
<td>Piedmont Hospital, Atlanta</td>
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<td>Hope, Willie</td>
<td>Piedmont Hospital, Atlanta</td>
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<td>Horn, Mary E.</td>
<td>Georgia Baptist Hospital, Atlanta</td>
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<td>Jones, Mrs. Mae M.</td>
<td>State Hospital, Milledgeville</td>
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<td>Jones, Mary</td>
<td>Emory University Hospital, Emory University</td>
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<td>Kemp, Mrs. E. Lucille T.</td>
<td>Milledgeville State Hospital, Milledgeville</td>
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<td>Keneipp, Tressa L.</td>
<td>Grady Hospital, Atlanta</td>
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<td>King, Mrs. Bernice H.</td>
<td>Baldwin Memorial Hospital, Milledgeville</td>
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<td>Kirkwood, Ellen J.</td>
<td>Emory University Hospital, Emory University</td>
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<tr>
<td>LaFarge, Susan W.</td>
<td>640 Forrest Rd., N. E., Atlanta</td>
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<tr>
<td>Mae, Lucy I.</td>
<td>Cox Carlton Hotel, Atlanta</td>
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<td>Mahone, Gladys</td>
<td>Emory University Hospital, Emory University</td>
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<td>Marsh, Mrs. Irma*</td>
<td>Milledgeville State Hospital, Milledgeville</td>
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<tr>
<td>McClellan, Elizabeth</td>
<td>272 Courtland St., Atlanta</td>
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<td>Morgan, Eva A.</td>
<td>Grady Hospital, Atlanta</td>
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<td>Nelson, Lillian O.</td>
<td>Piedmont Hospital, Atlanta</td>
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<td>Newberry, Beatrice</td>
<td>640 Forrest Rd., N. E., Atlanta</td>
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<td>Phillips, Marion C.</td>
<td>Emory University Hospital, Emory University</td>
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<td>Pierce, Myrtle</td>
<td>Emory University Hospital, Emory University</td>
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<td>Sales, Nancy E.</td>
<td>Emory University Hospital, Emory University</td>
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<tr>
<td>Sister Joan of Arc Wilson</td>
<td>St. Joseph Hospital, Savannah</td>
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<td>Sister Mary Anita</td>
<td>St. Joseph's Infirmary, Atlanta</td>
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<td>Sister Mary Brenda</td>
<td>St. Joseph's Infirmary, Atlanta</td>
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<td>Sister Mary Gloria McNally</td>
<td>St. Joseph Hospital, Savannah</td>
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<tr>
<td>Skinner, Sara C.*</td>
<td>Emory University Hospital, Emory University</td>
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<tr>
<td>Sloan, Timoxena</td>
<td>Grady Hospital, Atlanta</td>
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<tr>
<td>Smith, Ruby M.</td>
<td>P. O. Box 276, Gainesville</td>
</tr>
<tr>
<td>Snoderly, Frances L.</td>
<td>Emory University Hospital, Emory University</td>
</tr>
<tr>
<td>Spurgeon, Carrie M.</td>
<td>38 Inman Park Circle, Atlanta</td>
</tr>
<tr>
<td>Stallworth, Gladys</td>
<td>Emory University Hospital, Emory University</td>
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<tr>
<td>Stewart, Alice F.</td>
<td>University Hospital, Augusta</td>
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<tr>
<td>Swafford, Clara*</td>
<td>Emory University Hospital, Emory University</td>
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<tr>
<td>Tatum, Mrs. Eva S.</td>
<td>754 Piedmont Ave., Atlanta</td>
</tr>
<tr>
<td>Van De Verde, Jane</td>
<td>Route 1, Smyrna</td>
</tr>
<tr>
<td>Warlick, Hattie</td>
<td>212 S. Broad St., Rome</td>
</tr>
<tr>
<td>Whittemore, Grace*</td>
<td>Emory University Hospital, Emory University</td>
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<tr>
<td>Whittemore, Jeilla*</td>
<td>Emory University Hospital, Emory University</td>
</tr>
<tr>
<td>Willis, Margaret L.*</td>
<td>Fort McPherson</td>
</tr>
<tr>
<td>Zimmerman, Lucile</td>
<td>Emory University Hospital, Emory University</td>
</tr>
</tbody>
</table>
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GROVES, Jessie L. .......... 1232 W. Michigan St., Indianapolis
HARTZ, Bernice M. .......... Ball Memorial Hospital, Muncie
HAUSENSTEIN, Caroline .......... Protestant Deaconess Hospital, Evansville
HAUGK, Edna* .......... 1232 W. Michigan, Indianapolis
HAUGK, Bernice M. .......... Ball Memorial Hospital, Muncie
HEIDGERKEN, Loretta .......... Indiana University Hospitals, Indianapolis
HELLMAN, Frances M.* .......... Indiana University Hospitals, Indianapolis
HERMAN, Mina M. .......... Methodist Hospital, Fort Wayne
HILL, Margaret E. .......... Union Hospital, Terre Haute
HOEFLIN, Cordelia** .......... Indiana University Hospitals, Indianapolis
HORN, Florence* .......... Indiana University Hospitals, Indianapolis
HUBBARD, Mrs. Erma B. .......... 1232 W. Michigan Ave., Indianapolis
HUNT, Edith .......... 667 Walnut St., Terre Haute
JACOBS, Blanche E. .......... Bloomington Hospital, Bloomington
JOHANSSON, Helen E. .......... Methodist Hospital, Indianapolis
JOHNSON, Mary* .......... Riley Hospital, Indianapolis
JORDAN, Thelma E. .......... Deaconess Hospital, Evansville
KOESTER, Marjorie .......... St. Joseph Hospital, Kokomo
KUZMITZ, Margaret C. .......... St. Mary's Mercy Hospital, Gary
LEHMAN, Esther .......... Epworth Hospital, South Bend
LILLARD, Mrs. Madonna .......... Ball Memorial Hospital, Muncie
MACDOUGALL, Eva F. .......... 1098 W. Michigan St., Indianapolis
MAQUIRE, Claire ............ 715 Broadway, Fort Wayne
McCRAKEN, Mabel C. .......... 227 S. Sixth St., Indianapolis
MCGRaeW, Blanch .......... Union Hospital, Terre Haute
MCNALLY, Gladys .......... Union Hospital, Terre Haute
MEISNER, Dorothy* .......... Lutheran Hospital, Fort Wayne
MILLET, Blush* .......... Methodist Hospital, Indianapolis
MURRAY, Pearl E.** .......... Protestant Deaconess Hospital, Evansville
NELSON, Katheryn M. .......... 1812 N. Capitol Ave., Indianapolis
PALSgrove, Mrs. Ethel H. .......... 119 E. 19 St., Indianapolis
PROPP, Marjorie M.* .......... 209 S. Washington, Bloomington
PULLEN, Bertha L.** .......... Methodist Episcopal Hospital, Indianapolis
RHOADES, Mary* .......... Methodist Hospital, Indianapolis
RHOADES, Beatrice M. .......... 2400 South St., Lafayette
SHARP, Carmen .......... Methodist Hospital, Indianapolis
SHERIDAN, Margaret D. .......... St. Anthony Hospital, Terre Haute
SHORT, Beatrice ........... 224 N. Meridian St., Indianapolis
SIEGFRIED, Helen P. .......... St. Elizabeth Hospital, Lafayette
SISTER ANDREA .......... St. Vincent's Hospital, Indianapolis
SISTER GEORGINA MILLER .......... St. Mary's Hospital, Evansville
SISTER MARIA AMADEO** .......... St. Mary's College, Holy Cross
SISTER M. ASSUMPTA .......... St. Joseph Hospital, Mishawaka
SISTER M. CONFIERA .......... St. Joseph Hospital, Fort Wayne
SISTER MARY FLORINA** .......... St. Anthony’s Hospital, Terre Haute
SISTER MARY HENKICA LAKER** .......... St. Elizabeth Hospital, Lafayette
SISTER MARY LEONARDA KNOTH .......... St. Elizabeth Hospital, Lafayette
SISTER M. MILBURGA .......... St. Joseph Hospital, Fort Wayne
SISTER M. REINOLDINA .......... St. Joseph Hospital, Mishawaka
SISTER MARY VIRGINIA .......... St. Catherine’s Hospital, East Chicago
SISTER M. VITALIS .......... St. Mary's Mercy Hospital, Gary
SISTER ROSE .......... St. Vincent's Hospital, Indianapolis
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<td>WINKLER, Marie T.</td>
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HAMMOND, Mrs. Thelma M.            St. Luke's Hospital, Davenport  
HASK, Mildred A.                   St. Vincent's Hospital, Sioux City  
HEEREN, Myra H.                    1117 Pleasant St., Des Moines  
HEFFNER, Augusta J.                St. Joseph Mercy Hospital, Sioux City  
HEGGEN, Martha                    Iowa Lutheran Hospital, Des Moines  
HERMANSTORFER, Pearl             St. Luke's Methodist Hospital, Cedar Rapids  
HOBBBS, Alida A.                   1117 Pleasant St., Des Moines  
HOCKMAN, Edythe                    Broadlawns Hospital, Des Moines  
HOLM, Sadie W.                     Allen Memorial Hospital, Waterloo  
HOLMES, Mrs. Nellie C.              St. Luke's Hospital, Davenport  
JACOBSON, Anna B.                   Broadlawns Hospital, Des Moines  
JENSEN, Christine                   1213 Cleveland, Des Moines  
KAMPMEIER, Bertha E.              Westlawn, Iowa City  
KENYON, Mabel                        1117 Pleasant St., Des Moines  
KUSTER, Emma                        1117 Pleasant St., Des Moines  
LACEY, Katherine M.               1915 Jones St., Sioux City  
LAMBERT, Theresa                    1822 E. 14 St., Des Moines  
LINDREN, Lillian A.               Iowa Lutheran Hospital, Des Moines  
LINDSAY, Lola*                      Westlawn, Iowa City  
MAHONEY, Marie                     Mercy Hospital, Iowa City  
MARBLE, Maureen                     University Hospital, Iowa City  
MCGURK, Blanche C.                Westlawn, Iowa City  
NEUENDORF, Bernice                 St. Luke's Hospital, Davenport  
NEUZIL, Rose                          516 Market St., Iowa City  
OSTENSON, Harriette M.             St. Luke's Hospital, Davenport  
PADERA, Aloise                      Westlawn, Iowa City  
PETERS, Sarah A.                   St. Luke's Methodist Hospital, Cedar Rapids  
RAPER, Lillian                      Westlawn, Iowa City  
REINHART, Edith                    Jane Lamb Memorial Hospital, Clinton  
RENDER, Mrs. Helena W.             State Hospital, Des Moines  
RICHTER, Ella C.                   St. Luke's Hospital, Davenport  
SAGE, Vera M.                        413 Ninth St., Des Moines  
SAUER, Dorothy M.                   St. Luke's Hospital, Davenport  
SCHLAPPER, Emma                     Jane Lamb Memorial Hospital, Clinton  
SCHLOTFIELDT, Rozella M.           Westlawn, Iowa City  
SCOTT, Sara M.                       Elder Court, Apt. 6, Council Bluffs  
SEBELIEN, Bernice M.               St. Luke's Hospital, Davenport  
SEIBERT, Jeannette A.             1117 Pleasant St., Des Moines  
SISTER CARMEN MARIE SWIFT          Mercy School of Nursing, Burlington  
SISTER ERNA SCHWEIER **           Evangelical Deaconess Hospital, Marshalltown  
SISTER MARIE ELIZABETH HOPP       Evangelical Deaconess Hospital, Marshalltown  
SISTER MARIE JEANNE D'ARC               St. Joseph Mercy Hospital, Clinton  
SISTER MARIE WOJZIESCHKE           Evangelical Deaconess Hospital, Marshalltown  
SISTER MARY AGATHA BERMELE      St. Vincent's Hospital, Sioux City  
SISTER M. ALVERNA                    St. Anthony Hospital, Carroll  
SISTER MARY ANASTASIA KENNEDY   St. Joseph 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, Keokuk  
SISTER MARY CONCEPTRA MULLINS    Mercy Hospital, Des Moines  
SISTER MARY DOROTHY                St. Joseph's Mercy Hospital, Mason City  
SISTER MARY EILEEN KEPPE           St. Anthony Hospital, Carroll  
SISTER M. EILEEN LARNEY            Mercy School of Nursing, Dubuque
<table>
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<th>Member Name</th>
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<tr>
<td>Sister Mary Elaine</td>
<td>835 Sixth Ave., Cedar Rapids</td>
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<td>Sister Mary Emerita Nintemann</td>
<td>St. Joseph's Mercy Hospital, Mason City</td>
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<td>Sister Mary Ethelreda</td>
<td>Mercy Hospital, Cedar Rapids</td>
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<td>Sister Mary Laurdes Lawler</td>
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<tr>
<td>Sister Mary Lawrence</td>
<td>835 Sixth Ave., Cedar Rapids</td>
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<td>Sister Mary Magdalene</td>
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<td>Sister Mary Maura</td>
<td>Mt. Mercy Junior College, Cedar Rapids</td>
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<td>Sister Mary Oliva Rockford</td>
<td>St. Joseph Mercy Hospital, Fort Dodge</td>
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<td>Sister Mary Paulesca Axman</td>
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<td>Sister Mary Pauline Hammes</td>
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<td>Sister M. Petronilla</td>
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<td>Sister Mary Philomena</td>
<td>St. Joseph Mercy Hospital, Fort Dodge</td>
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<td>Sister Mary Philomena Crock</td>
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<td>Sister Mary Stella Lillie</td>
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<td>Snell, Effie</td>
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<td>Community Hospital, Grinnell</td>
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<td>Stohl, Amanda</td>
<td>1117 Pleasant St., Des Moines</td>
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<td>406 Center St., Des Moines</td>
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<td>Stout, A. Catherine</td>
<td>Mercy Hospital, Des Moines</td>
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<td>406 Center St., Des Moines</td>
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<td>Tully, Catherine M.</td>
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<td>Vatthauer, Erna S.</td>
<td>Burlington Protestant Hospital, Burlington</td>
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<td>Weber, Flora C.</td>
<td>Children's Hospital, Iowa City</td>
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<td>Wenzel, Kathryn E.</td>
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<td>Weisblund, Florence N.</td>
<td>1117 Pleasant St., Des Moines</td>
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<td>Wilson, May S.</td>
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<td>Wortman, Jessie C.</td>
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<td>Wunschel, Martha A.</td>
<td>P. O. Box 173, Wall Lake</td>
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<td>Yackey, Grace L.</td>
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<td>Cooper, Frances</td>
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<td>Hastings, Ethel L.</td>
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**KENTUCKY—47**

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<td>Applegate, Mrs. Myrtle C.</td>
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<td>Children's Free Hospital</td>
<td>Louisville</td>
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<td>4445 S. Sixth St., Louisville</td>
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‡Louisiana—78

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MORRIS, CARRIE P. ............... 2700 Napoleon Ave., New Orleans
NEWBILL, MRS. KATHERINE W. .... 716 Voisin St., New Orleans
NEWMAN, MRS. J. M. ............... 1240 Texas Ave., Shreveport
OLSON, LUella ..................... 3450 Coliseum St., New Orleans
PAETZNIck, MAGUERITE .......... Charity Hospital, New Orleans
PAGAUD, MARY V. .................. 562 Audubon Bldg., New Orleans
PETERS, GENEVA A. .............. North Louisiana Sanitarium, Shreveport
PIEKARSKI, LEONE ................. Touro Infirmary, New Orleans
PRICE, IDA G. ..................... Highland Sanitarium, Shreveport
QUGLEY, CAROLINE ............... St. Mary's Parish, Franklin
ROome, BERNICE M. ............... 4901 Painters St., New Orleans
SAMPLE, ROSSETTER ............. 2700 Napoleon Ave., New Orleans
SCHMIDT, ESTHER L. ............... 3424 Prytania St., New Orleans
SISTER AGNES MARIE FITZSIMONS . Our Lady of the Lake Sanitarium, Baton Rouge
SISTER CELESTINE STROSINA ...... Hotel Dieu, New Orleans
SISTER EUGENIA MURRAY .......... Hotel Dieu, New Orleans
SISTER FLORENCE MEANS .......... Charity Hospital, Lafayette
SISTER GREGORY PFEFF .......... Hotel Dieu, New Orleans
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SISTER MARIE BRENDAN DONEGAN . St. Francis Sanitarium, Monroe
SISTER MARIE DE LIGOURI LAWTON . St. Francis Sanitarium, Monroe
SISTER MARIE DE NAZARETH McGINNIS . St. Francis Sanitarium, Monroe
SISTER MARIE EDNA CORCORAN .. Our Lady of the Lake Sanitarium, Baton Rouge
SISTER MARIE MAGDALENE LEMOINE . Our Lady of the Lake Sanitarium, Baton Rouge
SISTER MARY ANGELE VERNE ...... Our Lady of the Lake Sanitarium, Baton Rouge
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SISTER M. EUGENE PURCELL .. Schumpert Memorial Sanitarium, Shreveport
SISTER MARY FIDELMA DONOVAN .. Schumpert Memorial Sanitarium, Shreveport
SISTER MARY GERTRUDE HENNESSY . Our Lady of the Lake Sanitarium, Baton Rouge
SISTER MARY HILDA MINTKIN ...... 1321 Annunciation St., New Orleans
SISTER MARY IRENE BROUSSARD . Mercy Hospital, New Orleans
SISTER MARY REGINALD FINLAY .. Schumpert Memorial Sanitarium, Shreveport
SISTER PHILIMENA O'DONOVAN .... Our Lady of the Lake Sanitarium, Baton Rouge
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 THEODORA PENN .......... Hotel Dieu, New Orleans
SISTER ZOE SCHIESWohl ............ Charity Hospital, New Orleans
SMITH, MRS. ANNIE L. ............ Route 4, Box 13, Baton Rouge
SOURS, MARY V. ................... Touro Infirmary, New Orleans
SQUIRES, GAIL .................... Charity Hospital, New Orleans
STUART, MARY J. .................. Charity Hospital, New Orleans
STUTCLIFFE, 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. ............... Touro Infirmary, New Orleans
VIGUS, MARIE .................... Highland Sanitarium, Shreveport
WAGNER, MARIE B. .............. 1042 Louisiana Ave., Baton Rouge
YARBRough, MARY I. ............. Civil Courts Bldg., New Orleans

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BAILEY, HARIET .................. 28 Grant St., Bangor
BRYANT, BERYL E. ............... 22 Arsenal St., Portland
CAMPBELL, ELEANOR F. .......... 79 Bramhall St., Portland
CLELAND, R. HELEN ........................................ Dennyville
CULTON, C. MAUDE ........................................ 68 High St., Portland
DALY, ELLEN C. ........................................... 2 Maple St., Rockland
GOODALE, DOROTHY ........................................ 284 Main St., Lewiston
GOODWIN, HELEN ........................................ Rumford Community Hospital, Rumford
GORROW, FRANCES .......................................... 489 State St., Bangor
HILTON, ISABEL V. .......................................... Central Maine General Hospital, Lewiston
HUGGINS, HAZEL M.* ....................................... Central Maine General Hospital, Lewiston
LOWD, BEATRICE A. ........................................ Central Maine Sanitarium, Fairfield
McBURNETT, FLORENCE M. ................................. Rumford Community Hospital, Rumford
McGOUCH, GRACE .......................................... 489 State St., Bangor
NEWMAN, MARTHA C. ...................................... Red Cross Nursing Service, Matinicus Island
OSBORNE, MARY R. ......................................... Calais Hospital, Calais
PEARSON, MARGUERITE .................................... 22 Arsenal St., Portland
POWERS, CATHERINE ....................................... 489 State St., Bangor
SHARPE, FLORENCE I. ...................................... Presque Isle General Hospital, Presque Isle
SPENGLER, HELEN .......................................... Maine General Hospital, Portland
STAPLES, MAUDE H. ........................................ 22 Arsenal St., Portland
WADDELL, EDITH ........................................... 68 High St., Portland
WARE, EUPHEMIA .......................................... 68 High St., Portland
WING, LUCILLE ............................................. Franklin St., Rumford
YOUNG, KATHLEEN F. ...................................... Eastern Maine General Hospital, Bangor
ZWISLER, IRENE L. .......................................... Central Maine General Hospital, Lewiston

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ADAMSON, JANE C. .......................................... Johns Hopkins Hospital, Baltimore
ALEXON, ESTHER ........................................... 1213 Light St., Baltimore
AMES, MARIE * ............................................ Johns Hopkins Hospital, Baltimore
AMES, MIRIAM** ........................................... Johns Hopkins Hospital, Baltimore
APEL, MARY E. ............................................. 3301 N. Calvert St., Baltimore
BARNETT, JOSEPHINE * ................................... Johns Hopkins Hospital, Baltimore
BARTLETT, HELEN C. ....................................... 604 Reservoir St., Baltimore
BELYEA, MARGARET S. .................................... Sheppard and Enoch Pratt Hospital, Towson
BESTUL, HARRIET R.* .................................... Johns Hopkins Hospital, Baltimore
BETZOLD, K. VIRGINIA .................................... Johns Hopkins Hospital, Baltimore
BLACK, KATHLEEN .......................................... Sheppard and Enoch Pratt Hospital, Towson
BOWERSOX, ELIZABETH M. ................................. 1413 Park Ave., Baltimore
BOWLING, ADA G.* ......................................... 620 W. Lombard St., Baltimore
BRANLEY, FRANCES M. .................................... St. Joseph's Hospital, Baltimore
BURBAGE, KATHARINE E.* ................................ 620 W. Lombard St., Baltimore
BURKE, HAZEL L.* .......................................... Johns Hopkins Hospital, Baltimore
CAMLIN, DOROTHY V.* .................................... Johns Hopkins Hospital, Baltimore
CANNON, MRS. CAMSADEL S. .............................. 2635 St. Paul St., Baltimore
CASHELL, NELLIE T. ....................................... Union Memorial Hospital, Baltimore
CORE, DOROTHY E. ......................................... Church Home and Infirmary, Baltimore
CORLEY, CATHERINE ....................................... 2411 N. Charles St., Baltimore
CREUTZBURG, FRED A. .................................... Church Home and Infirmary, Baltimore
DE COURCY, ROSE .......................................... Adult Tuberculosis Sanatorium, Glenn Dale
DOBBIN, MARIA H. ......................................... 1210 Bolton St., Baltimore
DOETSCHE, ANGELA J. ..................................... Johns Hopkins Hospital, Baltimore
DONNELL, ANNIE M.* .................................... Johns Hopkins Hospital, Baltimore
DOOLEY, MYRTLE ............................................ Baltimore City Hospitals, Baltimore
DORSEY, DEBORAH * ....................................... 1413 Park Ave., Baltimore
DURRANT, CONSTANCE S. ................................. Church Home and Infirmary, Baltimore
ELLIOTT, MARGARET ....................................... Church Home and Infirmary, Baltimore
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<td>Maryland General Hospital, Baltimore</td>
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<td>Nagy, Irene M.*</td>
<td>710 Rutland Ave., Baltimore</td>
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<td>Kernan Hospital, Hillsdale</td>
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<td>2026 Park Ave., Baltimore</td>
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<td>Sheppard and Enoch Pratt Hospital, c/o Windy Brae, Towson</td>
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Entz, Margarettha W. ............... 369 Glendale Ave., Highland Park
Erhardt, Alberta E. .......... Bronson Methodist Hospital, Kalamazoo
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</table>
Hilborn, Elizabeth ........................................ 22259 Nowlin Rd., Dearborn
Hill, Nina .................................................. Hackley Hospital, Muskegon
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<td>Bratholt, Gladys M.</td>
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<td>Butler, Mrs. Mildred R.*</td>
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<td>Carlson, Helen M.</td>
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<td>Chapman, Laura B.</td>
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<td>Chladek, Marion</td>
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SHILLINGLAW, DOROTHY ....... 2840 15 Ave. S., Minneapolis
SHOCKLEY, SORA E.* .......... 611 E. 14 St., Minneapolis
SIGDESTAD, ESTHER ........... 2512 S. Sixth St., Minneapolis
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<td>Sister Enid Collins</td>
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<td>Sister Jane Margaret Fleming</td>
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<td>Stromberg, Edna*</td>
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<td>Sverdrup, Katharine A.</td>
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<td>Thompson, Berdine</td>
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<td>Tighe, Florence*</td>
<td>382 Iglehart, St. Paul</td>
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<td>Tinklenberg, Marie C.*</td>
<td>437 Marshall Ave., St. Paul</td>
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TOFTTE, BIRGIT ..................Ancker Hospital, St. Paul
TOFTNESS, EVA S.* ..................Gillette State Hospital, St. Paul
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ALEXANDER, FRANCES** ..........State Tuberculosis Sanatorium, Sanatorium
BELKNAP, EVELYN .................Baptist Hospital, Jackson
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<tr>
<th>Name</th>
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<tr>
<td>Miller, Mrs. Marjorie B</td>
<td>23 S. Taylor, St. Louis</td>
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<td>Moore, Marjorie M</td>
<td>416 S. Kingshighway, St. Louis</td>
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<td>Moore, Minnie</td>
<td>General Hospital, Kansas City</td>
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<td>Morgan, Eda</td>
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<td>Owen, Esther C.</td>
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<td>Poe, Isadore R.</td>
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<td>Redmond, Mary M.</td>
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<td>Sister Rose Helene Vaughan</td>
<td>St. Joseph’s Hospital, Kansas City</td>
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<td>Sloan, Ermine J.</td>
<td>Southeast Missouri Hospital, Girardeau</td>
</tr>
<tr>
<td>Slusser, Caroline R.*</td>
<td>1621 Grattan St., St. Louis</td>
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<tr>
<td>Smith, Madeleine L.</td>
<td>Research Hospital, Kansas City</td>
</tr>
<tr>
<td>Smith, Wilma R.*</td>
<td>416 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Stebbins, Mary</td>
<td>1101 Waldheim Bldg., Kansas City</td>
</tr>
<tr>
<td>Stephenson, Mary E.</td>
<td>5928 Maple Ave., St. Louis</td>
</tr>
<tr>
<td>Stewart, Myrtle F.</td>
<td>5535 Delmar Blvd., St. Louis</td>
</tr>
<tr>
<td>Stoner, Gladys</td>
<td>416 S. Kingshighway, St. Louis</td>
</tr>
<tr>
<td>Stumpf, Gertrude</td>
<td>General Hospital, Kansas City</td>
</tr>
<tr>
<td>Swenson, Irene E.</td>
<td>General Hospital, Kansas City</td>
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</table>
MONTANA—42

ALSCHACH, MYRT L. Deaconess Hospital, Bozeman
BANE, MONTA Bozeman Deaconess Hospital, Bozeman
BARNES, SARAH N. Sidney
BAUMANN, MAGDALEN Columbus School of Nursing, Great Falls
BECKWITH, ANNA T. St. Peter’s Hospital, Helena
BROWN, EDITH L. Capitol Bldg., Helena
BROWN, MYRTLE I. Deaconess Hospital, Great Falls
BUCKLES, GERTRUDE Billings Deaconess Hospital, Billings
BURKE, CECILIA M. St. Vincent’s Hospital, Billings
BURNS, ZADA E. Billings Deaconess Hospital, Billings
CARTER, HELEN F. Deaconess Hospital, Bozeman
CHERRY, MARY T. St. James Hospital, Butte
DOWLER, MARIE V. Montana Deaconess Hospital, Great Falls
GUIBORD, ELEANOR M. St. Patrick School of Nursing, Missoula
HANNULA, MYRTLE Montana Deaconess Hospital, Great Falls
HANSDORF, LOLA Montana State Hospital, Warm Springs
HARMON, GLADYS C. The Deaconess Hospital, Great Falls
HRSUKA, BEATRICE St. James Hospital, Butte
LAMB, EDITH M. Montana Deaconess Hospital, Great Falls
MALISZEWSKI, FLORENCE A. Columbus School of Nursing, Great Falls
McDOWELL, VIVIAN E. St. Patrick School of Nursing, Missoula
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ODEE, BERTHA Deaconess Hospital, Great Falls
SHERRICK, ANNA P. Montana State College, Bozeman
SISTER AGNES. St. Patrick Hospital, Missoula
SISTER ANN BERNARD ANDERSON St. James Hospital, Butte
SISTER DOMINICA MARY St. Joseph’s Hospital, Lewistown
SISTER FRANCES EDWARD BAUMAN Idaho and Mercury, Butte
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SISTER MARY ALEXINE St. John’s Hospital, Helena
SISTER MARY AQUIN FISCHER St. James Hospital, Butte
SISTER MARY ETHELE St. James Hospital, Butte
SISTER MARY ELIZABETH CASE Holy Rosary Hospital, Miles City
SISTER M. GERARD St. Joseph’s Hospital, Lewistown
SISTER M. GERMAYNE BERLINGER ... Sacred Heart Hospital, Havre
SISTER MARY LINUS ... St. James Hospital, Butte
SISTER MARY MAGDALEN ... St. Patrick Hospital, Missoula
SISTER MARY RICHARD ... Holy Rosary Hospital, Miles City
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CASPER, THELMA A. ... Mary Lanning Memorial Hospital, Hastings
DADDAN, ADIGILES ... Clarkson Memorial Hospital, Omaha
DELAND, FERN ... Lincoln General Hospital, Lincoln
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ENCHES, HELEN G. ... University of Nebraska Hospital, Omaha
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O’Neill, Edith University Hospital, Omaha
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Pflugsten, Miss Clarkson Memorial Hospital, Omaha
Purdy, Avis B. Clarkson Memorial Hospital, Omaha
Redfern, Helen W. Nebraska Methodist Hospital, Omaha
Respee, Helen E. Methodist Hospital, Omaha
Rhodes, Clara Beatrice Sanitarium, Beatrice
Rosenberg, Fannie P. University Hospital, Omaha
Salsman, Lillian V. Hastings State Hospital, Ingleside
Schild, Fran M. Clarkson Hospital, Omaha
Schneberger, Leon M.* St. Elizabeth Hospital, Lincoln
Serrill, Marie E. Lincoln General Hospital, Lincoln
Shemaker, Mrs. Ruth D. Mary Lanning Memorial Hospital, Hastings
Sister Esther Behsn Immanuel Hospital, Omaha
Sister M. Alexia Hatke St. Elizabeth Hospital, Lincoln
Sister Mary Eymard Lodes St. Catherine’s Hospital, Omaha
Sister M. Gerhardt St. Francis Hospital, Grand Island
Sister M. John O’Connor St. Joseph’s Hospital, Omaha
Sister M. Josephany Neuhau St. Elizabeth Hospital, Lincoln
Sister Mary Kevin Corcoran St. Catherine’s Hospital, Omaha
Sister M. Livina St. Joseph’s Hospital, Omaha
Sister Mary Marcella Kayanaugt St. Catherine’s Hospital, Omaha
Sister Mary Scholastica Kellog St. James Orphanage, Omaha
Sister Mary Theodore Jensen St. Catherine’s Hospital, Omaha
Sister Minnie Carlson Immanuel Hospital, Omaha
Sister Myrtle A. Peterson Immanuel Hospital, Omaha
Sister Olive Cullenberg ** Immanuel Hospital, Omaha
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Woolcott, Mrs. Geraldine St. Elizabeth Hospital, Lincoln

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Chasse, Constance C. Wentworth Hospital, Dover
Coffin, Ella C. Laconia General Hospital, Laconia
Connery, Barbara L. 61 S. Spring St., Concord
Connor, Mrs. Nora B. 53 Riddle St., Manchester
Corey, Mrs. Jessie R. Hillsborough County General Hospital, Grasmere
Coskie, Bertha M. 61 S. Spring St., Concord
Coughlin, Julia M. St. Joseph’s Hospital, Nashua
<table>
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<tr>
<td>CROWLEY, DOROTHY H.</td>
<td>61 S. Spring St., Concord</td>
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<td>DE LONG, BERTHA</td>
<td>61 S. Spring St., Concord</td>
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<td>DENIO, Bessie A.</td>
<td>New Hampshire State Hospital, Concord</td>
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<td>DESCHENES, ELIZABETH</td>
<td>989 Valley St., Manchester</td>
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<td>DEVINE, Mrs. EDDA W.</td>
<td>254 Lincoln St., Manchester</td>
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<td>HARTSHORN, FLORENCE E.</td>
<td>97 W. Merrimac St., Manchester</td>
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<td>KIRK, MARY M.</td>
<td>535 E. High St., Manchester</td>
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<td>LARRABEE, GLADYS M.</td>
<td>Claremont General Hospital, Claremont</td>
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<td>LEAER, ELIZA F.</td>
<td>Laconia Hospital, Laconia</td>
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<td>LOCKE, MABEL B.</td>
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<td>MACKAY, ESTHER M.</td>
<td>456A Lake Ave., Manchester</td>
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<td>McReavy, Katherine</td>
<td>Laconia Hospital, Laconia</td>
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<td>MOORE, Addie M.</td>
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<td>Elliot Hospital, Manchester</td>
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<td>NELSON, Barbara C.</td>
<td>61 S. Spring St., Concord</td>
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<td>PRATT, Thelma A.</td>
<td>New Hampshire State Hospital, Concord</td>
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<td>RAMSEY, Jeanette L.</td>
<td>219 School St., Berlin</td>
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<td>ROBERTS, Edith</td>
<td>Mary Hitchcock Hospital, Hanover</td>
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<td>SISTER LACHAPELLLE</td>
<td>357 Notre Dame Ave., Manchester</td>
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<td>VALENTINE, Belle G.</td>
<td>New Hampshire State Hospital, Concord</td>
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<td>WELLINGTON, Frances E.</td>
<td>90 Elm St., Keene</td>
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<td>WILDER, Mrs. MINNIE T.</td>
<td>New Hampshire Memorial Hospital, Concord</td>
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<td>WILDMAN, Mrs. BARBARA J.</td>
<td>Grasmere</td>
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<td>WILLIAMS, Lillian G.</td>
<td>Laconia Hospital, Laconia</td>
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$NEW JERSEY—376$

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<tr>
<td>ABT, Ernestine M.</td>
<td>Newark City Hospital, Newark</td>
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<td>ACCORNERO, Mary L.*</td>
<td>201 Lyons Ave., Newark</td>
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<td>ADAMS, Rebecca W.</td>
<td>Orange Memorial Hospital, Orange</td>
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<tr>
<td>AHLERS, Caroline C.</td>
<td>57 Western Ave., Morristown</td>
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<td>ALLEN, Margaret B.</td>
<td>Orange Memorial Hospital, Orange</td>
</tr>
<tr>
<td>ANDERSON, Bernice E.</td>
<td>22 Graham Terrace, Montclair</td>
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<td>ANDERSON, Mrs. Ethel D.</td>
<td>New Jersey State Hospital, Greystone Park</td>
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<td>ANTRUBUS, Edna M.</td>
<td>West Jersey Homeopathic Hospital, Camden</td>
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<td>APPLETON, Grace G.</td>
<td>Muhlenberg Hospital, Plainfield</td>
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<td>AQUADRO, Velma S.</td>
<td>Christ Hospital, Jersey City</td>
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<td>ARMSTRONG, Dorothy V.*</td>
<td>706 Chestnut St., Roselle</td>
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<td>ASHNUM, Margaret **</td>
<td>Orange Memorial Hospital, Orange</td>
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<td>ATCHISON, Alice A.</td>
<td>Newark City Hospital, Newark</td>
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<td>AUSTIN, Ida F.</td>
<td>91 Prospect St., East Orange</td>
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<td>BAER, Irene F.*</td>
<td>Elizabeth General Hospital, Elizabeth</td>
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<td>BAKER, GLADYS A.</td>
<td>Hackensack Hospital, Hackensack</td>
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<tr>
<td>BANTA, Mildred</td>
<td>188 S. Essex Ave., Orange</td>
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</table>
BARKER, RUTH M. .................................. McKinley Hospital, Trenton
BARNER, ESTHER .................................. 462 McKeon St., Perth Amboy
BARNES, RUBY L. .................................. 27 S. Ninth St., Newark
BARNETT, MARY O.* ............................. Muhlenberg Hospital, Plainfield
BASARA, C. STEPHANIE * ....................... 21 Erie St., Elizabeth
BATHER, ELIZABETH* ............................ Christ Hospital, Jersey City
BAUMANN, HENRIETTE E. ....................... 165 Temple St., Paterson
BAUMANN, LYDIA .................................. Orange Memorial Hospital, Orange
BAVIN, FLORENCE* ............................... Paterson General Hospital, Paterson
BEAM, MRS. RUTH L. .............................. New Jersey State Hospital, Greystone Park
BELBEE, ANNA M.* ............................... 116 Fairmount Ave., Newark
BERNIUS, EMMAL ......................... Margaret Hague Maternity Hospital, Jersey City
BIGLEY, LORETTA I. ................................ Medical Center, Jersey City
BITZ, NAOMI .................................. Somerset Hospital, Somerville
BLAUVELT, MINNIE P. .......................... 87 S. Munn Ave., East Orange
BONWHAUS, CLARA ......................... Veterans' Administration, Lyons
BOROWSKI, ALICE ............................... 300 Engle St., Englewood
BOSTWICK, EMMAL ......................... 4300 Park Ave., Weehawken
BOURGEOIS, MARGUERITE ...................... 1011 E. Jersey St., Elizabeth
BROWN, EMMA E.* .............................. West Jersey Homeopathic Hospital, Camden
BROWN, HAZEL H. ................................ West Jersey Homeopathic Hospital, Camden
BRYAN, MARY V.* ............................... 685 High St., Newark
BUCKLEY, MARIE R.* ........................... Muhlenberg Hospital, Plainfield
BUCKLEY, THELMA M. ............................ Memorial Hospital, Orange
BURGMILLER, CECILE S. ......................... R. F. D. 1, Scotch Plains
BURKE, MARY B. ................................. 188 S. Essex Ave., Orange
BURNS, FLORENCE P. ............................. Somerset Hospital, Somerville
CADDY, EVA .................................. 685 High St., Newark
CALEGNINI, NELIE * ............................ Elizabeth General Hospital, Elizabeth
CALHOUN, MRS. EVA D. ......................... 821 Bergen Ave., Apt. E-9, Jersey City
CARVER, EVELENE M.* ......................... Essex County Isolation Hospital, Belleville
CARVER, PAULINE R.* .......................... Somerset Hospital, Somerville
CASEPERSON, ELSIE .......................... Atlantic City Hospital, Atlantic City
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CLAY, LYDIA A.* ................................. 685 High St., Newark
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COAN, THERESA* ................................ 188 S. Essex Ave., Orange
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COLLINS, ONA ** ............................... Paterson General Hospital, Paterson
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COMPTON, MRS. MARY ......................... 22 Hillyer St., Orange
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CORKELL, ETHEL E. .............................. Elizabeth General Hospital, Elizabeth
CRISSID, CLAONIA A* ......................... Newark Memorial Hospital, Newark
COSGROVE, EDNA S. .......................... Memorial Hospital, Newark
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COYLE, ROSE A. ................................ 101 Clifton Pl., Jersey City
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Draper, Jeffie .............................. Elizabeth General Hospital, Elizabeth
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Durell, Marian** ...................... Belleplain
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Ewing, Anna A. ............................ 292 Broad St., Newark
Fallon, Virginia .......................... New Jersey State Hospital, Greystone Park
Ferguson, Rachel O. ...................... East Orange General Hospital, East Orange
Fiske, Helen C.* ......................... Medical Center, Jersey City
 Fitzpatrick, Helen ....................... 116 Fairmount Ave., Newark
Fitzsimons, Ruth L. ...................... 114 Clifton Pl., Jersey City
Flynn, Anne V. ............................. New Jersey State Hospital, Greystone Park
Ford, Margaret ........................... Monmouth Memorial Hospital, Long Branch
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Friend, Ivy A.* ............................ Hackensack Hospital, Hackensack
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Gilman, Norreen M.* ...................... Orange Memorial Hospital, Orange
Glessner, A. Rachael ...................... Orange Memorial Hospital, Orange
Goss, Minnie K. .......................... Elizabeth General Hospital, Elizabeth
Graglia, Virginia ......................... 34 Park Ave., Lyndhurst
Granger, Edith ............................. 61 Cleveland St., Orange
Gray, Hazel A. ............................ Mountainside Hospital, Montclair
Green, Gladys G. .......................... New Jersey State Hospital, Greystone Park
Gross, Anna M.* .......................... 452 Saddle River Rd., Rochelle Park
Grossgart, Ida* ............................ Orange Memorial Hospital, Orange
Grossman, Ruth ............................. Beth Israel Hospital, Newark
Gruchy, Amelia A. ....................... Orange Memorial Hospital, Orange
Grumau, Mrs. Daisy L ..................... 137½ Pavilion Ave., Long Branch
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Haaf, Marion E. ......................... New Jersey State Hospital, Greystone Park
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HAW, RUTH ................. Monmouth Memorial Hospital, Long Branch
HEID, AURELIA ............. Newark City Hospital, Newark
HEINEMAN, ALMA L ......... Monmouth Memorial Hospital, Long Branch
HEMNOVER, BLANCHE ...... Hospital Pl., Hackensack
HEPNER, EDITH L .......... Bridgeton Hospital, Bridgeton
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HORNER, KATHARINE M.** ... Monmouth Memorial Hospital, Long Branch
HORNICKEL, MARGARET J .... Atlantic City Hospital, Atlantic City
HOWARD, GRACE M .......... Orange Memorial Hospital, Orange
HOWELL, DORA .......... New Jersey State Hospital, Greystone Park
HRICZKO, MARY* .......... Elizabeth General Hospital, Elizabeth
HUBACH, RUTH E .......... Chatham
HUGHES, WILKIE .......... 17 Academy St., Newark
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HYDE, SADIE A ............. Essex County Hospital, Cedar Grove
JAMISON, LAURA M .......... Beth Israel Hospital, Newark
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JENIKE, J. MARIE* .......... General Hospital, Paterson
JENSEN, BESSIE C .......... Orange Memorial Hospital, Orange
JOHNSON, KATHERINE .......... Elizabeth General Hospital, Elizabeth
JOHNSTON, HELEN R ....... Mountainside Hospital, Montclair
JONES, K. PEARL .......... Cooper Hospital, Camden
JONES, MRS. MARY B ....... Orange Memorial Hospital, Orange
JONES, PRISCILLA M.* ...... Burlington County Hospital, Mount Holly
KAUNULA, MAYME I.* .... Orange Memorial Hospital, Orange
KAPLAN, FRIEDA * .......... 199 Lyons Ave., Newark
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NEW MEXICO—3

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<table>
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<th>Name</th>
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<td>Argus, Florence</td>
<td>273 Jefferson St., Rochester</td>
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<td>957 Fox St., Bronx</td>
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<td>Axelsson, Alfheld J.</td>
<td>Seth Low Hall, Morningside Dr., New York</td>
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<td>Babcock, Vida R.</td>
<td>Grasslands Hospital, Valhalla</td>
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<td>Bacon, Florence</td>
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<td>Bagdasarian, Mary*</td>
<td>722 W. 168 St., New York</td>
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<td>Bahrenburg, Grace M.*</td>
<td>92-07 220 St., Queens Village</td>
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<td>Bailey, Jean M.*</td>
<td>224 Alexander St., Rochester</td>
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<td>Baker, Evelyn C.</td>
<td>Syracuse Memorial Hospital, Syracuse</td>
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<td>Baldwin, Ruth H.*</td>
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<td>Ball, Cora L.</td>
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<td>Banker, Elizabeth</td>
<td>20 Leroy St., New York</td>
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<td>Barber, Charlotte A.*</td>
<td>1655 Bennett St., Utica</td>
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<td>Bardens, Amey E.</td>
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<td>Barker, Sylvia M.*</td>
<td>5 E. 98 St., New York</td>
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<td>Barone, Fannie G.*</td>
<td>581 Riley St., Buffalo</td>
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<td>Bates, Gyda</td>
<td>132 Parkside Ave., Brooklyn</td>
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<td>Baurle, Marie J.</td>
<td>French Hospital, New York</td>
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<td>Beard, Anne C.*</td>
<td>8 W. 16 St., New York</td>
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<td>Beck, Katherine J.*</td>
<td>Utica State Hospital, Utica</td>
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<td>Beckman, Margaret</td>
<td>1086 Lexington Ave., New York</td>
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<td>Bedford, Jeannette *</td>
<td>1320 York Ave., New York</td>
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<td>Beeby, Nell V.</td>
<td>1790 Broadway, New York</td>
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<td>Behlen, Marie M.</td>
<td>1151 New York Ave., Brooklyn</td>
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<td>Belineau, Teressa E.</td>
<td>Flushing Hospital, Flushing</td>
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<td>Benson, Margaret L.*</td>
<td>1320 York Ave., New York</td>
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<td>Benson, Wilma</td>
<td>Draper Hall, Welfare Island, New York</td>
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<td>Bentley, Anna</td>
<td>Brooklyn Hospital, Brooklyn</td>
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<td>Syracuse Free Dispensary, Syracuse</td>
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<td>Albany General Hospital, Albany</td>
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<td>Berkwits, Nanette</td>
<td>Rockland State Hospital, Orangeburg</td>
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<td>Best, Ella G.</td>
<td>1790 Broadway, New York</td>
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<td>Bettigole, Esther</td>
<td>Benedictine Hospital, Kingston</td>
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<td>Bickford, Elizabeth*</td>
<td>40 Vanderbilt Ave., New York</td>
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<td>Bierman, Frances E.*</td>
<td>130 Marshall St., Syracuse</td>
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<td>622 W. 168 St., New York</td>
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<td>Bisett, M. Loretta</td>
<td>Neponsit Hospital, Rockaway Beach</td>
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<td>Bishop, Blanche E.</td>
<td>Fordham Hospital, New York</td>
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<td>BisSELL, Margaret A.*</td>
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<td>Black, Jeanette*</td>
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<td>Blaisdell, Leah M.</td>
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<td>Blaser, Lydia</td>
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<td>Bliss, Mary E. G.*</td>
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<td>Boesem, Maybelle E.</td>
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<td>Bond, Deno</td>
<td>Wyoming County Hospital, Warsaw</td>
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<td>Brackett, Mary E.</td>
<td>Samaritan Hospital, Troy</td>
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<td>28 Lancaster St., Albany</td>
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<td>Breslin, Mary H.</td>
<td>251 Fort Washington Ave., New York</td>
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<td>Breth, Margaret A.</td>
<td>Sea View Hospital, Staten Island</td>
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<td>Brewer, Alice F.</td>
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<td>Brophy, Catherine C.</td>
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<td>142 Clarke St., Syracuse</td>
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<td>Bugelski, Margaret *</td>
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<td>Bunge, Helen L.</td>
<td>Teachers College, Columbia University, New York</td>
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<td>Burkhardt, Mrs. Jean R.*</td>
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<td>Aarnot-Ogden Memorial Hospital, Elmira</td>
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<td>Butler, Edith B.</td>
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<td>Byrne, A. Isabelle **</td>
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<td>Campage, Florence L.</td>
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<td>Camden, Nora W.</td>
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<td>Carberry, Muriel R.*</td>
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<td>Carmichael, Eleanor S.</td>
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<td>Carn, Irene</td>
<td>Mary McClellan Hospital, Cambridge</td>
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<td>Carruthers, Althea H.</td>
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<td>Carver, Aileen</td>
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<td>Casey, Clare M.</td>
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<td>Casey, Viola M.*</td>
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<td>Cassell, Mary J.</td>
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<td>Cassey, Mary I.*</td>
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<td>Chaffin, Emma LeG.**</td>
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<td>Chamberlain, Edith M.</td>
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<td>Charles, Suzanne L.</td>
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CLERKIN, Patrick ........................ Third Ave., Central Islip
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FIEGE, ELSIE M.* .......................... 1320 York Ave., New York
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GRASS, ANNIE E.** Grasslands Hospital, Valhalla
GRAVES, ALICE K. General Hospital, Syracuse
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<td>JOINVILLE, MARGARET</td>
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<td>JOLLEY, RUTH E.</td>
<td>363 Riley St., Buffalo</td>
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Martin, Agnes ............................. 418 City Hall, Syracuse
Martin, Mae E. ............................. 506 Sixth St., Brooklyn
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<td>Morrison, Lottie M.</td>
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SHAW, CORA L. ..........................635 W. 165 St., New York
SHAW, MINNIE A. ..........................1 Rose Pl., Utica
SHAY, MARGARET T.* ......................Fordham Hospital, Bronx
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<td>Chester</td>
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<td>Memorial Hospital, Albany</td>
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<td>Madison Square Hotel, New York</td>
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Hinves, Edith .............. Rex Hospital, Raleigh
Johnson, Hazel I. ........ Burris Memorial Hospital, High Point
Kelley, E. A. ** ............ Highsmith Hospital, Fayetteville
Kelly, Agnes ............... Thompson Memorial Hospital, Lumberton
Kerr, Josephine .......... New Charlotte Sanatorium, Charlotte
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Lowe, Maye ................ Grace Hospital, Banner Elk
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MacNichols, Ella H. ......... Hawthorne Apts., Charlotte
Maxwell, Myra R. .......... Carolina General Hospital, Wilson
May, Mary B. .......... Presbyterian Hospital, Charlotte
<table>
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<tr>
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<th>Institution</th>
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<tr>
<td>McCaskill, Mrs. Gilbert M.</td>
<td>Burrus Memorial Hospital, High Point</td>
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<td>McKay, Virginia O.</td>
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<td>Mohney, Florence E.</td>
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<td>Neely, Sara*</td>
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<td>O’Brien, Elizabeth C.</td>
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<td>Oliver, Harte N.*</td>
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<td>Pannill, Ruth C.**</td>
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<tr>
<td>Paris, Lola L.</td>
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<td>Parish, Willie</td>
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<td>Pearson, Elizabeth</td>
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<td>Perry, Besse L.</td>
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<td>Peterson, Elizabeth S.</td>
<td>Rex Hospital, Raleigh</td>
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<td>Sherwood, Mildred M.</td>
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<tr>
<td>Shidai, Joncie S.*</td>
<td>721 Fifth Ave., Greensboro</td>
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<td>Shore, Ethel</td>
<td>North Carolina Baptist Hospital, Winston-Salem</td>
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<td>Sister Cecelia Dunleavy</td>
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<td>Sister Mary Raphael</td>
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<td>Smithdeal, Mrs. Leatha B.</td>
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<td>Stephens, Eleanor M.</td>
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<td>Sykes, Gertrude</td>
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<td>Thomas, Savannah*</td>
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<td>Watson, Bertie M.</td>
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<td>Wayne, Montezez</td>
<td>Rowan Memorial Hospital, Salisbury</td>
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<td>White, Anne P.</td>
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<td>Whitley, Sadie T.</td>
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<td>Williams, Elizabeth M.</td>
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<td>Williams, Katherine*</td>
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<td>Williams, Mary C.*</td>
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<tr>
<td>Wilson, E. Genevieve</td>
<td>Charlotte Memorial Hospital, Charlotte</td>
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<tr>
<td>Anderson, Amy J.</td>
<td>St. Luke’s Hospital, Fargo</td>
</tr>
<tr>
<td>Arthur, Briulah*</td>
<td>Good Samaritan Hospital, Rugby</td>
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<tr>
<td>Berg, L. Iryne*</td>
<td>St. Luke’s Hospital, Fargo</td>
</tr>
<tr>
<td>Buhr, Jane J.*</td>
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<tr>
<td>Cervenka, Helen*</td>
<td>421 Seventh Ave. S., Fargo</td>
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<tr>
<td>Clark, Mildred</td>
<td>General Hospital, Devils Lake</td>
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<tr>
<td>Clune, Hattie L.</td>
<td>St. Luke’s Hospital, Fargo</td>
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<tr>
<td>Donovan, Irene M.</td>
<td>State Dept. of Health, Bismarck</td>
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<td>Ellingson, Mildred</td>
<td>St. Luke’s Hospital, Fargo</td>
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<tr>
<td>Galvin, Martha L.</td>
<td>North Dakota State Hospital, Jamestown</td>
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</table>
GODEFREY, RUBY M.* .......................... Fargo Health Department, Fargo
GROVE, INEZ H. .............................. Bismarck Hospital, Bismarck
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MATHIES, EMMALINE R. .............. The Christ Hospital, Cincinnati
MAURER, GLADYS S.* ................. 2245 Cummingham Rd., Cleveland
MCCADOW, CORA ..................... Children's Hospital, Avondale, Cincinnati
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MCCLYMON, RUTH I. .................. The Children's Hospital, Cincinnati
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MCCRARY, MARTHA E. ............... Elyria Memorial Hospital, Elyria
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MILLER, MARJORIE J.* ............. 11808 Browning Ave., Cleveland
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OCHS, GEORGIANA 
O’CONNOR, VIRGINIA * 
OFFENBACHER, HAZEL 
O’HARA, ELIZABETH H. 
O’NEILL, LILLIAN 
OSBORN, HELEN M.* 
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PONTIOUS, RUTH 
POWELL, MABEL D. 
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RECKMAN, LAURA * 
REIN, HELEN 
REISINGER, HAZEL L.* 
REMLE, ETHEL L. 
RICHARD, HAZEL 
ROBERTSON, EDA C. 
ROBINSON, A. ELIZABETH ** 
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ROTHROCK, ELEANOR C. 
SCHAFFER, MINNETTA A. 
SCHNEIDER, IDA 
SCHRAUDT, HILDA T. 
SCHULTE, EMMA 
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SEDBERRY, PAULINE * 
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1418 W. Clifton Blvd., Lakewood
223 Albion Pl., Cincinnati
Toledo State Hospital, Toledo
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The Christ Hospital, Cincinnati
City Hospital, Springfield
Huron Road Hospital, Cleveland
1812 E. 105 St., Cleveland
3259 Elland Ave., Cincinnati
2051 Collingwood Ave., Toledo
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2125 N. Main St., Cincinnati
2715 E. 116 St., Cleveland
Bethesda Hospital, Cincinnati
2543 Woodlawn Ave., Cincinnati
Martins Ferry Hospital, Martins Ferry
11311 Shaker Blvd., Cleveland
The Christ Hospital, Cincinnati
Rainbow Hospital, South Euclid
3259 Elland Ave., Cincinnati
Robinwood Hospital, Toledo
3259 Elland Ave., Cincinnati
12019 Cromwell, Cleveland
White Cross Hospital, Columbus
Miami Valley Hospital, Dayton
1329 W. 110 St., Cleveland
134 Apple St., Dayton
39 Arch St., Akron
2085 Cornell Rd., Cleveland
1803 Valentine Ave., Cleveland
3454 Cornell Pl., Cincinnati
178½ W. First Ave., Columbus
White Cross Hospital, Columbus
Holzer Hospital, Gallipolis
2061 Cornell Rd., Cleveland
Rainbow Hospital, South Euclid
Bethesda Hospital, Cincinnati
University Hospital, Columbus
Miami Valley Hospital, Dayton
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Bethesda Hospital, Cincinnati
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Bethesda Hospital, Cincinnati
Bethesda Hospital, Cincinnati
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STEMLER, MRS. MILDRED MCC ................. 103 W. McMillan St., Cincinnati
STEVENSON, MARGARET .......................... 13915 Clifton Blvd., Lakewood
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<td>Wehner, Stella L.*</td>
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<td>Wenzel, Jesse E.</td>
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<td>Weyman, Jane*</td>
<td>529 Forest Ave., Cincinnati</td>
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<td>Whiteman, Doris</td>
<td>City Hospital, Springfield</td>
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<td>Whittern, Hazel B.</td>
<td>1556 Arthur Ave., Lakewood</td>
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<td>Wilch, Mildred L.</td>
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<td>Williams, Katy L.</td>
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<td>Williams, Marcia E.</td>
<td>12016 Cromwell Ave., Cleveland</td>
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<td>Wilson, Tabitha B.***</td>
<td>Miami Valley Hospital, Dayton</td>
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<td>Windley, Dorothy</td>
<td>Youngstown Hospital, Youngstown</td>
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<td>Winfield, Nora A.</td>
<td>1803 Valentine Ave., Cleveland</td>
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<td>Wisler, Mary C.</td>
<td>7350 Euclid Ave., Cleveland</td>
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<tr>
<td>Woehrmann, Charlotte L.*</td>
<td>3553 Tullamare Ave., Cleveland Heights</td>
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<tr>
<td>Wolbach, Flora E.***</td>
<td>39 Arch St., Akron</td>
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<td>Wolf, Eleanor *</td>
<td>2544 East Blvd., Cleveland</td>
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<tr>
<td>Wood, Beatrice K.</td>
<td>Mt. Carmel Hospital, Columbus</td>
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<tr>
<td>Wood, Pearl A.*</td>
<td>1803 Valentine Ave., Cleveland</td>
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<tr>
<td>Woodward, Grace E.</td>
<td>431 Laidlow Ave., Cincinnati</td>
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<tr>
<td>Worthman, Lillian</td>
<td>3259 Elland Ave., Cincinnati</td>
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<tr>
<td>Young, Mrs. Lenore B.</td>
<td>Women's and Children's Hospital, Toledo</td>
</tr>
<tr>
<td>Yoder, Clara</td>
<td>3259 Elland Ave., Cincinnati</td>
</tr>
</tbody>
</table>

**OKLAHOMA—31**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Biddle, Jessie A.</td>
<td>518 N. W. 12 St., Oklahoma City</td>
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<tr>
<td>Castello, Marcella R.</td>
<td>St. Anthony Hospital, Oklahoma City</td>
</tr>
<tr>
<td>Coody, Alice</td>
<td>St. John's Hospital, Tulsa</td>
</tr>
<tr>
<td>DeLawter, Margaret†</td>
<td>Wm. W. Hastings Hospital, Tahlequah</td>
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<tr>
<td>Doosing, Naomi C.</td>
<td>Wesley Hospital, Oklahoma City</td>
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<td>Elledge, Allie L.</td>
<td>Wesley Hospital, Oklahoma City</td>
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<tr>
<td>Fritz, Elsie M.</td>
<td>Enid General Hospital, Enid</td>
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</tbody>
</table>
GIRARD, MARGUERITE .......................... Albert Pike Hospital, McAlester
GRANGER, JUANITA V. ..................... Wesley Hospital, Oklahoma City
HEINZ, MARGUERITE* ....................... 831 E. Drive, Oklahoma City
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SISTER MARY HUBERTINE ................... Ponca City Hospital, Ponca City
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SISTER M. MONICA ......................... St. Anthony Hospital, Oklahoma City
SISTER MARY PANCRATIA ................... St. Anthony Hospital, Oklahoma City
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TUCK, HAZEL C. ............................. Oklahoma City General Hospital, Oklahoma City

OREGON—75

ALEXANDER, MABEL C. ....................... U. S. Veterans Hospital, Portland
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HAYDEN, CHESTA ............................. 2282 N. W. Northrup, Portland
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HIGBY, LUCILE M.** ....................... Doernbecher Memorial Hospital, Portland
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ANDERSON, EDNA L. Allentown State Hospital, Allentown
<table>
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<tr>
<th>Name</th>
<th>Address/Institution</th>
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<tbody>
<tr>
<td>ANDERSON, INEZ M.</td>
<td>424 Main St., Collegeville</td>
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<tr>
<td>BAILY, EMMA</td>
<td>Moses Taylor Hospital, Scranton</td>
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<td>BAKER, Ida</td>
<td>Mt. Sinai Hospital, Philadelphia</td>
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<td>BALLAMY, EMMA S.</td>
<td>Wilkes-Barre General Hospital, Wilkes-Barre</td>
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<td>BARLOW, MRS. ANNA R.</td>
<td>223 N. Fourth St., Reading</td>
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<td>BASTIAN, KATHRYN V.</td>
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<td>BISHOP, SARAH*</td>
<td>The Marlyn Hotel, Walnut and 40 Sts., Philadelphia</td>
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<td>BOWER, C. RUTH **</td>
<td>Dept. of Nursing Education, University of Pennsylva, Philadelphia</td>
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<td>Clearfield Hospital, Clearfield</td>
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<td>BRALEY, DOROTHY D.</td>
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<td>BRYNER, B. VIRGINIA</td>
<td>2 W. Second St., Erie</td>
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<td>BURGENER, MAUD M.</td>
<td>Allegheny General Hospital, Pittsburgh</td>
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<td>BURKARD, NANNETTE L.</td>
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<td>BUTLER, LILLIAN*</td>
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CARSON, LILLIAN H. ..........2131 N. Natrona St., Philadelphia
CATHCART, MISTIE L. ...........Philipsburg State Hospital, Philipsburg
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DONAVAN, MRS. ELLEN O'C. ...........Coatesville Hospital, Coatesville
DOUGHERY, STELLA ..........State Hospital, Scranton
DOUGIA, ADALINE ..........Bryn Mawr Hospital, Bryn Mawr
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DUNCAN, DOROTHY L. ..........Chester Hospital, Chester
DUNN, MAUDE E. ..............Philadelphia General Hospital, Philadelphia
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GREENE, DOROTHY M. .......... St. Luke's Hospital, Bethlehem
GREENLEAF, ALICE .......... Children's Hospital, Pittsburgh
GROVES, MARY E. .......... Chester County Hospital, West Chester
GUILFOYLE, MARY W. .......... Presbyterian Hospital, Philadelphia
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MARSHALL, MARIAN H.  Moses Taylor Hospital, Scranton
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<td>Magee Hospital, Pittsburgh</td>
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Wittmer, Margaret G. ............... 51 N. 39 St., Philadelphia
Wittwer, Eva O. ..................... Presbyterian Hospital, Philadelphia
Wolff, Arilda M. ..................... Montgomery Hospital, Norristown
Wolpert, Flora ....................... Shady Side Hospital, Pittsburgh
Wood, Annie S. ...................... Methodist Hospital, Philadelphia
Wokinger, Marjorie .................. Jefferso Hospital, Philadelphia
Wray, Anna C. ....................... 1222 N. Third St., Harrisburg
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Young, Alma I. ...................... Montefiore Hospital, Pittsburgh
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Youngren, Mary M.* ................. St. Luke's Hospital, Bethlehem
Yowler, Grace E. .................... Harrisburg State Hospital, Harrisburg
Zavonia, Martha C. .................. Eye and Ear Hospital, Pittsburgh

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Allard, Ruth E.* ................... Homeopathic Hospital, Providence
Anyon, Frances M. .................. State Hospital, Howard
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<td>KLOTZ, EVELYN b</td>
<td>305 Blackstone Blvd., Providence</td>
</tr>
<tr>
<td>LABORDE, HELEN</td>
<td>Memorial Hospital, Pawtucket</td>
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<tr>
<td>LASKOWSKI, HELEN C.*</td>
<td>St. Joseph’s Hospital, Providence</td>
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<td>LECH, MARY L.*</td>
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<td>LEE, MILDRED T.</td>
<td>151 Ocean Ave., Edgewood</td>
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<td>MACINTOSH, ANNIE E.</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>MACKINNEY, MARY L.*</td>
<td>305 Blackstone Blvd., Providence</td>
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<tr>
<td>MACLEAN, MARY C.</td>
<td>Butler Hospital, Providence</td>
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<tr>
<td>MALLORY, OLGA A.</td>
<td>Homeopathic Hospital, Providence</td>
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<td>MARBLE, HELEN J.</td>
<td>4 Baptist St., Pawtucket</td>
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<td>MCCANN, ELEEN K.*</td>
<td>Eaton St., 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>MCGLYNN, ETHEL M.*</td>
<td>50 Maude St., Providence</td>
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<td>MCPARTLIN, MARY</td>
<td>St. Joseph’s Hospital, Providence</td>
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<td>MCPHEE, ALICE E.</td>
<td>50 Maude St., Providence</td>
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<td>METCALF, LILLIAN</td>
<td>593 Eddy St., Providence</td>
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<td>MILLS, HELEN M.</td>
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<td>MITCHELL, ZULAH P.</td>
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<td>MOREAU, ALEXINA O.</td>
<td>Charles V. Chapin Hospital, Providence</td>
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<td>MOTHER M. EVANGELIST</td>
<td>St. Joseph’s Hospital, Providence</td>
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<td>MULVANY, MARY C.</td>
<td>69 Armington Ave., Providence</td>
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<td>MURDOCK, HELEN E.</td>
<td>Lying-In Hospital, Providence</td>
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<td>NESBITT, ELEANOR L.*</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>O’NEILL, GERTRUDE M.*</td>
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<td>PATRISON, JEAN M.</td>
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<td>PIGNOLET, LUCY J.*</td>
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<td>PONTARELLI, LYDIA T.*</td>
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<td>REISMAN, ESTHER *</td>
<td>Bradley Home, East Providence</td>
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<td>ROBERTS, BERTHA M.*</td>
<td>Homeopathic Hospital, Providence</td>
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ROUSSEAU, GERTRUDE * State Infirmary, Howard
ROWEN, MARGARET E. State Hospital, Howard
RUSSELL, MARTHA M. 262 Cano St., Providence
SAGE, VIRGINIA * Butler Hospital, Providence
SANDERS, MARY G. Rhode Island Hospital, Providence
SAVARY, ALICE * State Hospital, Howard
SCHINZEL, IRENE F. 50 Maude St., Providence
SCHROEDER, MADELINE M. State Infirmary, Howard
SHANLEY, ROSEMARY * 36 Lawrence St., Providence
SHEPARD, ANNE Newport Hospital, Newport
SHERMAN, ELIZABETH F. 11 Medway St., Providence
SHULGA, SOPHIA * 56 Lockwood St., Providence
SIMOENS, ALICE J.* 48 McDonough St., Providence
SISTERS MARY GABRIEL St. Joseph's Hospital, Providence
SISTERS MARY PAUL St. Joseph's Hospital, Providence
SISTERS MARY PAULA St. Joseph's Hospital, Providence
SLAYTON, EDNA A. Rhode Island Hospital, Providence
SMITH, DOROTHY I. 56 Lockwood St., Providence
SMITH, EUNICE Homeopathic Hospital, Providence
SMITH, HARRIET E. Rhode Island Hospital, Providence
SMITH, RUTH E. St. Joseph's Hospital, Providence
STEVENS, RUBY G. 50 Maude St., Providence
STONE, ALMA M. Rhode Island Hospital, Providence
STRAIN, HELEN C. State Infirmary, Howard
SULLIVAN, CATHERINE R. 45 Elmwood Ave., Providence
SULLIVAN, MARY G.* St. Joseph's Hospital, Providence
SULLIVAN, MARY R.* Butler Hospital, Providence
TALTY, ELIZABETH * St. Joseph's Hospital, Providence
TANZI, SUSIE E.* 24 Queen St., Cranston
THOMAS, BARBARA * 305 Blackstone Blvd., Providence
TIERNEY, EMMA V.* 50 Maude St., Providence
TILTON, MARION E. Chapin Hospital, Providence
TOBIN, MARY M.* St. Joseph's Hospital, Providence
TOURGE, VIRGINIA L.* 63 North Rd., Peace Dale
TRACY, CATHERINE O'C. 100 N. Main St., Providence
TRACY, MARION O. 50 Maude St., Providence
WALSH, CECILIA E. 136 Whitford Ave., Providence
WALSH, MARY G. 136 Whitford Ave., Providence
WATSON, ESTHER A. 75 Pond St., Pawtucket
WEBSTER, DOROTHY L.* 50 Maude St., Providence
WEIGNER, FLORENCE M. Homeopathic Hospital, Providence
WHITE, LOUISE ** 42 Weybosset St., Providence
WILESKI, SALY A.* Butler Hospital, Providence
WINNUR, HELEN * Butler Hospital, Providence
WILSON, AGNES E. Rhode Island Hospital, Providence
WOLSTENHOLME, ALICE M.* Homeopathic Hospital, Providence
WRIGHT, GERTRUDE M.* Homeopathic Hospital, Providence
ZAMMARIELLI, ANNA M.* 97 Yorkshire St., Providence
ZWICKER, LILLIAN M.* Homeopathic Hospital, Providence

**SOUTH CAROLINA—52**

ALDRIDGE, SUE State Hospital, Columbia
ANDELL, MARGUERITE Roper Hospital, Charleston
ARNDT, HELEN E. 1401 Harden St., Columbia
BALLENTINE, MRS. AUTUMN T. State Hospital, Columbia
BAXTER, BLANCHE .......................... Riverside Infirmary, Charleston
BOLIN, SUDIE B. .......................... General Hospital, Spartanburg
BOLT, MARY L. ............................ Anderson County Hospital, Anderson
BOUKNIGHT, SADIE C. ........................ Columbia Hospital, Columbia
BRADLEY, ANNA C. .......................... Tuomey Hospital, Sumter
CHAMBERLIN, RUTH C. ....................... Roper Hospital, Charleston
CORLEY, MARY L. .......................... Columbia Hospital, Columbia
CUNNINGHAM, NELLIE C. ..................... 306 Carolina Life Bldg., Columbia
DAVIS, ELVA R. .......................... Mullins Hospital, Mullins
DEAN, ANNABEL ............................... County Hospital, Anderson
DIXON, IRENE A. .......................... Roper Hospital, Charleston
DUNCAN, AGNES ............................ Roper Hospital, Charleston
ELWOOD, MRS. HUGH K. ................. Greenville Hospital, Greenville
EVANS, MRS. LOUISE G. ........................ Bennettsville
FETTER, SARA E. .......................... Meminger St., Greenville
GARDNER, BEULAH L. ........................ State Hospital, Columbia
GASKIN, WESSE L. .......................... McLeod's Infirmary, Florence
GILCHRIST, HELEN * ....................... State Training School, Box 239, Clinton
GREENE, ALLIE ............................ Ridgewood Tuberculosis Camp, Columbia
HARDIN, LILY M. .......................... South Carolina Baptist Hospital, Columbia
HUFF, KATHLEEN ........................... General Hospital, Spartanburg
JERBEY, JESSIE M. .......................... Roper Hospital, Charleston
JOHNSON, EULA M.* ........................ Ridgewood Tuberculosis Camp, Columbia
KEASBY, ELSEY ........................... General Hospital, Spartanburg
KINSEY, LAURA M. .......................... Roper Hospital, Charleston
LAWRENCE, MATTIE ........................ Station Hospital, Fort Moultrie
LILLENTHAL, FREDERICKA ..................... Roper Hospital, Charleston
MACDOVALL, MARTHA E. ..................... Roper Hospital, Charleston
MCALISTER, MARY C. ........................ 134 Broad St., Charleston
MCKNIGHT, KATHRYN ........................ General Hospital, Greenville
MOSELEY, KITTIE M. ........................ Columbia Hospital, Columbia
NELSON, ELLIE C. .......................... Health Department, Charleston
PADGETT, SARAH M. ........................ Columbia Hospital, Columbia
PETTUS, MARGARET S. ..................... The Tuomey Hospital, Sumter
PUEHLER, RUTH M. .......................... McLeod Infirmary, Florence
RISH, SARA E. .......................... Columbia Hospital, Columbia
ROBERTS, OUIDA ............................ John's Island
RYAN, ELIZABETH K. ........................ Shriners Hospital, Greenville
SIGMON, MRS. B. M. ........................ Anderson County Hospital, Anderson
SISTER LAMBERTA DAVIN ...................... St. Francis Hospital, Greenville
SMITH, MRS. MARTHA E. .................... 903 Calhoun St., Columbia
SNYDER, ADA S. .......................... Tuomey Hospital, Sumter
TRUESDALE, MRS. HATTIE L. ................ Mary Black Memorial Hospital, Spartanburg
VICKERS, ELIZABETH V. ...................... Greenville General Hospital, Greenville
WESTFALL, SOPHONIA J. ...................... General Hospital, Greenville
WOOD, SHIRLEY ........................... Columbia Hospital, Columbia
WOODSIDE, MRS. GRACE B. ................ General Hospital, Greenville
YONGUE, MARGARET ........................ Great Falls

**SOUTH DAKOTA—41**

BENHAM, CARRIE A. .......................... 321 Western Bldg., Mitchell
BERDAHL, MRS. ANNA H. ..................... Sioux Valley Hospital, Sioux Falls
BREWICK, MRS. FAYE ........................ Methodist State Hospital, Mitchell
CHAK, CLARA A. .......................... St. Joseph's Hospital, Mitchell
CLIFT, CARRIE E. .......................... 1105 W. Boulevard, Rapid City
COOK, MRS. MARY R. ...............Selby
CRAWFORD, MRS. MARDINE ..........St. Joseph’s Hospital, Deadwood
ERICKSON, R. ESTHER .............South Dakota State College, Brookings
GALLINA, ALYCE ..................St. Joseph’s Hospital, Mitchell
HAGEL, MRS. I. P. .................Mound City
HARMISON, AUDREY ...............McKernan Hospital, Sioux Falls
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. .................Martin
KRAUSE, MARTHA B. ..............South Dakota College, Brookings
LEWALLEN, MRS. RUTH S. .........1130 Wisconsin Ave., S. W., Huron
MANIX, MARY L. ..................McKernan Hospital, Sioux Falls
MCKILLOP, KATHERINE ............Methodist State Hospital, Mitchell
MOORE, MRS. MARY B. ** ..........St. Joseph’s Hospital, Deadwood
NELSON, ELVIRA .................Methodist State Hospital, Mitchell
PARDEN, LORETTA A. .............St. Luke’s Hospital, Aberdeen
REAGAN, GENEVIVE ...............Sioux Valley Hospital, Sioux Falls
RICE, MRS. CLARA M. ..........Britton Hospital, Britton
SISTER M. AGATHA HOFF ..........St. Mary's Hospital, Pierre
SISTER M. BONAVENTURE HOFFMAN. McKernan Hospital, Sioux Falls
SISTER MARY CONCEPTION DOYLE ....St. Luke's Hospital, Aberdeen
SISTER M. DESIDERIA HIRCH .....Sacred Heart Hospital, Yankton
SISTER M. EMERENTIA UBEHAND ..Sacred Heart Hospital, Yankton
SISTER M. IMMACULATA BEATY ....St. John’s Hospital, Rapid City
SISTER MARY ITA FITZGERALD ....St. Luke’s Hospital, Aberdeen
SISTER M. JULIANA GRAF .........Sacred Heart Hospital, Yankton
SISTER M. LAURENTIA SCHENDT ...St. Joseph’s Hospital, Deadwood
SISTER M. MELANIA BESSLER ......St. Mary's Hospital, Pierre
SISTER M. NOBERT HURLEY .......St. Joseph’s Hospital, Mitchell
SISTER M. WILLIAM CODY ........St. Joseph’s Hospital, Mitchell
SUNDSTRUM, ADELA M. ..........Methodist State Hospital, Mitchell
THOMPSON, AGNES B. ..............Sioux Valley Hospital, Sioux Falls
WARD, MARGARET .................1004 Pine St., Yankton
WRIGHT, MARJORY L. ............Luther Hospital, Watertown

†TENNESSEE—75

ARCHER, MYRTLE M. ...............Baptist Memorial Hospital, Memphis
BONNER, MRS. ELIZABETH ..........John Gaston Hospital, Memphis
BROWN, AMY F. ..................Mary Kirkland Hall, Vanderbilt University, Nashville
BURNS, FLORENCE C.* .............1255 Eastmoreland Ave., Memphis
BURTON, ETHEL F. ...............John Gaston Hospital, Memphis
CAREY, ALICE .....................Methodist Hospital, Memphis
CAWTHON, MRS. BRIDE L. .........City Dept. of Health, Memphis
CLARK, MARY S. ..................Nashville General Hospital, Nashville
CLUTCH, BEATRICE M. .........1920 Portland Ave., Nashville
COLLISON, MAUDE .................John Gaston Hospital, Memphis
COULTER, NAUDINE ...............John Gaston Hospital, Memphis
COULTER, MRS. PEARL P. ........George Peabody College, Nashville
CUNNINGHAM, FRANCES ..........John Gaston Hospital, Memphis
DIZNEY, MARGARET E. ...........Peabody College, Nashville
DOTY, ELLA M. ..................Protestant Hospital, Nashville
DUKES, ALICE M. .................John Gaston Hospital, Memphis
EBBS, DOROTHY D. ........................................ Baronee Erlanger Hospital, Chattanooga  
ELDER, ELLEN * ........................................ Baptist Memorial Hospital, Memphis  
ELROD, VIRGIE K. ........................................ John Gaston Hospital, Memphis  
ESPE, FAY .................................................. Baptist Memorial Hospital, Memphis  
FISHBISHAUF, MRS. JULIA B. ............................ Methodist Hospital, Memphis  
GILLEN, ROSE M. .......................................... St. Thomas' Hospital, Nashville  
GILMORE, MRS. BETTYE J. ............................... Garly-Ramsay Hospital, Memphis  
GLASGOW, MRS. LOUISE .................................. Protestant Hospital, Nashville  
GOOF, HAZEL L. ........................................... Fort Sanders Hospital, Knoxville  
GRAHAM, ALMA L. ........................................ Nashville General Hospital, Nashville  
GRAVES, MRS. HELEN R. .................................. 1800 Vance St., Chattanooga  
HARTMAN, BERNETTA ..................................... Nashville General Hospital, Nashville  
HARWARD, MARY J. ** .................................... Baptist Memorial Hospital, Memphis  
HAYES, MARGARET L. ..................................... 214 E. Watauga, Johnson City  
HELM, ELEANOR M. ......................................... Mary Kirkland Hall, Vanderbilt University, Nashville  
HEREFORD, JULIA .......................................... Mary Kirkland Hall, Vanderbilt University, Nashville  
HEYER, LIDA ............................................... Peabody Court Apt., Nashville  
HINTON, ELLA G. .......................................... John Gaston Hospital, Memphis  
HOCKS, SARAH M. .......................................... Baronee Erlanger Hospital, Chattanooga  
HOLTZHAUSEN, ERMA A. ................................... Vanderbilt University Hospital, Nashville  
JOHNSTON, DOROTHY* ..................................... Vanderbilt University Hospital, Nashville  
KILLEFER, ELIZABETH H. ................................. 1909 W. Clinch St., Knoxville  
KIMBLE, BIVAN ........................................... 1053 Madison Ave., Memphis  
KIRK, VIRGINIA ............................................. County Health Dept., Franklin  
LATHAM, JESSIE E. ........................................ Methodist Hospital, Memphis  
LAWSON, MRS. CHARLOTTE C. ......................... Haywood County Memorial Hospital, Brownsville  
LEITZKE, ELLA G. .......................................... John Gaston Hospital, Memphis  
LEWIS, EDNA .............................................. Peabody College, Nashville  
LINGHAM, GERTRUDE E. ................................. Madison Rural Sanitarium, Madison  
LYTTLE, HULDA M. ......................................... 1005 18 Ave., N., Nashville  
MARR, LETA M. ........................................... Mary Kirkland Hall, Vanderbilt University, Nashville  
MCCASKILL, CARRA L. ................................... Vanderbilt University Hospital, Nashville  
MCGEE, BERNADEAN* ...................................... 1405 McKinnie Ave., Nashville  
MILLER, ALMA ............................................. John Gaston Hospital, Memphis  
MORRIS, LILLIAN B. ....................................... Nashville General Hospital, Nashville  
MURRY, RUTH N. ........................................... John Gaston Hospital, Memphis  
NATHE, GERTRUDE E. ..................................... St. Thomas Hospital, Nashville  
NORMAN, MABEL ........................................... Baronee Erlanger Hospital, Chattanooga  
PERRY, ADELAIDE M. ...................................... Clarksville Hospital, Clarksville  
PETERSON, HELEN M. ...................................... Protestant Hospital, Nashville  
POTT, AURELIA B. ......................................... George Peabody College for Teachers, Nashville  
REISER, ROSAMOND ........................................ St. Joseph's Hospital, Memphis  
RICHMOND, MILDRED* .................................... Methodist Hospital, Memphis  
ROBINSON, ALBERTA E. .................................. John Gaston Hospital, Memphis  
SISTER CLEMINTINE NEE ** .............................. St. Thomas Hospital, Nashville  
SISTER FLORENCE URBINE ............................... St. Thomas Hospital, Nashville  
SISTER M. BARBEA BLASCHKE ............................ St. Joseph's Hospital, Memphis  
SMILEY, LILLIAN .......................................... John Gaston Hospital, Memphis  
SMITH, F. ELISE .......................................... Baptist Memorial Hospital, Memphis  
SMITH, VERA V. ........................................... Fort Sanders Hospital, Knoxville  
STELLING, MARGARET .................................... 2127 1/2 Capers Ave., Nashville  
SULLIVAN, MARY N. ...................................... 1841 Nelson Ave., Memphis
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<td>WHITE, LUCY G.</td>
<td>Vanderbilt University School of Nursing, Nashville</td>
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<td>1002 Cotton State Bldg., Nashville</td>
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<td>ALBRECHT, RUTH</td>
<td>State Department of Health, Austin</td>
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<td>ARNO, MILDRED*</td>
<td>Santa Rosa Hospital, San Antonio</td>
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<td>BAKER, KATHERINE K.</td>
<td>1414 S. St. Mary’s St., San Antonio</td>
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<td>BARBER, ROBERTA*</td>
<td>Baylor University Hospital, Dallas</td>
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<td>BARTLEY, MRS. THELMA*</td>
<td>Methodist Hospital, Dallas</td>
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<td>BAUMGARTEN, WALLY</td>
<td>John Sealy Hospital, Galveston</td>
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<td>Shannon Memorial Hospital, San Angelo</td>
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<td>BELK, MAUD</td>
<td>Cleburne Hospital, Cleburne</td>
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<td>BERGHAUSER, WANDA Z.</td>
<td>City Hospital, McKinney</td>
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<td>BEWLEY, BESIE L.*</td>
<td>City Hospital, McKinney</td>
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<td>BHAEL, INEZ</td>
<td>Harris Methodist Hospital, Fort Worth</td>
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<td>BOLT, JUANITA</td>
<td>Fred Roberts Memorial Hospital, Corpus Christi</td>
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<tr>
<td>BOSTON, IRA N.*</td>
<td>2519 Shelby, Dallas</td>
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<td>BREIHAN, OLGA M.</td>
<td>Baylor University Hospital, Dallas</td>
</tr>
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<td>BRIDWELL, MAURINE</td>
<td>Harris Memorial Hospital, Fort Worth</td>
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<td>BROOKS, ELIZABETH*</td>
<td>Baylor University Hospital, Dallas</td>
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<td>BROYLES, MAGGIE E.</td>
<td>City and County Hospital, Fort Worth</td>
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<tr>
<td>BURGDORF, FLORA</td>
<td>1715 Crawford St., Houston</td>
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<td>BURKE, SOPHIE H.*</td>
<td>1401 East Ave., Austin</td>
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<td>CABB, FRANCES*</td>
<td>Santa Rosa Hospital, San Antonio</td>
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<td>CAIN, MRS. ALMA F.*</td>
<td>Baylor University Hospital, Dallas</td>
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<td>CAMPBELL, MRS. JANE B.*</td>
<td>Baylor University Hospital, Dallas</td>
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<tr>
<td>CANTRELL, MRS. THEONA*</td>
<td>Parkland Hospital, Dallas</td>
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<td>CASHION, MRS. HELEN</td>
<td>Parkland Hospital, Dallas</td>
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<tr>
<td>CLANCY, MARION M.*</td>
<td>Parkland Hospital, Dallas</td>
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<tr>
<td>CLARK, ALTA R.</td>
<td>Medical and Surgical Hospital, San Antonio</td>
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<tr>
<td>CLARK, KATHRYN Z.</td>
<td>Hermann Hospital, Houston</td>
</tr>
<tr>
<td>COLBATH, LOUISE</td>
<td>Box 1411, Amarillo</td>
</tr>
<tr>
<td>COLE, BERYL</td>
<td>Robert B. Green Memorial Hospital, San Antonio</td>
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<td>COLLINS, GRACE C.</td>
<td>John Sealy Hospital, Galveston</td>
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<tr>
<td>CONROY, ESTHER A.</td>
<td>Robert B. Green Memorial Hospital, San Antonio</td>
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<tr>
<td>COOPER, JOANNA</td>
<td>515 Main St., Texarkana</td>
</tr>
<tr>
<td>CUNNINGHAM, MARGUERITE</td>
<td>500 W. 29 St., Austin</td>
</tr>
<tr>
<td>DAME, MRS. LAVETA</td>
<td>Medical and Surgical Hospital, San Antonio</td>
</tr>
<tr>
<td>DAUER, LILLIAN</td>
<td>Santa Rosa Hospital, San Antonio</td>
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<td>DAVERN, MARY K.</td>
<td>Methodist Hospital, Houston</td>
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<tr>
<td>DIETRICH, A. LOUISE</td>
<td>1001 E. Nevada St., El Paso</td>
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<tr>
<td>DILLON, MARGARET*</td>
<td>John Sealy Hospital, Galveston</td>
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<tr>
<td>EARNEY, EDITH B.</td>
<td>105 Howard St., San Antonio</td>
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<tr>
<td>ELLETT, LENA M.</td>
<td>Scott &amp; White Hospital, Temple</td>
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<tr>
<td>ERICSON, AGNES</td>
<td>Seton Infirmary, Austin</td>
</tr>
<tr>
<td>ESTUES, CORA A.</td>
<td>Prairie View State College Hospital, Prairie View</td>
</tr>
<tr>
<td>FAHEY, MOLLIE</td>
<td>St. Paul’s Sanitarium, Dallas</td>
</tr>
<tr>
<td>FARLEY, MRS. GRACE MCR.*</td>
<td>Baylor University Hospital, Dallas</td>
</tr>
</tbody>
</table>

‡TEXAS—206
Fechheimer, Mrs. Sarah P.* .... Memorial Hospital, Houston
Fiedler, Mrs. Zora McA. .... 3839 Meadow Road, Dallas
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Goss, Marie* ................. Baylor University Hospital, Dallas
Grobe, Emma .................. St. David's Hospital, Austin
Hangsten, Martha K.* ...... West Texas Hospital, Lubbock
Hannah, Katherine D.* ...... 3921 Potomac, Dallas
Harrell, Mattie E. ........... Texas Children's Hospital, Dallas
Harris, Mary E.* ............. Baylor University Hospital, Dallas
Harrison, Myrtle ............ Methodist Hospital, Dallas
Hassell, Alfreda P. .......... Medical and Surgical Hospital, San Antonio
Hereford, Daisy T. .......... Parkland Hospital, Dallas
Herman, Mrs. Lanel* ........ Baylor University Hospital, Dallas
Holland, Helen D.* .......... Baylor University Hospital, Dallas
Holtey, Wilma C.* .......... Baylor University Hospital, Dallas
Howell, Ruby ................. 815 Avenue C, Galveston
Hughes, Jeanette .......... Methodist Hospital, Dallas
Hughes, Pauline .......... Gainsville Sanitarium, Gainsville
Hungerford, Ruth* .......... Baylor University Hospital, Dallas
Ivy, Mrs. Lois B. .......... Parkland Hospital, Dallas
James, Jeannette* ........... Memorial Hospital, Houston
Jara-Millo, G.* .............. Santa Rosa Hospital, San Antonio
Johnson, Evelyn ............. Parkland Hospital, Dallas
Johnson, Mildred E. ...... Wilson N. Jones Hospital, Sherman
Johnson, Ruth E.* .......... Methodist Hospital, Dallas
Jolly, Mrs. Robert .......... Memorial Hospital, Houston
Jones, Elise* ................. Baylor University Hospital, Dallas
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Liberto, Venela R.* ......... Santa Rosa Hospital, San Antonio
Little, Laura B. .......... Hendrick Memorial Hospital, Abilene
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Malmberg, Mollie .......... St. Joseph's Hospital, Fort Worth
Martin, Josephine* .......... Santa Rosa Hospital, San Antonio
Martin, Margaret* .......... Methodist Hospital, Dallas
Matthews, Mrs. Dalmer H.* .... Baylor University Hospital, Dallas
<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tr>
<td>MAULL, Alice P.</td>
<td>Brackenridge Hospital, Austin</td>
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<td>MAXSON, Mrs. Ruth A.</td>
<td>Memorial Hospital, Houston</td>
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<td>MAYFIELD, Ivan</td>
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<td>McBride, Maxine</td>
<td>2724 Knight, Dallas</td>
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<td>McCAIN, Ernestine</td>
<td>Methodist Hospital, Houston</td>
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<td>McCulloch, Stella</td>
<td>Hendrick Memorial Hospital, Abilene</td>
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<td>McCUNE, Mrs. Doris K.</td>
<td>Lubbock Sanitarium, Lubbock</td>
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<td>McELWREATH, Athira</td>
<td>Shannon Memorial Hospital, San Angelo</td>
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<td>McFARLAND, Bettie</td>
<td>1159 N. Madison, Dallas</td>
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<td>MCKAY, Angela McN.</td>
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<td>MCKEAN, Margaret I.</td>
<td>Providence Hospital, Waco</td>
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<td>MCKINNON, Mrs. Beadie S.</td>
<td>Jefferson Davis Hospital, Houston</td>
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<td>Murphy, Marie F.</td>
<td>1211 Seventh St., Corpus Christi</td>
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<td>Murray, Ita L.</td>
<td>City and County Hospital, Fort Worth</td>
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<td>NeubRAND, Lilla</td>
<td>Lubbock Sanitarium and Clinic, Lubbock</td>
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<td>NEWBILL, Josephine</td>
<td>American Red Cross Nursing Service, Galveston</td>
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<td>Nolan, Mary A.</td>
<td>Seton School of Nursing, Austin</td>
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<td>O'Doherty, Kathleen*</td>
<td>Santa Rosa Hospital, San Antonio</td>
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<td>O'Sullivan, Mrs. Otie D.</td>
<td>Robert B. Green Hospital, San Antonio</td>
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<td>Pannell, Faye</td>
<td>City Health Department, San Antonio</td>
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<td>Santa Rosa Hospital, San Antonio</td>
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<td>Pickens, Mary</td>
<td>Herman Hospital, Houston</td>
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<td>Pittman, Mary H.</td>
<td>3220 Binz St., Houston</td>
</tr>
<tr>
<td>Pittman, Olivia*</td>
<td>1106 Louisiana St., Dallas</td>
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<tr>
<td>Pope, Emma</td>
<td>Parkland Hospital, Dallas</td>
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<tr>
<td>Post, Mrs. Josephine N.</td>
<td>Pasadena</td>
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<td>Raburn, Mary T.</td>
<td>Methodist Hospital, Dallas</td>
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<td>Radcliffe, Rose M.</td>
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<td>Rea, Marguerite</td>
<td>Timberlawn Sanitarium, Dallas</td>
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<tr>
<td>Renis, EMMELINE J.</td>
<td>702 Gillette, Houston</td>
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<tr>
<td>Ritchie, Ruth*</td>
<td>Baylor University Hospital, Dallas</td>
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<td>Roberts, Mary L.*</td>
<td>Methodist Hospital, Dallas</td>
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<td>Rode, June*</td>
<td>Medical and Surgical Hospital, San Antonio</td>
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<tr>
<td>Rodgers, Helen L.</td>
<td>Kings Daughters Hospital, Temple</td>
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<td>Rodriguez, Jacinta*</td>
<td>Santa Rosa Hospital, San Antonio</td>
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<td>Rosenblad, Mrs. L. E.</td>
<td>Robert B. Green Memorial Hospital, San Antonio</td>
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<td>Rue, Aurora*</td>
<td>Santa Rosa Hospital, San Antonio</td>
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<td>SchloTTMANN, Mildred</td>
<td>Seton Hospital, Austin</td>
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<td>Schuman, Julia*</td>
<td>Seton Hospital, Austin</td>
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<td>Segelke, Hilda A.</td>
<td>Northwest Texas Hospital, Amarillo</td>
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<tr>
<td>SheLLABARGER, M. Elizabeth</td>
<td>105 Howard St., San Antonio</td>
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</tbody>
</table>
SISTER ALOYSIUS WILLIAMS  Providence Hospital, Waco
SISTER ALPHONSA AUCOIN  Seton Infirmary, Austin
SISTER ANNA JOSEPH  St. Joseph's Hospital, Fort Worth
SISTER ANTONIO O' DONOGHUE**  St. Paul's Hospital, Dallas
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  FLUSKEY  1607 Main, Fort Worth
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SISTER MARY GONZAGUE  St. Mary's Hospital, Galveston
SISTER MARY JOHN EVANGELINE  St. Joseph's Hospital, Houston
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SISTER MARY VINCENT DELANEY**  Providence Hospital, Waco
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SMITH, MARY P.  Parkland Hospital, Dallas
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WALTHERS, LILLIE  John Sealy Hospital, Galveston
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WELLS, MYRTLE M.  Parkland Hospital, Dallas
WERNER, RUTH  Methodist Hospital, Dallas
WILCOX, OLIVE  John Sealy Hospital, Galveston
WILLIAMS, EVELYN M.  Methodist Hospital, Dallas
WILLIAMS, MRS. LESLIE S.*  Baylor University Hospital, Dallas
WILSON, EDNA*  Parkland Hospital Clinic, Dallas
WILSON, RUTH  Fred Roberts Memorial Hospital, Corpus Christi
WOLFE, GRACE B.*  Santa Rosa Hospital, San Antonio
WOLFPER, ELLA  John Sealy Hospital, Galveston
ZURAWSKI, HELEN  Baylor University Hospital, Dallas
<table>
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<td>Beiersdorfer, Helen M.</td>
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<td>Buckingham, Atalee M.</td>
<td>Latter-Day Saints Hospital, Salt Lake City</td>
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<td>Chamberlain, Dorothy</td>
<td>719 Harrison Ave., Salt Lake City</td>
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<td>Daraban, Elenora*</td>
<td>1760 S. State St., Salt Lake City</td>
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<td>Ditchfield, Alda L.</td>
<td>Salt Lake General Hospital, Salt Lake City</td>
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<td>Funk, Anna</td>
<td>1286 25 St., Ogden</td>
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<td>Glasscock, Mrs. Oetta B.</td>
<td>Thomas D. Dee Hospital, Salt Lake City</td>
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<td>Greenhagen, Mrs. Mildred E.</td>
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<td>Hanley, Mildred*</td>
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<td>Harris, Myra R.</td>
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<td>Hicks, Maud</td>
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<td>Hyatt, Lueella</td>
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<td>Jacobsen, Mary C.</td>
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<td>Johnson, Maria **</td>
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<td>Juluson, Maxine</td>
<td>355 E. First S., Salt Lake City</td>
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<td>Karstensen, Clara*</td>
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<td>Kelly, Mrs. Lucille B.</td>
<td>120 S. Third St. E., Salt Lake City</td>
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<td>Mahaffey, Mallie F.</td>
<td>Utah Valley Hospital, Provo</td>
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<td>Mahaney, Louella **</td>
<td>Salt Lake General Hospital, Salt Lake City</td>
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<td>Mainwaring, Cathryn</td>
<td>Budge Memorial Hospital, Logan</td>
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<td>Mason, Mrs. Neoma T.</td>
<td>773 Eighth Ave., Salt Lake City</td>
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<td>Mikals, Julia M.</td>
<td>Latter-Day Saints Hospital, Salt Lake City</td>
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<tr>
<td>Moeller, Ruth*</td>
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<td>Morrison, Ruth J.**</td>
<td>1255 24 St., Ogden</td>
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<td>Oakes, Mrs. Mary M.</td>
<td>117 E. Second, N., Springville</td>
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<td>St. Mark’s Hospital, Salt Lake City</td>
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<td>Pranter, Rowena E.*</td>
<td>1121 E. First, S., Salt Lake City</td>
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<td>Preshaw, Kathleen*</td>
<td>678 E. S. Temple, Salt Lake City</td>
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<td>Reynolds, Alice E.</td>
<td>32 W. Seventh, S., Salt Lake City</td>
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<td>Richardson, Mrs. Mary McC.*</td>
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<td>Scharn, Marie</td>
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<td>Scoville, Louise *</td>
<td>831 22 St., Ogden</td>
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<td>Shelton, Frances*</td>
<td>653 Coatville Ave., Salt Lake City</td>
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<td>Sister Mary Virginia</td>
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<td>Snodgrass, Mrs. Maybelle J.</td>
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<td>Snyder, Georgia</td>
<td>353 Tenth Ave., Salt Lake City</td>
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<td>Stewart, Maybelle W.**</td>
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<td>Summerhays, Lucille*</td>
<td>116 First St., Salt Lake City</td>
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<td>Woolley, Mrs. Marie P.</td>
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VERMONT—10

BAKER, MARY A. .......... Henry W. Putnam Memorial Hospital, Bennington
BEATY, M. LOUISE .......... Five Acres, West Brattleboro
BERRY, R. HAZEL .......... 47 Nichols St., Rutland
KREUGER, CLARA .......... Heaton Hospital, Montpelier
LEWIS, GERTRUDE E. ...... Brattleboro Hospital, Brattleboro
MARSDEN, MRS. HELEN C. .. Manchester Depot
OGILvie, NELLIE .......... Hartland
STONE, PEARL C.* .......... 46 Nichols St., Rutland
WATSON, ROSA D. .......... Newfane
WIGGINS, BERNICE L. ...... 75 Linden St., Brattleboro

#VIRGINIA—167

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AMORY, MRS. GLADYS B. .... 230 52 St., Newport News
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BURKHOLDER, CLAUDINE P. .. St. Elizabeth's Hospital, Richmond
BURTON, MARGARET I. ...... Riverside Hospital, Newport News
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CIGNO, MRS. DUANE E. .... 211 N. Mallory St., Phoebe
COLLINS, ALICE T. ........ Retreat for the Sick, Richmond
CONNER, EVA C. .......... Cabaniss Hall, Richmond
COWLING, MARY F. ......... Virginia Baptist Hospital, Lynchburg
COX, KATHARINE C. ...... Chesapeake and Ohio Hospital, Clifton Forge
COX, MRS. MADELINE W. .... Elizabeth Buxton Hospital, Newport News
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DARMER, DAISY .......... Roanoke Hospital, Roanoke
DAY, ELSIE M. .......... Stuart Circle Hospital, Richmond
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
EAGLETON, MARJORIE ...... Leigh Memorial Hospital, Norfolk
EISLER, MARION M. ...... Stuart Circle Hospital, Richmond
ELDER, NANCY M. .......... Stuart Circle Hospital, Richmond
ELLIOTT, FLORENCE E. .... Cabaniss Hall, Richmond
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EWALD, ELIZABETH ...... St. Vincent's Hospital, Norfolk
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FEAGANS, VERA L. .......... Virginia Baptist Hospital, Lynchburg
FERGUSON, NINA E. .......... Stuart Circle Hospital, Richmond
GARDNER, BERTIE .......... Nasawadox
GARY, KATHERINE R. .......... Stuart Circle Hospital, Richmond
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GLICK, ELANOR F .......... Rockingham Memorial Hospital, Harrisonburg
GOODLOE, Mrs. EVELYN D.* .......... College Ave., Ashland
GRANT, E. LOUISE .......... Cabaniss Hall, Richmond
GREEN, MARY L. .......... Norfolk General Hospital, Norfolk
GUNThER, HULDA L .......... McKim Hall, Charlottesville
GUTHRIE, AYLENE R. .......... District Hospital, Manassas
Hahn, C. VIOla .......... 1222 E. Marshall, Richmond
Haley, Helen .......... Jefferson Hospital, Roanoke
Hamilton, Virginia L .......... University of Virginia Hospital, University
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WASHINGTOm—79

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<table>
<thead>
<tr>
<th>Name</th>
<th>Institution/Location</th>
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<tbody>
<tr>
<td>Hoffman, Katherine J.</td>
<td>Tacoma General Hospital, Tacoma</td>
</tr>
<tr>
<td>Kain, Catherine M.</td>
<td>1715 E. Cherry St., Seattle</td>
</tr>
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<td>Kent, Marian</td>
<td>Harborview Hospital, Seattle</td>
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<td>Kraabel, R. Eline</td>
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<td>Larkin, Mary M.</td>
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<td>Leahy, Kathleen M.</td>
<td>University of Washington School of Nursing, Seattle</td>
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<tr>
<td>Lowman, Gladys</td>
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<td>Macivor, Virginia *</td>
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<td>Mansperger, Marguerite</td>
<td>Everett General Hospital, Everett</td>
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<td>Martin, Glee G.</td>
<td>Washington State Nurses' Association, Seattle</td>
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<tr>
<td>McDonough, Mrs. Gladys C.</td>
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<tr>
<td>Moser, Louise</td>
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<tr>
<td>Moss, Georgia K.</td>
<td>1102 Eighth Ave., Seattle</td>
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<tr>
<td>Nieman, Marie *</td>
<td>Sacred Heart Hospital, Spokane</td>
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<td>Oddie, Solveig</td>
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<tr>
<td>Ogden, Viola *</td>
<td>809 Fourth Ave., Spokane</td>
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<td>Ollcott, Virginia **</td>
<td>Harborview Hospital, Seattle</td>
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<tr>
<td>Ossinger, Mary S.</td>
<td>317 Cedar St., Bellingham</td>
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<tr>
<td>Radford, Anne E. **</td>
<td>Dept. of Licenses, Legislative Bldg., Olympia</td>
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<td>Rosenblom, Elsie</td>
<td>Everett General Hospital, Everett</td>
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<td>Scott, Lucille E.</td>
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<tr>
<td>Sister Geraldine Beelaert</td>
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<tr>
<td>Sister John of the Cross</td>
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<td>Sister Josephine Anthime</td>
<td>St. Mary's School of Nursing, Walla Walla</td>
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<td>Sister Magdalene of Providence</td>
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<td>Smith, Harriet H.</td>
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<td>Soule, Mrs. Elizabeth S. **</td>
<td>Department of Nursing Education, University of Washington, Seattle</td>
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<td>Steele, Coralie</td>
<td>Maynard Hospital, Seattle</td>
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<td>Spry, Mrs. Cecilie T.</td>
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<td>Stevens, Wilma F.</td>
<td>Harborview Hall, Seattle</td>
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<td>Thompson, Lillian M.</td>
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<td>Warner, Eugenia</td>
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<tr>
<td>Young, Lucy C.</td>
<td>St. Luke's Hospital, Spokane</td>
</tr>
</tbody>
</table>

West Virginia—58

Anderson, Attie M.*  20 and Eoff Sts., Wheeling
Bloom, Margaret  McMillan Hospital, Charleston
Bloomhart, Ella  Camden-Clark Hospital, Parkersburg
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Medical Facility</th>
<th>City</th>
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<td>BROWN, MARY N.</td>
<td>Huntington Memorial Hospital</td>
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<td>CAMPION, FRANCES M.</td>
<td>Davis Memorial Hospital</td>
<td>Elkins</td>
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<td>CLARK, MIRIAM R.</td>
<td>St. Mary's Hospital</td>
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<td>CLLEN DENEN, ESTHER</td>
<td>Davis Memorial Hospital</td>
<td>Elkins</td>
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<td>DOE, FLORENCE M.</td>
<td>Sixth Ave. and First St.</td>
<td>Huntington</td>
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<td>CORBITT, ALMA C.</td>
<td>Charleston General Hospital</td>
<td>Charleston</td>
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<td>CRAMER, MARY McC.</td>
<td>Ohio Valley General Hospital</td>
<td>Wheeling</td>
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<tr>
<td>CUMBERLIDGE, LENA N.</td>
<td>Ohio Valley General Hospital</td>
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<tr>
<td>DAUBER, HELEN H.</td>
<td>125 N. 16 St.</td>
<td>Wheeling</td>
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<tr>
<td>DICK, GRACE E.</td>
<td>6 Sherwood Apt., Lee St.</td>
<td>Charleston</td>
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<tr>
<td>ERRICSON, FANNIE G.</td>
<td>Fairmont General Hospital</td>
<td>Fairmont</td>
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<td>204 E. King St.</td>
<td>Martinsburg</td>
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<td>19 Murdock Ave.</td>
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<td>HARTMAN, Verna J.</td>
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<td>HAUSER, PAULINE H.</td>
<td>913 Woodlawn Ave.</td>
<td>Beckley</td>
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<tr>
<td>HILLS, MARGARET L.</td>
<td>1118 Edgewood Ave.</td>
<td>Charleston</td>
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<td>HOWARD, DOROTHY K.</td>
<td>Hinton Hospital</td>
<td>Hinton</td>
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<tr>
<td>JONES, MRS. EVANGELINE B.</td>
<td>McMillan Hospital</td>
<td>Charleston</td>
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<tr>
<td>LITTLE, EDNA R.</td>
<td>Reynolds Memorial Hospital</td>
<td>Glendale</td>
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<tr>
<td>LOUGH, ELEANOR M.</td>
<td>Ohio Valley General Hospital</td>
<td>Wheeling</td>
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<tr>
<td>MALONEY, MAY M.</td>
<td>47 Capital City Building</td>
<td>Charleston</td>
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<tr>
<td>MAMBOURG, AILEEN E.</td>
<td>Wheeling Hospital School of Nursing</td>
<td>Wheeling</td>
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<tr>
<td>MAPES, NORA S.</td>
<td>Ohio Valley General Hospital</td>
<td>Wheeling</td>
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<tr>
<td>MERRITT, MRS. HELEN S.</td>
<td>Ohio Valley General Hospital</td>
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<tr>
<td>MILLS, EVELYN M.</td>
<td>Ohio Valley General Hospital</td>
<td>Wheeling</td>
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<td>MOONEY, ZELMA T.</td>
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<td>ORBAN, ERMA</td>
<td>Ohio Valley General Hospital</td>
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<tr>
<td>OSTERMAN, EFFIE M.</td>
<td>Ohio Valley General Hospital</td>
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<tr>
<td>POST, WENONAH</td>
<td>Fairmont General Hospital</td>
<td>Fairmont</td>
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<tr>
<td>ROBB, ELIZABETH N.</td>
<td>Rockledge Rd., Buck Glenn</td>
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<tr>
<td>SISTER M. CAROLA JEHLE</td>
<td>St. Joseph Hospital</td>
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<td>SISTER MARY DE LOURDES</td>
<td>St. Francis Hospital</td>
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<td>SISTER M. FRANCES</td>
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<td>Huntington</td>
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<td>SISTER MARY PAUL COYLE</td>
<td>St. Mary's Hospital</td>
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<td>109 Main St.</td>
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<td>SMITH, ELIZABETH</td>
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<td>SMITH, VIOLET D.</td>
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<td>STEALEY, BEULAH</td>
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<td>STRADER, SOPHRONIA</td>
<td>Elkins City Hospital</td>
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<td>SWAIN, KATHLEEN E.</td>
<td>Wheeling Hospital</td>
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<td>WESTWOOD, MARGARET J.</td>
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<td>WIER, MRS. LEONA P.</td>
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<td>WILLIAMS, DOROTHY B.</td>
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<td>WILSON, MRS. JENNIE F.</td>
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<td>WILSON, MARJORIE E.</td>
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<td>WUERTHNER, ALMENA E.</td>
<td>Fairmont Hospital</td>
<td>Fairmont</td>
</tr>
</tbody>
</table>
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Sister Catherine Fauss .........St. Mary's Hospital, Milwaukee
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Sister Magdalene Krebs .........2200 W. Kilbourn Ave., Milwaukee
Sister Margaret Murphy ........ St. Mary's Hospital, Milwaukee
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Sister M. Bartholomea Betzen .Mercy Hospital, Oshkosh
Sister Mary Berenice Beck ....St. Joseph's Hospital, Milwaukee
Sister M. Capistrana Uhl ......Mercy Hospital, Oshkosh
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Sister M. Cor Marie Flannery .Mercy Hospital, Janesville
Sister M. Digna Desch ..........St. Agnes Hospital, Fond du Lac
Sister M. Dorothy Breiter ......St. Joseph's Hospital, Marshfield
Sister M. Edithtrudis Winking ..St. Joseph's Hospital, Ashland
Sister M. Elizabeth Rees ......St. Mary's Hospital, Milwaukee
Sister M. Ethelreda Ebel ......St. Joseph's Hospital, Milwaukee
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** ALASKA—1
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** BRITISH WEST INDIES—1
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** CANADA—2
CARLING, FLORENCE E. . . . .73 Cheritan Ave., Toronto
ROSS, ELIZABETH B. . . . .1929 St. Luc St., Montreal
MEMBERS

CHINA—1

HIRST, ELIZABETH ................. Peiping Union Medical College, Peiping

HAWAII—9

BARRY, CONSTANCE ................. St. Francis Hospital, Honolulu
BATEMAN, HELEN L .................. Queen's Hospital, Honolulu
BYERS, MRS. MILDRED D .......... Board of Health, Honolulu
DICK, CHARLOTTE K ................. Queen's Hospital, Honolulu
JONES, VIRGINIA A ................. University of Hawaii, Honolulu
PECK, HELEN C ..................... Palama Settlement, Honolulu
RHEINLANDER, M. SUE ......... Station Hospital, Schofield Barracks, Honolulu
WILLIAMS, ANNA G ................. G. N. Wilcox Memorial Hospital, Tihue, Kauai
WILLIAMS, MARY ** ............... Board of Health, Honolulu

INDIA—1

HOBSON, RUBY L ................. Ellen T. Cowen Memorial Hospital, Kolar

PUERTO RICO—6

COLLAZO, ELISA C ............... Fajardo District Hospital, Fajardo
NEUMANN, DAPHNE C.* .......... 20 Marina St., Ponce
RAMOS, MATILDE L ................ Lafayette Hospital, Arroyo
SISTER ANNUNCIADA MARIA .... St. Joseph's Convent, Ponce
SISTER GRACE EDNA SEILER** ..... 18 Concordia, Ponce
SISTER ROSITA MARIA CULLUM ** Dr. Pila Hospital, Ponce

SOUTH AMERICA—1

WHITE, MRS. JEAN M ............ Escuela de Nurses, Hospital Centenario, Rosario, Argentina

ASSOCIATE—14

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CULLEY, FRANCES E .............. Wuhu General Hospital, Wuhu, Anhwei, China
ELLIS, KATHLEEN W ............... University of Saskatchewan, Saskatoon, Saskatchewan, Canada
FULTON, JANET .................... American Hospital, Teheran, Iran
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WHITESIDE, FAYE ................. Peiping Union Medical College, Peiping, China
WYNE, MARGARET R ............... Peiping Union Medical College, Peiping, China
TOTAL MEMBERSHIP

Honorary members ................................................. 9
Life members .......................................................... 1
Sustaining members ............................................... 299
Active members .................................................. 5,693
Junior active members ........................................... 1,172
Associate members ............................................... 14

Total ................................................................. 7,188*

DECEASED MEMBERS

Names from 1893 to June 1940, are given in previous Annual Reports. The names of members whose deaths have been reported since June 1940, are:

LORRAINE HOPE WALKER
PAULINE EDMONDS
S. AGNES HOGG ..................................................... May 3, 1941
EMILY LOVEIDGE .................................................. April 26, 1941
IDA F. GILES ....................................................... April 16, 1941
DELLIA ODDEN ..................................................... April 16, 1941
CARRIE M. WOODS ............................................... March 14, 1941
MARThA H. SMITH ................................................ March 12, 1941
LOTTA A. DARLING .............................................. March 7, 1941
SISTER AMY MARGARET .......................................... March 6, 1941
KATHARINE A. SANBORN ...................................... February 23, 1941
ANNA M. SCOTT .................................................. January 13, 1941
MARGARET R. PARKER ........................................... January 12, 1941
A. ELIZABETH BIGELOW ......................................... January 6, 1941
MATTIE L. BANKS ................................................ December 26, 1940
ESTHER L. SHIELDS ................................................ November 10, 1940
ANNA M. JAMES .................................................. September 20, 1940
FLORENCE E. GOODENOUGH ................................... September 9, 1940
JOSEPHINE HUGHES ............................................. August 25, 1940
ELIZABETH STRINGER .......................................... July 12, 1940
MINNIE F. DUNN .................................................. July 11, 1940
JOSEPHINE DOUP ................................................ July 6, 1940
MARY L. TWISS .................................................. June 22, 1940
FRANCES M. DEMUTH ........................................... June 12, 1940
ADA G. AYERS .................................................... May 27, 1940

* Since the Report went to press on July 15, we have received the dues of 90 members, making the total membership 7,278. We are sorry that the names were received too late to be included in the membership list.
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